

South Tyneside Drug Action Team

14 01 03

Response to the Consultation on the Governments Alcohol Harm Reduction Strategy.

Underpinning principles

1. The Government needs to address the harmful effects of alcohol misuse as recognition of the massive effects alcohol misuse has on our society in numerous ways. It affects individuals and families, it affects health and social wellbeing, and it can trigger violence both within the home and on the streets.

Although not directly linked to acquisitive crime in the way that drug misuse can be, its misuse creates a raft of violent and antisocial crime in which young people are particularly vulnerable both as perpetrators and victims.

2. Due to the wider implications of alcohol abuse, the government has a responsibility to intervene both on the behalf of those misusing alcohol and on behalf of those who become victims of the consequences.

3. Individuals have a responsibility towards the wider community in terms of their behaviour and attitudes and this should apply to alcohol use also

4. While accepting that individuals need to be held accountable for their own behaviour, we need to accept that alcohol is a harmful and addictive drug, which if illegal would no doubt carry the penalties of a Class A drug. Commercial interest change the profile of alcohol use by its promotion and negation of the negative effects alcohol can have on lives.

5. Realistic education and harm minimisation and effective treatment provision for those who are experiencing problems.

Cultural and behavioural issues

6. Alcohol misuse is apparent when problems are being caused (either health or social) for the user and or the family/friends of the user.

7. Binge drinking, particularly with young people by way of education both for consumers and retailers. Also medium level sustained drinking which has potentially wide health implications rather than social.

8. Alcohol consumption is linked to areas such as workplace culture and has not changed particularly in areas like the North East where the pattern is still that of a male dominated heavy industrial area while the true employment picture is very different. It may also be linked to higher levels of disposable income and relatively lower prices for alcohol, especially through off-licences, supermarkets and the "smuggled" alcohol market.

9. Alcohol can be used as a method of rebellion by young people where it is specifically against the culture and religion of their family. This may be worth exploring further.

10. Alcohol has been used historically to celebrate literally from the cradle to the grave at all kinds of social gathering. Used sensibly it can cause minimal problems and can add to the quality and range of individuals lives and experiences. There is a need for a strategy as this is not the case for all.

11. It feels as if for many the English culture is one of binge drinking, linked to a kudos associated with heavy and excessive drinking. There are it seems regional differences which are supported by the levels of measurable alcohol related disease and deaths. It does also seem to be linked with age, however this could all be part of the learning and developmental process for young people and cultural influences.

12. Fashion and marketing are very powerful influences on young peoples drinking patterns and should be one of the easiest to legislate against.

13. Risk is an acknowledged part of the developmental process and risky drinking patterns in young people reflect this. Education however to ensure that the patterns are experimental and recreationally established is necessary to prevent the development of problematic use in later life.

Health – Prevention and treatment

14. Harmful drinking is that which has a negative social, economic or health effect on the user's life

15. Health costs seem to be more carefully documented but the evidence feels unclear and is often sponsored by breweries who clearly have a vested interest in alcohol consumption.

16. Alcohol related violence must have an impact on NHS service provision in A&E as well as court and criminal Justice costs.

17. Education both for young people in full time education and for adults who are unaware of the true effects of alcohol. Tier one service need to be aware of alcohol related issues and be able to spot problematic (or potentially problematic) alcohol use and make use of brief interventions which can be very effective if provided at the right times.

18. It appears that they can be very effective if used correctly and appropriately but there is a training implication to enable staff at all levels to recognise the signs.

19. Treatment does work for those who access treatment but a large group of individuals do not accept that they have a problem which means they do not attempt to access services. Service provision for those with dual diagnosis is particularly poor in some areas. Clearer referral pathways would be useful.

20. Great advances have been made in the structure and delivery mechanisms for drug prevention and treatment by way of having a co-ordinated approach across local areas. The DAT /NTA/DRD structure could well be an effective model for the implementation of the Alcohol Strategy as it allows for local delivery of a national strategy, taking into account local need and variations.

21. We need to ensure that plastic or safety glass is used in all public places for the consumption of alcohol and put greater restrictions on the renewal of licences for those places with high levels of alcohol related disturbance and crime.

Home alcohol related incidents particularly those of violence need to be considered as crimes and not "domestics" and treated as such by the courts.

Workplaces need to develop and implement alcohol related incident policies and make sure they are enforced.

22. As mentioned, dual diagnosis clients receive poor service by fitting into neither remit fully.

Crime, disorder and anti social behaviour

23. Having worked in the criminal justice system for several years, anecdotal links between crime, particularly of violence and alcohol are clear in the courts. It would be interesting to look at evidence relating to victims of crime and alcohol consumption.

24. Violent crime in particular appears linked to alcohol consumption and often is habitual in terms of crimes such as violence against women.

