



A Response to the National Alcohol Harm Reduction Strategy South Gloucestershire Drug Action Team

January 2003

The principles that should underpin the strategy

1. Alcohol misuse affects the whole community. Reducing harm caused to individuals and the community affecting the quality of life of local people.
2. Alcohol misuse is always the responsibility of the individual. People frequently need advice and support and direction that comes from government level.
3. Everyone has the right to lead their lives without interfering with the rights of others. Alcohol misuse frequently affects not just individuals but family members and the community at large.
4. Consumers have a duty to ensure alcohol consumption does not affect the rights of others. Voluntary groups have a role in supporting individuals who have alcohol problems, and support to the families of alcohol users. Schools have a responsibility to provide appropriate educational material to young people. Communities have a responsibility to advise and sell alcohol within the constraints of legislation, and to ensure responsible drinking.

This group is now in its 6th year, being a sub group of the South Gloucestershire Drugs Action Team formed under the Community Safety Strategy. The terms of reference are to tackle at source the problems associated with alcohol abuse, with particular reference to crime and disorder, and of health implications. This group has gone from strength to strength, with several new members and funding promised, and it is hoped that this initiative will also have an impact on crime and disorder in future years.

5. To reduce alcohol consumption, problem drinking and alcohol related harm across the population. Principles should include:
 - a) Targeting high risk behaviour and reducing alcohol misuse.
 - b) The development of effective interventions based on What Works.
 - c) Ensuring the consultation includes, and is informed by, service users at every stage

- d) Developing local strategies that initiate and sustain change, taking into account issues of alcohol use within rural areas alongside urban issues. Promoting partnerships and good practise through multi-disciplinary working.
- e) Each area should have an alcohol disorder strategy, encompassing all the issues raised within this document, with appropriate funding to ensure all key targets are met
- f) Educating and informing young people within Health Education.

Cultural and behavioural issues around alcohol use and misuse

6. Drinking consistently more than guidelines based on daily alcohol intake as defined by the DOH (1995), i.e. 50 plus units a week for men and 35 units a week for women.
Health, poly drug use, relationships, anti-social and violent behaviour, link with offending, cultural issues, minority ethnic attitudes to and behaviour relating to alcohol use, peer pressure.
7. To encourage sensible drinking in line with DOH guidance 1995. Protecting communities from anti-social and criminal behaviour, and reducing problematic drinking in individuals.
8. There is an increase in binge drinking, especially among young people in education and employment. (Drugscope conference, 2002). Attention may be best focused on young people who are working or in higher or further education.
9. A culture of abstinence is being challenged by increasing alcohol prevalence among other Asian communities. Research shows there is a definite culture of drinking among Asian families, often as an expression of social status.
10. Alcohol is an accepted part of social interaction.
11. Recreational drinking, especially on Friday and Saturday nights among young people. Drinking stretched over longer periods and encouraged by pubs and clubs. Binge drinking at closing time.
12. Age and personal finances.
13. Some young people are increasingly likely to use controlled drugs in conjunction with alcohol, despite being aware of the harm reduction messages associated with some drugs e.g. ecstasy.
Young people are less inclined to drink and drive, understanding the implications of this behaviour. Some older people are more likely to risk-take by drinking and driving.

Young people do not consider alcohol to be as risky a drug as other substances. They are very aware of the risks associated with 'date rape' drugs e.g. Rohypnol and Gammahydroxybuterate (GHB), and this, whilst not changing the amount of alcohol being consumed, is impacting on the behaviour of young women drinking in a social context by reducing the risks of contamination.

Health: Prevention, treatment and the impact on the NHS

14. Drinking consistently more than guidelines based on daily alcohol intake as defined by the DOH (1995), i.e. 50 plus units a week for men and 35 units a week for women.

Self-disclosure is a vital means of someone identifying a problem that is affecting them, whether they are the drinker, related to, or caring for the drinker. Problematic behaviour can occur when a person is not necessarily drinking heavily e.g. reliance on alcohol to manage stress, self-medicating (especially for people on tranquillisers), but when drinking becomes a regular, behavioural pattern which someone finds difficult to break.

Problems include: communication and relationship problems / breakdown, physical and mental health problems, financial problems, inability to sustain employment or education, low self-esteem, agrophobia.

