

ALCOHOL STRATEGY CONSULTATION

A. The principles that should underpin the strategy

Our starting point is one of principle. Before considering how best to tackle the problems associated with alcohol misuse we need a clear understanding of why Government should play a role at all.

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

Alcohol consumption is rising and only 7% of men and 13% of women don't drink. 38% of men and 21% of women are believed to drink in excess of the amounts recommended. Public health education messages on safer drinking are clearly not understood or believed or found acceptable by many people

Alcohol misuse causes many problems, health impact individually and on the NHS, social impacts in terms of relationships and anti social behaviour. Alcohol misuse is a major contributor to accidents and illness. Misuse – especially binge drinking has become a concern for society at large. The costs to society are increasing and this should be contained.

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?

Choice is essential in a democratic society, and individuals must take responsibility for their own actions. They must also respect the rights of other people not to be affected by people under the influence. However, not everyone is capable of judging for themselves and making informed choices. This is why legislation and persuasion are necessary. Govt must provide a framework for those who need it but not quash the rights of those who don't, while ensuring that those who don't meet and accept their own responsibilities.

We are all in charge of what we consume, most responsibility therefore lies with the individual, Government can ensure alcohol is not illegally sold to children, can ensure education and support to those who can no longer control their own consumption

Alcohol consumption is a matter of choice for the individual concerned. It becomes a matter of concern when the effects impinge on the rights and well being of family and community.

Impacts on health and therefore education is both an individual and Government responsibility – can be provided through services and using persuasive techniques. Because of the strong links between alcohol, violent behaviour and other crime legislation has to be a contributory factor.

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

The democratic process should provide for local accountability and local codes of acceptable behaviour. Local representatives voted into office by local people are those that best fit the desires of the majority of local residents. All local residents then have the responsibility of adhering to the local codes of behaviour and should have the capacity to deal with those who don't.

I agree that we have individual rights to consume what we want, however, when this impacts on others through the health service or through anti social behaviour then community rights come into play.

Strategy should ensure that effective and accessible help is provided

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

Expecting alcohol producers to play a role in reducing alcohol consumption seems laughable, but with energy efficiency it works – utility companies are legally obliged to help customers reduce their energy use and are penalised if they don't.

Voluntary groups are often effective but can be seen as “goody-goody” and will usually make contact with those who are already receptive.

Consumers are vital, mainly because of the influence they have through peer group pressure and trendsetting. It has to be made unfashionable – as has largely been successful in relation to drink driving.

As consumers we should ensure a responsible use of alcohol, commercial interests should responsibly sell and market and voluntary groups should target those who are not responsible.

Consumers have a responsibility to consider the issues of effects on behaviour and performance. However, usually this won't occur unless there is a reason (eg accident); voluntary groups have a role in provision of services, a voice of local regional and national levels and an advocacy role in respect of client groups; commercial interests should represent themselves and their “products” honestly and clearly.

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

Personal responsibility, choice and empowerment, local accountability, and the need for a sea-change in popular culture / fashion.

Education should focus on the harmful effects both socially, and health wise. The drink driving campaign has been good at reducing drink driving, how much advertising has however been put into anti social behaviour in the hours 11.00 to 12.00? Or parents drunk in charge of children for instance? Action could include identifying and helping problematic drinkers. – perhaps through GPs?

A strategy should include the following elements:

- CDRPs and DATs to implement alcohol strategies for their communities with support from Govt.
- Education and training on alcohol in workplaces, health settings, schools and colleges
- Clear links to local licensing, community safety and planning strategies through local

authorities

- Primary health care interventions with rapid and easy access to de-tox and rehab
- Targets of reduction in per capita consumption of alcohol
- Targets for reduction in alcohol advertising over the next few years (as with tobacco).
The savings made to be directed from commerce into support services at community level for those dependent on alcohol and their families
- Reduced blood alcohol levels for drivers and strict enforcement of drink driving legislation

B. The cultural and behavioural issues around alcohol use and misuse

Alcohol misuse and its impacts play out against a wider canvas of behaviour and attitudes related to alcohol: we need to understand this wider picture in order to understand how to influence and reduce harmful effects.

