

CITY OF PORTSMOUTH

REPORT TO: EXECUTIVE MEMBER FOR THE SOCIAL & HEALTH CARE PORTFOLIO

REPORT BY: CITY ENVIRONMENTAL HEALTH & TRADING STANDARDS OFFICER

**REPORT PREPARED BY: SUZANNAH ALLAN
DRUG ACTION TEAM CO-ORDINATOR**

NATIONAL ALCOHOL HARM REDUCTION STRATEGY CONSULTATION

1. PURPOSE OF THE REPORT

1.1 To inform members of the National Alcohol Harm Reduction Strategy Consultation

2. RECOMMENDATION

2.1 That this response be endorsed, in association with the Drug Action Team, as the response to the consultation to be submitted to Department of Health by 15 January 2003

3. BACKGROUND

3.1 The Government have confirmed the launch of a National Alcohol Harm Reduction Strategy by 2004. This consultation is the first critical stage in this process and is being conducted jointly by the Department of Health and the Strategy Unit. An interim report will be published on the Strategy Unit's website early in 2003 with a further opportunity for comment. The final report in the Autumn of 2003 will form the basis of the Strategy which will be implemented across Government

3.2 The Drug Action Team has sought a response to the consultation document from its members, including service users

4. SUMMARY RESPONSE

4.1 Responses have been summarised based on the categories included in the consultation document

4.2 Principles to underpin the strategy

4.2.1 The effects of alcohol misuse are far reaching across our society in the form of alcohol related crime, costs to the NHS, costs to industry in lost "sick" days, death and injury by drink driving,

disruption of family lives and domestic violence. There are particular concerns about the increasing use of alcohol by young people and the encouragement that the alcohol industry gives to young people.

4.2.2 The significance of the effects must result in Government taking national responsibility coupled with increased responsibility from the alcohol industry and on a personal level

4.2.3 The National Alcohol Harm Reduction Strategy needs to be established along similar lines to the Drug Strategy in that it should be targeted to specific client groups or particular areas in the economy and it should have a number of elements including, education, harm reduction and treatment, which are properly funded and measured against some clear performance targets

4.2 Cultural & behavioural issues around alcohol use and misuse

4.2.1 The drinking culture in the UK of getting drunk and binge drinking differs greatly from our European neighbours

4.2.2 Young people are drinking at an earlier age, targeted by the alcohol industry through alco-pops and other designer drinks which can result in an increase in their risk taking behaviour. Colleges and universities in particular are providing mixed messages to young people by actively promoting drinking events

4.2.3 Advertising and TV strongly reinforces the positive side of alcohol use making no mention of associated harm or risks

4.3 Health: prevention, treatment and the impact in the NHS

4.3.1 Excess drinking contributes to a wide range of illnesses including coronary heart disease, strokes, impotence, low fertility, cancer, liver cirrhosis, stomach inflammation and pancreatitis

4.3.2 The Department of Health estimate the number of deaths directly attributable to alcohol misuse in 2001 was 33,000

4.3.3 Over 30% of people diagnosed with mental health problems are alcohol-dependent and 40% of people who have committed suicide in England and Wales over the last 5 years had a history of alcohol misuse

4.3.4 There has been a significant rise in alcohol related accidents both at home and at leisure venues resulting in increased attendances by the Ambulance Service and at A & E Departments

4.3.5 Treatment for alcohol misuse has been under resourced for many years and has not kept pace with the recent investments in

