

National Alcohol Harm Reduction Strategy

Kent LEA response
(responses in blue)

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 Govt. needs to have some role in getting society to think about and open discussion about the way our society uses alcohol. To raise awareness of trends in alcohol use and any issues of concern. However, it is important Govt is not seen as dictating the values of our society as this would be counter-productive. What we need is a wide-ranging debate to highlight the issues, question our value bases and look at the many reasons why people become involved in using alcohol in ways which are harmful to themselves and others. It would be helpful if it could be seen as part of a spectrum of behaviours rather than as a thing on its own.
The Govt. also has a role in deciding how schools and other bodies should be encouraged to tackle the educational aspects through schools, and in other ways and evaluating the impact of various interventions, flagging up what works and what is less successful.
In addition clearly the health and social effects need to be effectively tackled by the Police, Social Services and Health and funding needs to be available for this. However simply involvement at this level would not be effective in reducing the problems, which would probably only be possible through questioning whether our society is developing as we would wish or not and whether as a society we can change social norms and

values. Can these be changed through legislation? Possible, but doubtful.

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?

It is very much an issue of individual responsibility, but is also an issue for society and as such the Govt should have a role as outlined above.

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

It is important to maintain tolerance in our society for those who are different and those who are socially excluded for whatever reason. This should be kept to the front of our minds when making these decisions. It is important local communities and agencies own the work that is eventually done and it fits local circumstances, although some work could be facilitated by Govt. (eg making PHSE a compulsory part of the curriculum in schools). It is essential that whatever is undertaken is not seen as being decided centrally and imposed locally. This is less likely to be effective. It would be helpful if links with other strategies could be made at Govt level. Any funding should be delivered with decent timescales to allow proper consultation and setting up work to be done locally and should be for longer than a year, preferably at least 3 years, or the work would become periferal rather than mainstream.

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

We all have a responsibility and a role because this is a societal problem.

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

That alcohol use is a question of personal choice at the end of the day. We are looking at something that is firmly embedded in our cultural norms. Legislation rarely works unless the majority of society is in favour of it, so the strategy has to be about education, raising awareness and discussion of the issues and trying to begin a questioning of these values. Also making sure that sufficient resources are available for those problem drinkers who do want help are available, including those who are unable to stay 'dry' on their own and that children are protected from harm.

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?

Alcohol is basically a legal psychotropic drug. Definition of misuse would have to follow that of 'problematic' drug users-ie when use leads to physical, psychological and/or other problems both for the user and/or for others

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?

Heavy 'binge' drinking, regular, high levels of drinking, drinking/being 'drunk' in 'unsuitable' places, drinking which leads to crime, especially violence and harm to children. General attitudes to drinking and being drunk. How can we socialise and drink less? What they do in other societies? How can we drink in 'socially acceptable' ways? How are people who drink to excess perceived by others? Are they sexy? Attractive? It will be extremely difficult if any Govt campaign is competing with commercial interests, which publicise the fun, social aspects of drinking, so Govt will need to engage the alcohol industry if any real change can be effected-perhaps in a punitive way if nothing else is possible-eg making them pay for additional Policing when pubs/clubs close for the evening/ making alcohol manufacturers pay for the social effects. Here in Kent we also have a problem with imports of cheap alcohol from France, which are very easily available to children and young people. Therefore more effort needs to be made to try and reduce this phenomenon. Possibly through more tax harmonisation in Europe. Education of children and young people, including looking at attitudes and values is probably the only way to effect any real change.

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? The main cultural change influencing would seem to be more spending money being available, especially to young people. Not sure how this can be addressed. Some problematic alcohol use has to be seen as part of a continuum of self-harm which would include misuse of drugs, your physical body generally, low self-esteem and other aspects which people who are extremely socially excluded use. It is also related to some mental illnesses, which is also partially about social exclusion. Therefore perhaps we need to look at how adult services are shaped to meet the needs of people who are in this category. However, by far the most worrying trend is the increase in drinking of young people and its association with anti-social behaviour and particularly violence, and the loss of the possibility that young people can go out and have a good time without drinking large quantities of alcohol (which can lead to using other drugs). This implies that young people think they can't have fun without alcohol or other chemical help.*

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?