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

In terms of quantity drunk, type drunk, age of drinker, and actions resulting from consumption, use of other substances along with alcohol.

When someone is using alcohol which will result in that person no longer being able to take social responsibility for themselves in the short or long term.

Impact – Family, Work, Friends. Drinking at a level which causes physical, mental or emotional harm to the drinker or any other person. Nature and extent of drinking; physical and mental problems; other implications such as relationships, employment, offending behaviour.

A consistent message needs to be promoted around alcohol benefit and harm.

The reality that many young people are mixing both alcohol and drugs when socialising and the difficulty in establishing (if it exists) which is the greater cause in problems, public disorder. This also creates a problem in that as you target one substance ie drugs, alcohol may become more 'desirable'. It needs a joined up strategy.

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?

Under age drinking, young women's alcohol use, mixing alcohol with other substances. It needs to be seen as a cultural issue, as in youth culture, street culture, female culture, rather than ethnic groupings.

Binge drinking, anti social behaviour late at night, other softer issues such as parents drinking when in charge of children etc.

Weekend binge drinking. Reasonably susceptible to change education

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?

Emancipation of women, increase in the rights of the individual, increase in the nanny state, and the growing demand for rights without an enhanced recognition of responsibilities have all contributed.

Generally yes, individuals are generally staying single for longer, therefore having more disposable income, and pubs/clubs are therefore booming as a result. Drinking is now more fashionable for younger people with many different products and the culture has moved away from a male dominated pub to an equally gender based environment when many different products meet differing needs. Marketing has improved and increased therefore telling us that we need to drink and where to drink.

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?

See 7, above

Lessons from other cultures should be used. E.g. Mediterranean attitudes

Alco. Pops have created a problem.

Excessive, harmful drinking is particularly an Anglo-Saxon disorder

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?

Can help people to overcome inhibitions, and it is often part of particular occasions, e.g. dinner, socialising. Helps people to relax and can be comforting.

The local pub is the essence of British Culture, it builds communities, provides a release and social environment.

Alcoholism could be worse – i.e. Norway

Alcohol use is traditional and cultural in the UK. Weddings, christenings, funerals would be deemed less significant without the rituals involving 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 age's groups?

Less so now than in the past, but some sub-cultures exist e.g. football drinking and Guinness. Also, see 7 above.

I still think the local pub is the essence of the culture. This is however being adversely transformed by the big brewery brands who have homogenised pubs up and down the land. True English drinking culture is based on local products, differing drinks in different regions. There are regional differences still in products to a certain extent and especially the types of establishments.

Common in the UK. Drinking leading to loss of control is most typically British. Excessive, daily drinking is a fairly unique Anglo-Saxon activity and, of course, tolerance increases over time.

However alcohol is not just an Anglo-Saxon problem. This may be true for the visible on the street disorder but many local Asian families shield alcohol misuse and are less visible victims.

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?

Fashion and marketing is where most in-roads could be made, but this can be difficult because much of it is paid for by producers, who have the resources to fund major campaigns. Not sure how you combat that. Family background support is important but if individuals don't have that support, there is no substitute. Financial, legal, scientific and environmental factors all play a part, but can also all be overcome if people are determined. People have to be receptive to the messages given out and often aren't even if they know it is bad for them either financially, legally or for health reasons. Hence, we have debt, crime and hazardous pursuits. An approach similar to that for anti-smoking campaigns could work – e.g. shock factor in showing damaged livers or personal accounts from celebrities.

All forms of socialisation affect drinking behaviour. The most influential are parenting and family influences; fashion and marketing and peer pressure.

