

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?

Alcohol misuse manifests itself in many aspects of crime and disorder, family breakdown, domestic violence, mental health issues and drug misuse. The cost to society and individuals is enormous both in terms of harm done but the cost to public services e.g. police in public order disputes, the social care & health system in dealing with the violence and harm to men, women, children in the disruption of family life. The issue of hours lost to industry through absenteeism and accidents at work etc. Government intervention is justified when the impact of misuse threatens the social cohesion of communities and society despite existing services (education, health support etc) is failing to contain or manage the implications of misuse. Alcohol misuse within public settings raises the fear of crime and portrays an image of lawlessness. Communities feel the impact by creating potential "no-go" areas and loss of commercial enterprise and security. The cost of managing the issues is enormous and police resources etc. are diverted from other crime issues.

Within families alcohol misuse can lead to a failure for children to thrive - school absenteeism, lack of the appropriate psychological and physical support mechanisms often go hand in hand with parental alcohol misuse.

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?

Alcohol misuse can only be a matter of individual responsibility when no harm is created for others e.g. children, partners, communities. If communities are blighted by the impact of say street drinkers then there is a responsibility for Government to ensure that resources are available to respond to the problems - the responses are not necessarily within any given prescription but need to reflect local need and circumstances. Education is clearly a critical factor in all of this and the message needs to be effective across all strands of life.

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

There are some issues which clearly breach existing law and as such are covered - community cohesion and responsibility provide opportunities to address the issues at a local level. Imposing restrictive penalties will not address the problems working with specialist agencies and providing a range of support mechanisms can. This needs to be a combination of health and education environmental. Engaging the business/commercial sector in the rights and responsibilities debate is critical.

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

Partly addressed above. The need is to ensure that the various constituent parts communicate with each other and share a common goal - socially responsible.

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

Providing services and opportunities to address the education issues, reflect the recognition that for the majority of communities/individuals that alcohol is used safely and socially - the strategy should address the positives of managing alcohol misuse in a constructive way - reflecting individual need and safeguarding public safety.

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?

When consumption of alcohol begins to impact upon individual health, recreation and citizenship e.g. employment, social relations, housing, crime etc. - impairing ones ability to live in a connected way.

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?

Those that bring individuals into contact with the police, social welfare and health systems - problematic drinking - Employment support - workplace patterns. Given the appropriate or right levels of support alcohol misuse can be managed - harm reduction is not necessarily abstention - balancing life styles, counselling, job opportunities. Education and health.

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?

Economic factors influence patterns at both ends of the spectrum - young upwardly mobile and young poverty/deprivation. Within the public sector daytime drinking has almost been eliminated with codes of conduct etc. the private sector has different realms of influence again determined by economics, custom & practice. All of this relates to education and social responsibility. Individual and collective responsibilities. Access to alcohol and the social mores have a significant influence.

Understanding the nature of alcohol and the impact on lifestyles - attitudes of young people and families. How alcohol plays a part in the social habits - normalising alcohol consumption - not getting caught in "macho" cultures.

Focus should be upon how alcohol can negatively influence behaviour and conduct.

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 do not have sufficient knowledge to comment.

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?

Social gatherings/interaction is often easier - celebration and achievement.
I do not see alcohol as a part of our culture - we use alcohol in a number of different ways - what we drink is often determined by class and the social mores associated with different groupings.

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?

Sadly loutish behaviour seems to be associated with English drinking - drinking too much too quickly because of licensing laws. What we drink is partly determined by regions and who drinks what. There may be mythology around this though e.g. hard drinking northerners and soft southerners.
Alco pops are emerging within young people's habits - choice is often influenced by the level of incomes and social groupings.

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?

Family background, education and finance.
Changing patterns is about presenting alternatives - working across all levels - not too sure how easy it is to change simply by educative means needs other resources.

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

Significantly once adult e.g. drink /drive campaigns.
Health factors are not particularly significant - understanding units etc. is unlikely to influence young people who are already drinking.
Young women appreciating the risk of loss of control - but facing a bigger challenge of loss of face - similar for young men.
Often once problematic drinking has set in the health factors are difficult to manage.

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

When drinking impacts negatively upon family, employment, and social factors.

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?

not aware.

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.

Cost of violent assaults, car accidents accidents within the home, domestic violence child abuse. A&E services etc.

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.

Early education working with families and communities providing alternative options for social leisure.

