79a Eastfield Road
Peterborough
PE1 4AS

TEL: 01733 555532
FAX: 01733 555531
Email: centraloffice@drinksense.org

Wednesday, 04 December 2002

Mr J Toy
Community Safety Manager
Peterborough City Council
Bayard Place
Peterborough
PE1 1HZ

Dear Jonathan

Re: Alcohol Harm Reduction Strategy' Consultation Paper

Further to our recent conversation here are my responses to the consultation points.

For simplicity's sake I have responded point by point and trust this makes sense.

If you need any further information please let me know.

Yours sincerely

Christine Greer
Chief Executive

Drinksense

Response to Consultation Paper

Alcohol Harm Reduction Strategy

1. For all of those involved in education, prevention and treatment initiatives a central steer would assist with service planning and delivery. A central focus would ensure alcohol misuse receives the necessary profile in our society. Government intervention is essential as alcohol misuse is already influencing individuals and society in many detrimental ways. Intervention need not be seen as negative but as taking a responsible approach towards reduction of harm and risk.

2. For the main part alcohol misuse is a matter of individual responsibility. Government intervention would be to ensure adequate and appropriate levels of services to address the many consequences of alcohol misuse in our society. With regard to legislation perhaps examination around licensing and marketing of alcohol might be useful. The government has a responsibility to intervene when the consequences of alcohol misuse so deeply affect so many areas in our society.

3. Individuals have the right to use alcohol and providing the consequences of this use creates no problems for themselves or others there seems no purpose or right to intervene. Where the consequences of excess alcohol create problems for themselves or others the consequences need to be addressed. Many sectors in the community are subjected to the aftermath of alcohol misuse- Police, A & E Departments, Communities etc. would also argue that they too have rights to be free of this intrusion into their working and personal lives. This is also an issue of degree where by alcohol being so much part of our social infrastructure has always generated some levels of social disorder. Currently the consequences of the use of alcohol appear to be stretching many of our health and social care systems. Legislation around individual use is neither realistic nor desirable.

4. With regard to consumers of alcohol –
   Adults – this is a matter of personal choice.
   Children and Young People – needs strength and clarity and responsibility taking from an adult society.
   Voluntary groups are the main providers of alcohol education prevention and treatment and will continue to be a significant responsibility taker for the future. With regards commercial interest a very serious look that the marketing and accessibility of alcohol needs to take place. In order for various groups to take on board appropriate roles and responsibilities we need as a society to recognize that alcohol misuse is currently a social issue needing attention.

5. The main principles might be safety and a responsible community for young people experimenting with alcohol and prevention work. Treatment for all adults developing or having already developed an alcohol misuse problem another main principal should be a whole system approach with many agencies involved in addressing alcohol from a number of different view points i.e. family support, youth work etc.

6. Alcohol misuse could be defined by consequences i.e. where a consumption of alcohol results in harm distress or disturbance to self or others. The regularity of this alcohol misuse or of this behavior is irrelevant whether it be one episode or a regular occurrence, a response is required.

7. **Experimental** – young people are seriously at risk although other age groups are involved in experimental usage.
   Binge Drinking – here age and regularity of binge episodes is relevant to the consequences.

Chronic or Acute Episodes – where a pattern is well established repetitive with regular identified consequences
All of these are responsive to change/influence.

8. Relationship issues are a significant part of client histories when presenting for treatment. The current trend in family breakdown appears to be significant with regards alcohol misuse and young people. Working practices where by early retirement is a potential factor in this significant rise in late onset alcohol misuse currently presenting at treatment agencies.

9. Work Cultures/ Environments where goal driven services and long hours etc. lead to little/ no social infrastructure to individual lives. Whilst there are trends currently with young people issues, women issues and black minority ethnic groups the lack of support for adult services i.e. 18-55 years means considerably investment in this core target group. In addition a further emphasis on the 55+ groups is essential.

10. Alcohol is a social adjunct in so many ways in our society. The identity of the 'local pub' was one of a safe place to become familiar with alcohol amongst adults created at one time an ideal social setting. In the main the 'local pub' has disappeared. Many individuals find alcohol an excellent way to relax etc. Alcohol being so entrenched throughout our society and a cultural norm it would be hard to imagine a society without alcohol being present.

11. Our young people drinking cultures at present are without doubt one of excess and risk. Alcohol misuse is an issue beyond merely geographical and locality but also within social groups. This is not to suggest that one social group is more at risk than another. Alcohol misuse is different amongst the age groups within young people. Perceptions of an English drinking culture outside of this country are well known and usually very negative. For other age groups alcohol is seen perhaps as part of the social infrastructure for the middle classes etc. Current suggestions from research suggesting regional division between North and South of the country are unhelpful and are highly questionable. Experiences in agencies in the South of England would suggest that perhaps the reporting mechanisms would be very different. The Alcohol misuse was not perhaps as overt in the South as reported in the North of England exists but with a different profile and the research may not have covered this. With regards age group alcohol use and misuse will differ both in type of drink and environment in which alcohol is used.

