

The principles that should underpin the strategy

Our starting point is one of principle. Before considering how best to tackle the problems associated with alcohol misuse we need a clear understanding of why Government should play a role at all.

1. Why should the Government get involved in managing the harmful effects of alcohol misuse? At what point does Government intervention become justified?

The parallels with drug misuse are evident. Alcohol misuse has many harmful consequences for communities that can be seen in the carnage on our roads, in the disorder and violence in our towns and cities. It is recognised that alcohol is a contributing factor to many cases of domestic violence to women and children. We need a clear lead from Government on tackling these issues, but further, in providing acceptable models and role models for our children.

Government intervention would be justified in galvanising the work of the agencies across the country in the same way that the national drugs strategy has done. Orchestrating quality education to all children, with targeted prevention activity to those who are vulnerable. Coordinating work with families and communities where alcohol misuse is evident. Working with offenders whose behaviour is wholly or partly attributable to their alcohol consumption.

2. How far is alcohol misuse a matter of individual responsibility and when does Government have a responsibility to intervene, whether through services, legislation or persuasion?

There clearly is a line at which certain behaviours become unacceptable to the public. These are already defined in many pieces of legislation. What is not in place is a coordinated approach to preventative activity with the community at large or with specific elements within it, nor indeed with individuals. The commercial sector has an important role here.

Intervention and treatment for those whose alcohol use becomes problematic can be shown to have clear benefits to society. A coordinated, well funded strategy to that approach would be highly desirable.

3. How can we strike a balance between individual and community rights and choices?

The balance is not difficult. The 'man in the street' would identify when behaviour becomes unacceptable. Use of alcohol is problematic when it adversely affects the life of the drinker or the lives of those close to the drinker, or indeed, the lives of other members of society.

4. What are the respective roles and responsibilities of consumers, voluntary groups, commercial interests and others?

Clearly there is a need to consider the role that alcohol plays in our society. Currently that part is huge - more people drink more alcohol than ever before. The messages that sends to our children is that they too should be drinking more and more - it's the only way to have a good time! Some reflection is needed to bring that unsafe message back on track. That needs the cooperation and support of all aspects of society from the

consumer to the supplier, and supported by all those who can have an influence on our lives.

5. What principles should underpin a national alcohol harm reduction strategy?

The approach to a 'Harm Reduction' strategy is not to sanction all those who enjoy alcohol, but to recognise and tackle those areas where the "normal state of society" is disrupted by alcohol misuse. Working with the individual whose use of alcohol is problematic must be key to this.

The cultural and behavioural issues around alcohol use and misuse

Alcohol misuse and its impacts play out against a wider canvas of behaviour and attitudes related to alcohol: we need to understand this wider picture in order to understand how to influence and reduce harmful effects.

Questions

6. How do you define alcohol misuse? What factors do you take into account?

There are guidelines on safe drinking from a 'Health' perspective, although in terms of a national strategy these may not be helpful other than as good advice. In general terms, misuse is when the consumption of alcohol, however or how much, impacts upon the ability of the drinker to function in a way that is acceptable to society. So if the drinker is disorderly, criminal or severely ill requiring medical intervention then society is affected and a cost is incurred. It is drinking that leads to those kinds of behaviour that should be tackled.

7. What drinking patterns should an alcohol harm reduction strategy seek to affect? How susceptible are such patterns to change? Where should Government concentrate its efforts in prevention?

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The difficulty arises when gauging what is acceptable levels of consumption and what is not. We would recommend that the strategy steers away from this, other than by way of advice. What is susceptible to change is the behaviour of people. We can demonstrate that in the intervention work that is delivered in Gloucestershire, particularly through our acclaimed Alcohol Arrest Referral Scheme. The prevention aspect should therefore concentrate on what is acceptable in terms of the drinkers behaviour rather than in how much drink an individual has consumed.