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?

We all like alcohol because it helps us to socialise, makes us feel good (up to a point!) It

helps us to forget some of the boring, tedious, soul-destroying aspects of our lives. That's why it's going to be hard to impact here. In Italy drinking is prevalent, but being drunk is frowned upon. Is this where the strategy could take us?

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?

There seems to be a northern European drinking culture, where England seems at an extreme end of. We are not sure about regional differences. There used to be, and class differences too, but these seem to be disappearing, especially among young people.

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?

Young people are very much influenced by fashion, marketing and their peers. This indicates that to be effective we need to be using the same media, and encourage young people to question and make their own decisions. But competing with the marketing of drinks companies will be impossible in the long term. Therefore Govt needs to work with them. Also we all need to discuss and look towards developing post-CofE values for our society.

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

Young people enjoy taking risks and alcohol can make taking risks much easier. In addition alcohol use makes people more likely to take risks of all sorts due to the lowering of inhibitions it induces. Research here in Kent has shown alcohol is an important trigger to violence and other crime, and taking sexual and other risks.

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

Since drinking is about personal choice in the main, drinking which causes harm to others is harmful.

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.

It is important to consider the effects on staff morale and safety as well as other aspects.

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.

There is a dearth of mental health provision here in Kent, particularly at an early stage. More resources for early interventions for young people, in particular would be extremely helpful. Also more resources for mental health promotion, in particular - creating more friendly and liveable communities-eg in schools and other local provisions.

The single, most important work for effective work in schools would be for PHSE to become a compulsory part of the curriculum and to have specialist teacher training for delivery of this work. Schools could then become much more effective 'social educators'.

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?

Any alcohol strategy must build on what has been learned from the drugs prevention/treatment work.

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?

It's difficult to tease out what comes first. We think probably mental health issues can trigger drinking problems which then induce more mental health problems.

How are services – both those aimed at prevention and treatment – best co-ordinated?

The DAT model would be useful here, including pooling of budgets.

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.

Questions

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?

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?

Many young offenders use alcohol to gain 'courage' before committing a crime, others commit crime having drunk alcohol, but without any intention of doing so before drinking. The two do seem inextricably linked. Many young people also commit one-off offences related to having had 'one too many'-refers back to the ideas above around risky behaviour and lowering of inhibitions.

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?

Youth anti-social behaviour is in all of the 12 Kent District Community Safety Plans. However, on investigation, at least part of this seems to be related to community members not knowing each other, thus leading to older people being frightened of groups of young people who are of no threat to them. Some research could usefully look at whether and how this phenomenon could be impacted on.

However, this is not always the case some fear is based on real danger.

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?

In Kent some excellent work has been done by the Police to train bouncers at nightclubs in the Thanet area, which has helped contribute to reductions in disorder. Bouncers behaving inappropriately can often trigger disorder, especially in alcohol fuelled situations. Pubs and nightclubs need to be encouraged to consider the communities in which they operate more and this could be a useful start.

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?

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?
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?

In Kent some work has been done on a multi-agency basis to try and reduce alcohol sales to minors. This has included involving the young people themselves and has been relatively successful. Time involved to co-ordinate activity seems to be the biggest barrier, including time to discuss shared values and aims

30. Is it right that anti-crime and anti-social behaviour initiatives need to be targeted on young people? *Yes-they are the most likely to be the victims of crime. All the initiatives keep forgetting this. We need to do more to get young people on the same side as the rest of society instead-help them to avoid becoming victims, report crimes, etc, this would be much more helpful than targeting them as the problem. They have to be a big part of the solution.*
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?
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? *No drinking zones have helped reduce the number of alcoholics around town centres during the day. Little impact on weekend night-time drinking is apparent.*
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? *We do not have any rights without responsibilities.*
34. Drink-drive policies are generally acknowledged to have been successful. What can we learn from them? *That awareness raising campaigns which are strong and unambiguous in message and clearly point out the consequences of certain behaviours and are carried out over many years, backed up by enforcement, can work.*
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?

