

## 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?

The Government should become involved because the issue affects communities as a whole and not merely individuals. In legal terms, the problem involves supply as well as significant public and private expenditure on the consequences. Government intervention is justified when there is clear evidence of this.

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?

Obviously, individual misuse is a personal responsibility. When this misuse becomes a collective issue, e.g. group or crowd misbehaviour in public places or such places as football stadia, legislation should be considered. In the case of individual misuse, education and persuasion is a Government responsibility, as even this impacts upon society.

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

The balance is where an individual's choice impacts upon others and the community. Where this is the case, the rights of others are being eroded if nothing is done to preserve tranquility and the peace. Everybody surely has the right not to suffer the adverse effects of someone else's excesses.

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

Everyone should be responsible for their own actions and those of their children, where appropriate. They should not allow their own actions to adversely impact on others to the point where distress and unhappiness is caused. Commercial responsibility, supported by legislation, involves the supply of liquor to people or in circumstances where the above is a result, or likely result. Voluntary groups have a role to support and assist those individuals who are unable to help themselves in this regard. The police need the ability to make judgements and decisions in support of all the above and enforce appropriate legislation, in order to allow people to live their lives harmoniously and without fear and unjustified intervention as a result of others excesses.

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

Education. Freedom of choice, but within a community spirit. Enforcement of breaches of legislation, whether commercial or individual. Consistency. Support to those in need who are unable to help themselves. Reassurance that the above will be done.

## 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.

### *Questions*

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

Drinking to excess so that a need to depend upon others arises e.g. health treatment. Drinking by the young, who are not necessarily in a position to make informed and well reasoned decisions for themselves. Drinking to the extent that a persistent, adverse effect exists upon people around that individual (family or the wider community). The unlawful supply of liquor by retailers etc. to the young is a misuse by that commercial outlet. The factors to be taken into account are the effects or potential effects of that misuse.

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?

Drinking patterns by the young, by the excessive drinker, the perceived need to drink a lot as an indication that this is socially "required" i.e. young males and females alike in pubs and clubs. Also those linked to public gatherings, e.g. football matches and others in public places where large numbers of people are likely to be present. To concentrate on changes to patterns, there is a joint need for education and legislation, with punitive consequences should the former fail. Commercial outlets often, with a responsible attitude, can impact upon these.

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?

Alternative priorities in life will deflect some people from excessive drinking. A greater sense of responsibility and awareness of consequences will assist, along with the knowledge of how support is available. It is possible to influence people by recruiting peer pressure in a positive manner, rather than to encourage excess drinking e.g. as perhaps happened to a great extent with drink driving.

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?

I believe the young as a whole should be the subject of focus, but young women it is correctly stated are a rapidly increasing group of concern. They are becoming more involved in public disorder, but males are still the largest group to inflict fear and concern amongst the community in general. This I believe is a growing theme in some ethnic groups, which until now have perhaps been excluded from this area.

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?

Within certain limits, alcohol is a pleasurable experience. It can make for peoples enjoyment. Clearly the catering business would suffer greatly, as alcohol with food is a routinely enjoyed accompaniment. People meet and mix, enjoy social and cultural interaction in an environment where alcohol features as part of the reason for attending. The British pub is a cultural institution. It is attended and enjoyed by millions without adverse effect, as is domestic consumption within the home or family environment.

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 ages groups?

Unfortunately, the most widely seen drinking culture in England is that linked to yobbish behaviour, e.g. the football hooligan, where consumption appears to have only one aim, to drink as much as quickly as possible and then to misbehave to a much greater extent than if you had not drank any alcohol. On the other hand, the steady, more mature picture of the country pub, where drinking is seen as a pleasurable experience for all is also part if the English drinking culture. This is probably the more accurate, albeit it attracts less attention for obvious reasons.

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?

Among the young, definitely fashion. This is linked to marketing. Clearly education has the prospect of success. However, Marketing sets the fashion and people are easily influenced by what is "cool". "Alcopops" clearly encourage younger people to try alcohol. Retail outlets require more stringent regulation, particularly Off Sales. Parental influence could be much more effective, so this group and it's responsibility should be targeted.

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

## 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.

### *Questions*

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

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?

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.

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.

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?

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?

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

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?

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?

## 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.

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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?