15. Current evidence does not sufficiently clarify the health costs and benefits of alcohol in society.
16. £3 billion spent on alcohol related incidences and illnesses within the NHS per year. (Royal College Of Physicians, 1998)
17. The main keys to the prevention of alcohol dependence and serious alcohol misuse are the macro influences of targeting, supply and price. These are areas that the government can directly affect through taxation, licensing and associated legislation and regulatory mechanisms.

The dramatic increase in alcohol consumption by women and young people, and related harm has been a direct consequence of price, increased access and advertising targeting. New drinks have come into the market place that have been targeted at young people and women and it is no surprise that consumption in these groups has risen to the degree it has.

The Government should take control of the marketplace. For example, the Portman Group's voluntary code of practice for the industry's alcohol advertising is seen by some to be ineffectual. Responsibility should be given to local government licensing and trading standards departments -

this can be attached to the coming transfer of licensing responsibilities from magistrates to local authorities.

The ready access to alcohol under liberalisation of the licensing laws may be good news for many people but does little to reduce the problems of consumption for risky drinkers, heavy drinkers and those with dependencies. There are currently too many pubs operating family rooms that are, in effect, conditioning children and young people to accept excessive drinking and smoking as a norm.

The health of children must surely be at risk through passive smoking and the risk of alcohol related disorder. Health promotion on alcohol issues in schools should be a part of the core curriculum and presented by appropriately trained teachers from within the school establishment.

There is no evidence, other than anecdotal, that supports the efficacy of external initiatives such as the DARE Programme and Life Skills Education Centres as a part of schools health promotion. Targeted public campaigns that promote the understanding of alcohol units and personal consumption levels should be recommenced and the alcohol industry should be required to label drinks with the amount of alcohol units they contain.

Alcohol training for social and health care staff should be contained within core professional training (such as the Diploma in Social Work).

18. Brief interventions have an important role to play in identifying and working with people at risk and those with early stage alcohol problems. Community based services, in the statutory and non-statutory sectors, could be more fully involved in such approaches.

For example within South Gloucestershire, ACAD - Advice and Counselling on Alcohol and Drugs - is a local specialist charity that offers support using brief interventions. There is also a need for the greater promotion of screening tools to identify those at risk within Health and Social Care.

19. The current emphasis on NHS Services to people suffering from severe alcohol dependency does not adequately reflect the range of alcohol related problems within communities and the current arrangements are very patchy and ineffectual given the size of problems within the communities they are intended to serve.

In South Gloucestershire and local areas there are no in-patient detoxification beds for alcohol clients. There is under-funding and this could be addressed in the same manner as drug treatment provision provided within the national drug strategy.

There has been a policy shift away from alcohol related harm towards the other drug problems as per the National Drug Strategy. Emphasis needs to be on meeting the current local alcohol problems, early detection and prevention. This should include services to assist the families, partners and friends of problem drinkers who are often suffering as a consequence.

20. Drug initiatives have shown us that community based, rapid access services are very important and that attached to specific issues, such as offending, people can be encouraged to change their behaviour.

The national drug strategy focussed the co-ordination of services through local Drug Action Teams bringing drug issues within local Authority, Health Authority, police, probation, public sector providers and business partnerships.

A dedicated annual pooled budget provided through the National Treatment Agency has ensured a more equitable provision of services through the country. This could be mirrored within a national alcohol strategy.

Schemes like these need to be developed further. Gateways to services should not be restricted to the Courts alone though, as there is a greater need for gateways to be developed within child protection services, looked after children, mental health services, schools, further and higher education, the workplace and youth services.

21. Through the introduction of glasses that shatter on impact, therefore reducing glass injuries (Professor Martin Plant, UWE, November 2002) Reducing workplace alcohol incidents involves an organisation implementing a drug and alcohol workplace policy, providing specialist training to ensure managers and staff are aware of the policy, are able to implement it successfully and receive drug and alcohol awareness training.

Encouraging businesses to reduce alcohol-centred networking within the workplace or during the working day (lunchtime drinking) will have a significant impact on reducing alcohol related incidents.

Offering organisations advice on treating alcohol-related issues as primarily a health, rather than a disciplinary issue, has a significant impact on substance use within the workplace, and provides the means for staff to receive support and re-integration back into the workplace rather than merely using a disciplinary route.

Testing employees for alcohol and other drugs may be considered by some organisations to provide a deterrent to staff to use substances during the working day, especially those working in safety critical environments. This policy needs the agreement of all stakeholders within the organisation in order to work effectively.

Encouraging organisations to provide support mechanisms for staff to manage stress and stress-related problems in a health-centred way may lead to some people using alcohol less as a means of managing stress.