8. Is there a relationship between trends in drinking and wider social changes – e.g. the spread of higher education, changes in workplace culture, later marriage and/or family formation? Where does this suggest we need to focus attention in influencing behaviour?

The trends are more about the wide and cheap availability of alcohol, the influences of heavy end advertising, the encouragement of heavy drinking through 'Happy Hours' in all bars and inclusive drink tickets to clubs. The altered use of alcohol by young people

who use it as a drug of choice - drinking fast and early to become intoxicated for the rest of the evening. All these aspects have incidiously changed in the past few decades - such that many people do not realise until you take their memories back a generation to consider the situation then.

9. One group we need to focus on specifically is young people, where the evidence suggests a rise in consumption, particularly by young women. Are there other groups we should be focusing on? For example are there specific issues around minority ethnic attitudes to, and use of alcohol which we should bring into our analysis?

ALL young people should be the focus of prevention activity. The levels of consumption are worryingly high in both teenage boys and girls. Different styles of drinking occur in the different social and cultural groups, but the levels are all too high. Speak to the Youth Services around the country who have to deal with the problems every Friday night. Ask the parents of teenagers about over consumption long before the age of majority. Then ask the Police about the impact of alcohol in different age groups throughout every weekend. Ask the Neighbourhood and Community Associations about the impact of young drinkers on their peace and tranquility. Lastly - ask the teachers in secondary education about the reduction in achievement by pupils as a result of their alcohol consumption.

Responses from all the above will confirm the current trends in excessive use of alcohol by young people.

10. It is easy to focus on the negative aspects of alcohol use and misuse. But what are the positive cultural and behavioural (as opposed to economic) aspects? What parts of our culture would change for the worse if we did not have alcohol?

Alcohol is a massive part of our culture and of our enjoyment in the hours of relaxation - long may that continue. We firmly support a strong 'Harm Reduction' strategy for alcohol focussing on the negative aspects, but would equally strongly oppose any move to attempt remove alcohol from our culture.

11. Is there such a thing as a recognisably English drinking culture and if so what does it look like? What are the factors which influence it – for example are there sharp regional differences? Does it look different for different ages groups?

Drinking cultures are many and varied and long may that continue. The regional differences of years ago have mostly disappeared, and in any case have little impact on today's neagtive situations. The truly worrying culture change is with the younger members of our society, not just teenagers but those in their twenties and often into their thirties. Excessive drinking bringing unacceptable and criminal behaviour always has been culturally unacceptable. The change is that more of that type of behaviour is apparent year on year.

12. What factors influence behaviour – fashion and marketing, family background, education and information, financial, legal and regulatory, scientific, environmental? Which are the most influential in your view? How easy is it to exert influence through those factors?

This is a huge question requiring a thesis to respond! Clearly all the above contribute and often conflict i.e Family behaviour will frequently vary from the sensible message delivered within education.

Changing attitudes and behaviour is a long process - but there have been successful Government campaigns before - drink-driving being one, seat belt wearing another. Unfortunately the effects of these campaigns can diminish once they've ended or reduced - both the above bear witness to that.

13. How do attitudes to risk affect use of alcohol?

An individual's risky behaviour in life will make it more likely that there is risky use of alcohol. Note the number of problematic illegal drug users who also have problematic alcohol use, and also smoke excessively. As in drug education there is a need to target those most vulnerable in their formative years. This is already a function of DATs in the delivery of their Young People's Substance Misuse agenda and should be happening now - although in reality alcohol education plays second fiddle to that for illegal drug use..

Health: prevention, treatment and the impact on the NHS

The effects of alcohol misuse cost the NHS money. There are direct costs both to the NHS and in social care in treating those with alcohol dependence. And there are a host of indirect costs through alcohol-related illnesses and accidents; through violence fuelled by alcohol; and through mental illness and depression associated with alcohol misuse; and through the mixing of alcohol with illicit drugs. But there is also some evidence that moderate alcohol use for some groups can be beneficial to health.

