

**Feedback on the Strategy Unit's  
Consultation Document  
for the  
National Alcohol Harm Reduction  
Strategy**

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## **Feedback on the Strategy Unit's Consultation Document for the National Alcohol Harm Reduction Strategy**

### **The principles that should underpin the strategy**

- Although the National Alcohol Strategy consultation document is a wide-ranging paper there are still several vital alcohol-related areas that we would suggest require more attention. In our view, one important criticism that has to be raised with regard to the Consultation document and indeed with regard to much of the government documentation on alcohol so far is that it is largely focused on crime and disorder. Alcohol related anti-social behaviour is clearly an important issue. However, the harm caused by alcohol misuse is far more widespread than the document gives credit for. The 'majority of people' do not drink sensibly or healthily. Recent media items have highlighted the extent of alcohol misuse in contemporary British society, for example, the increase in prevalence rates of cirrhosis of the liver in young women. Consequently, in our view, treatment and public health themes must be clearly and more strongly emphasized in the National Strategy. Such issues require much more weight in both strategic documents and funding streams.

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

- Alcohol misuse presents a greater problem to British society, yet drugs misuse services receive a disproportionately large share of available funds, as well as greater political and media attention. These inequalities have to be addressed before real change in the numbers of people misusing alcohol can occur. We would suggest that the Strategy Unit needs to highlight these inequalities by ensuring that the National Alcohol Strategy is a robust document with concrete proposals regarding the provision of appropriate delivery structures and adequate funding streams.
- The structures for the delivery of the National Alcohol Strategy need to be looked at in respect of whether the NTA will include alcohol in its remit. National Guidelines need to be produced covering the role of DAATs and alcohol issues. A clearer and consistent stance needs to be adopted by all government departments, both nationally and locally, as to whether the term 'substance misuse' includes alcohol or not, in order to minimise confusion. Due to alcohol's legal status and the government's unwillingness to be seen as 'nannying', alcohol is often omitted from the generic term 'substance misuse'. This leads to alcohol initiatives being sidelined from mainstream agendas, leaving alcohol workers and policy makers isolated and under funded.

- The development of a network of alcohol strategy co-ordinator posts needs to be developed, in order to ensure the effective and sustainable delivery of the National Alcohol Strategy. The development of such a structure could be based on the delivery mechanisms of the National Drugs or Teenage Pregnancy strategies, for example. The co-ordinator posts would sit within the DAAT and work in partnership with the local statutory and voluntary agencies. A national unit, similar to DPAS, would be required in order to disseminate information, evaluate local delivery plans and provide the necessary support services. The development of regional networks of co-ordinators would provide added support and sustainment for the National Strategy.

## **The cultural and behavioural issues around alcohol use and misuse**

- The issue of culture and alcohol consumption needs to be looked at in depth. Qualitative research needs to be carried out in other countries in order to highlight some of the cultural variations regarding the meanings and associated usage of alcohol. A study carried out by Marsh and Kibby began looking at issues such as the cultural association between alcohol consumption and aggression (Marsh and Kibby, 1992). More research on such factors is required using a variety of disciplines, such as anthropology, in order to inform both the alcohol debate, and the development of the National Alcohol Strategy.
- The legal age limit for alcohol consumption needs to be examined. Other European countries have lower age limits for the consumption of alcohol and, consequently, drinking is seen as an integral aspect of normal behaviour for young people and is viewed as a normal part of family social life. This is in contrast to the situation in Britain, where there is an inherent contradiction present in the British relationship with alcohol. For young people, under-age alcohol consumption is seen as a badge of sophistication, maturity and daring, due to its association with adulthood and its prohibited status for those under 18. Harm reduction measures could be introduced. The provision of safe places for underage drinkers to consume alcohol would be an example of a harm minimisation measure to consider. Diversionary activities, outreach and health promotion work could be tied in to such a project. More stringent controls on the availability of alcohol would only lead to increased abuse of the substance. The paradoxical effect of strict availability controls can be seen in countries such as Norway, for example, where illegally home-brewed alcohol is rife and cases of alcoholic poisoning are high.
- International and particularly European comparisons highlight the difference between 'continental' and British drinking customs. France and Belgium, for example, do not suffer from such high levels of alcohol-related anti-social behaviour. However, they have higher levels of liver disease. This paradox can be partially explained by the complete absence of alcohol awareness education and public health campaigns. Such cultural and social observations could be used to inform both national alcohol policy and culturally appropriate health promotion/harm reduction messages.