25. See 23. Perception does also play a part and is fuelled by the media coverage of incidents.

26. Local Authorities have a responsibility to cover such things as transport availability and design and should be involved looking at town centre incidents by way of the local crime and disorder partnerships. They and magistrates also need to look at licences and the groupings of pubs and clubs in Town Centres. Breweries and licensees should also have responsible marketing strategies and pub/club design.

Free or reduced price soft drinks and effective "policing" of late night Taxi ranks would be useful.

27. It appears that within urban areas there is a high proliferation of pubs in a relatively small area with a high concentration of drinkers moving from one to another. Rural areas have a lower concentration of pubs with people travelling further to visit

28. Impact can be designed out but there is always a level of personal responsibility that remains.

29. The partnership approach should be encouraged as it is within the drugs field in order to provide a co-ordinated approach with shared responsibility and if possible resources. Often resource implications scare people away from partnership working especially if they are the ones with the money!! There needs to be an acknowledgement that it is much more than financial resources that can and should be shared.

30. Young people benefit from education as to what constitutes anti social behaviour in the same way that some adults would benefit from education as to what is not!! To prevent drinking becoming problematic, it is useful to target young people; however the range of anti social and anti crime measures can be targeted at all age ranges.

31. This could make a big difference in particular if "Happy Hours" and the culture of binge drinking were examined as part of the overall picture. We also need to examine the dispersal of people at the close of pubs and clubs; perhaps this too could be more staggered (Forgive the pun!) Accessibility to public transport and the policing of taxi ranks also need to be considered in the wider picture.

32. Powers are probably sufficient currently if they were properly used by Local Authorities. We don't always need a change in legislation but often it is a tightening up on the correct and effective use of current legislation.

33. Education would go a long way to ensuring the balance of individual rights and this includes education to develop more tolerant understanding of young people.

34. The main lesson to be learned is that it takes time to make progress and to develop a cultural change as in the attitude towards drink driving. It also proves that education works but not overnight and not for every individual.

35. Alcohol is often the trigger for domestic violence but cannot be seen as the cause. It can also be used as a coping mechanism for the victim often to their detriment. Good practice would suggest that the role of alcohol needs to be kept in perspective in these circumstances and support provided for both perpetrator and victim relating to alcohol abuse. Many women's refuges refuse to take women with alcohol or drug problems and yet they can be symptomatic coping mechanisms.

Vulnerable groups

36. Young people who are identified as being vulnerable include the standard groups such as those excluded from school, those in the looked after system, young offenders etc. However unlike drugs I feel that as alcohol use and misuse plays such a large part in our society that all young people are vulnerable to a certain extent. Young people whose parents are misusing alcohol are especially vulnerable and it feels as if there is less support available for them.

37. Ethnic groups whose culture forbids alcohol have young people who are especially at risk of abusing alcohol as a method of rebelling against their parents. Young people's drug misuse tends to occur linked to alcohol misuse and it could be argued that the gateway drug to more serious drug abuse is alcohol and not cannabis as is often suggested. Mental health and associated problems linked to alcohol abuse often leave people vulnerable and resistant to treatment due to a lack of appropriate services available to cope with the dual nature of the problems.

38. Social isolation, a lack of self esteem and a perceived lack of future opportunities could be seen as key factors in maintaining the problems facing vulnerable groups. Interventions should be aimed at the contributory factors such as homelessness and lack of self esteem rather than simply on the alcohol abuse which can be used as a coping mechanism however ineffective.

39. Services can be effectively joined up and this has worked successfully in the drugs field but it takes time and effort and a commitment from all parties to make it work. Problems occur when resources are scarce as this creates competition between service providers. Partnership is vital between statutory and voluntary sector providers whose contribution is often huge and often completely undervalued and under resourced.

40. Within any treatment modality, clients need to be considered as individuals and to have individually planned care and support. However services need to be delivered within a framework that allows for this and responds to individual client choice regarding service delivery and appropriateness. Mainstream services need to be fully aware of the issues relating to alcohol misuse and need to be comfortable in dealing with them as a first point of contact often in the early stages of problematic drinking developing. They also need to be aware of services that are available to provide a more specialist level of support and how to refer onto them.

Education and Communication

41. Objectives should be to raise awareness of the consequences of alcohol misuse both health and social and to educate people to adopt sensible drinking patterns. Acceptance of the negative consequences of alcohol abuse should be challenged as should the bravado often associated with excessive alcohol abuse particularly relating to young people.

42. This can only be done over time as with the drink driving education programme and will be much more difficult to measure. Related indicators such as drink related visits to A and E and days absence from work could be measured as secondary indicators of effectiveness but it is much more difficult to equate when the desire is to achieve a cultural change.

43. It is not a clear message and neither is it particularly well received or understood. Young people often use the alcohol unit measures to ensure that their limited finances are being used to buy the strongest alcohol they are able to have the greatest effect. It feels as if its effect is limited to those who are aware of the risks already and use this as a tool to enable them to drink in a less risky way. Again this applies mainly to health issues and not the social costs.