Questions

14. How do you define harmful drinking? What factors do you take into account in deciding whether heavy drinking has become problematic drinking

Excessive/ Binge/ that which brings about physical and mental harm/ causes harm to others etc.

Some concerns about the use of alcohol by individuals to help cope with stress in today's busy world - suggestions about the Government promoting alternatives such as .

Our clinicians say - there are volumes written on this subject, we don't need to rewrite, just pay heed to those who have the expertise in this field.

15. How clear is the evidence both for the health costs and the health benefits of alcohol? Are there key pieces of research of which we should be aware? Where are the gaps in the evidence?

There is extensive information on costs to NHS

16. What are the costs for the NHS both directly and indirectly due to alcohol? We will be examining evidence on this but would welcome your views and any evidence you think we should be aware of.

Accidents
Facial injuries (fights)
RTA's
Liver disease
Gastric ulcers
Wenniden Krosakeffs
Dependence

Overdose / self harm/ suicide

Depression

Worsening of SMI (Sever Mental Illness) especially manic depression

Increase in violence in conjunction with SMI

Increased length of stay for routine operations/ interventions

Violence towards Emergency Services and NHS staff

17. What, in your experience, are the most appropriate means of prevention of alcohol dependence and serious alcohol misuse? What forms of training are most appropriate for professionals in health and social care, as well as other fields, who play a role in prevention.

Use of screening tools by health professionals

18. "Brief interventions" can be offered to patients who have been identified as at risk from alcohol misuse. They may consist of a short session with a doctor or nurse to discuss a patient's drinking and to offer help and support to cut down on alcohol intake, if the patient wishes to do this. How effectively do you think those at risk are identified? How well have you found brief interventions to work and how might they work better?

Effectiveness depends upon a number of factors. This approach needs to be universally accepted and to be effective needs more trained Alcohol Workers and more training for all health care staff..

19. Do current treatments for alcohol dependence and hazardous drinking work? Are they sufficiently tailored to meet differing individual needs? Are there other forms of treatment we should be aware of? Is there a need for guidance for the commissioners of local treatment services? How should individuals best access treatment services?

Current treatments do work, and work best when tailored to individuals needs. Currently referrals via GP or non-stat agencies; need to increase liaison in General hospital especially GI units.

Colleagues in 'Housing' have identified one of the problems that is also evident in treating drug users - a lack of suitable accommodation and support linked to the rehabilitation of those in treatment.. This is particularly releveant when looking for reductions in offending and long-term recovery.

20. What can we learn from drugs prevention and treatment?

This is the model to be followed - targeted money via the NTA for Substance Misuse to DATs - DAAT in our case as we already attempt to commission alcohol services with a very small budget. This ensures that Alcohol treatment services grow alongside drug services (usually the same service provides both).

Prevention is the realm of Young People's services currently - this should be enhanced to give alcohol a clear and well funded brief.

Delivery of prevention advice to adults is inconsistent and will require a well funded

focus with specific target groups to focus on.

21. How, in your experience, can we minimise and prevent the injuries that are presented to A&E departments as a result of alcohol related assaults (often with glasses and bottles) or home and workplace alcohol-related accidents?

There are some practical solutions in the alcohol trade (ie using plastic glasses) but these are for the Crime & Disorder section.

Reduce the current 'binge' consumption of the population and the pressure on A&E will be rapidly affected.

Dealing with Alcohol in the workplace through a coordinated national strategy will help here.

22. What are the links between alcohol misuse and mental health problems, including depression and suicide? How are services – both those aimed at prevention and treatment – best co-ordinated?

All patients suffering from depression are currently assessed for substance misuse. There is a need for a clearer emphasis on joint working around dual-diagnosis for alcohol. This fits with the progress with dual-diagnosis for drug misuse.

Crime, disorder and anti-social behaviour: the effects on our surroundings and community

The most visible effect many of us see from alcohol misuse is in our town and city centres: pavements littered with broken bottles and streets too intimidating to pass through. Links between alcohol and disorder are as much a matter for concern as are links between alcohol and crime.