22. The relationships between alcohol use and mental health problems are complex but significant in a number of areas, such as depression, anxiety neuroses, suicidal behaviour, confusion in older age and the exacerbation of psychotic disorders.

This has been under-recognised to date primarily due to poor professional training and a misunderstanding of the role of alcohol in mental health problems. Each specialist Mental Health Team should have a trained alcohol worker as a part of the multi-disciplinary team.

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

23. No specific studies have been carried out in South Gloucestershire. Analysis of times when recorded anti-social behaviour crime and disorder (e.g. criminal damage and non-domestic violent crime), indicate a relationship with licensed premises closure times.

Although a system is in place for recording crime where alcohol is a factor, this has to be refined. Currently there is no reliable evidence. See the 12 month report 2001/02 on Community Safety Strategy former themes (2001/02 compared to previous year) i.e. Confiscations, Foster letters. Also see information from the South Gloucestershire Community Safety Audit 1998-2001.

24. It can be in a minority of cases who steal/or beg to get money to buy drink. Anecdotal evidence from police that alcohol increases the incidences of violent behaviour
25. National studies have shown that alcohol is a factor in disorderly behaviour. (Page 47, South Glos Community Safety Audit 1995-1998). Care has to be taken in reading such statistics on alcohol-related violence. Police frequently see this behaviour as normal behaviour at pub closing times.
26. The de-regulation of licensed premises should reduce the large number of people in city centres all at the same time, creating queues for public transport that can often lead to unrest. Other factors that can have an influence are CCTV and lighting.
27. Urban environments result in larger gatherings of people in certain places at certain times with often resultant disorder, vandalism, anti-social behaviour – with more demand on staff resources, i.e. police, ambulance, hospitals.

Within rural communities, there is a need for better public transport and a greater awareness of the risks of drink driving incidents.

28. The pilot scheme held in Torquay significantly reduced alcohol-related anti-social behaviour and crime. (Devon & Cornwall Police force, 2001)
29. It is vital that combined efforts are made to tackle alcohol-related crime and anti-social disorder together.
Good examples include Pub Watch, Door Safe, U20, and Club Watch schemes. Joint visits to licensing outlets by Police/Trading Standards, limitation of drinking in some public places, and the confiscation of alcohol from young people (under 18) in public places all add to the strength of this policy.
The U20 scheme has resulted in a year-on-year reduction in crime and disorder in the vicinity of Off Licenses and has been recognised by its introduction on other Police Districts within the Force area. Applicants for new off licenses are now asked to take part in this initiative, and where appropriate transfer applicants are also asked to join the scheme.
30. It is important to assess real causes for concern as opposed to the perceived risk of crime and anti-social behaviour within groups of young people within a community setting.
Stats show us that young males 16-24 yrs are the highest risk group for violent crime often connected with alcohol (see Audit 1998-2001). The success of the drink driving campaign among young people has shown that targeted messages about alcohol can work.
31. Yes – adopt if possible a more relaxed Continental approach – flexible hours and longer opening of licensed premises. Included in this is the discouragement of binge drinking by regulating the offers specifically aimed at encouraging increased consumption e.g. free vodka all night if a ticket to a nightclub is purchased before 10pm, extended ‘happy hours’.
32. There are sufficient powers, although it cannot be left to the police alone. More could be done through by-laws, e.g. banning on-street drinking. A no-drinking zone is only effective if there is sufficient council support and police officers to enforce it. Successful schemes have been noted, such as St. Austell, Bath and Gloucester. The Licensed Victualers Association, Councils, and Publicans all have a role to play. Any new law or regulation has to be ‘policed’ with resources.
33. Extended opening hours of pubs may address the problems faced by local residents after closing time.
34. The drink driving campaign changed the mindset of most people through consistent hard-hitting messages. South Gloucestershire has supported the national drink driving campaign, and successfully promoted this through a year on year campaign and enforcement by Avon and Somerset constabulary. The random testing of drivers remains the most effective means of reducing the rate of drink-driving incidences.

South Gloucestershire Road Safety Group have produced beer mats, distributed to 40 licensed outlets with a drink-drive message. A summer campaign promoting non-alcoholic beverages was given positive verbal feedback, however the project as a whole was not evaluated or continued due to lack of funding. The Road Safety Group has concentrated on work with school children, aged 11 to 17. "Too Much Punch and Judy" is a theatre production aimed to raise awareness, especially among pre-drivers.

