

National Alcohol Harm Reduction Strategy

Healthier Hastings Partnership Board¹:

Response to the Consultation Document

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¹ Healthy Hastings Partnership Board is a multi-agency board which brings together partnership organizations to reduce health inequalities. This Board reports back to the Local Strategic Partnership. (The Government Neighbourhood Renewal Programme involves the setting up of Local Strategic Partnerships and enabling local commissioners and local services to work together to tackle four key problem areas:

- High unemployment
- Poor health
- High crime
- Education underachievement

² This post drives the Hastings & St. Leonards Alcohol Strategy: funded through Neighbourhood Renewal Fund ;main focus of work is on most deprived wards (five of the most deprived in England and Wales)

The Healthier Hastings Partnership Board (HHPB), chaired by Hastings and St. Leonards Primary Care Trust (PCT), has devised its' own Alcohol Strategy to which all agencies are committed.

The Strategy is a multi-agency initiative and reflects alcohol-related issues with regard to Police, Hastings and St. Leonards Borough Council, Voluntary Sector Alcohol Treatment Agencies and the Primary Care Trust. "Proposals for a National Alcohol Strategy" (Alcohol Concern 1999) has been used as a basis but the needs and priorities of the local community have been incorporated into setting objectives and devising the Implementation Plan.

The HHPB welcomes both the Governments' Consultation Document and the opportunity to respond. The HHPB consider this initiative to be pivotal in ensuring that alcohol- related problems are tackled in a consistent and robust manner.

Hastings is a medium sized town (pop.83,000) on the South coast of England. In the past it enjoyed a reputation as one of the country's premier seaside resorts. However, in recent decades the town has experienced a steady period of economic decline. This has brought with it a corresponding increase in social deprivation. Government Indices of Deprivation 2000 identified 5 wards in Hastings that fell within the worst 10% in the country with 46% of children in the town living in poverty. Hastings also has the highest rate of teenage conception in the South East (local survey : 40% of 13-14 yrs old were drunk or "stoned" when they first had sex; one in seven had unprotected sex after using alcohol) and a high incidence of substance misuse and mental health problems.

The response is presented in two parts. The first draws on issues highlighted by local community representatives. Responses were sought through Local Neighbourhood Forums, voluntary agencies (other than Alcohol Agencies) and from individual local people themselves. Where appropriate, HHPB initiatives (in progress or planned) to address these identified issues are referenced. (Community responses have been collated according to the five sub-headings suggested by Alcohol Concern)

The second part comprises the response from the PCT and Substance Misuse Action Group (SMAG)³ on behalf of the HHPB. Where appropriate, examples of local good practice are described. Recommendations are also made with regard to overcoming problem areas.

(HHPB responses have been referenced according to numbering of questions. Responses may encompass more than one question, where this occurs the question indicated is the one to which the response relates in the main part).

³ Substance Misuse Action Group (SMAG) reports to HHPB and Local Strategic Partnership (LSP) (SMAG membership: Addaction, Bexhill & Rother PCT, Brighton & Hove Council, Community Alcohol Team, Community Pharmacist, CRI, Probation Service, East Sussex, Brighton & Hove Health Authority, East Sussex County Council, ESCC Education Dept., Hastings & Bexhill Youth service, Hastings & Rother Substance Misuse Service, Hastings & St. Leonards PCT, Hastings Borough Council, Hastings College of Art & Technology, Hastings Borough Council Housing Dept., Health Promotion, Local GPs, Phoenix House, Seaview Project, Xtrax.)