Fairly easy – we are so receptive to influences which present in such varied forms. Families establish a “cultural norm through learned behaviour which can perpetuate. Education is proven to be the best influence to encourage personal judgement and choice.

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

If the impact can't be seen it is easily ignored, e.g. effects of alcohol on the liver. Hangovers can be bad but they pass. “Everyone has to die of something, so it may as well be something I enjoy” mentality.

On the face of it very little, the hangover is generally an accepted part of the “good night out”. Very few people stop drinking because of this, and even long term, alcohol users generally continue because the health affects are not generally instant, they last for a long time. As opposed to the drink driving regime which is instant, and driving licences can be lost from one night's activities.

Because alcohol dis-inhibits, drinkers are unlikely to think, or care, about risks. Generally, drinkers are poorly educated on risk factors.

Drink driving is now becoming more socially unacceptable. A lower blood alcohol level could be set to discourage young drivers who might lose their newly acquired license.

C. Health: prevention, treatment and the impact on the NHS

The effects of alcohol misuse cost the NHS money. There are direct costs both to the NHS and in social care in treating those with alcohol dependence. And there are a host of indirect costs through alcohol-related illnesses and accidents; through violence fuelled by alcohol; and through mental illness and depression associated with alcohol misuse; and through the mixing of alcohol with illicit drugs. But there is also some evidence that moderate alcohol use for some groups can be beneficial to health.

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

Drinking alcohol is harmful to an individual when health suffers and illness results e.g. heart disease, liver cirrhosis or other cancers. Drinking is problematic when it damages the well being of the family or the community. This may be through social problems, accidents, crime or sexual offences.

There is a need to stress the range of victims of alcohol abuse - user, parents, family, neighbours, services etc...

Drinking becomes harmful when a factor in that person's life or those surrounding them is adversely affected as a result. Heavy drinking becomes problematic when either that person cannot function normally either with or without alcohol.

Government Limits. How physical, mental, emotional health are affected together with relationships, employed offending behaviour

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?

See Health Development Agency research for cost/benefit analysis.

To me it is not clear of the costs that alcohol has on the NHS. There are costs but I am not aware of them being documented.

Figures are fudged – Is it that we make more money revenue wise than we do hospital wise?

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.

Costs in increased demand from services from individuals suffering as above. Also cost to staff re assaults and injuries.

Ill health due to drinking related diseases, death due to drinking activities, social problems of those around drinkers, poor relationships, and brain activity is affected thereby impacting on learning and education.

Extensive (Industry Too) Friday/Saturday nights are problems – Binge drinking – All day drinking.

A third of hospital beds are taken by patients with alcohol-related illness.

Alcohol related problems are the major cause of death after heart disease and cancer (and may contribute to both)

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.

Prevention of dependence is based on education and accessible information and guidance at all levels of society and in a variety of settings. A consistent message is needed.

Lessons in reality. Any advertisements based on prevention are most hard hitting when the viewer/reader is faced with actual situations and actual harm caused by alcohol. Workplace policies that are enforced with rigour set a standard in everyday life that will affect most adults.

People are drinking at a younger age – We need to prevent and educate both parents and youngsters alike.

Education. Make alcohol awareness part of the core curriculum for all.

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?

No information on this one

I am not sure this works – It is alright identifying those at risk – No good if you only slap their wrists.

Motivational interviewing is recognised as the most effective approach to alcohol problems. Doctors and nurses are rarely trained in this model.

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?

Yes. Yes. The response, internationally is similar with the 12 step model being favoured in the USA. Services should provide treatment in any form that benefits clients. Access should be through any channel – with rapid access possible – and always with confidentiality assured.

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

Reality advertising. People now accept that drug dependency can occur but the attitude to alcoholism is often one of blame rather than an acceptance that it can be a physiological state.

Do we ever – Is the problem getting worse? Cut down on bureaucracy – Beef up on action

That it needs to be constant, updated and provided with client interest always foremost.

21. 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?