## **Health: prevention, treatment and the impact on the NHS**

- The national substance misuse agenda emphasizes funding for drug treatment, particularly when linked to crime. However, this focus has had negative consequences for alcohol treatment funding. The national target set for signing up 12% more drug users to treatment every year until 2008 means that the funding available for vital alcohol treatment places will decrease even further. The 'pot' of money available for substance misuse needs to be clearly demarcated and the money available for alcohol treatment needs to be ring-fenced in order to safeguard it. The process of safeguarding alcohol funding would go some way to addressing the inequalities present in the substance misuse field. However, the funding available would have to be adequate in order to cover the needs of the alcohol field. If in fact, ring fencing meant that there was a decrease in available funds, then it would be preferable to continue with a 'pot' of money for 'substance misuse'. Then the available funding could be used for either drugs or alcohol services according to local need.
- Inter-agency collaboration and pooling of resources needs to be looked at much more closely, particularly regarding specific areas such as dual diagnosis and homeless alcohol users. Often treatment for homeless alcohol users cannot work properly in the long term, for example, as there is not enough abstinence accommodation available for those who have completed treatment. Closer collaboration between Local Authority housing departments and treatment services is required. However, improved partnership-working needs to be supported by an increase in available resources. Wider issues such as the availability of housing stock need to be looked at. Consequently, health and social care systems must be better integrated, in order to deliver sustainable support packages. The widespread use of such systems as case conferencing could deliver more holistic, integrated programs of care.
- Harm minimisation needs to be promoted as a viable option in the treatment field, rather than the present emphasis on abstinence. Performance indicators and policies need to be adapted to take into account health and social improvements due to harm minimisation techniques, as well as abstinence.
- Alcohol awareness training needs to be delivered to all public service frontline staff, for example, learning mentors, health visitors, social workers and housing officers. The provision of such training would allow for the earlier identification and management/treatment of problems.

## **Crime, disorder and anti-social behaviour: the effects on our surroundings and community**

**Alcohol is far from being the only factor in crime and disorder. Other factors are involved – for example town center 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?**

- Wider environmental factors such as the careful use of street lighting, the provision of urinals and public toilets and adequate street cleansing services all make a vital difference to levels of town center disorder. The general appearance of a town centre provides cues for appropriate behaviour to its users.
- Planning issues such as the provision of adequate transport also have a significant effect on the levels of aggressive behaviour. Consequently, the Strategy must factor in the development of local partnerships that would examine such issues as the planning of transport and the development of the night-time economy.
- The importance of the design of the pub environment and its effects on anti-social behaviour must not be underestimated either (Deehan, 1999).

**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?**

- Encouraging different drinking patterns would be an extremely effective way of diminishing some of the negative effects that are seen in Britain. However, more research is required as to the cultural factors and variations in drinking patterns (see below). Cultural change will occur to some extent with the on-going modifications in the licensing laws, which will hopefully diminish the levels of disorder at closing times. However, it must be emphasized to both members of the Government and to the public that cultural change is gradual.
- It is vital that the Strategy Unit and the National Alcohol Strategy are included in the Licensing Bill process. The Bill must be a partnership between the DCMS, the Department of Health, and the Strategy Unit amongst others, in order to balance out the weight of the industry's interests. Such issues as the definition of 'in the vicinity' and the inclusion of further local authority licensing objectives that would cover such issues as the protection of residential amenity and the consideration of public health, need to be considered extremely carefully.
- Another issue that needs to be examined in detail is the inclusion of closing hours in the operating plans for licensed premises. On one hand, the inclusion is considered to be more practical for both local authorities and local residents alike. However, having to close by a certain time, even though the licensing hours have been extended, might mean that the staggering effect does not occur naturally, so similar scenes at closing times will be seen as in Edinburgh and Glasgow,

where all the pubs shut at similar times, just later on in the evening. In Belgium, there are no obligatory closing times; so licensed premises can close when they choose on any night. This situation means that a natural staggering of closing times occurs and so associated disorder is greatly diminished.