Recommendations

- 1. Principles to underpin the Strategy:** *that treatment agencies are flexible with regard to the help and treatment they offer so that people can access the service wherever they may be as regards the 'Cycle of Change' 5.*
- 2. Cultural and behavioural issues:** *that there should be a variety of initiatives aimed at changing attitudes in order to meet individual need and offer a choice of options to the local community.*
- 3. Health:** *a National Strategy needs to incorporate a range of initiatives in order to meet the needs of different client groups (age, gender, ethnicity etc.). There needs to be awareness that alcohol is not a 'stand-alone' issue and, where possible, alcohol initiatives need to link in to projects focussing on other priority issues.*
If specific interventions are to be implemented, the cumulative effect these may have on current levels of treatment service needs to be assessed. Treatment services need to be given adequate resources to meet any expected increase in demand.
- 4. Crime, disorder and anti-social behaviour:** *there are no 'stand-alone' initiatives that will produce positive outcomes with regard to reducing alcohol-related crime. Any Strategy needs to incorporate a variety of measures which are delivered in a consistent manner. Evaluation of initiatives needs to be on-going with a long-term commitment to those which produce the most effective outcomes.*
- 5. Vulnerable groups:** *that initiatives are aimed at reducing the stigma attached to problem drinking.*
That initiatives are aimed at increasing the amount of training and support to non-alcohol workers so that they feel confident to help their patients/ clients with alcohol-related issues.
- 6. Education and communication:** *Government (Local and National) needs to take a lead in offering balanced information to the public.*
- 7. Costs and benefits:** *that the costs and benefits of routine screening in the NHS are investigated.*
That the methods of recording alcohol-related morbidity and mortality are analyzed in order to identify how consistent data collection might be employed.
That initiatives are included that aim to change cultural attitudes to Alcohol. In this way, alcohol will be seen less of a necessity for social and networking situations. Individuals will find it easier to choose non-alcohol options or complete abstinence as a life-style choice.

Community Response

Cultural and behavioural issues

Neighbourhood Forum and voluntary agency representatives expressed concern about the amount of alcohol being consumed by under 25 age group. In general, there was a recognition that young people have always drunk alcohol, but not in such vast quantities as at present. Concerns focused on the perceived high numbers of very young people seen at weekends who appear completely intoxicated and the implications this has on their (the young people) vulnerability.

(The HHPB is addressing this issue through initiatives such as reviewing the Town centre night-time economy, test-purchasing for under-18s sales of alcohol, licenses given to the person not the premises, developing alternative, healthier activities for under 19s including development of Local Exercise Action Plan(LEAP), reviewing PHSE in schools)

Health

Concerns were expressed about a lack of readily accessible sources of advice and help. People reported they did not know where to obtain credible advice and information. One or two representatives from the Neighbourhood Forums reported their perception that alcohol problems were given less priority by agencies than drug-related problems.

(The HHPB is addressing this through reviewing and updating Health Promotion resources, incorporating alcohol issues into the Healthy Living Centre, the Community Strategy is regarded as a priority with regard to promoting a healthy lifestyle).

Crime and disorder

Some individual local people and representatives of Neighbourhood Forums expressed concern about street drinking / drinking by young people and how this has a negative effect on their perception of personal safety. Many people expressed their concern that the Town center has become a focal point for heavy drinking and alcohol related crime.

(The HHPB began addressing this issue by hosting a visit of delegates (civil servants, voluntary sector agencies and specialist workers) from the Netherlands who had initiated the KPMG study "Excessive alcohol consumption in the Netherlands- 2001" which highlighted the relationship between alcohol and violent crime. The HHPB has implemented initiatives including around street drinking bye-laws; there is to be a Crime Design survey carried out in the Town centre; through Operation Marble, the Police have been targeting 'hot spots' in terms of premises associated with violent crime incidents and targeting patrols at peak times for such incidents).

Vulnerable groups

Several local people expressed concerns that they perceive alcohol to be much more readily available and the impact this might have on vulnerable groups especially young people. Concerns were also raised about there being so few places of entertainment/ areas to socialize where alcohol is not available.

(The HHPB is addressing this issue through initiatives such as the Five-Day-Programme developing a community cafe, the LEAP project, reviewing Licensing criteria and reviewing the night-time economy of the Town Centre).

Education and communication

There is a perception among some local people that it is difficult to obtain balanced information about alcohol use. Concerns were also raised that young people are not getting adequate information about alcohol from schools.

(The HHPB is addressing this issue through review and updating of Health Promotion resources, reviewing channels of disseminating this information, working with Personal, Social and Health Education (PSHE) co-ordinators in local authority to review and update PHSE resources relating to alcohol issues).

PCT and Substance Misuse Action Group Response

Principles to underpin the strategy

1) Government has a responsibility to plan for future needs of society. This present generation is drinking more alcohol than previous generations, particularly in the under 19 age group. The impact that this is likely to have on the NHS and Criminal Justice in years to come is still an unknown quantity. Government needs to consider how best to deal with the consequences of this increase in problem drinking.

