

Hope UK response to National Alcohol Harm Reduction Strategy Consultation

Hope UK is an alcohol and drug education charity at work in the voluntary and education sectors. Our purpose is to be an education and prevention resource for children and young people and those who have responsibility for working with or caring for them. In the main, we will confine our remarks to those that relate to our purpose.

The Principles

We often describe our work as being based on a model of choice which offers information and encourages individuals to make their own decisions, rather than being unduly influenced by their peers or any other factor, such as advertising. This accepts the principle of individual responsibility but also clearly implies that the information and encouragement to think for oneself is available. We also hold that those who are young or vulnerable for any other reason should receive particular attention so as to provide the best possible conditions to live their lives to the full – making full use of their potential and opportunities.

In our view, Government has a clear responsibility to take a holistic view of the issues around the production, marketing, sale and consumption of alcohol products. It needs to take account of vested interests and act in the best interests of the population.

This will mean adequately funding education AND prevention work as well as providing treatment facilities. A holistic approach will mean that cross-departmental working is essential. In our view it also means adopting a general approach to alcohol education as well as targeting resources on 'at risk' groups. The widespread nature of alcohol consumption means that the risk is spread across all our communities in the UK.

Qu 4 mentions voluntary groups. We hope that this is not limited to those groups with a direct interest in providing some form of alcohol-related service, whether it be education, treatment or bar facilities (eg, sports clubs). Alcohol policy is for everyone and, for example, there is a very significant level of voluntary youth and children's work in the UK. There are 50,000 Christian churches where people are providing (and could provide more) 'pastoral' care or provision of facilities for meetings such as Al-Anon apart from their links with parents and their families. Similarly, other faith groups offer potential for community based alcohol initiatives.

A high return could be obtained from investment in the voluntary sector because it would involve the 'free' time of the volunteers who work within it.

Cultural and Behavioural Issues

Much publicity has been given to the suggestion that drug education should start in primary school. We accept that this is important as long as it is appropriate for the age group and group concerned. Given that alcohol (and tobacco) use is much more widespread, the same arguments for starting young apply.

The point we are making here is that alcohol is a cultural and behavioural issue and therefore this should be taken into account at all stages of school and community life – just as much as appropriate factual information.

'Sensible' drinking (or whatever terminology is used) is a matter of culture/behaviour. Logically, 'sensible' drinking implies that there are occasions

where alcohol-free drinking choices are appropriate. This option applies especially to children and younger teens, although the example of older teens and adults is an important issue.

Introducing the greater acceptability of alcohol-free options is a long-term project that requires Government policy inclusion as well as practical action by educators and members of the public alike.

Qu 10 mentions the ease of focusing on the negative aspects of alcohol use and asks what are the positive cultural and behavioural aspects. Our observation would be that there is no particular need to focus on these because they are self-evident (and often exaggerated). We would prefer there to be a similar focus on the positive cultural and behavioural aspects of alcohol free options as part of the national strategy, thus focussing on the positive rather than the negative.

Health: prevention, treatment and the impact on the NHS Crime, Disorder etc Implications for vulnerable groups

Our comments above and below relate to several of the issues raised in these sections.

Education and Communication

The concept of 'sensible' drinking was originally devised to help reduce the amount of alcohol consumed by adult heavy drinkers to what was regarded as a 'safe' level. Alcohol can affect young people to a greater degree than adults whose bodies have fully developed. No one can come up with any generally accepted safe drinking limits for teenagers. To seriously introduce the idea of sensible drinking to young people pre-supposes that they want to be sensible. As young people in England have some of the highest drunkenness rates in Europe, the signs are they do not want to be sensible. This is borne out by anecdotal evidence from towns and villages around the country where teenage binge drinking in public places and in private locations causes significant problems for each locality.

There is no research evidence to prove that sensible drinking advice is effective in reducing the level of alcohol problems in the country. (Q.43)

As the foreword says, most adults in England drink sensibly but for nearly a third of the population, drinking alcohol is not the norm. According to two surveys, 21% drink on special occasions only and 10% are teetotal (MORI February/March 2000 for the Portman Group) and 20% did not touch a drop last year (Drink Pocketbook 2001). So, for a significant minority, drinking alcohol is not the norm, yet the message subtly suggests that everyone drinks. A basic principle of any alcohol strategy including harm reduction, should be the recognition that there is an alcohol-free option. (Q.5)

People choose not to drink for a range of reasons including health, religion, don't like the taste, safety etc. As well as learning to respect alcohol itself, respect for individual choice is an important educational principle. (Q.44)

The role of families and parents is vital (Q.47). Research shows that physically supervising teenagers' free time was more effective in preventing drug and alcohol use than other problems. Results so far show that family connection is powerfully linked to lower risk of problem behaviour (12,000 American High School students traced for over 6 years. Author: Prof. Robert Plum. Presented in UK by National

Family and Parenting Institute 2002). There are significant implications here for including alcohol (and other drugs) in parenting initiatives.

Children from broken homes are more prone to indulge in drink, drugs, crime and unsafe sex. The weight of evidence indicates that the traditional family based on a married father and mother is still the best environment for raising children. (Experiments in Living, Rebecca O'Neil, Civitas 2002). This supports the need to increase investment in education and intervention as the traditional family unit does not exist for many children and young people.

For over ten years, research has shown that alcohol use which begins to be a clearly recognisable feature for 12 – 13 year olds is a powerful predictor of drug offers and drug use among adolescence (Drug misuse in Britain 1992 ISDD) (Q.36)

An HEA survey found that 35,000 under 16s were drinking more than the recommended limits for adults. A study by Tamsin Black (University of Hull 1995) found that "Students who drank less or not at all before they left more supportive and controlling home environments, tend to remain occasional or non-drinkers while at University."

A report in Alcohol Alert (April 1995) claimed that other research suggested that it is a relative lack of parental support and control and liberal parental attitudes towards alcohol consumption – or indifference - which are more likely to result in heavier drinking in their offspring. Cross-national research from the University of Portsmouth highlighted "open and supportive family attitudes as a key way of preventing problem drinking."

One objective must be to reduce the social harm caused by young people's drinking patterns and the short-term risk to themselves. Within education there is a need to raise awareness of the drug effects of alcohol and to tackle honestly the question of mixed messages that children and young people receive. (Q.41)

Schools have an important part to play and the development of the Healthy Schools Initiative seems a positive way forward. Universities and Colleges have responsibility because they are working particularly with the 18-24 year olds, who are the heaviest drinkers. Student Unions have a role in reducing the binge drinking culture among students, particularly in Student Union run bars. (Q.46)

National campaigns can be effective, but they need to be sustained and not short-term. (Q.48)

Current best practice in drug education suggests that merely imparting knowledge or information is not enough. To tackle attitudes and culture, a life skills approach is required. For instance, most young people would wish to be skilled drivers rather than sensible ones and to be a skilled driver you need to avoid alcohol. (See earlier comments about age and culture/behaviour and implications for education.)(Q.49)

Whilst the Portman Group is doing some good work in monitoring the labeling of drinks, the voluntary advertising code does seem to be very loosely interpreted at times. A further issue is the question of sponsorship and, in particular, where young children are wearing replica clothing that has the sponsor's name boldly printed on it. (Q.50)

Finally, (Q.55), there is still a big question over the price of alcohol-free drinks available on licensed premises. The sale of alcoholic drinks is still the primary function and this is hindering the development of the Café/Bar concept. Might this be a licensing issue so that choice is set out as a principle to be put into practice?