

National Alcohol Harm Reduction Strategy

Response from:

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Introduction

Since it was first mooted in 1998, much work has been done by those in the field to inform the proposed national alcohol strategy. The points below are taken mainly from this literature, and can only give a few pointers to the ideas which are explored much more fully in the works referenced. In particular, *Tackling Alcohol Together: The Evidence Base for UK Alcohol Policy*, (Raistrick *et al.*, 1999) provides a detailed survey of the evidence base for a wide range of policy options, together with recommendations for a national strategy. Another valuable overview of the subject is Alcohol Concern's *Proposals for a National Alcohol Strategy for England* (1999). Because of the delay in implementing the strategy, some of the material in these may now have been superseded by events, but in principle, they remain the most useful sources of reference for effective policy in preventing alcohol-related harm.

Paragraphs 1 – 5: Principles

There is considerable evidence that the overall levels of alcohol consumption in a society are closely related to the levels of alcohol-related harm that are likely to result (Edwards, *et al.* 1994; Raistrick *et al.* 1999). While it is recognised that policies which target specific problems arising from alcohol use may be of value in themselves, and are likely to attract greater public support than those which seek to control alcohol consumption *per se*, we consider that it would be unwise to neglect those tools such as taxation and licensing laws which have proven effectiveness in restricting population levels of drinking, and thus impact on the levels of harm experienced in society. These issues are not addressed explicitly elsewhere in the consultation document, though they seem to relate most closely to this first section on the principles that should underpin the strategy. We would wish consideration to be given to the following areas:

Price: evidence suggests that alcohol consumption is responsive to price (Osterberg, 2001) and that taxation can be a useful means of restricting consumption. It would seem sensible to retain this form of control, within the constraints of EU and international trading agreements, and in particular, to use fiscal measures to maintain per capita consumption at a maximum of 8 litres of pure alcohol (Raistrick *et al.*, 1999; Alcohol Concern, 1999). We note that the government has put in place more stringent measures to combat tobacco smuggling, and we consider that it would be pertinent to develop an effective strategy to counter the growing problem of illegal alcohol imports.

In relation to the regulation of the price of alcohol, means should be employed to discourage discounting, such as "happy hours" and special offers which are likely to encourage heavy drinking occasions. Such restrictions might be made part of licensing agreements (Alcohol Concern, 1999; Raistrick *et al.*, 1999)

Licensing and availability: it was disappointing to see that the issue of alcohol licensing, in the form of the White Paper, *Time for Reform*, was treated separately and in advance of the national strategy consultation. While this made some welcome proposals on the control of underage drinking and alcohol-related violence, no consideration was given to the health consequences of alcohol use. The change in responsibility for licensing from the Home Office to the Department for Culture, Media and Sport might suggest that commercial interests and the social aspects of alcohol consumption will be given precedence over potential problems. In particular, the liberalisation of hours of trading gives rise to concern. Evidence that this will reduce the incidence of violence is thin and contradictory, but research suggests that increased availability, both in terms of opening hours and in outlet density, is likely to impact on consumption including binge drinking (Stockwell and Gruenewald, 2001). We hope that the effect of the proposed increase in alcohol availability on a variety of alcohol related problems, including levels of violence, drink driving and other accidents and longer term health impacts, will be closely monitored.

Paragraph 9 Young People

Much concern has been expressed recently by the increase in alcohol use among young people. School age children are consuming higher volumes of alcohol (Boreham and Shaw, 2001) and spirits and alcopops increasingly feature in their repertoire. International research puts young British drinkers near the top of the league in terms of binge drinking (Settertobulte *et al.* 2001), but clearly this problem is not restricted to the UK. Schmid *et al.* (2002) found that drunkenness among young people was common in a number of Western cultures, and that there was a correlation between drunkenness and the consumption of spirits. Binge drinking among the young is linked to a number of problems, including incidence of violence, road traffic and other accidents, risky sexual behaviour, suicide, poor educational performance (Raistrick *et al.* 1999) and longer term health problems, including an increasing rate of liver cirrhosis (Chief Medical Officer, 2001). Clearly this problem needs to be addressed on a number of fronts, some of which will be dealt with under later headings. A couple of general points need to be made.

Legislation: while we welcome the simplification and plans for stricter enforcement of existing legislation on age restrictions, as outlined in *Time for Reform*, some of the heaviest binge drinkers fall into the 18 to 24 age group, when drinking is legal. While drinking is seen as socially acceptable, is indeed actively encouraged, among over 18s, it is unlikely that legislation alone will solve the problem.

Price and Availability: the factors raised above concerning the price and availability of alcohol, such as the extension of opening hours, areas where outlet density is high and inducements to drink such as "happy hours" are all likely to have a disproportionately strong influence on the drinking behaviour of young drinkers. This needs to be given serious consideration when planning changes in licensing laws.