Here in Hastings this issue is being addressed through a multi-agency commitment to our Alcohol Strategy. The Strategy focuses on all age groups but prioritizes under 19s. Examples of initiatives include a Family Worker based with the Healthy Living Centre with a remit to work with the families of problem under 19 drinkers, the Under 19 Substance Misuse Service is to appoint a project worker in order to assess the needs of under 19s with substance misusing parents/ carers (this is a County-wide post), the Hastings under 19 substance misuse service began taking referrals in Sept. 2002 and early indications show effective multi-agency working.

2) Although personal responsibility is a major factor in developing problematic drinking, it also implies the individual is making decisions based on balanced information. In truth, many people are not aware of the harms related to alcohol use, are confused about “units” and do not know where to find balanced information about alcohol use.

As previously discussed, we are reviewing information resources and how best to deliver this to the local community.

5) Government needs to embrace the notion that harmful drinking is not a static condition. Many people will move in and out of harmful drinking during their life- span. For example, many people drink heavily during their later adolescent/young adult years. As they take on more responsibilities, most move back to responsible levels of drinking.

Harmful drinking may occur again in times of significant life events e.g. bereavement, retirement etc. This results in a need for various agencies (statutory and non-statutory) to provide advice, help and treatment that is accessible and appropriate according to age, gender and ethnicity.

The Community Alcohol Team⁴ in Hastings demonstrates consistently positive outcomes for clients. This is a non-abstinence based treatment agency which offers advice, treatment and support to drinkers and their families. All age groups are catered for and effective care pathways have been established with the various statutory and non-statutory agencies. This flexibility enables people to opt in and out of treatment according to their needs.

*Recommendation: that treatment agencies are flexible with regard to the help and treatment they offer so that people can access the service wherever they may be as regards the 'Cycle of Change'*⁵

Cultural and behavioural issues

6) Alcohol misuse could be said to occur when alcohol is used as a means of dealing with negative situations and feelings. This might be in the form of suppressing emotions or of releasing them e.g. using alcohol as a means of reducing inhibitions in order to ventilate aggressive or violent feelings.

The Hastings Alcohol Strategy recognizes that there are other factors relating to violent/aggressive behaviour other than alcohol use. Review of the night-time economy, identifying peak times and locations for aggressive incidents (in order to focus precious police resources) and promotion of healthier lifestyle through the Community Strategy are examples of local initiatives that are being implemented to counteract the culture of heavy drinking which is perceived to have developed over the past few years.

9) Another group whose needs are not being met is that of the over 65s. There is evidence to link alcohol use to falls, accidental injury and accidental overdose of medication. Any national Strategy needs to define ways and means of addressing the needs of this group. Research indicates that interventions are best provided by workers specializing in the care of over 65s – how can this group of workers be provided with the skills necessary to deal with alcohol issues?

In Hastings, a local needs assessment is to be undertaken in the Greater Hollington area. This is a Hollington Management Project which aims to divert mainstream services to meet locally identified need.

10) Alcohol remains an important part of British culture, although many cultures who do not use alcohol are equally as culturally rich as ours. Alcohol is still an important element in celebrating significant events – births, marriages, Christmas – which is one reason that people who choose to be abstinent are often made to feel excluded from such events.

⁴ Community Alcohol Team is managed through Community Alcohol Projects (South East). It is a County wide non-statutory service providing the bulk of alcohol treatment services in Hastings.

⁵ 'Cycle of Change' J. Prochaska & C. Di Clemente (1986)

Local initiatives aim to provide a basis for developing an alternative culture toward alcohol use. These include promotion of the Five-A-Day programme, physical activity (LEAP), community cafés. These all contribute in changing attitudes towards alcohol.

Recommendation: that there should be a variety of initiatives aimed at changing attitudes in order to meet individual need and offer a choice of options to the local community.

Health

14) Harmful drinking is a state where a person's alcohol use regularly prevents them taking on the responsibilities they need to deal with. This includes taking responsibility for their own health. For a young person this might mean an inability to attend school regularly, for parents who drink in the evenings it could mean they are not in a position to tend to children who wake in the night, for the single person who binges at weekends it could mean he is absent from work almost every Monday. Harmful use does not necessarily mean dependence. Dependence is a state where the person wants to continue/start taking responsibility but is unable to do so due to the dependence on alcohol.