12. Most of the factors detailed influence behaviours and where alcohol is part of this there is a potential for change through emphasis and influence e.g. marketing.

13. Within our society there is a general attitude of minimizing the risks of alcohol misuse i.e. we all do it, we all did it, it caused us no harm etc. This minimizing and the desire to avoid addressing the serious aspects of alcohol misuse are present throughout all levels of society. Where agencies including any government agency begin to press home the consequences/ risks it is usually met with resistance and defense. This is a natural response to any suggestion of control of individuals' behaviour. Sensitivity to this resistance would be essential for any central strategic planning.

14. Frequency. Volume. Consequences.

15. Ambiguous and likely to remain so.

16. Directly: Unclear.
    Indirectly: Likely to be phenomenal if ever truly identified.

17. Earlier specialist intervention. Increase specialist prevention to work with other professionals as needed.

18. Specialist brief interventions work well, little evidence of generic interventions being of use e.g. GP's. Evidence would suggest that early identification by primary care specialists is dependant on the skill of the primary care worker involved in the screening. Clients presenting for formalized specialist treatment often report that their information given to their GP etc. was at times less than fully disclosed. Recent inclusion of specialist non-clinical or medical staff etc. is shown to be well received and is more likely to be utilized by patients.

19. Current treatments/Interventions are effective. This needs to be evaluated against the presenting problems and chronicity of a problem. A whole system approach is essential to consider and meet the individual needs of the client. Accessibility needs to be both easy access community based sites/centers along side formal community based entry points. There is evidence to suggest that individual or self-referral and third party professional referrals are both needed. In all areas clear referral and clear care pathways are essential, multi agency working core to this provision.

20. The main lesson is that alcohol and drug misuse need to be treated as separate issues. The work of the national treatment agency is excellent and the models of care approach could be tailored for alcohol.

21. This is difficult. With regards A & E departments in some areas the use of plastic containers in many licensed premises is one experimental approach. With regards alcohol in the work place strong 'alcohol in the work place' policies are essential. The risk of accident in the workplace through a worker continuing to work whilst having consumed alcohol would contravene any rigorous alcohol in the work place policy. This would significantly reduce alcohol in the work place accidents.

22. The links are very clear and evidenced. A co-coordinated approach between specialist alcohol agencies is the necessary (seamless) way to deliver. This specialism should be core provision and is seriously under resourced and needs capacity building.

23. Numerous studies show the links between alcohol and crime. Locally youth offending services have focused heavily on drugs work and yet identified alcohol as a major issue. This is one area needing more work. Outreach work is essential here and the alcohol focus and the consequences of the misuse on the criminal justice system is vital. There is little or no evidence of the potential impact of alcohol workers being outreached into family settings where family members are involved in the criminal justice system. This could be part of all future planning.

24. Alcohol misuse is a known significant problem with re-offending. Perhaps early intervention work would be a real advantage however this is clearly a major gap in current service provision where a one off offence has been committed regardless of age of the offender, this early end intervention might have significant consequences on any future criminal career.
    Drink driving - usually the police or probation work with drink driving issues specialist agencies should be involved where possible.
    Domestic Violence - A huge cap in some areas due to alcohol specialist services being seen as working with perpetrators. To move this forward the whole domestic violence issue needs reviewing, early intervention with alcohol related low threshold e.g. criminal damage would be a useful way to influence escalation of further alcohol related offending.

25. Alcohol is most clearly a major factor in some criminal/disorderly behaviour. Through CCTV alone we see throughout the country disorder issues fuelled by alcohol. The levels of crime recorded near licensed premises are of such significance there is no room for coincidence.

26. No knowledge that transport and disorder are linked. Issues around any city centre environment and how individuals (with or without alcohol on board) use this is for city centre groups to analyse. Specialist alcohol agencies could certainately play a part if alcohol was seen to be an issue.

27. Young people issues are the same in both urban and rural areas in that there are problems identified by communities. Nightlife' wherever situated invariably leads to excess alcohol and behaviour problems. Adults and alcohol misuse in rural settings is more discreetly held within the family, issues of shame are higher and services need to be sensitive to this. The range of adults misusing alcohol is consistent in urban and rural settings. Close rural communities are often fearful of the behaviour of young people misusing alcohol. Anti-social behaviour amongst young people in urban settings tends to take on a 'gang' type culture usually with a relatively broad age range within the group i.e. 11-20 years; this can become a serious problem for some communities.