44. Again it feels as if the evidence remains contradictory although it is improving in clarity and it feels as if the contradictory evidence related to the benefits of alcohol consumption with the negative effects being less disputed. The health factors are again only a part of the overall pattern and the social and economic costs need to be evidenced in a more accessible way for the general public.

45. If the aim of the strategy is to attempt to change the drinking culture of the country then in the first instance there need to be an attempt at raising general awareness as a broad issue. Within this, targeted groups can then be identified taking into account specific identified needs and issues and identifying the most appropriate method for communication. Consideration needs to be given to a wider range of groups that may experience alcohol related problems than solely young people.

46. They have a fundamental role in providing alcohol education and acting as a filter to provide basic support and referral into treatment provisions for those assessed as experiencing problems. The education provided must be relevant, accessible and timely for the young people and needs to be delivered in a way that young people can relate to. Teachers should be provided with sufficient training in order that they feel capable and confident in delivering the information but equally confident in calling in others too support them.

Ideally alcohol education should be part of the whole curriculum and can be incorporated into the broader agenda rather than sessions in PSHE or science.

Youth workers and ConneXions PAs have a significant role to play in the informal education system and the same training requirement should be addressed.

47. Parents/carers have a key role in the education of their children on sensible drinking and in helping to break the patterns of drinking that exist both within families and wider society. Engagement will be most difficult in those families where the parents themselves re drinking at a problematic level and it then almost comes full circle in the education being targeted at those parents where identified.

48. Messages need to be targeted appropriately at a variety of groups and will therefore involve a variety of methods. Lessons need to be learned from other Health promotion campaigns which have shown success such as drink riving and anti-smoking campaigns which have been successful in some areas.

49. Difficult to quantify in terms of effectiveness, drugs education and alcohol education have the same core strands looking at risk, self esteem and health costs. Peer education has been seen as successful in some areas.

50. Regulations are not enforced strictly enough and glamorise the drinking culture for young people.

The shape of the market and market based solutions

51. The shape of the alcohol industry and certainly their advertising campaigns appear to be focused on attracting young people and encouraging drinking behaviour. Perhaps this is because older drinkers have already established their drinking patterns which are more stable and can often decline with age. There may also be a move away from the "pub/club culture" with age and an increase in social drinking within the home. City centre pubs and clubs often reflect this trend. There is little reason to suggest that this will change over the next decade.

52. If alcohol consumption is currently being promoted as being cool and trendy for young people with some brands of drinks becoming almost a fashion statement, perhaps the Government could focus on the less attractive aspects of alcohol misuse such as how unattractive a drunk can be, risk behaviour such as unwanted pregnancy, drink related accidents and violence etc. Smoking was targeted in this way with campaigns relating to the unattractive smell of cigarettes and asking "who would want to kiss a dirty ashtray?" The effectiveness of this style of campaign could be considered.

53. Alcohol advertising produces some of the most effective and memorable adverts and this ready audience could be targeted using the same creativity to encourage reduce alcohol misuse.

54. Accepting that the alcohol industry is massive and very powerful in political terms due to the levels of tax revenue received by the Government from the trade, it feels as if there should be a joint responsibility to initiate safer drinking patterns. Consumers are easily accessed through the retail outlets and this should be a good starting point to do something more creative than leaflet drops.

55. An increase in disposable income for many young people can clearly influence drinking behaviour as does the marketing policies behind the "happy Hour" culture. Reduction in the price of soft drinks could affect drinking patterns.

Economic costs and benefits of alcohol

56. The evidence is not very clear or accessible as to the overall social and economic costs of alcohol consumption. Alcohol does add to the personal and social well being of many people but the strategy needs to be targeted at those for whom the costs of their alcohol consumption outweigh the benefits for them or their families.

57. It would be interesting to calculate the costs, both to individuals and to the state by way of additional policing and health costs etc and to balance that against the revenue created for the Government and profit for the alcohol industry. Perhaps this would give a clearer picture as to where the greater responsibility lies.

58. The principle is that outlined in Q57, however there needs to be a reminder that there is an individual level of accountability for drinking behaviour and the problems that it may cause and that needs to be balanced against the responsibility of the state and the industry.

59. Only if they can be offset against the costs to the country of alcohol misuse. The greatest benefit is clearly to the alcohol industry as would be expected

60. People do not achieve greater educational or occupational advancement due to the consumption of alcohol. As stress levels increase as responsibility grows then alcohol may well play a role in reducing stress but can only ever be seen as a temporary measure to help relaxation in the short term.

As regard occupational achievement, we need to continue to move towards achievement being linked to opportunity and ability rather than being part of a social setting, historically male dominated in which many decisions are made.

61. Workplace based initiatives need to be based in a policy framework that all staff are aware of and need to take into account factors such as risk, policy decisions on drug/alcohol testing and the subsequent consequences etc. Work is being carried out by DATs to develop work place initiatives alongside the work of Health Promotion and it may be that there are examples of good practice to be found in this field.

Janice Chandler
South Tyneside Drug Action Team
Manager