The Hastings Strategy identifies the need for alcohol issues to be addressed across all stages of the life-span. Initial steps have been taken to link up Alcohol services with the midwifery service, the Under 19s Substance Misuse service will be undertaking a needs assessment of Under 19s with substance misusing parents/ carers, multi-agency working has been established between school nurses and the Hastings under 19s substance misuse service, PHSE materials are to be reviewed, there is a target to encourage workplaces to incorporate an alcohol policy.

15) The evidence for the health benefits of alcohol is fairly limited. It is interesting how one piece of research (suggesting that one-two units alcohol daily for a specific age group with no concurrent medical problems) has been used to promote a culture of 'why not' (have a drink) rather than 'why' (have a drink).

As discussed, various local initiatives are in place or being developed in order to provide alternatives to this attitude. The Hastings Alcohol Strategy identifies attitude change as a target and recognizes that this is perhaps the most difficult area in which to effect change.

18) Brief interventions are beginning to be seen as something of a panacea. What is needed in the first instance is routine screening for alcohol which is carried out in a consistent manner. This needs to be done not only by health agencies but also by criminal justice agencies. The initial outcome, were this to be done, would be an increase in referrals to specialist treatment agencies. The government will need to decide how it will enable agencies to meet this demand. Brief interventions would be costly not only in terms of training but also in terms of providing ongoing support and advice to those administering, monitoring (in terms of ensuring continuity and monitoring outcomes)

20) The Consultation Document suggests that alcohol services can learn from drug services. However, in many aspects, drug services can probably learn from alcohol services. For example, providing an accessible service on limited resources, looking at

cost-effective interventions, dealing with poly-substance misuse (many clients of alcohol services also misuse other substances such as cannabis, over-the-counter medicines, benzodiazepines, amphetamines, cocaine).

What can be learnt from drug services is that people want access to balanced information about substance use, abstinence is not a solution for everyone, greater resources do not necessarily result in a service which meets the needs of various client group (white males are still over- represented).

21) One obvious way to minimize and prevent injuries that are presented to A&E departments is to introduce the use of plastic bottles and glasses. A number of products are already available in plastic bottles e.g. Becks and some alcopops but the cost to the licensee is about 20% more than standard glass containers. This makes it unattractive to licensees, particularly if other pubs in the vicinity continue using glass containers. Another initiative would be to restrict or prevent bottle sales across the bar. In Hastings this issue was discussed at the most recent Licensed Victuallers Association. The general consensus was that female customers prefer drinking from bottles not just to be fashionable but also to reduce the risk of having their drinks 'spiked' – it is easier to place a thumb over the top.

22) Links between alcohol and mental health are evident. Most Assertive outreach Teams will have majority of clients who misuse alcohol. Work needs to be done around screening for alcohol problems when clients first access mental health services, and developing skills of mental health workers so that they feel confident in addressing clients' alcohol use as well as their mental health.

Links also need to be made between alcohol and unwanted /unplanned pregnancies, sexual health.

With regard to Dual Diagnosis, a recent study was carried out in East Sussex, Brighton and Hove ⁶ to assess the needs of this client group. One of the developments from this study has been the setting up of a Dual Diagnosis action group to identify how best to proceed with meeting the needs of this client group. Alcohol Services are represented on this group.

Hastings initiatives with regard to linking alcohol to other issues include the Alcohol Strategy making specific mention of the relationship of alcohol with teenage pregnancy, specific joint initiatives will be identified in conjunction with the Teenage Pregnancy co-ordinator, sexual health work developed alongside substance misuse work in the Healthy Living Centre

Recommendations: A National Alcohol Strategy needs to incorporate a range of initiatives in order to meet the needs of different client groups (age, gender, ethnicity etc.).

There needs to be awareness that alcohol is not a 'stand-alone' issue and, where possible, alcohol initiatives need to link in to projects focusing on other priority issues. If specific interventions are to be implemented, the cumulative effect these may have on current levels of treatment service needs to be assessed. Treatment services need to be given adequate resources to meet any expected increase in demand.

⁶ dual diagnosis research report in here

Crime, disorder and anti-social behaviour

23-25) Evidence indicates that violent crime is more related to gender and age than alcohol per se. However, this is not to deny the significant influence alcohol creates in triggering violent crime.

Also need to consider positive impact that a mixed night-time economy can have on reducing violent crime. Having facilities that attract older age groups and families can in turn have a restraining effect on behaviour of young people. Here in Hastings, this is one of our difficulties – how to attract businesses that cater for an older, family-oriented age group when the Town Centre has become synonymous with under 25s, heavy drinking and violent crime?