- Finally, close consideration is required by both central and local government of the tension between town centre regeneration via the night-time economy on one hand and associated disorder/public health issues on the other.

### **Drink-drive policies are generally acknowledged to have been successful.**

#### **What can we learn from them?**

- Drink–drive policies have been accompanied by widespread and regular awareness campaigns. The educational aspect has encouraged a change in culture. The personal safety aspect and the harm that drink driving can cause to others were emphasized and consequently, drink driving is no longer acceptable to younger generations. The regularity and blanket coverage of the campaigns must be a consistent factor in the development of other national alcohol awareness promotions.
- The drink-driving limit needs to be brought into line with the lower limit adopted by other E.U. countries (0.5mg of alcohol per millilitre of blood). In fact, the European Union wants to lower the limit to 0.2 mg, for certain categories of drivers, including motorcyclists and lorry and bus drivers.

#### **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?**

- The current emphasis on alcohol misuse and crime and disorder issues has meant that at a local level, the crime and health agendas are not sufficiently interconnected. One example of this is the introduction of controlled drinking areas in town centres, aimed at diminishing the prevalence of street drinking. Frequently, no provision is made for the necessary support and treatment services such as outreach and wet drop-in centres that are needed to work in partnership with the controls. The lack of services further increases the marginalisation of the street drinkers and means that the controls are merely a way of displacing the problem, rather than working towards a solution. The emphasis is placed on punitive measures, rather than restorative justice and diversionary activities. Existing controls and powers need to be accompanied by harm reduction measures in order to create a sustainable and more effective method of managing such issues.

**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?**

- A report that appeared in the Big Issue last summer highlighted the surge in calls made to police regarding cases of domestic violence over the World Cup period. The huge increase would seem to highlight the link between alcohol and domestic violence. However, more research is needed, as different schools of thought in the field of domestic violence view the role of alcohol in various ways and so adjust their response accordingly. Developments such as the Stella project run by the Greater London Domestic Violence Project, which aims to examine the links between the two issues and the ‘women, domestic violence and substance misuse’ post recently advertised by Alcohol East need to be adopted more widely and funded appropriately.
- The suitability and effectiveness of projects such as COVAID, developed as part of the TASC project in Cardiff, need to be examined in relation to working with perpetrators of domestic violence.

### **The implications for vulnerable groups**

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

- Particular research and policy development is required to examine the specific alcohol use and treatment/support needs of various populations, including BME groups, older people and women.
- Alcohol misuse and the links with such issues as child abuse, mental health, domestic violence and teenage pregnancy require more research and a much higher strategic profile.
- More emphasis needs to be placed on parental alcohol misuse and childcare issues. This can be done in tandem with drug misuse. Initiatives such as parenting classes need to be increased, as one way of working with the wider problems that may cause problematic alcohol abuse.
- Alcohol misuse can be both the cause and symptom of family breakdown. Systems of providing holistic packages of care such as the family case conferencing method need to be more widely adopted in order to address such issues.

## **Education and communication**

**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?**

- It is vital that the message delivered through alcohol education emphasizes 'safer' drinking, rather than 'sensible' drinking. The use of the term 'sensible' discourages many from paying attention to the central message, particularly when delivered to young people. A 'safer' drinking theme would appear to be less 'nannying'. The message itself is not sufficiently clear at present. Many people seem to be extremely confused about the units' message and extensive awareness campaigns are required in order to clarify and highlight the issues involved. The development of national campaigns need to be reinforced by practical measures such as the unit labelling of alcohol containers.
- In order to be able to adopt unit labelling as a national awareness measure, the Government needs to work in partnership with other E.U. countries to develop a common definition of a unit. This would simplify matters for both the consumer and the industry.
- The provision of alcohol education in both primary and secondary schools needs to be a statutory requirement and accompanied by adequate funding levels.
- Alcohol education needs to include a section on the culture of alcohol consumption and must highlight other ways of using it, in order to detract from binge drinking. The international cultural research highlighted above (e.g. Marsh and Kibby, 1992) would provide examples of other patterns of alcohol use. Alcohol education must also take into account the various ways of using alcohol that are present in contemporary multi-cultural British society.
- The high calorie content of alcohol could be emphasized as one way of decreasing binge drinking amongst the young, particularly young women.
- The link between alcohol misuse and personal safety must be tackled by awareness campaigns, addressing such issues as the vulnerability of drunken young men after closing time.
- Particular awareness campaigns need to be targeted at young people, including branding and logos, which would aim at demystifying the belief that drinking alcohol is mature, sophisticated and sexy. Such awareness campaigns would have to be tied into a review of the industry's advertising procedures.
- Intensive awareness work is required regarding parents/carers. The campaigns need to encourage them to examine their own use/misuse of alcohol.