Questions

23. What evidence is there about the links between alcohol and crime and the links between alcohol and anti-social behaviour? Are there key studies or pieces of evidence you think we should be aware of? Where are there gaps in the evidence?

Research undertaken in Gloucestershire shows that of the people arrested and arriving in Police custody almost half had answered YES to two questions - Have you been drinking? - Was your drinking one of the main reasons for committing the arrestable offence? Contact Brian Lawson, GDAS, 1 Spa Road Gloucester, GL1 1UY Telephone 01452 553325

24. In your experience, is alcohol a factor in habitual re-offending? Does it lead to particular types of crime? How far does it lead to one-off offences?

Research some years ago in this county by the Probation Service showed that Alcohol was the main factor in the offences committed by the service's clients. In recent years that percentage has dropped as 'Drugs' have overtaken it - however it is still at a significant level.

25. To what extent can alcohol convincingly be demonstrated to be a factor in

criminal and disorderly behaviour? How much is perception and how much is reality? What fuels the perceptions and are they accurate?

see Q.23

26. Alcohol is far from being the only factor in crime and disorder. Other factors are involved – for example town centre disorder can be influenced by lack of availability of transport or design of environment. What other factors might be involved? How easy are these factors to influence? Who is responsible for them?

Other factors are involved - speak to Crime & Disorder Reduction Partnerships

27. How does the impact of alcohol on urban environments differ from its impact on rural environments? What are the differences between urban and rural drinking patterns and how do they affect those communities and surroundings?

There is no great difference, apart from the weekend migration to town centre pubs and clubs at weekends. Resulting problems spill into the rural areas.

28. To what extent can impacts on the environment (including crime, disorder, noise and waste) be designed out, for example by use of plastic drinking glasses? Are there examples of good practice it would be helpful for us to be aware of?

Designing out crime is vastly under-used. Many examples of good practice exist. Speak to the Police Training College who deliver the national training for this.

29. There are some examples of good practice where a range of organisations responsible for dealing with different aspects of alcohol have successfully 'combined efforts' and shared information to tackle alcohol-related crime and disorder together. Should this approach be encouraged more widely? What inhibits organisations or communities from taking such an approach?

The partnership approach is the only way to tackle the problems of crime & disorder. The inhibitor is that there has been no specific central funding for dealing with alcohol related c & d.

30. Is it right that anti-crime and anti-social behaviour initiatives need to be targeted on young people?

In the main yes, but not exclusively. What do you mean by Young People anyway? - there are many definitions with varying age ranges.

31. Should we be encouraging different drinking patterns – in terms of time spent drinking, location of drinking etc – in order to tackle alcohol-related crime and disorder?

Some good examples exist where extended drinking hours, or staggered closing times have locally reduced associated crime & disorder.

32. How can the law on, and policing approaches to public drunkenness and street drinking help to tackle these problems? Are existing controls and powers (such as those for local authorities to introduce no drinking zones) effective? Are they sufficient?

We believe they have had an effect, but consultation in those specific areas is encouraged.

33. One person's good evening out can be another person's sleepless night. Are there principles to guide the balance of individual rights and responsibilities?

Obviously there are - the law encompasses "The Queens Peace".

34. Drink-drive policies are generally acknowledged to have been successful. What can we learn from them?

They have met with some success, especially in early days reductions when the campaigns were at full tilt. Success has plateaued latterly.

35. Domestic violence is often associated with alcohol misuse – either by the perpetrator, or, on occasion, by the victim. What in your experience, is the nature of this link and what would you see as good practice in tackling the interrelationship between domestic violence and alcohol misuse?

Education, education, education.