The night-time economy is currently under review, including a review of night-time transport. Sussex police have identified 'hot-spots' with regard to premises and peak times in order to target scarce resources more effectively. A crime design survey is also planned for the Town Centre.

26) A key factor with regard to Crime and Disorder is the employment of door supervisors. In Hastings, people employed in such a capacity have to be registered with the Local Authority and be suitably trained. However, if a door supervisor commits an assault, the Local Authority is not in a position to suspend the Registration pending the outcome of the case.

Once the Private Security Industry Act comes into force, the situation regarding unregistered door staff should improve.

Another initiative would be to increase the amount of training required in order to gain a license. In the Petty Sessional Area for Hastings, individuals need to obtain the National Licensees Certificate before being granted a license.

29) This is what we are attempting to do here in Hastings. Our Alcohol Strategy is multi-agency and brings together the different alcohol related issues – health, crime and disorder, community safety, health promotion, under 19s service, housing. Although only in the early stages of implementation what is making it work is a commitment from senior figures in each agency, a willingness to talk to each other and agreement on a common agenda (as described in the Strategy). The Alcohol Strategy captures the alcohol-related elements of the Hastings Strategies for Crime and Disorder, Community Safety, Domestic Violence and Substance Misuse (the latter two are County wide strategies).

30) Such initiatives need to be targeted at all age groups. What needs to be addressed is that young people are just as likely to be victims of violent crime as perpetrators.

In Hastings, the peak age for females reporting being a victim of violent crime is 11 –15 years, the peak age for male victims is 16-20 years. The Violent Crime sub-group takes a lead for these issues.

32) Street drinkers are a group with extremely complex needs. Although part of the local community, their presence (particularly when they congregate together) can be

perceived as a threat to community safety. However, it also needs to be borne in mind that this group is very vulnerable in terms of their health, more likely to be in inadequate accommodation and vulnerable to becoming victims of crime. Basic interventions can produce significant positive outcomes – providing access to health professional (community nurses have proved to be cost-effective), a daily meal, a place to socialize away from the street, help with benefits and housing and ,if appropriate, help in engaging in alcohol treatment services.

Here in Hastings we already have one project (the Seaview Project) which is available to street drinkers. This is funded through a local charity and provides food, hot drinks, advice with benefits and accommodation, help with drug, alcohol and mental health problems. It also provides short-term accommodation in a hostel and provides help and support to those moving on to more permanent accommodation.

Negotiations are currently taking place with regard to improving services in order to target the needs of this group.

34) Drink-drive policies have been successful because they presented a clear message, the interventions were consistently applied and government ensured that this initiative has been maintained on a long term basis.

35) It is difficult to identify ways of addressing this issue. Since there is little to be done with regard to ‘offender’ behaviour (in particular drinking behaviour and the effect it has on D.V.) then initiatives need to focus on ‘victim’ support.

There is a Domestic Violence Strategy in place for East Sussex. Included in this is a referral service whereby Police, when attending a D.V. incident, can refer the victim to the D.V. service managed by Crime Reduction Initiative (CRI). This provides help and support with regard to a variety of issues- legal, housing, child protection, personal safety. The Strategy also incorporates a policy whereby all ‘offenders’ are arrested as routine whenever Police are called out to an incident. However, a recent Sussex Police Report ⁷ indicates that this arrest initiative will not have the positive impact on future offending that was originally anticipated.

Recommendation: There are no ‘stand alone’ initiatives that will produce positive outcomes with regard to reducing alcohol-related crime. Any Strategy needs to incorporate a variety of measures which are delivered in a consistent manner. Evaluation of initiatives needs to be on-going with a long-term commitment to those which produce the most effective outcomes.

Vulnerable groups

37) As mentioned in Cultural and Behavioural issues, the over 65s is a particularly vulnerable group so too are street drinkers. Pregnant women are also vulnerable in that they find it difficult to disclose alcohol problems for fear of negative reactions from staff.

⁷ ‘The Theories of Violent Crime and How to Reduce It’ 2002 M. Wellsmith;
Senlac Division; Sussex Police

Here in Hastings we are beginning to address this issue by bringing together key personnel in Alcohol services, Sexual health and Midwifery services in order to identify how best to proceed in order to tackle this issue.

With regard to over 65s, as mentioned previously, a needs assessment is to be undertaken in Greater Hollington .