Look at the packaging the alcohol comes in at “high risk locations”. Strict workplace management to ensure staff are not drinking which puts themselves or others at risk.

We need a change of philosophy – A lot of the people concerned go unpunished for what are normally stupid acts.

Proper negotiated security for staff, training for staff and attention to physically safe environments.

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?

Alcohol is seen as a legal escape from mental health problems. The patient will feel highs and lows as they would if taking illegal narcotics. The situation can then lead to a worsening of the illness.

The lack of resources creates the problem in treating such people. There are links with the above as there are links with people who do not have perceived problems.

Extensive. Alcohol is a depressant drug. Excessive drinkers are 80% more likely to attempt suicide than non-drinkers.

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

The most visible effect many of us see from alcohol misuse is in our town and city centres: pavements littered with broken bottles and streets too intimidating to pass through. Links between alcohol and disorder are as much a matter for concern as are links between alcohol and crime.

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?

Aylesbury Police Report to Licensing Committee April 2001 provides evidence of the link between alcohol and crime and disorder locally. The evidence exists by viewing any town centre on weekend evenings.

Aylesbury Police Report to Licensing Committee April 2001 provides Evidence of the link between alcohol and crime and disorder locally. This shows the link between the so called 'tipping point' and Increases in violent incidents. Aylesbury like most Towns has undergone a transformation in its night time economy and the profile has changed, bringing new theme bars and clubs which are attracting a Younger clientele. The major pub/brewery chains appear able to dictate the pace of this change, expecting police and local authorities to Deal with the fallout.

DfT reports on the effect of alcohol and casualties
TRL reports on the effects of alcohol on driving

I think you could link alcohol with both crime and anti-social behaviour. Alcohol can make people feel more brave.

Probation data on offenders collected for the crime audit showed that over 31% of offenders in the Aylesbury Vale area have an alcohol related problem, compared to 18% of offenders who have a drug related problem.

TVP have also produced data showing an increase in disturbance and criminality on Friday and Saturday nights. This correlates with longer licensed hours and increase in business in respect to licensed premises.

This is also reflected in data produced by Stoke Mandeville's A and E department.

Links between domestic violence and alcohol has been shown nationally.

However there are significant gaps in evidence – police not required to submit data to Home Office on anti-social behaviour. Alcohol related anti social behaviour is recorded as 'miscellaneous', which makes it v difficult to analyse.

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?

I would say yes, alcohol reduces inhibitions therefore crimes are more likely to be committed by those under the influence. A lot of petty crime results.

Alcohol can be a factor in re-offending. Some crime can be difficult to assess, such as in domestic violence. The most visible and frightening offending can be seen on the streets, not necessarily in the clubs/bars which employ there own security precautions (including doorstaff). Much of this crime is not recorded, because it is not witnessed by responsible authority. A pilot scheme run in the local A & E Department showed that at least 1/3 of assault victims had not reported the offence to police. The figures are probably higher for those victims not willing or not requiring hospital treatment.

There is a lot of evidence from DfT that regular alcohol misuse leads to vehicle crime including

taking vehicles without the owner's consent and driving under the influence. Both offences lead to an increase in casualties and increase the fear of crime

No/No It depends on the type of crime.

See 23.

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?

See response 23.

Alcohol reduces a person's inhibition, and placing them in an environment where other factors come into play can have a detrimental effect. For example, rubbing points (take-aways, taxi ranks) crowded Bars, loud music can all be a factor. Anyone standing as an observer in any town centre on a Friday or Saturday night should clearly see the links between alcohol and criminal and disorderly behaviour. The difficulties in linking alcohol to crime can be seen in perhaps acquisitive crime, domestic violence etc, where other factors come into play.

The evidence is very strong that drinking and driving do not mix. Police accident reports show that alcohol increases the likelihood of driving at speed and antisocial driving behaviour including road rage.