In Kent some excellent work has been carried out through the LEA Safe Schools programme. Children and young people are clear that there is a strong link. Working with the children, together with the Police and local Refuge has helped many children live less badly with DV, and has also helped some women decide to use the Refuge. Perhaps the awareness raising work should include using images of Domestic Violence and its effects on children in particular.

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?

All who feel themselves to be socially excluded-and this isn't only the ones we always identify-we seem to have growing disaffection among young people who feel under tremendous pressure to achieve at school and either fail or feel they are failing or are afraid of failing. Children who are bullied over a period.

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

Children and young people whose parents are at work for very long hours and are left unsupervised, children and young people whose parents divorce/separate, especially those who do not give the child much attention, sometimes from the 'better off' groups who are not normally identified-'opulent neglect'.

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?

The whole person needs to be looked at-not compartments in their lives. There also seems to be a need to take the religious elements out of some of the treatment programmes, since this alienates some people who want help but are unable to take on the values of eg

AlAnon. Also, it would seem important to find ways of developing interventions before a person has become 'dry'. Here in Kent we have few treatment facilities, and some insist the 'client' must be dry before the treatment can begin, which seems rather idiotic. We need appropriate early interventions for young people developing problem drinking. Drink, like drugs, can be used by people to 'blank' things they don't want to or can't face. This has to be taken into consideration if treatments are to be effective. How can they deal with this without the drink/drugs? If they can't they will continue to drink.

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?

The Young People's Team at Kent Council for Addiction in East Kent has been extremely effective. Principally issues centre around lack of resources where needed (Social Services and CAMHS in the case of young people here in Kent) and prioritisation. The Service above is holistic and based on the needs of the individuals accessing it, with the support of the other appropriate agencies who advise.

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?

See above-several agencies working together seems like a wonderful ideal-but the reality often leaves something to be desired. We need to look at what services feel like to those who are getting them.

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?

Ultimately it is to change behaviour. Messages which seem to contain a moralistic view or say you should or shouldn't seem ineffective, whilst those concentrating on the consequences of actions seem more effective, certainly with children and young people. Young people here have designed extremely funny leaflets on what happens if you go on a date and drink too much, which has been very popular.

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?

Perhaps we need to ask the top branding and PR companies this question.

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?

Only the drink drive part seems to be getting through to young people. Messages are not based on the reality for most young people, and the idea of being a bit 'naughty' is part of the youth drinking culture, so following 'rules' about sensible drinking are unlikely to be effective and are apparently not effective.

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?

Get Personal Health & Social Education into the National Curriculum PLEASE!!!!

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?

More work needs to be done to help parents talk to their teenagers and older children. Parents must not feel that their own behaviour is being criticised.

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?

National advertising campaigns could be done by the Govt very usefully, especially using TV and specialist publications. The Teenage Pregnancy strategy has developed some good work here, although there are some issues about how parents perceive this work. Please use the mechanisms already in place locally for drugs work to develop work locally. Sharing good practice is a very helpful Govt function.

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

The 'Just say No' message doesn't work! You need to engage people in discussion and at the end of the day they make up their own minds.

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

We still seem to see too much which implies we need alcohol to have fun, be attractive, be sociable, etc. and sad people don't drink.

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?

It has become culturally unacceptable to drink during the working day in all the working environments we are aware of. Perhaps this has been through the combination of punitive sanctions by employers and discussion between staff.

How to respond

You can send comments to:

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It would be helpful to receive comments by e-mail where possible.

The deadline for responses is 15 January 2003.