

## 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?

Government policy and strategic planning in this area will lead to a consistent approach in this field, and improved quality of service provision.

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?

In setting policy around service provision.

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

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

To adopt an informed and sensible approach to alcohol promotion and usage.

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

Evidence; Integration; Effective Communication; Consistency; Partnership approach; Accountability and improved quality.

## 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?

The consumption of alcohol to excess whereby physical functions are over ridden. Age, social factors, health, finance. Any misuse which brings the user to the attention of the police. The pattern of drinking may be either binge drinking or dependency, but essentially in either case causes a problem which may be social, economic, physical or psychological, for either the user themselves, or others.

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?

Binge drinking, and daily dependency. Patterns will change along with personal circumstances. Difficult to define due to the abstract nature of the population. Early age

education is vital.

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?

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?

A National Strategy should provide direction, but that it is necessary for local strategies to be devised taking into account the needs of the local population served.

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?

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?

There is a defined difference, for example, Thursdays are traditionally known for stag and hen parties, Fridays as singles nights and Saturdays for couples. Social clubs traditionally tend to attract a high male attendance. City and town centres appear to attract the 'younger' element whilst older clientele appear to frequent traditional style public houses.

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?

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

Risk-taking behaviour

## 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

The pattern of drinking may be either binge drinking or dependency, but essentially in either case causes a problem which may be social, economic, physical or psychological, for either the user themselves, or others.

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?

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.

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

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?

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?

Lessons can be learnt from the Drugs field, the introduction of QUADs, which is applicable to drugs and alcohol, and the use of SMAS (Substance Misuse Advisory Service) commissioning standards. Models of Care is the equivalent of an NSF for the field of substance misuse and is a helpful framework in examining the treatment 'system', and appropriate access points.

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

As above. And indeed from young persons substance misuse plans drug prevention lessons can be learnt.

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?

## Education

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?

Need to acknowledge dual dependency, and services be geared up to deal with this, staff competency in both areas, to prevent service users falling through the net between services, with alcohol services passing to mental health and vice versa.

## 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?

There are numerous research studies in relation to the links between alcohol, anti social behaviour and crime.

The Audit commissions Misspent Youth Report identifies a strong consensus on the main factors that increase the risk of young people starting offending. The factors identified included drug and alcohol abuse.

There are gaps in relation to evidence of the links between alcohol and crime and disorder in Rutland. However, on the basis of YOT data we can identify that a number of the young people in Rutland who have been dealt with by the YOT have been convicted of an alcohol related offence.

There also appears to be a general feeling that alcohol use among young people is an issue in Rutland and that it is linked to anti social behaviour (which may not lead to criminal proceedings).

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?

Alcohol can be demonstrated as a factor particularly within drink drive offences, disorder and assaults. Drink can feature within the profile of first time offenders.

In the experience of the YOT alcohol can play a role in habitual offending by some young people. Often in these cases alcohol is not the sole causal factor but is part of a complex interplay of risk factors, which are evident in the young person's life and

underpin their involvement in offending behaviour.

In Rutland there is also strong evidence that alcohol plays a considerable role as a disinhibitor in the commission of isolated one off offences by young people, for example violent offences committed whilst intoxicated. These types of offences illustrate the role of alcohol as a disinhibitor and often involve young males offending violently after consuming large quantities of alcohol.

Alcohol is a substantial factor in habitual reoffending with a minority of offenders heavily dependant on alcohol. There is less evidence of alcohol related dependency than there is with drug dependency. There are many examples of alcohol induced one off offenders who having sobered up are shocked and embarrassed at their behaviour.

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?

The media, rumour, experience and anecdotal stories fuel perceptions. Perceptions may be in excess of the truth. Alcohol fuelled incidents of anti-social behaviour can often be attributed to small time scales in specific geographical areas. However police custody suites at weekends help to place a perspective on the problem an audit of persons arrested for such offences under the influence of alcohol would provide a clear picture.

The public perception of young peoples involvement in crime is often greater than the reality this is arguably more acute in rural areas such as Rutland, where the community is relatively small, young people are well known and are therefore more easily identifiable. This higher 'visibility' of young people in rural areas has been noted by NACRO: "A young person who commits a crime in a small rural community is likely to be well known in the community, and therefore extremely 'visible'" (NACRO 1994:16). NACRO also note that levels of tolerance of juvenile misbehaviour may be lower in rural areas than it is in towns and that the fear of crime in rural areas can often out weigh the reality of the risk posed.

In relation to alcohol there is undoubtedly a perception in Rutland that young people, alcohol, crime and anti social behaviour are interrelated and there is some evidence to support this, particularly in relation to young people engaging in 'one off' offences of violence whilst inebriated. However, it is also important to note that the perceived link between young people, alcohol and anti social behaviour may well reflect the higher 'visibility' of young peoples alcohol consumption i.e. drinking cider in the park rather than the reality of their involvement in crime and anti social activity. It is important to note the low level of youth crime in Rutland as compared with other areas.

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?