Fear of crime does not match the reality, this is particularly true of rural areas where 'networks' are tighter. Media coverage is skewed towards bad news, fuelling fear of crime. The perception is that elderly are most at risk but reality is that it is young men who are at the most risk

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?

An evening economy should be planned like a major sporting or cultural event. People need to be able to arrive quickly and easily and should be able to go home quickly and easily after their enjoyment. All aspects of this route planning should be taken into account from lighting, public transport availability, parking away from residential areas (for non drinkers), adequate policing, adequate servicing such as food and litter clearance.

There is a clear need for joined up thinking from authorities involved in providing services or planning development. For example decisions made by a planning and licensing departments should not be made in isolation as both can impact on each other. Reference should also be made to the answer given in Q6 - market forces should not be the driving force in town centre development. Surely local authorities or police should have right to successfully argue that a town has reached its 'tipping point' without facing difficult legal challenges.

The car culture in which we live increases the desire of young people to own and drive cars. Where young people can't afford to own and run a vehicle the tendency to steal vehicles is increases. The cost of insurance means that many are driving without insurance even if they own a vehicle. The media view of cars and speed encourage people to want to drive at speed. None of these are easy to influence. Motor projects however are a proven way of diverting young people from stealing or driving without proper insurance/MOT /tax etc

Inter-relationship and proximity of certain premises are a key factor in crime and disorder, e.g. concentration of licensed premises in certain locations can cause a 'flash' point or 'tipping' point to be exceeded.

Urban areas are more likely to have a high concentration of licensed premises, fast food outlets, etc and a large number of people leaving these premises at any one time
Key influences are location of premises, pedestrian routes between main facilities, location of public transport, age mix of those using centre and mixed use of premises.

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?

The problem exists in all locations. It can sometimes be more apparent in rural areas where there is only 1 pub, where everyone congregates; drink driving is more likely due to lack of alternative transport and generally a lack of other services.

Rural communities do not suffer the impact of high density development of licensed premises etc. However, experience of rural pub watch schemes, has demonstrated that even small rural pubs can suffer from alcohol related violent incidents. This information is not always readily available unless schemes such as pub watches are in place. The isolation of village communities, the fact that most people know each other can all conspire to keep such incidents in-house.

The need to drive in rural environments leads to the potential for more drinking and driving. Rural pubs by their very location also increase the likelihood of drinking and driving

The binge drinkers (Young) tend to go into urban surroundings to do their drinking regardless of where they live.

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?

Again I think the planning of our town centres should be coordinated on a policing, litter collection, transport level. See answer 26.

Pub Watch schemes are a good example of how publicans can influence behaviour. Unfortunately some Licensing Justices are reluctant to fully endorse their work, such as making membership a condition of a license, or making Exclusion Orders more effective by excluding offenders from every licensed premises in a particular Watch scheme. Pub Watches are constantly having to face the threat of legal action or threats of 'human rights' legislation from solicitors representing people who have been barred. This work (and threat) often falls on the shoulders of individual licensees without official support from government, or even the pub companies.

The number of bins and the use of them has improved but I feel that we should all help in ensuring that we do improve.

Work in Cardiff on analysing A and E data from local hospitals and using data to influence good practice, GIS mapping and identifying hotspots, Licensing strategies, e.g. LB Westminster, LB Camden, Wolverhampton, Good practice guide on planning out crime, currently in preparation
Planning use categories such as restricted A.3 use in large premises
Controlling alcohol consumption in public using Designation Orders
Training for licensees
Shatterproof glasses

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?

Lack of resources for training from those who market the alcohol to enable those who sell alcohol to become more confident in enforcing sensible drinking in pubs, clubs etc

Police and Local Authorities do work closely with local licensees. It is difficult however to get senior management of pub companies to get involved, particularly in accessing resources to deal with specific problems. We also refer you again to the answer in Q11.

