

Response to the Consultation Document: National Alcohol Harm Reduction Strategy

My response is given as a health promotion specialist (11 years experience and the last five as a freelance specialist). My observations/comments are based on practical (hands on) work with most sectors of the public using a variety of approaches. I have also recently been appointed a JP and therefore have started to see another aspect of the consequences of alcohol use. I am not in a position to cite up-to-date research but still feel my opinion is valid as one who addresses alcohol-related issues on an almost daily basis.

I am disappointed to see that the long awaited Strategy has become the National Alcohol Harm Reduction Strategy and is not simply being referred to as The National Alcohol Strategy. When I was working in the field of substance misuse it was this very terminology that prevented 'joined up' working. As a health promoter my primary role was to inform, advise, educate, prevent harm and promote health whereas my colleagues within the various Drugs agencies started from the viewpoint of harm minimisation. This often caused friction when planning initiatives and it would be a shame if the very title of the Strategy gave an opportunity for interpretation and exclusion.

As a precursor to any other comment and one which may also span more than one area of questions is the fact that despite the information on units being altered in 1995 there is not a consensus between professionals. Despite the HEA providing information on units following DoH changes, many PHC staff still refer to the 'safe' levels as being the original 21 units for men and 14 for women. It is no wonder the public are confused or choose to interpret the information to suit when mixed messages and contradictions are being expressed. I am constantly being asked how many units are 'okay' in order to pass the breath test which, of course, is measured in mmols. Perhaps one principle would be to simplify the information.

Principles

Govt involvement essential due to the increasing cost of alcohol misuse to health, social services and increase in associated behaviours which result in increase in crime. I believe that rather than seeing the Government as intervening, the responsibility should start with education at the earliest opportunity and holistic education which addresses developing positive self-esteem rather than singling out alcohol education as a health topic. (This is made more difficult by referring to the Strategy as harm reduction). Schools should encompass alcohol policies as part of the health promoting school so that there is not one message presented which is contradicted when school trips or other extra-curricular activities are arranged.

Cultural/behavioural issues

Whatever definitions are used all agencies, etc., should agree and not have variations on them. Look to, say, Alcohol Concern for agreed definitions.

Social change certainly does impact on the drinking culture. When I originally worked in the City in the early 1970s it was the business men who took long

working lunches and consumed quantities of drink. Last year I again had the opportunity to work in the City and this time the culture was to work hard, be abstemious during the week and binge on Friday nights and it was the younger men and women who displayed such behaviours. Health & Safety legislation has obviously had an impact on acceptability of drinking within working hours. A colleague within Environmental Health conducted a small scale survey in November 1999 to see whether professional women consumed more than the recommended units per week. The conclusion was that the average weekly consumption was double that identified for women nationally. Explanations for such consumption included increased accessibility to bars within the City, more disposable income, a popular form of socialising, greater access to public transport and the expectation for alcohol to be present at work functions. Perhaps schemes such as DoH 'Sign Up' needs to investigate ways of addressing the role of alcohol within the workplace and particularly in relation to how women perceive its role. Is the role of alcohol seen in the same way as tobacco?

Alcohol does have a social role and should not be seen as the forbidden fruit and, therefore, something that needs to be abused. Re-education of how children see the role of alcohol may prevent the rites of passage attitude to drink, although there will always be those who risk take to a greater degree.

As already stated, behaviour can be altered by legislation (H&S). The use and misuse of alcohol is multi-factoral but perhaps attention should be given as to how the media portray alcohol? Does life follow art or vice versa? Many popular programmes focus on pubs but drinking patterns are now more towards home drinking and the difference between home and pub measures?

Health

Professionals need to decide on the messages to be used. I trained health professionals in the HEA Helping People Change programme which included an alcohol module. This enabled individuals to both address their attitudes to the topic and also empower them to conduct effective brief interventions. There is little point in a brief intervention that is not focused and appropriate – the patient may consider the professional is only paying lip service and continue with existing behaviour. Professional credibility can be eroded by media portrayal of groups such as doctors/surgeons. I can think of two examples I saw yesterday of a GP and consultant both being portrayed as alcoholic – (Doctors and Holby City both on BBC1) what advice would they give their patients?

As a health promotion specialist I have never compartmentalised alcohol separately from drugs – much of my work is around stress management and I do not differentiate between their effects in being used as a prop to try and relieve stress. It is emphasis on an holistic approach and not treating topics separately – but making the links. Agencies suffer from patients either being under the influence of alcohol or drugs or suffering mental health but only being treated for one – they are not mutually exclusive.

Crime, disorder and anti-social behaviour

Only through my short involvement as a JP can I comment on the fact that excessive alcohol intake does appear to be a quite important factor in assault and attack cases. There seems to be a scale of those who get drunk and are merely disorderly or commit petty damage to property, those who habitually get drunk and subsequently take risks to those who then commit more serious assault against others. I believe we still need to look at the role of alcohol and how it is perceived. What are the role models, etc?

Vulnerable groups

There is a need to address 'hidden drinking' within the home, although this may not be the pertinent place to flag it up.

Compartmentalising topics or providing services for specific groups prevents joined-up solutions. For example, hidden drinking within a group of females may best be tackled by providing support in the form of peer support and friendship, rather than referral to a specific agency which is perceived as stigmatising the individual (Home Start?). Multi-agency approaches?

Education and communication

Clarify what it is the public needs to know? What are the benefits and dangers? What are acceptable 'safe' weekly limits? How can parents educate their children when they may well be confused by what is put forward by professionals/the media, etc.

A few years ago there was a pilot project to provide young learner drivers with information about alcohol. They were making a lifestyle change which would affect their drinking patterns – education was needed about the law, etc.

Older people need to understand the effects of alcohol and medicines and the role of alcohol in relation to 'aiding sleep' or taking a 'hot toddy' – accident prevention.

Universities/colleges/workplaces often have subsidised bars – does this encourage higher consumption?

Advertising often glamorises alcohol and how it affects your lifestyle. I see no role for alcohol advertising on TV as recently it appears to have been reinforcing the message that powerful women drink certain brands to the detriment of men.

As a health promotion specialist I do not tackle the issue of alcohol in isolation, just as I would not use the label mental health, although that might be what I am promoting. Alcohol is inextricably linked with our culture but I would always start from the point of education, information and awareness raising as part of an holistic approach, putting alcohol education into its widest social context – examining the culture, role within society and effects of misuse and subsequent consequences.

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