I know of no specific studies locally to support this. However, I do know from my own personal experience that alcohol is linked to offending. Ask any police officer when their busiest times are for spontaneous calls and demands to respond to incidents of a violent nature. They will say that these correspond to social patterns of drinking alcohol, i.e. weekend nights. Domestic violence also has strong links to alcohol consumption by one or more of the parties involved. Acquisitive crime, as opposed to violent crime, is more drugs related.

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?

It does lead to one off offences where the perpetrator is perhaps not otherwise prone to committing crime, or is, but is unaccustomed to drinking. In terms of habitual re-offending, alcohol can be a significant factor. It is often a factor in violent crime, whether that is of a domestic or public disorder nature. I would say the vast majority of serious violent crime has its base in alcohol consumption, particularly among the young. It also leads to crimes of damage. This is often evident on the same occasions and time frames as social, weekend drinking.

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?

Research of a basic nature could easily be carried out in police station custody suites, where the number of people arrested for crime, where the amount of alcohol consumed is a factor could be established. I believe there is a strong public perception to support the connection. This being the case, it makes the link fact for many people. The media fuel this, as does the "debris" of Friday and Saturday night activities in our towns and cities.

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?

Other factors may include CCTV or the lack of it. Crime And Disorder Partnerships are ideal vehicles, being multi agency, for influencing the level of disorder.

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?

I would suggest that rural impact is different in that it does not attract, other than by exception, the same numbers of people. It still exists though and, its impact may be felt more by some, because the nature of rural life generally is quieter and therefore, more easily disrupted. Alcohol consumption often takes place in the open in rural settings,

thereby making it more obvious and increasing the perception of problems and fear of others.

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?

I am not aware of particular schemes, but control through licensing law could be more vigorous, giving wider consideration and anticipating problems in granting of licences.

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?

Crime and Disorder Partnerships have had success in this area and should continue to develop ideas and schemes. Representatives of the licensing trade sit on some of these groups and can influence actions, providing workable solutions that their members can sign up to. This should be encouraged, but one inhibitor is their willingness to devote the time and effort.

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

Largely yes, but not entirely. Parents should also feature. Some offenders are very young. The licensing trade should also be subject to education and enforcement. If they co-operate fully the problems can be more easily overcome.

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?

This is only one aspect and is difficult, as people will ultimately drink when and where they wish, unless there is a strong deterrent or compelling attraction to do otherwise.

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?

Effective legislation is one thing, the ability of the police to enforce it is another. Some schemes have been effective in one place but not another. The reasons need to be understood. The biggest deterrent to wrongdoing is perhaps the belief that you will not get away with it. Where there is minimal risk to the perpetrator, there is a greater incentive to carry out the misdemeanour. Local Authority involvement, as that of other agencies is crucial to any success.

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?

Allow people freedom of choice, but also make it clear that all have rights. The right not to have to put up with violence, damage, intimidation and fear. Make the ability to drive home this point a reality.

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

To change public attitude is a long, hard road to follow. This campaign shows that with determination it can be done.

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?

There is a clear link as suggested. Sometimes alcohol is THE cause. It changes personalities and sometimes brings out the worst in people, especially those living in close proximity to each other, with the associated other social and domestic pressures. In other cases, it exacerbates already existing problems. The key to success is to make interventions as early as possible. However, by its very nature, domestic violence is often little talked about outside the relationship. Good education, provision of support agencies and counselling, provision of reassurance that something can and will be done is important. If alcohol is a factor, this aspect, alongside the others must be addressed. Alcohol consumption is often the means by which problems manifest themselves and by which the violence is released. It sounds obvious, but intervention is the key. To achieve this a victim must have confidence in agencies to deal with it and therefore, to report it to somebody. They must also believe that agencies, including the police, but by no means only the police, are there to help. Successful anti domestic violence schemes do not rely on police input alone. Prosecution is sometimes the last thing even the victim wants, along with being the sole cause of it.

## 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.

### *Questions*

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

Those where alcohol is abused around them. Those with little, or the wrong kind of influence from adults. The lack of appropriate role models and where parents themselves are disinterested.

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

People living solitary lives with low self esteem. Those subject to trauma within their lives that is difficult to deal with, without other support to turn to.

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?

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?

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?

### 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 drinkdriving. These are powerful tools for giving information and shaping perception. Do they alter behaviour?

#### *Questions*

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?

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?

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?

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?

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)?

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?

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?

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?

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

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

## 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.

### *Questions*

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

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?

53. How far do you foresee research and development creating innovative market-

led solutions to the problems of alcohol misuse?

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?

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

## 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.

### *Questions*

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?

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?

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?

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

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?

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