A longer-term campaign aimed at educating the young will continue to support the public message that it is not acceptable to drink and drive, whatever time of the year. All partners have to sign up to the message and provide funding and be promoted nationally.

35. The last South Gloucestershire domestic violence audit showed that alcohol was only a factor in about 20% of domestic violence incidents. This is half the national average. This difference is possibly attributable to poor recording. There have been no local studies on the role of alcohol in domestic violence.
See Page 66 from 1998-2001 Audit.
Also see Pages 80 and 83 from Community Safety Audit 1998-2001.
The Audit is on the South Glos. (Community Safety) web site.

The implication for vulnerable groups

36. All young people are potentially vulnerable to excessive alcohol use and misuse as alcohol is used regularly by 95% of the population. It is perceived that young women are being targeted by the drinks industry through the promotion of alcopops.

Young people in disadvantaged situations, in care, living in deprivation, those with lack of self-esteem and educational opportunities, those with a parent or carer who has a drink problem, those excluded from education, those with a mental health problem. The music industry often implicitly and explicitly promotes the use of alcohol and drugs as a means of having fun, breaking social barriers and belonging to an entertainment elite.
37. Homeless people, people in short-term housing, e.g. bed and breakfast accommodation; elderly people, especially those living alone; people with mental health problems; people dependent on tranquillisers who are not supported in reducing. Those living with, and caring for, people who have alcohol dependency.
38. Joint working that is able to work with more than one issue at a time, to reduce the cases whereby a problematic alcohol user is moved between services who feel unable to offer simultaneous treatment for a variety of related issues e.g. mental health problems, accommodation.

39. More joined up thinking from central government in producing initiatives will reduce the production of parallel initiatives from departments. Training staff working in the alcohol and drugs field will go some way to ensuring effective service delivery.
40. General support being offered to all alcohol clients with those in most critical need being offered specific services, thus making the best use of resources in the provision of such a needs led service.

Education and communication

41. To inform and educate people about using alcohol safely, the risks associated to individuals' health and lives from alcohol misuse and a clear message that you don't need alcohol to have fun.
To increase awareness of problematic alcohol use to targeted areas, e.g. young men and women targeted by the drinks industry, and disaffected young people and older drivers.
Changing certain patterns of behaviour among drinkers will reduce the health problems caused by alcohol over the next twenty years, the most obvious being the reduction in binge drinking episodes.
The drinks industry has a responsibility to promote sensible drinking within licensed premises alongside promotional campaigns to increase consumption.
42. The drink driving campaign has gone some way to changing behaviour. Young people should be able to make more informed choices and decisions. The statutory monitoring of the number of young people coming to the attention of police for drink driving related incidents.
43. Alcohol education is currently part of the Healthy Schools initiative, taught through PSHE. This is a comparatively new initiative in South Gloucestershire and little monitoring has been done to assess the effectiveness of the scheme.
44. Other than units information, scientific research is only being fed in on an ad-hoc basis, as there is no co-ordinator of alcohol services at a local level and little funding.
45. Vulnerable groups, as outlined in questions 36 to 40. People in employment for whom driving is a major part of their work, the business sector.
46. A national strategy to explicitly outline the roles and responsibilities that all educational establishments have in promoting safer drinking and alternatives to excessive alcohol use.
For universities, in particular, to be targeted as areas where alcohol promotion and use can be significantly reduced, in combination with a campaign to reduce smoking.

The Healthy Schools initiative is established in all schools as part of Health Education.

47. The role of families and parents in educating young people about alcohol is vital to the strategy as this is the major context in which all social behaviours are learned. Emphasis must be put on proactive parental involvement in communicating drug and alcohol messages rather than a knee-jerk reaction to a crisis, whether perceived or real. We must give parents the information and confidence to address these issues within a domestic context.

Families and parents in South Gloucestershire are targeted with information and education through a 'DrugAware' campaign in which a multi-disciplinary team of DAT, CDRP, police and local counsellors raise drug and alcohol awareness, inform residents on the local situation in relation to alcohol and drug related crime and disorder, and offer support to community groups.

Outcomes of these sessions have included:

- a) Actively increasing participants' knowledge of drug and alcohol issues and informing parents about accessing relevant websites
- b) Offering support strategies and funding to community initiatives
- c) DAT representation at school parent's evenings to continue targeted information and advice
- d) Further training for individuals on substance misuse
- e) The establishment of a parent and carer support group.

48. The government is particularly well placed to promote national advertising campaigns e.g. drink driving. Alcohol education should also be promoted at a local level.