Policy from the planning stage taking into account transport, locality, establishment design and lighting. Presence of CCTV may have an effect. A rigorous coherent policy is required from local authorities. A good deal of disorder occurs not within public

houses/night clubs but when they are closing and the public spill out onto the streets. Fast food outlets then become a magnet and delay dispersal of partygoers. These outlets are open usually long after the licenced establishments have closed and are allowed to do so in line with local authority refreshment licensing. Ordering such establishments to close at the same time or before conclusion of alcohol licensed activities would prevent the delayed dispersal and thus much of the anti social/violent behaviour that often ensues.

A number of factors other than alcohol may be related to crime and disorder committed by young people such as Lifestyle, the influence of pro criminal peer groups, substance misuse, lack of motivation to change, homelessness, disengagement from education, training or employment (which may consolidate pathways in to criminal careers), failure to consider the consequences of actions, poor self discipline, poverty and a lack of accessible age appropriate leisure facilities. The Misspent youth report 1998 identified the following factors as putting young people at increased risk of involvement in offending behaviour:

- Drugs and alcohol abuse
- Inadequate parenting
- Aggressive, Hyperactive behaviour
- Truancy and Exclusions
- Peer group pressure
- Unstable living conditions
- Lack of training and employment

Last year the Youth Justice Board published a research report: “The Risk and Protective Factors for Youth Crime – Prevalence, Saliency and Reduction”. This built on existing research .The report classified risk factors into 4 main areas:

- Family Factors
- School Factors
- Community Factors
- Personal and Individual Factors

The Youth Justice Board report identified that the most prevalent risk factors associated with youth crime are:

- Aggressive behaviour, including bullying;
- Low achievement beginning in primary school;
- Family history of problem behaviour;
- Attention and lack of social commitment;
- Peer attitudes condoning problem behaviour;
- Family conflict;
- School, including truancy;
- Friends involved in problem behaviour;
- Availability of drugs.

The report concluded that the chances that young people would become anti social and criminally active increase exponentially as the number of risk factors increase. In addition it confirmed that risk factors cluster together in the lives of the most disadvantaged children.

The factors identified above are varied and wide-ranging and a multi agency approach is best suited to effectively target them

A particular factor relating to the Rutland area could be the general lack of easily accessible leisure provision for young people.

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?

Differing age groups, incidents of disorder in town centres and drink drive offences in rural settings could reflect this.

In some detached rural areas there can be an increased risk of excess alcohol use becoming established as a norm. This appears to be aggravated by a lack of alternatives for young people in the area. It appears that this increases the risk of a drinking subculture developing where excess alcohol consumption is the norm. This is also further aggravated, as often access to relevant services is more difficult for young people living in rural areas than those living in the cities.

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?

As yet this is difficult to quantify. Further information may be available from the Cardiff TASC and Greater Manchester Safer Cities projects

As stated earlier situational crime prevention is most effective when combined with other approaches which target the issues, which underpin young peoples offending..

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?

This type of approach should be encouraged but requires a driver.

Disaffected young people who become isolated from their community have been identified as the ones who are most likely to cause disruption, or commit offences. It has also been identified that their isolation from established services or activities will fuel feelings of boredom, this may well lead young people to search for alternative forms of excitement and can lead them to become involved in drug and alcohol use. NACRO have identified a number of practical steps forward that can be taken by crime reduction initiatives:

- q Provide an information network for young people
- q Youth forums
- q Mobile youth club provision
- q Outreach and transport initiatives
- q Improving existing youth work provision
- q Activities to alleviate specific problems

q Countering the fear of crime

q Multi function centres

It is particularly important in rural areas where services are 'thin' on the ground for co-operation to be encouraged.

For example the YOT has two drug and alcohol workers, who are seconded to the YOT and who are also part of the local DART network.

Very much so. Generally most concerns are born out of distrust or ignorance. Specific people are reluctant to get involved due to fear of reprisals or loss of trade. This can be resolved by a corporate approach involving all parties. A positive message proclaimed by a number of agencies/interested parties and delivered sensitively can have a significant impact.

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

Such initiatives should be targeted at the offenders.

There is evidence to show that young people, who are under 18, are responsible for a disproportionate level of recorded crime and disorder and that in particular a small minority of persistent young offenders are responsible for a large number of offences (Misspent youth report 1998). It is also important to note that the majority of young offenders are male.

However, as noted earlier young people are also more likely to be the victims of crime than adults and are less likely to report their victimisation to the police.

The YOTs need to agree 25% of the children's fund spending. It is anticipated that this spending will be targeted at preventative strategies, which target young people who are identified as being 'at risk' of becoming involved in offending behaviour.

Yes, generally anti social crime and anti social behaviour is committed by younger people up to the age of 25.

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?

The proposed introduction of 24 hour opening times for licensed premises may start to impact on drinking patterns.