There is a danger in focussing on the drinking behaviour of young people as being the root of the problem. Their attitudes and values are formed by those of wider society and influenced by a variety of factors, including fashion, consumerism, and not least the marketing strategies of the alcohol and leisure industries (see paragraphs 50 to 55 below). Gilman (2002) suggests that more research is required into the meaning of alcohol use in contemporary culture. We should not isolate our attempts to change the behaviour of young people from a broader appreciation of the role of alcohol in a consumer society.

Paragraphs 14 – 22 Treatment

Alcohol-related problems should be seen as a continuum which spans a wide range of consumption levels. Health deficits can occur even at modest levels of drinking, as well as among heavy dependent drinkers. Treatment should accordingly be available at different levels, ranging from opportunistic screening and brief interventions to specialist treatment services. The importance of early detection of potential alcohol problems is noted by the Royal College of Physicians (2001), and Ritson and Chick (2002) outline the value of assessment questionnaires in identifying problem drinkers in a number of health care settings. The current phase of the WHO Collaborative Project on screening and brief interventions in primary health care setting points to the potential for developing the awareness of healthcare staff in identifying alcohol problems at primary level, together with appropriate brief interventions (Heather, 2001). This ongoing research, the UK component of which is based in Newcastle, should provide evidence for the effectiveness of opportunistic interventions, and will help to identify the means by which these might most successfully be delivered. Brief opportunistic interventions might be particularly valuable in tackling drinking problems in young people, whose drinking is currently giving rise to concern (see above), but who are less likely than older people to seek help from specialist services¹.

The effectiveness of specialist treatment for alcohol problems, including dependence, has been the subject of much research, and a number of different approaches have been shown to be successful (Brown, 2001). Motivational therapies and skills-based approaches have proved effective, as have Twelve Step models. A current UK multi-centre treatment trial (UKATT) is due to report shortly and should throw further light on the relative benefits of Motivational Enhancement Therapy and Social Behaviour and Network Therapy (Raistrick and Tober, 2002).

A wide range of statutory and voluntary services currently exist providing specialist interventions for alcohol problems. A national strategy which addresses the following would be of great value:

- Given the extent of alcohol problems and their cost to society, specialist alcohol treatment should be given equal priority with drug problems on the political agenda: the current inconsistency in provision should be rectified
- Because of the wide variety of services available, a co-ordinated *system* of treatment provision is required, with a stepped care approach, effective collaboration between agencies, and a clearly defined allocation of responsibility for strategic planning (Raistrick *et al*, 1999)
- Quality control of both individual interventions and of the structure and availability of services should be consistently applied. The value of the QUADS programme of service audit is recognised and should be fully supported. Drummond (2002) highlights the need for further research into the quality, organisation and availability of services across the country.
- The availability of trained staff to provide treatment is a primary requirement of effective services. The training needs of different professional groups, both specialist and generalist, are covered thoroughly in Chapter 11 of Raistrick *et al*. (1999).
- The needs of special groups should be adequately provided for. Examples are those with mental health problems, the homeless, young people and ethnic minorities.

¹ Figures from the Northern and Yorkshire Substance Misuse Database (1999 – 2000) indicate that the average age of those accessing specialist services for alcohol problems in the Region was 40, while the average age for those seeking help for other drug problems was 25.

Paragraphs 23 – 33 Crime, Disorder and Anti-social Behaviour

Much work has already been done to identify policies which might help to prevent alcohol-related crime in the vicinity of drinking venues (see Deeham, 1999, and the Home Office Action plan, 2000). These include environmental factors relating both to the venue itself, such as the interior layout of the facilities and the provision of unbreakable glasses, and to the wider locality, such as the availability of food outlets and public transport. Staff training is also an important consideration. Clearly these measures will require co-operation between the industry, local authorities and other service providers. It is one area where the interests of the industry must to some extent coincide with those of the government and wider community. However, it would be unwise to rely solely on voluntary agreements, and to ignore those factors which may contribute to the likelihood of violence but which impact of alcohol sales. Some examples are density of outlets and sales promotions, such as happy hours, which encourage binge drinking.

We were concerned to see that responsibility for licensing and for taking forward the policies set out in the "Time for Reform" White Paper have been transferred to the Department for Culture, Media and Sport, which suggests that the adverse health and social effects of alcohol will be given less priority than issues concerning the interests of the leisure and drinks industries. This is an area in which we would hope that a cross-cutting national strategy will counteract the tendency to prioritise commercial interests where alcohol is concerned.

An enormous injection of resources has been directed at the reduction of drug-related crime and the provision of treatment for those who come into conflict with the criminal justice system because of their drug use. Much less consideration has been given to the need for treatment for alcohol users who commit crime. Early detection of problem alcohol use, and appropriate referral to treatment services, might help to alleviate both alcohol-related crime and health problems. However, this would require more resources to be provided to ensure an adequate supply of treatment facilities in order to avoid the situation which has arisen in some areas of the drugs field, where those accessing treatment via the criminal justice system are perceived to take priority on waiting lists over those who do not commit crimes. A second danger in linking treatment to crime reduction policies is that the health needs of the individual may be subordinated to criminal justice objectives.