28. Environmental influences can be useful. Again licensing of premises and some level of control on this front might help. Looking at Nottingham city as an example of the '24 hours city' as was hoped has led to a nightmare for Nottingham Police who identify alcohol misuse/ excess as a main source of the problem leading to high levels of disorder currently beyond police capacity to deal with within the city.

29. This is essential; this is the main responsibility of all. Fear around providers and community support initiatives being seen as policing would definitely inhibit client involvement unless sensitively dealt with.

30. It is right that anti-crime and anti-social behavior initiatives need to be targeted on young people in the first instance but it is essential that we consider beyond this e.g. domestic violence issues.

31. This looks somewhat untenable. We might encourage individuals through services to change patterns. We might through planning and licensing departments influence locations and perhaps this is one way to consider management of an environment.

32. 'No drinking' zones do influence the experience for society i.e. currently little city centre evidence of drinking in Peterborough. Having cleared city centres of the problem however this is usually displaced elsewhere and in this area to the township centres. To some degree public drunkenness has been accepted norm throughout history. The opportunity for police to filter alcohol-misusing clients through to services is missed. The arrest referral schemes could be useful but tend to be highly drug offence related in this locality. The engagement of individuals with alcohol related disorder offences tends to be one of minimizing by all involved including police and here again this should not be the responsibility solely of the arrest referral worker but for all involved to see the importance of early interventions by specialists services. With indifferent custody environments responses which polarize between a frustrated acceptance of and a desire to find ways to legislate for drunk and disorderly conduct though threshold work. Perhaps this is an opportunity to look again at more creative ways of ensuring that clients have access from the custody suits or are encouraged in some way from the custody suits perhaps before this can happen however a more serious view should be taken of those regularly presenting with drunk and disorderly behaviour.

33. Covered earlier.

34. We should continue to keep this high profile. Early intervention i.e. first offence should carry the compulsory specialist input of some kind. Drink drivers in particular in the main do not appear at specialist services until facing a custodial sentence, this is too late. First offence is the time for specialism.

35. In order to tackle domestic violence and alcohol misuse we must first of all fully accept the links. Nationally we need to do away with unhelpful stereo-typing. We need to do away with perpetrator victim perspectives, we need to hear what the clients tell us, hear what the couples would want with regards the relationship, we need to accept that people can change, we need to accept that in the main couples want the relationship to work. Alcohol misuse in a relationship is often a key indicator of other issues. Simplistic stereotyping is unhelpful. Good practice requires all involved to understand relationships and the influence of alcohol within and on a relationship. With regards domestic violence same sex couples are often overlooked with the stereotypical male on female perpetrator victim attitudes.

36. There are two mains groups of children and young people who are vulnerable
* Those vulnerable as a consequence of their own alcohol misuse
* Those who are vulnerable as a consequence of parental, carer, significant other alcohol misuse.

37. Those identified as most vulnerable would be perhaps those children and young people in families where alcohol misuse is already present. Those excluded from school, those currently truanting from school, those children and young people without a clear adult role model, those young people out of education and unemployed.

38. In young people there are perhaps two main ages ranges to consider in relation to alcohol. 1. 11-14 year olds, 2. 14-18 year olds. The issues of homelessness etc tend to apply to group two. Anecdotal evidence suggests family breakdown (step family often quoted) are a main component in the homelessness of the young person. Alcohol misuse within these areas often sustains the situation i.e. lack of education, lack of employment, alcohol often fills the gap within the day, this enables the young person to avoid tackling the other areas that might make change possible. Where young people have little home and family security the influence of pier groups is of vital importance. If the young person is involved in a drinking culture with other young people it is challenging with regards change without recognizes the culture in which the young person is using alcohol. Poor service provision within mental health services for young people is common place. The enduring focus on illicit drug use often leaves the primary alcohol misuse problem ignored. The desire for joined up thinking and joined up working is often prevalent. The lack of whole system approach and coordination of the work is also usually an issue. One stop large organizations hoping to manage and co-ordinate complex packages eg. youth offending services might be taking on a larger brief than is possible and reasonable to expect, this needs to be evaluated.

39. The integration of service providers i.e. in Peterborough the integration of statutory and non statutory alcohol staff is an example good practice and of joined up delivery. An organization focusing on alcohol as the prime source of the problem without dilution to looking at illicit drug use etc. means clarity around service provision. Specialist workers from this integrated service and the integrated services within Peterborough work in youth offending services in probation and in other settings. Outreach work with the homeless and vulnerable groups and services link into the core system. Clients are offered a seamless service with the process aiming to simplify and clarify the experience of clients especially and included those with complex needs. The example in Peterborough is one that is replicated in very few places within the country.