- Vulnerable groups need to be targeted by particular campaigns, for example, older people, BME, young women, pregnant women etc.
- Awareness campaigns need to be annual events and sustained over a long period of time, in order to encourage cultural change. Alcohol health promotion also requires a much higher level of funding, in line with the amount of harm and cost to society that is linked to alcohol misuse (Alcohol Concern, 2002).
- A media campaign needs to be mounted in order to promote the idea that cultural change towards alcohol use will not happen immediately. The public will be expecting a dramatic change when licensing laws and closing times change. This could mean that the changes are evaluated in a negative light, after an inadequate period of time.

## **The shape of the market and market-based solutions**

- The role of the British brewery industry in promoting binge drinking needs to be examined. An example of this would be the development of 'super pubs'. In other European countries, bars are owned independently. Consequently, atmosphere and socially responsible management are prioritised, as well as profit. Chains in the UK, such as the Walkabout, which deliberately set out to maximise both capacity and the volume of alcohol consumption by such environmental designs as diminishing the provision of seating and increasing the temperature and the volume of the music, actively contribute to the development of the binge drinking culture and the associated high levels of alcohol related anti-social behaviour found in British cities. These chains do not exist in France or Belgium, apart from British exports such as O'Neils, which are frequented by expats only (and which are notorious for having the associated problems of anti-social behaviour). In Britain, local brewers and the development of smaller, independently owned pubs and bars need to be encouraged.
- Further observations are required concerning the way in which bars are run in other countries, for example, France. Practical issues, such as the provision of food and hot drinks at any hour and the use of waiters to serve at tables, all make a difference to the manner in which people consume alcohol. Social factors, such as the development of a night-time economy that is inclusive for all ages, have also had a significant effect on the historical development of the French drinking culture. Significant international research into the importance of the drinking environment has been carried out (for reviews, refer to Single et al, 1985 and Plant et al, 1997) and needs to be put into practice and embedded in both local licensing policies and national legislation. Training packages aimed at increasing awareness of alcohol issues and the importance of the design of the pub environment need to be delivered to local authority licensing departments, licensees and the industry.
- The Brewery industry needs to contribute more funding to alcohol services and play a more active role in supporting both national and local alcohol initiatives. Although such organisations as the Portman Group exist, there is far more that could be done by the industry in order to be more socially responsible.

- Responsible server training needs to be delivered to all workers in licensed premises, both 'off' and 'on' (Deehan, 1999).
- Initiatives such as Pubwatch, Off-licence Watch and the 'Shepherd's Bush Charter' need to be rolled out, in order to promote the socially responsible management of licensed premises. Such projects can also act as distribution networks for awareness campaigns, e.g. The Portman Group's 'I'll be Des' anti drink-driving campaign.
- Industry promotional practices such as the use of 'happy hours' need to be more closely regulated.
- Alcohol advertising needs to be looked at very closely, especially in the light of recent developments regarding the banning of tobacco advertising and sponsorship.
- As well as unit labelling, health warnings must be attached to all alcohol containers, in line with tobacco health warning requirements.

### **The economic costs and benefits of alcohol**

- Alcohol workplace policies are an efficient way of diminishing some of the economic costs of alcohol misuse, as well as ensuring the provision of appropriate interventions when required by workers. Best practice requires the provision of alcohol awareness training for managers and also the delivery of regular public health campaigns to the workforce (Alcohol Concern, 2002).

## **Contributors to the feedback**

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