49. Research has shown the 'Just Say No' campaign has had limited effect in changing illicit drug use among young people. The harm reduction methods of educating and informing have been more effective in raising awareness of effects and outcomes of using substances. Advertising must be age appropriate and culturally sensitive.

Health promotion, according to research has also shown to be ineffective in changing behaviours, although within educational contexts can be useful in raising awareness and discussion.

50. Advertising should not be allowed near schools, on television before the watershed or as part of sporting events.

The shape of the market and market-based solutions

51. Test Purchasing.
Police officers and members of the South Gloucestershire Trading Standards Department have undertaken four joint test purchase operations at off licensed premises throughout the District during the past

year to detect illegal sales of alcohol and tobacco. In respect of alcohol sales a total of 56 test purchases were made, of which 13 sales were made to 14/15 year old children.

In two cases sales were made by shop assistants who were themselves under 18 (one was only 15 years of age). In most cases however, these sales were made by mature members of staff at premises with regular retraining schemes in operation, who failed to exercise due diligence.

In all cases management were interviewed at their local Police Stations and given appropriate advice. These initiatives are to be continued, and repeat offenders will be prosecuted or licenses revoked.

Our aim is for the industry to reduce the availability, targeting and promotion of drinks specifically aimed at the younger end of the market. Alcopops have caused a fundamental shift in drinking patterns among young people over the last decade, and health related problems are being seen in drinkers much earlier, especially in women (WHO, 1996 The Global Burden of Disease; Addiction Today, Sept/Oct 2002 page 4).

Our proposal is that Local Authorities need to be more proactive in regulating the industry, supported by a comprehensive trading standards strategy. Unless the industry takes steps to act in a more responsible way, we suggest statutory legislation may be necessary to contain the industry over the next decade.

52. Alcopops have been an example of aggressive advertising alcohol to the younger market, and has resulted in an increase in drinking within this age group. National research has shown that the biggest increase in alcohol use is among 18-24 year old age groups.
53. If research and development is left to the drinks industry, it will focus on an aggressive marketing of products to a potential new customers i.e. a younger consumer group. Government is to ensure that objective research covers the long and short term effects of alcohol.
54. The Portman Group is ineffective in it's approaches, and there is a need for more direct government intervention.
55. Sponsorship of sporting occasions. Public transport.

The economic costs and benefits of alcohol

56. High government revenue balanced against the social costs of alcohol.
57. We have insufficient evidence to answer this question.

58. We feel that the government should continue to place heavy taxation on alcohol sales. We are cognisant of the dangers of taxing alcohol and cigarettes so greatly that alcohol and cigarette 'smuggling' increases.
59. Employment, taxation revenues, providing the means for a legitimate use of substances, clear laws on purchasing and licensing.
60. Alcohol has its place as a stress reducer and enjoyable inhibitor. Within the corporate sector alcohol is viewed as both a means of enhancing networking and a potential risk. This leads many companies to ignore alcohol-related problems within the workplace or look solely to the individual to be able to use alcohol sensibly.

The outcomes of an incident or accident within the workplace are such that all organisations should look at the worst-case scenarios and take steps to reduce them through the implementation of a workplace policy. Should an alcohol or drug problem be identified, it is crucial that the problem is managed as a health issue.

61. South Gloucestershire DAT runs a corporate membership scheme (CMS) offering the local business community the opportunity to become directly involved with the work of the DAT. A Business Sub-Group has been established which facilitates the links between business and the DAT. Support from businesses comes in a variety of initiatives; fundraising, non-financial expertise such as marketing, premises and support in the organisation of seminars and conferences.

Corporate membership offers members specialist support to them in writing and implementing their drug and alcohol workplace policies. The DAT also offers training within, and external to, the CMS. This provides training to managers and staff who will be key in writing, implementing, reviewing and evaluating the policy.

In the last twelve months, DAT staff have trained 500 staff in workplace policies and given presentations to a further 300 more staff. 600 leaflets have been given out during these presentations. The majority of the large companies in the authority are corporate members, all of whom have drug and alcohol workplace policies. Members are pro-active in promoting this unique relationship at national business and Home Office conferences, and DAT staff carried out 10 presentations on their work with businesses to drug and alcohol conferences in 2002.

The DAT also sits on the National Workplace Steering Group within the Home Office Drug Strategy Directorate, and has been involved in running workshops during regional seminars in 2002.

This report has been compiled with the help and support of:

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