treatment for illegal drugs as part of the Government's 10 year Drugs Strategy

4.4 Crime, disorder and anti-social behaviour, the effects on our surrounding and community

- 4.4.1 There has been significant research by the Portman Group – including “Keeping the Peace”; Home Office research on alcohol related crime specifically the Cardiff project, and the Public Health Alliance 1996 work on Crime and Health
- 4.4.2 Locally there are specific examples of crime, disorder and anti-social behaviour caused by of alcohol
- In many of the ASBO Case Conferences heard in the city there is some reference to alcohol misuse
 - Alcohol related nuisance in the city entertainment areas including aggression, violence and anti social behaviour is fuelled directly by alcohol
 - Reports of young people causing nuisance where those involved are not merely gathering in public spaces but are behaving aggressively, threatening other residents often refer to alcohol
 - Youth Offending assessments include issues of alcohol misuse in relation to the offender
- 4.4.3 There are issues about perceived impact of drinking particularly in relation to certain locations in the city as being unsafe areas. Whilst the level of concern may be exaggerated it is frequently based on some foundation
- 4.4.4 Key issues for urban environments are transport to disperse visitors, location of night-time economy/city entertainment areas in residential areas, management of premises, overcrowding. Some measures can improve the situation: planning, design and location of entertainment areas, building in transport systems, mixed usage in entertainment areas to encourage a blend of premises (pubs, clubs, food outlets, restaurants etc), changing licensing times to get away from the quick drinking culture
- 4.4.5 There are issues about the perceived mismatch between commercial sales of alcohol and health / crime. These two are not mutually exclusive but clear aims and direction need to be agreed
- 4.4.6 Prevention is best targeted through early education. However, it is not true to say that all alcohol related crime and anti social behaviour is perpetrated by young people. This perception is based on specific issues of alcohol related crime in pub and club cultures. However, there are numerous other examples of crime linked to alcohol misuse which is adult based including street drinking and family violence

- 4.4.7 There needs to improved links between crime and welfare / support. For example, continual arrests / relocation of known street drinkers does not address the underlying problems. They will continue to drink and cause nuisance unless these issues are addressed

4.5 The implications for vulnerable groups

- 4.5.1 There are groups of children and young people who are particularly vulnerable to alcohol misuse such as looked after children & care leavers, school excludees, young offenders and children living with alcohol dependent parents. Important influencing factors with these groups are low self esteem, peer pressure and boredom
- 4.5.2 Homeless people are particularly vulnerable to alcohol misuse and other, often associated, problems such as drugs and mental health issues.
- 4.5.3 The problems associated with alcohol misuse within vulnerable groups are often complex and inter-linked and may require long-term and significant resources. Alcohol misuse touches all aspects of society and therefore requires a multi-agency approach. Locally, both the DAT and CDRP are good examples partnership working

4.6 Education & communication

- 4.6.1 We need greater use of “units” as a medium. Alcohol sold in bottles and cans should contain unit information. The public need to have a greater understanding of how their behaviour alters according to unit consumption and use that information to monitor their behaviour and alcohol intake
- 4.6.2 The contribution of user groups in education and communication should be recognised and valued
- 4.6.3 The consistent drink driving campaign has shifted public opinion from acceptance to non-acceptance. We could learn that a similar focussed and well planned campaign together with other interventions could bring about a cultural shift from heavy to sensible drinking
- 4.6.4 There are accepted health hazards associated with alcohol as with tobacco and both prescribed and illegal drugs. Alcohol advertising and sales should responsibly communicate these health warnings
- 4.6.5 Drugs education has shown us there is no one best approach to effectively communicate a message and there needs to be a range of methods

- 4.6.6 There needs to be a significant focus on communication with young people as experience tends to suggest that it is quite difficult to change the behaviour of older people whilst influencing younger people at an early stage can have significant benefits

4.7 The shape of the market and market based solutions

- 4.7.1 The targeting of young people by the alcohol industry through the introduction of alco-pops is clearly evident
- 4.7.2 Happy hours and other marketing tools such as “Drink till you drop” actively encourage binge drinking
- 4.7.2 The alcohol industry should have a specific duty to encourage sensible drinking and specifically not target young people
- 4.7.3 A positive move forward may be to encourage the alcohol industry to diversify into the non-alcohol drinks market

4.8 The economic cost and benefit of alcohol

- 4.8.1 Alcohol generates a revenue income of £11.5 billion revenue, over 500,000 jobs and £2.9 billion in exports
- 4.8.2 Alcohol misuse costs employers approximately £3 billion a year in sickness, absenteeism, premature deaths, accidents and alcohol related crime
- 4.8.3 The cost to the NHS is estimated at between 2 and 12% of the total NHS expenditure on hospitals
- 4.8.4 There are other costs which as yet have not been calculated such as the full costs of crime relating to the criminal justice system and social services departments

5. SIGNING OFF THE REPORT

Signed.....

Alan Higgins, CEHTSO

6. ACCESS TO INFORMATION

Background list of documents:

- National Alcohol Harm Reduction Strategy consultation document
- State of the Nation 2002 – Alcohol Concern

7. APPROVAL TO THE RECOMMENDATION

The recommendation(s) set out in this report were:

Approved

Approved as amended

Referred

Rejected

By the Executive Member for Health & Social Care on

Dated.....

Signed.....