'I'll be Des' the Portman Group's designated driver scheme promotes the non drinking driver and is very effective. Some pub chains operate their own version of this type of scheme eg a Pub Watch that targets antisocial drinking behaviour

It is essential that we keep a dialogue going so that we keep coming up with new ideas.

Amount of work restricted as no funds made available, e.g. DAT locally took a decision only to work on drugs until national strategy was launched. Despite this there is good work locally – A and E data initiative, multi agency licensing visits and Pubwatch

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

Yes. Young people can be victims as well as offenders. It is true that young people commit a disproportionate amount of crime, but most complains about young people are based on perception and fear rather than reality.

As drivers – yes. Young drivers are inexperienced drivers and this significantly increases their chances of being involved in an accident. If they also drink the combined effect of driving inexperience and a higher susceptibility to the effects of alcohol on their driving ability means there is a very significant chance that they will drive in an antisocial way and be involved in accidents which may result in injury or death

Yes – Problems should be sorted out at a young age along with education. Approx' 40% of anti-social behaviour is committed by under 18 year olds. Focusing on this group would have maximum impact.

The absence of training in the 'teacher training colleges' in relation to identifying young people involved in alcohol, drugs misuse, and the absence of training in the colleges in relation to the staff expected to deliver PHSE. This prevents a good input at school level.

Caution – just a few individuals committing large amount of anti-social behaviour and must not ignore the other 60%

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?

Yes, see the Mediterranean culture.

There is some scepticism around publicised statements that deregulation will lead to the change in drinking patterns. We already try and stagger closing times within existing licensing regulations. In relation to location of drinking, please see earlier answers concerning the way that to pub companies dictate development.

In relation to drinking and driving the only safe limit is zero. The designated driver type schemes are the only solution

I am not convinced that in our society for instance that longer drinking hour's i.e. all day helps especially with the likes of policing.

Avoid high concentration of licensed premises and congregation of large numbers of people on the street at the same time.

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?

No-drinking zones generally do not work. They push the problem from those areas which are more easily policed. Establishments should be responsible for ensuring no drink is taken from the premises.

Powers and Policing approaches are only effective if there are sufficient resources to direct at the problem. Much town centre development takes place without any reference to local resources. In fact solicitors representing Pub chains will often place responsibility for dealing with drunkenness and violent incidents onto the shoulders of local authorities/police.

The police can only stop a driver who they suspect to be over the limit or for other moving traffic offences. If the police had the power to stop any driver the chance of better targeted enforcement would increase

I feel we should have stronger penalties, not necessarily custodial, but fines/community service.

Use of no drinking zones well received by public and police but unsure if effective or merely displacing problem

Studies have shown that large percentages of incidents occur in premises managed by landlords who have only been in residence for less than a year. Therefore training would be invaluable
Perhaps there should be pressure on industry to take responsibility for what happens outside the premises.

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?

Treat others as you want to be treated.

Decisions taken in respect of licensing hours and development should take account of and respect the needs of the local community. A demand for late night licenses should not prejudice the rights of a resident to a good nights sleep.

There are principles – It depends though whether it impacts on the home or outside.

More focus on victims rights would help redress the balance

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

Reality advertisements hit home.

The success of drink drive policies has taken a combination of tough enforcement/sentencing and public education over a number of years. This country has a completely different drinking culture to that found on the continent.

That any behaviour altering activity will take about 20 yrs to have an effect!

That there has to be a level of enforcement that makes offenders consider there is a reasonable chance of getting caught

That you need to take the public with you

Drink drive change in culture shows that something that was acceptable in one generation can be made unacceptable in another.

Apply similar principles to drugs and driving and irresponsible drinking.

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?

Whilst alcohol may be a factor, Domestic violence is more about power in an abusive relationship. Tackling an offenders drinking may reduce some of the triggers, rather than the underlying problems.

This is a difficult area. If they are not involved or affected the public do not want to know. It is left to the public do not want to sort out “Domestics”. It maybe a case of some sort of approach to both the perpetrators or victims especially when it seems to happen in certain types of society or appears to.

