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SU/DoH Consultation
Room 4.6
Admiralty Arch
The Mall
London
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Dear Sir/Madam

Please find enclosed a co-ordinated response to the National Alcohol Harm Reduction Strategy – Consultation Document from the Doncaster Multi Agency Strategic Theme Group.

Yours sincerely

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Enc

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

The government should get involved in managing the harmful effects of alcohol misuse as it impacts on other issues such as NHS, crime prevention, individuals, communities and the country, and it should be consistent with other government strategies.

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?

Alcohol misuse is a matter of individual responsibility until the misuse becomes problematic which then indicates interventions may be needed. The individual may not be able to take responsibility and the government should have a role on their behalf. The Government role should cover all dimensions.

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

As above.

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

Individuals should exercise rights but exercise responsibility; voluntary groups may be key players in delivering services, commerce should be required to take appropriate level of responsibility.

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

Similar drugs strategy and others.

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

The definition is as outlined in the foreword to this question and is what we work to locally. Drinking is acceptable but there is a need to look at underlying consequences and the individual problems drink cause.

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?

A harm reduction strategy should seek a tiered model as adopted in the drug field. The government should focus its efforts on underage drinking across board.

- 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?**

Not able to comment as this is a research matter and we feel that money should be put into research being undertaken.

- 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?**

There should be a focus on older people and pregnant women. More research and information maybe appropriate. It is also suggested that there is a link between drinking and sexual behaviour.

- 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 recognised English drinking culture there may be a stereotyped north/south divide, however this perspective can be dangerous. In all areas young are developing a particularly high risk drinking culture.

- 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?**

The most influential behaviour would be fashion and marketing but it is difficult to exert influence.

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

People don't see alcohol as a risk. Risks of alcohol are hidden. With drugs users there are stereotypes which are attached to perceptions of risk but alcohol misuse isn't easily recognisable. Alcohol use not defined as risk because it is legal.

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

A level of harmful drink is where it contributes to physical or physiological harm and aggressive behaviour resulting from drinking.

- 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?**

Research carried out by Chris Godfrey and Alan Maynard may be useful here.

No local evidence or needs assessment has been done apart from local services that are currently running. Information on uptake on service user information should go back through to the government. No mechanisms for recording alcohol, this needs a wider national approach.

- 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.**

The community is very proactive in targeting different groups via appropriate methods. Tier training for professionals would be required for alcohol issues.

- 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?**

Brief interventions is useful with young people particularly as targeting effectively can influence change. It would be a good idea to set up an email service to provide advice on alcohol as this would act as a brief interventions and would be a fairly safe way of making initial contact. This would be valuable but must be backed up with further information and help and a comprehensive range of services.

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

Current treatments do work but we have no robust research to support that locally. An approach like the NTORS in drug could be useful. A range of services which accommodates client choice should be available. We must be

able to track people through services and co-ordinate points of entry. Integrated pathways should be developed.

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

If there are government sets targets and money is put into the service changes will happen but it needs to be a national approach.

2.1 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?

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?

Un-recognised dual diagnosis is an important area of mental health. Suicide and self harm are also common amongst problem alcohol users. Integrated care pathways based on local networks could be developed to provide a supportive structure.

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?

The group agreed that the Police collect the information and this should be available. Planning of local strategy and implementation.

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?

Yes, Police have statistics along with YOT, Probation. Particular types of crime which can be habitual are domestic violence, aggression and anti social behaviour and drink driving. Local adhoc information would suggest young people and drink driving are community featured with regard to one off offences.

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?

Although instincts incline towards reality there is more to be done and further evidence is required as perceptions are not always right.

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?

Multi agency response required.

- 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?**

With regard to town centre drinking and communities the obvious differences would be the anonymity of town and the opposite within communities.

- 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?**

It is important that environmental services are on board but not able to answer question.

- 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?**

Multi agency approach essential – funding is a major inhibiting factor.

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

This needs to be targeted at all groups.

- 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?**

Would encourage different patterns to influence attitudes but target appropriately at different audiences.

- 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?**

- 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?**

Usual anti social behaviour principles.

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

Carry on and sustain policies as these act as a deterrent and carry on raising public awareness. Links to risk question. However, in general caution should be exercised re adopting shock/horror approaches.

- 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?**

Multi agency approach and information sharing.

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

All of them. Also children whose parents have alcohol problems are at risk and particularly if they become carers which can have a additional physiological impact.

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

Young people, old people, and groups of professionals such as Police, A&E staff.

- 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?**

All factors should be aimed at. Brain damage through alcohol use also needs to be targeted.

- 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?**

Example of joined up delivery – arrest referral barrier – lack of resources.

- 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?

Different mainstream services, don't have training and knowledge about appropriate services that are available.

- 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?**

All these areas should be included in objectives.

- 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?**

More research required.

- 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?**

More research required.

- 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?**

This area needs firming up with more recommendations to explore other paradigms of research.

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

Yes.

- 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?**

To fit within context of existing PSHE programmes and a responsibility within personal social education to change for example idea of university student life drinking patterns.

- 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?

Role of changing peoples perceptions as they are not always correct. Making educational information available for parents to enable them to know the risks of alcohol misuse.

- 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?**

Health promotion can identify the most appropriate approaches depending on the target group intended outcome, available resources etc.

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

Health promotion can identify the most appropriate approaches depending on the target group intended outcome, available resources etc.

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

It does not have the same focus as tobacco and needs to be tightening up.

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

Locally pubs are seen as sustainable businesses this giving a greater control for the industry.

- 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?**

There has been a change in what people drink and there are concerns about patterns with drinks such as alcopops appealing to young people and women. However it is suggested more work needs to be done on research.

- 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?**

Regulation.

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

Disposable income, sponsorship, national academy, lifestyle behaviours.

- 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?**

Not locally.

- 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?**

This question is required to be answered nationally.

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

This question is required to be answered nationally.

- 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 has been documented.

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