Paragraph 34 Drink Driving

There is one brief paragraph on the important issue of drink driving in the document, acknowledging the success of current drink drive policy. Although the law relating to drink driving has admittedly had a huge impact on the number of road casualties from this cause, the initial success of the legislation and associated campaigns have not delivered further benefits over the last five years. There was a total of 18,030 casualties resulting from drink drive accidents in 2000, 520 of which were fatal (DTLR, 2001). There is still work to do in this field. For this reason, we consider that, in addition to continued public awareness campaigns two further measures should be implemented:

1. The BAC level should be lowered to 0.5mg/ml in line with the EU recommendations as set out in the European Commission's White Paper *Time to Decide* (COM, 2001, 370). This would harmonise our limits with the majority of other EU members. Additionally, lower limits for inexperienced drivers should be considered.

2. Consideration should be given to reducing restrictions on police powers to carry out breath tests, as proposed in the Department of Transport proposal, *Tomorrow's Roads* (DTLR, 2002)

Paragraphs 36 – 40 Vulnerable Groups

The work done on the vulnerability of young people to problem drug use will be of use here. In particular, schemes such as the Connexions service, which is now used to identify and provide access to services for young people with drug problems, could be equally valuable for those who are at risk of developing alcohol problems. Additional training for youth workers in alcohol awareness would be of value.

Paragraphs 41 – 50 Education and communication

It is clearly important that young people are given accurate information about alcohol use in the form of imaginative and interactive schools-based education programmes. However, there is little evidence that such programmes by themselves have any lasting impact on alcohol use, and it would be unrealistic to rely on these to reduce the currently high levels of alcohol use among young people (Midford and McBride, 2001). The same is true of media campaigns. A more promising approach is one that involves a number of different components applied simultaneously, as described by Holder (1998). This is an area which would be best addressed by a nationally co-ordinated strategy, and promoted at local level by bodies similar to Drug Action Teams.

Paragraph 50 concerns the regulation of alcohol advertising. It is interesting that this is added as an afterthought to education rather than as a topic under the heading which relates to the industry. It will be considered in the next section below.

Paragraphs 51 – 55 The market

It is acknowledged that the alcohol industry wields huge economic power and makes an important contribution both to the national budget and to our culture. However, because of the nature of the product, it is necessary to regulate alcohol use to prevent problems arising. There has been a consistent move towards deregulation over the past few decades, and this trend is likely to continue with moves to harmonise markets across Europe. This has potential dangers. In particular, there is evidence that alcohol producers have actively promoted their products to younger consumers in order to compensate for the decline in traditional beer markets among older men² (Brain, 2000). There are requirements not to target under-aged drinkers with advertising, but these are difficult to define and enforce. Additionally, many of the restrictions are voluntary, with no adequate means of monitoring and no penalties for infringement. Given the increase in young people's drinking noted elsewhere, it seems that further control in this area is essential. Many other European countries have more restrictive codes for advertising; for example, many ban the promotion of spirits on television. Sports sponsorship by alcohol producers is another area of concern. Although the evidence that advertising influences overall levels of alcohol consumption is not conclusive, it is likely that the pervasiveness of advertising in a society will affect the way in which alcohol is viewed, and hence influence both personal attitudes towards alcohol and policy decisions (Hill and Casswell, 2001). In

² Total beer production fell from a peak of just under 42 thousand barrels in 1979/80 to just under 35 thousand in 2001/02 (Brewers & Licensed retailers Association, Statistical Handbook, 2002). The proportion of ale and stout to lager dropped from 99% in 1960 to 37.7% in 1999.

particular, Hill and Casswell point out that *the alcohol industry continually needs to recruit new generations of young heavy drinkers in order to maintain profitability*. They maintain that the complexity of modern promotional techniques makes much of the voluntary code irrelevant, and that the main means by which alcohol is promoted among the young is by association with a desirable lifestyle. Hence the importance of branding, packaging, and the development of drinking venues attractive to the young. Educational campaigns, whether delivered through schools or through the media, will make little headway in the face of determined marketing by the industry.

Point 53 suggests the possibility of *innovative, market-led solutions to the problems of alcohol misuse*. Since a high proportion of the profits of the alcohol industry rely on consumption in excess of recommended limits³, it is unrealistic to expect producers and retailers to share an interest in promoting sensible drinking.

Paragraphs 56 – 61 Economic Costs and Benefits

From the above discussion it can be seen that there should be a more direct link between the profits accrued by the drinks industry and the costs to society in terms of health, crime and social disruption.

³ Giesbrecht (2002) quotes studies in Australia, Canada and the USA which suggest that at least half of the alcohol in these societies is consumed in high risk situations. It is unlikely that these findings would differ radically from consumption patterns in the UK.

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