The implications for vulnerable groups

Some people may be more vulnerable to the harmful consequences of using alcohol. Certain groups of young people in particular are at higher risk of developing a range of difficulties that include alcohol-related problems (for example children in social care, those excluded from school and youth offenders). Families and carers can play an important role in protecting young people from problems but it is important to recognise that living with a parent or carer with an alcohol problem can itself become a source of vulnerability.

Questions

36. Which children and young people do you see as being most vulnerable to the consequences of alcohol misuse?

Those listed in the Governments strategy for tackling alcohol misuse among under 19's, labelled as the National Drugs Strategy, in the section 'Young People vulnerable to substance misuse'.

37. What other groups would you identify as particularly at risk and vulnerable to the harmful effects of alcohol?

Adults that fall into the same social categories as Q36

38. Those who are vulnerable to the consequences of alcohol misuse often have complex problems (for example they may be homeless and may have additional mental health or drugs problems) and such factors may be inter-related. What key factors need to be understood in addition to alcohol use that contribute to maintaining the problems facing such groups? Which of these factors should interventions be aimed at?

This is where you need to link the alcohol strategy to the Drugs strategy - these links are already made.

39. How can the services provided by the state and others to vulnerable groups with complex problems be joined-up most effectively? Are there examples of joined-

up delivery it would be helpful for us to be aware of? What gets in the way of joining-up services?

See the work of the NTA and DATs, Social Inclusion and a raft of other stuff already happening but led under the Drugs banner.

40. How realistically can these vulnerable groups be dealt with by mainstream services and how far do they need services which are tailored to individual groups and indeed to individuals on a case-by-case basis? What is your experience?

See Q39

Education and communication

All of us receive messages about alcohol to some extent. We see advertising for alcohol and respond in various ways depending on our preferences. Information on sensible levels of drinking is also available. And messages on the consequences of getting it wrong can be clear – most obviously for drinkdriving. These are powerful tools for giving information and shaping perception. Do they alter behaviour?

Questions

41. What should be the objectives in this area? Is the aim to raise levels of awareness? Is it to inform more specifically? Is it to change behaviour? Are there any particularly successful or unsuccessful examples we should be aware of?

Raise awareness

Better specific information

Better product labelling - ie every alcoholic drink should carry information about its content in UNITS.

Don't rely on people having to search for this stuff - put it in their face - TV ads, daily press ads etc.

42. Given clear objectives, what is the evidence on the effectiveness of these approaches? What do they actually achieve? How can their effectiveness be measured?

See Q12

43. How well is the sensible drinking message reaching its audience? Is it sufficiently clear? What is the evidence on its penetration and its effect on behaviour?

Not well advertised - ask the man in the street - most people have either never heard of it, or do not understand it.

44. How well is scientific research feeding into alcohol education? Is the message based on sound, unbiased and uncontroversial research and are new findings effectively incorporated?

Don't know.

45. Should particular groups be targeted for information and communication? Is there a need to provide more intensive alcohol education to groups other than young people (e.g. elderly drinkers)?

Yes. But youth is the priority

46. What is the role of schools, colleges, universities and other educational institutions in providing alcohol education as well as support for alcohol-related problems? How can we best establish and preserve a healthy learning environment?

Deliver it through the schools PHSE curriculum and ensure that it is examined as part of OFSTED

47. What role is there for families/parents as role models or in educating their children on sensible levels of alcohol drinking and the risks of alcohol misuse? How can they best be informed and engaged in this effort?

This is clearly where it all falls down, literally!! There is a massive challenge to change the appreciation of alcohol by the majority. In general people enjoy alcohol too much, and can afford to drink as much as they like. They think it is only 'others' who drink problematically

48. What does experience show on the most effective means of getting messages across? Are there circumstances in which the Government is particularly well placed to do so, or conversely might be particularly unsuccessful?

Needs careful handling - with clear explanations about intent. At the end of the day it is all down to Education, education, education.

49. What can we learn from educational initiatives in the field of illegal drugs?

There are many programmes that are doing very well - equally there are some that are dire! The DfES are trying hard to raise standards of drug education, and alcohol is set within that.