There needs to be greater emphasis on education on sensible drinking patterns not just for young people but for adults also. Licensees need to take greater responsibility to ensure customers, particularly younger people do not drink to excess. I have great reservation re extending opening hours. Within small communities the noise and disturbance created at kicking out time is a cause of annoyance/anxiety and to extend this to the early hours of the morning will be considered by residents as totally inappropriate. As a society we need to move away from the drinking culture that exists amongst young people often as low as 14. We need to resource venues such as ice cream parlours, coffee shops to attract this age group. The USA youth have a totally different perspective on alcohol. The TV programme 'Friends' is based partly in a coffee shop. If that was based in the UK those scenes would be filmed in a pub. What message does that send to our young people.

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?

Drunkenness has to be tolerated in policing due to a number of factors. No drinking zones should be targeted at specific locations where incidents have been experienced. Firm enforcement would be required raising the need for an increased police presence. As noted earlier best practice is characterised by combining both social and situational approaches to crime prevention. However the police may be able to provide a fuller answer.

From a community perspective, drinking within licensed premises is not an issue, it is when it spills out onto the street. Greater use of no drinking zones should be considered. Where used they have been very successful. I would like to see a ban on removal of alcohol from all public houses. The confiscation of alcohol is a useful tool but the recent ruling only allowing a Police Officer to remove opened items is unworkable and self-defeating. There is little point confiscating a can of lager if there are another 5 cans in the bag. The Police need to be properly resourced to tackle effectively alcohol-related disorder.

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?

Yes there is. This issue is dependent on an individual's own manners and behaviour.

A member of the public should be able to expect freedom from excessive noise pollution within their own homes. Customers attending licensed premises should be aware of this and show consideration for residents' feelings. Low level noise disorder could be addressed in some cases by fixed penalty fines.

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

We can learn that by enforcing sound and vigorous legislation along with continually driving home the message, sometimes in graphic ways, people's attitudes can change.

Drink drive policies have been successful, not just because of their deterrent nature. An effective media campaign has changed public opinion in this area. The same kind of joined up thinking needs to be used with alcohol related issues.

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?

The loss of inhibitions brought about by drinking can lead to an increased chance of violence in domestic situations as in others. This may be difficult to prevent but firm action is necessary to enforce the concept that such behaviour is not acceptable.

In my experience alcohol is a major factor in many domestic violence incidents. A domestic situation that normally would be of minor irritation can escalate to a serious breakdown when one partner has consumed alcohol. There needs to be a move away

from the media impression of alcohol use i.e. soap operas not based in pubs. Alcohol is a depressant and also reduces tolerance levels. Therefore actions that and an effective campaign encouraging both the drinker and the victim to come forward for greater support.

## 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?

Children of substance misusing parents (drugs/alcohol) Alcohol can present risks to children on a number of different levels. For example children who witness domestic violence perpetrated by an intoxicated parent, children at risk of abuse from an intoxicated parent (Physical, sexual, emotional) – children at risk due to intoxicated drivers.

Children at risk due to their own alcohol use i.e. health risks. Children at risk of offending due to alcohol use. Young people are also at risk of being assaulted by peers who are under the influence of alcohol.

Young people at risk due to their own alcohol consumption are more likely to have suffered a high degree of disadvantage and be at risk of social exclusion.

Therefore alcohol and risk encompasses a whole range of issues in relation to children and risk.

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

Young offenders  
Looked after children  
Children in Need who are not looked after  
School Excludees  
Homeless Young People Homeless  
Mental Health  
Excluded Groups

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?

Social Exclusion- lack of access to appropriate services.

Disengagement from established services fuelling feelings of boredom. In the search for excitement they may turn to alcohol or drugs.

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?

YOTs are a good example of joined up working – often different organisational agendas and lack of resources can get in the way of joined up working.

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?

Vulnerable clients can be dealt with by mainstream services if the services are flexible enough.

## 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?

Raising awareness is helpful and obviously the provision of accurate information, however we must ensure we do not fall into the trap of thinking information is most important. There are important aspects of skill development eg assertiveness which is a transferable skill young people need support in developing.

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?

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?

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?

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)?

Vulnerable groups already identified

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?

The same role that relates to drug education, education/prevention. Preserving a healthy learning environment is essential but requires training of key staff which in turn requires investment.

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 important but clearly is dependent on individual family attitudes. Bearing in mind our diverse culture there are many groups who do not have alcohol as part of their lives.

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?

Evidence will be available through a number of sources both academic and practical. See .

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

There are certain approaches that do not work!!!

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

## 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?

The emergence of an industry aimed at those with disposable income able to indulge in longer drinking hours and a wider availability of alcohol.

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?

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

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?

Central funding of the Portman Group. Creditable educational advertising.

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

The emergent consumer, must have, I need culture will drive people to consume what is seen to be popular persuasive. Low prices attract volume sales. This could be seen as a case for minimum drinks pricing.

## 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?

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?

This is an interesting concept of using alcohol to reduce stress and tension within the workplace. For several years now alcohol within workplace has been a contentious issue. There have been workplace alcohol policy developments and we were very surprised to see the suggestion of using alcohol in this way.

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