40. There is a place for both generic and specialist provision. All clients within alcohol specialism in the Peterborough area are assessed on an individual basis against a frame of reference or common assessment tool. Often the specialist service is required to co-ordinate activities involving a number of agencies and to promote a whole systems approach.

41. Raise awareness and equip young people to make choices. The work of local PSHE and the Cambridge shire schools inclusion of alcohol use as part of core provision is a very important initiative. There are further initiatives about to begin in this area.

42. Little work has actually been funded and therefore provided as yet. Raising awareness is very difficult to evaluate on any fund, alcohol education can only be measured in the same ways as any other form of education i.e. drugs, sexual health etc.

43. There is not enough of a national profile. Little coherence. Little evidence. The message is difficult and should be recognized as such.

44. It is difficult to ensure all new research is clear/balanced or useful. We should also consider the usefulness of scientific research feeding into alcohol education and we need to consider the relevance of this for young people.

45. Yes definitely there is no doubt of the need. The process or methods of delivery this message however should be carefully considered, especially within say over 55's.

46. The role of schools, colleges, university etc is essential for providing alcohol education. We need to ensure that the message is not one of prohibition but is one of facilitating young people to make informed choices and to minimize harm because experimental drinking is likely to continue and adults involved should recognize that.

47. Some evidence suggests the parental role is influential however peer influence is stronger; parent's involvement should perhaps be through schools, community setting as well as individual involvement.

48. Experience has taught us that we need a national profile to focus the attention on this issue, I think governments need to be cautious and sensitive with regards their part in this, they are well placed to assist in the profile raising of alcohol misuse issues however this is a problem for us all to address.

49. We need to set realistic goals we need to recognize that alcohol services are seriously under resourced and neglected and need support to develop so that they in turn might support generic services with specialist knowledge. In the profiling of alcohol issues we need to use language that can be understood the term substance misuse that has been banded around in recent years means absolutely nothing to most parents and young people. Associated with alcohol and substance misuse does not exist.

50. Current advertising on alcohol is too glamorous and biast. No risks are usually reported and this is not just for young people, there I little knowledge of the real health and social consequences of alcohol misuse for individuals in our society. I think we have to question perhaps if there is a need at all for alcohol advertising.

51. I believe the alcohol industry will contiue to expand and continue to attract more young people and other groups within our society. Self regulation ie. portman group is helpful but limited. The thought that we might turn the clock back and deconstruct some of the constructions we have around drinking and alcohol marketing etc.also feels highly unlikely. Bearings this in mind it can only expand and continue to be seductive in it's presentation of alcohol in out society.

52. The manner is which trends develop is neither exclusively due to the industry or to the consumer. There are some that would argue that social trends ie. the role of women in society is seen as a direct influence on the increase in alcohol misuse amongst women and as a result sexual health/teenage pregnancy of women in our society. Who actually sets the agenda with regards trends is difficult to establish.

53. I do not foresee research and development having influenced with regards the solutions to alcohol misuse.

54. It is difficult to identify how the government might reach consumers in a way that would make any difference to alcohol misuse, there is little evidence to show that government warnings on cigarette packets had any effect at all on the purchasing of tobacco. The government working with the alcohol industry might well present a challenge where by

the government is looking to perhaps limit risk and therefore will have direct influence on the industry and the industry whilst acknowledging risk issues is there to promote and sell alcohol.

55. Business involvement in alcohol in the work place issues.

56. There are some health reports on the health benefit of some levels of alcohol use, I find this question ambiguous.

57. Major economic costs could be the cost to health, criminal justice etc. and hidden costs not so easily quantifiable e.g costs to our social infrastructure.

58. There is a need for a government overview to provide the frame work on which many and much work can be done. To attempt to influence individuals and commerce etc without this central impetuous will leave us as we have been for many years.

59. We can reasonably say the alcohol industry is in reality providing work and pleasure to many.

60. This is difficult to empirically evidence although evidence we have would suggest the levels of absenteeism must have a direct effect on attainment. Individuals do report that some level of alcohol misuse is facilitative with regards their output, clearly that is an area for further consideration. Many businesses and organizations have effective workplace policy and initiatives often linked to specialist alcohol agencies and often brought and paid for on an individual basis. Alcohol in the workplace, policy formation and delivery perhaps should be a responsibility of industry however the requests for specialist input from agencies usually puts undue stress on services. A system where by provision of this specialist input to business is available would be important, perhaps looking through the drug action team systems where these initiatives are currently being looked at will enable this to be done, there is no doubt that guidance and input from specialist services is an ongoing and regular need of industry. For those organizations and businesses etc. who have not addressed alcohol in the workplace as an issue the raising of the profile of alcohol misuse in the workplace would be part of any strategy.

Christine Greer
Chief Executive