50. Do you have views on the existing regulation of advertising on alcohol?

Our consultation event came up with: Alcohol is glorified and glamourised in advertising and in media portrayal - TV, films, music. This encourages excess use.

The shape of the market and market-based solutions

The drinks industry is a major part of the national economy. It provides large numbers of jobs both in supply and distribution; it influences trends and fashion through its advertising; and it provides a substantial portion of tax revenues. Understanding how that market works, what drives it and how it responds to demand is essential to producing an effective strategy.

Questions

51. Do you have any thoughts on the likely evolution of the alcohol industry over the next decade?

It is likely to continue to make huge profits!

52. What is the relationship between the creation of trends and fashions in alcohol consumption by the market and consumers responding to trends and fashions? Are there discernible patterns which the Government might use in responding to the effects of alcohol misuse? Is there useful evidence we might draw on?

Massive advertising campaigns do influence. We are aware of patterns of drinking that reflect current ads. No Government could ever compete on the scale of advertising from the drinks industry - we're talking billions. So either ban it, or seriously restrict it in the way that tobacco advertising is restricted.

53. How far do you foresee research and development creating innovative market-led solutions to the problems of alcohol misuse?

The market is there to sell more - of course they'll make noises of cooperation, but if you think they'll do anything to reduce the market - get real!

54. How best can Government work with the alcohol industry to reach consumers? What approaches have been shown to be effective in England, the devolved administrations and further afield?

We've seen the Portman Group stuff in action, supposedly there to educate, but actually subliminally promoting the industry. It doesn't work. The only way to make it work is for the industry to be made to do things compulsarily. They have massive advertising power that is running amok promoting more and more alcohol consumption. The industry should be made to take a Harm Reduction approach with clear and strict guidelines from government.

55. Are there other commercial interests which can influence drinking behaviour?

There are many commercial opportunities to help reduce the impact of excess consumption - but these mostly revolve around behaviour - the behaviour of the drinker.

The economic costs and benefits of alcohol

Alcohol has significant costs for the economy. It costs the NHS and the police. It costs business money because of lost productivity and in some cases the need to repair alcohol-related damage. And it can be expensive for individuals who drink heavily and may find themselves unable to hold down a job. But it also has benefits. It brings in tax revenue and contributes to GDP. And it contributes to personal and social wellbeing for many. Part of the work on the project will be to form a clear picture of these costs and benefits.

Questions

56. How clear is the evidence both for the wider economic costs and benefits of alcohol? Are there key pieces of research of which we should be aware?

One colleague reminded us of the costs to the taxpayer through the Criminal Injuries Compensation Board - where many of the perpetrators of assaults & sexual assaults are influenced by alcohol at the time of their offence.

57. Where are the gaps in the available data on the economic costs and benefits of alcohol? Are there any obvious limitations we should be aware of? Are there any

particularly helpful methods for assessing costs and benefits we should be aware of?

58. What principles could guide us in deciding who is responsible for costs? How far should they fall to individuals, how far to business and how far to Government?

59. What are the economic benefits of having an alcohol industry? Can we easily quantify them?

60. Alcohol misuse can increase absenteeism and decrease productivity, whilst moderate consumption of alcohol may be beneficial in terms of reducing stress and tension and facilitating networking in the workplace. What in your view are the links between alcohol use and educational and occupational attainment?

Like everything else in life this depends upon the individual and the circumstances that he finds himself in. Most people can cope with alcohol use for social pleasure, but for the minority use becomes problematic - that's when the impact on society kicks in. Alcohol use can be detrimental to the learning of young people - after a binge the next day is wiped out - Teachers report this as a growing concern. Many employers do not allow workers on the premises if they have had a drink. Drug testing is in use in a growing number of occupations now, it should include alcohol.

61. Are there particularly effective workplace-based initiatives designed to tackle alcohol misuse that we should be aware of?

Abstinence.