E. The implications for vulnerable groups

Some people may be more vulnerable to the harmful consequences of using alcohol. Certain groups of young people in particular are at higher risk of developing a range of difficulties that include alcohol-related problems (for example children in social care, those excluded from school and youth offenders). Families and carers can play an important role in protecting young people from problems but it is important to recognise that living with a parent or carer with an alcohol problem can itself become a source of vulnerability.

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

Children and young people who have been abused. Also children living in families that are discordant.

Those with primary carers using alcohol regularly

Those close to parents who drink or friends of children whose parents drink.

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

Women who have been abused as children or sexually assaulted as adults. Alcohol misuse is used as a coping strategy; it is a way of dealing with intrusive thoughts.

Those in the early teens when socialising becomes very important. The Alco pop generation. Children were generally put off of alcohol until later in life due to its taste, they are now positively encouraged due to its taste.

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Anyone, particularly youngsters, who are in an environment where drink is involved.

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?

Interventions need to be aimed at dealing with the intrusive thoughts. The interventions consist of therapy, counselling and support.

People will misuse products due to a problem. Any trigger which results in substance misuse should be tackled first.

Interventions need to be aimed at dealing with the intrusive thoughts. The interventions consist of therapy, counselling and support

In society today most working people especially those in pressure jobs, are vulnerable. People do not have to be homeless.

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?

Local organisations do deliver joined up services by having an awareness of local service provision. Client confidentiality and the wishes of the client are paramount and this can get in the way of joined up services.

Not aware of any examples. Resources are generally a problem

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A difficult area – Getting people, in the first place, to admit they have a problem – more referrals are necessary in order to get delivery.

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?

A vulnerable group such as women affected by sexual violence needs to be dealt with by a specialist agency, as specialist knowledge is required. Small local organisations can tailor service provision to meet the needs of individuals. However some women from this vulnerable group will need mainstream services or services supplied by more than one voluntary organisation.

All need to be treated on a case by case basis as every individual will have their own trigger which resulted in alcohol misuse.

A lot of this should be on a case by case basis – many cases are different but resources may be a problem.

F. Education and communication

All of us receive messages about alcohol to some extent. We see advertising for alcohol and respond in various ways depending on our preferences. Information on sensible levels of drinking is also available. And messages on the consequences of getting it wrong can be clear – most obviously for drink driving. These are powerful tools for giving information and shaping perception. Do they alter behaviour?

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?

Awareness of problems should be raised, and potential impacts, with a view to changing behaviour. Set the scene and work for a change in culture to make binge drinking unacceptable.

By raising the level of awareness and informing about specific issues then over an extended period of time it is likely that behaviour will be changed. The messages must be consistent and well focused to enable this to happen

Awareness is important. Drink driving is only a part of a complex problem.

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?

It can work given time and well focused activity but there needs to be ingoing effort and the message needs to move and change as the target audience gradually shifts its position on the subject. There needs to be sufficient funding to support good media publicity

The treasury will probably tell you of effectiveness zero tolerance regarding driving is one thing but no the overall answers.

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?

I don't think it affects the young at all. The common feeling amongst the young is that it will not affect them.

In relation to drinking and driving it is fairly successful – DfT research

I don't think the message is getting over as well as it could do.

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?

It seems to be.

Blinding people with science is not the answer – what are the new findings?

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)?

All groups can suffer, but the young are most at risk.

The Road Safety Section of BCC specifically targets young drivers with alcohol messages

It should be an across the board approach.

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?

Through the PSHE and Citizenship curricula there is a good opportunity for schools and colleges to address these issues and to assist in alcohol education. However they need access to good up to date resources that are relevant to the lives of the young people that attend the school/college. Joint funding for theatre in education or Citizenship resources could make the difference and help schools/colleges to get involved in teaching about alcohol issues

They have an approach to play in the same way they do with drugs/sex etc.