38) The key is to engage such people in whatever capacity they consider needs to take priority whether this is around benefits, accommodation or paying bills. The effect of this will be that non-alcohol agency workers will need to be trained so that they feel confident in addressing the persons' associated alcohol issues. This will require training and on-going support and supervision for such workers. Ideally, such workers will eventually be able to refer the client on for specialist treatment. What needs to be consistently adhered to in these situations is a clear policy regarding behaviour – i.e. no client will be seen if they appear intoxicated. It is unrealistic to expect people with chaotic lifestyles and complex needs to become completely abstinent before they can access help with, for example, accommodation or benefits.

Recommendation: That initiatives are aimed at reducing the stigma attached to problem drinking.

To increase the amount of training and support to non-alcohol workers so that they feel confident to help their clients/ patients with alcohol-related issues.

Education and communication

41) The main objective here is to give clear and balanced information about alcohol use. Advertising, either direct or through sports sponsorship, results in only positive messages about alcohol being conveyed. Representatives of the local community perceive difficulty in accessing balanced information which presents both positive and negative aspects of alcohol use.

As discussed previously, in Hastings we are reviewing Health Promotion resources relating to alcohol use and how best to disseminate this information.

43) The 'sensible drinking' message does not appear to be getting through. People do not always want to be sensible particularly when their own experience proves that they can at times drink heavily and suffer no long-lasting negative consequences. Perhaps it might be more appropriate to talk in terms of 'responsible' drinking and at the same time emphasize how people can reduce risk to themselves if they are intending to drink heavily e.g. booking cab home well in advance, only getting drunk when amongst friends, eating before going drinking etc.

44) In general, most treatment agencies incorporate best practice. However, many of the general public still perceive the only solution to problem drinking is the AA model of abstinence alongside a 12-step approach.

It is also difficult to identify valid research which can be readily utilized . More resources need to be made available in order for more extensive research to be carried out. Also,

resources to enable non-statutory agencies to be able to access research findings more easily.

46) In education for young people it is important not to separate alcohol from other significant issues such as teenage pregnancies, sexual health, smoking, drug use and personal relationships. These issues need to be taught/ discussed in a more integrated fashion.

In Hastings, Health Promotion actively participates in the Joint Schools Consortium. We are also planning to review PHSE and how priority issues might be targeted joint initiatives.

48) The Government has a responsibility to counteract the unbalanced messages being supplied by the alcohol industry.

Recommendation: Government, Local and National, needs to take a lead in offering balanced information to the public.

More research is needed with regard to evaluating the effectiveness of alcohol education in order that evidence based practice can be developed. At present, difficulties arise due to variety of programmes and the manner in which they are delivered.⁸

The shape of the market

53) If the industry does its research properly, it will find a market for non-alcoholic but enjoyable drinks which are a bit 'different' to the usual fruit juices and fizzy drinks that are the usual fare in pubs. Packaging and marketing of non-alcohol drinks needs to be as attractive and stylish as that for alcoholic drinks. A good example of this is the recent T.V. campaign for OJ drinks.

Costs and benefits

56-61) When focusing on costs to the NHS, this needs to be viewed in two ways. Firstly, the economics of providing a service for alcohol related injuries/ conditions. Secondly, and more difficult to quantify, the cost in terms of reduced quality of life for those affected by alcohol-related conditions (both for the individual and their family). These two factors are made more difficult to quantify as there is no one method used in the NHS for identifying and recording of alcohol misuse.

As mentioned previously, there is a lack of research around the benefits of alcohol and this is an area that needs to be addressed – preferably by independent researchers.

Moderate consumption of alcohol can reduce stress but not on a long term basis. Sooner or later, people have to deal with the causes of stress. Preferably sooner, before they become too dependent on alcohol.

As for facilitating networking in the workplace, where does this leave people who need or choose to be abstinent?

Recommendation: That the benefits of routine screening in the NHS are investigated.

⁸ 'Educating Young People about drugs: a systematic review' White & Pitts; Addiction; 1998

That the methods of recording alcohol related mortality and morbidity are analyzed in order to identify how consistent data collection might be employed.

That initiatives are included that aim to change cultural attitudes to alcohol. In this way, alcohol will be seen less of a necessity for social or networking situations, and individuals will find it easier to choose non-alcohol options or complete abstinence as a life-style choice.