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?

The Buckinghamshire Healthy Schools Standard is an ideal way of involving parents and the whole school community. The involvement of parents/carers is a fundamental part of Healthy Schools activities. Examples are set quite often at family level be it parents or other members of the family

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?

I am not convinced that government are well placed to deliver strategy.

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

I think it is one area where we can see something positive coming out of such initiative.

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

Alco pop advertising did seem to be targeted at young, even underage, drinkers. This advertising does seem to be less aggressive at the moment

Perhaps we should adopt a similar attitude to that regarding smoking and drugs when it comes to advertising.

G. The shape of the market and market-based solutions

The drinks industry is a major part of the national economy. It provides large numbers of jobs both in supply and distribution; it influences trends and fashion through its advertising; and it provides a substantial portion of tax revenues. Understanding how that market works, what drives it and how it responds to demand is essential to producing an effective strategy.

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

It will change. Many pubs will become more family orientated. The male drinking pub will decline. Pubs will become more targeted at specific niche markets. Soft drinks are more profitable to sell and there will be an increase in the variety of soft drinks available. Rural pubs may decline even further than their current position, more will have to become restaurants to survive. More alcohols will be drunk by women and more with meals generally. The consumption of wine will continue to increase.

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?

Females are certainly becoming trend setters especially in groups.

53. How far do you foresee research and development creating innovative market-led solutions to the problems of alcohol misuse?

The problem is – who wants to come up with a solution.

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?

If government makes a significant profit from alcohol sales/manufacture over NHS costs etc, are they likely to be innovative in finding solutions?

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

Advertising – Alcohol has taken over where smoking left off.

H. The economic costs and benefits of alcohol

Alcohol has significant costs for the economy. It costs the NHS and the police. It costs business money because of lost productivity and in some cases the need to repair alcohol-related damage. And it can be expensive for individuals who drink heavily and may find themselves unable to hold down a job. But it also has benefits. It brings in tax revenue and contributes to GDP. And it contributes to personal and social wellbeing for many. Part of the work on the project will be to form a clear picture of these costs and benefits.

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?

Alcohol Concern estimate the costs at £11,000 million p. a.. The economic costs can be assessed but there is a limit to how much we can spend. Benefits are in moderation. In terms of costs, presume the DTI/Dept. Work & Pensions have figures on number of days lost to alcohol abuse & the effects on the economy (also CBI)? Central Government will have figures on the benefits of the alcohol industry to national economy - alcohol producers association would also have figs. on economic contribution.

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?

Without actual figures I couldn't really say whether one outweighs the other – I would say (or government say) it had to be benefits by a long way. Research needs to be carried out on what figures are actually available & identify any 'gaps'.

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?

There will always be costs to business which reflects on government (profits etc). Individuals should be more accountable for their actions.

Employees, employers and central government have a responsibility in being made aware of the costs of alcohol consumption - employees in terms of individual responsibility, employers in terms of productivity & the effects on the workplace, and central government in determining the strategy context and implementing initiatives.

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

Of course there are. Tax at manufacture level with more to follow on the likes of profit. They are quantifiable. No. of employees in the alcohol sector (impact on national economy), export revenues, no. people employed locally in the sector, contribution to local economy in attracting people to town centres, tourism, business rates contribution.

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?

Do not understand the question - statement is confusing, message on alcohol misuse needs to be clear and clearly understood (middle of the road attitude is unhelpful)

If not already carried out, a survey of the effects of alcohol misuse on small companies (at micro-level) should be examined since they will be far more exposed to the detrimental impact of this as opposed to large companies.

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

A lot of companies have their own ways of dealing with the problem without there being singular guidelines which suit most. Perhaps more surveys?
Dependent upon each employer - worth contacting local authorities to ascertain their policies (local authorities tend to provide the lead in these matters)
Larger employers more able to initiate policies & allocate resources to these issues rather than micro-businesses.