Identifying the problems - Spotting the signs and symptoms. Awareness of options to tackle misuse - voluntary sector etc.

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?

Not particularly effective - often other issues are addressed and alcohol misuse is not on the agenda eg depression.

Brief interventions have a role but the long term supports are necessary often isolation and alternative mechanisms need to be put in place. Often depends upon individual circumstances and other support systems.

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?

Not able to comment.

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

Access to services needs to be fairly swift. Scare tactics do not work - creating taboos etc.

Treatment is holistic and not one focus.

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?

Difficult - part of the long term strategy - showing the links between cause and effect.

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?

I would say significant - often related to social isolation.
Holistic approach not working in isolation.

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?

Significant links - although not always recorded in police data.
Anti-social behaviour is one manifestation of alcohol misuse but not the sole causal impact or responsibility.
Gaps in recording of incidents - recorded at the point of arrest e.g. smell of alcohol but not always contained 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?

For some offenders alcohol is a significant factor in my experience related to petty crime - shoplifting - violence.
In youth crime violence may be precipitated by alcohol and may never be repeated - this can be extreme violence.

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?

Football violence, street disturbances in town centres late at night - weekends. Police data in some south east London suburbs show high incidents on Friday and Saturday evenings.
Youth mythology and concerns of an aging population - creating no go areas of town centres at night. Some town centres are problematic at night - weekends.

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?

Closing times and mass exodus from drinking venues. A lack of mixture in the locations and venues e.g. all catering for the same age group not a mixed economy and no family environments.

Legislation, business interests, town centre planning and licensing authorities.

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?

Only supposition but - choices, access to money, transport systems etc. Rural patterns informed by different choices access to social / leisure environments.

Urban settings increased fear of crime, disturbances and disruption. Rural settings young people isolated and involved in criminal damage etc.

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?

Design can be influential - creating social drinking environments restaurants etc. Providing waste disposal units and making publicans/licensees responsible.

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?

Not aware.

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

Not solely - this is part of the citizenship social cohesion agenda.

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?

Yes - making options and choices - no need to cram drink!

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?

We are about to introduce a drink free zone.

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?

Repeated violations and noise disturbances etc. are harmful at a number of levels. Infringements that are continuous and detrimental to others needs to be managed.

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

Responsibility and sanction - the message is clear in terms of impact upon individual's social and economic livelihood if caught but also the danger to others in the event of accidents. The tactic is one of informed choice based on fact not scare tactics.

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?

Strong links.

Educative, early intervention as discussed earlier joined up action police, health, social care etc.

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 in families where one or other parent is misusing alcohol.

Those who begin early drinking without any checks or balances, those with histories of abuse, mental health issues. Homeless young people. Socially excluded young people.

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

Women, elderly, culturally isolated.

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?

Education, skills, social skills, access to resources - it needs to be an holistic approach.

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 DAT provides a useful model.

Budget and differing performance indicators.

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?

A combination of services is required to reflect the different needs and changing needs as progress is made.

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?

Raise levels of awareness.

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?

unable to comment

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?

I am not sure but a lot still think it does not apply to them until too late.

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?

unable to comment

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)?

Probably the elderly - but also social drinking in the early twenties age group.

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?

Make the message explicit and accessible but not taboo focussed.

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?

This is already undertaken in the majority of families - it has to be a universal message with extra systems to highlight those where concerns may be identified.

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?

Honest and reliable information. Working with young people and not against them. Valuing their contribution.

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

What gets shown at the cinema - some categories seem to attract young audiences. Maybe something to look at glamourisation of 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?

Focussed at those high levels of disposable incomes - increasingly linking success to lifestyle and alcohol choice. Less and less socially responsible if not encouraged to engage with the social responsibility agenda.

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?

Alcohol and young people.

53. How far do you foresee research and development creating innovative market-led solutions to the problems of alcohol misuse?

Only if the interests of the manufacturers are secured - it has to be seen to balance their responsibility.

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?

Productivity - workplace controls.

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?

Absenteeism from work - Human rights - infringement of private space.

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?

Criminal liabilities - circumstances make this hard to determine and set rules but guidelines can be established - where others are put at risk. Determining whether informed choice is part of the equation. Universal health services - therefore Government cost.

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

Revenue to the exchequer. Not easily quantifiable.

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?

In some circles the social network plays a significant part in occupational attainment - to others it becomes an exclusive club that denies access or an even palying field. Alcohol use is an issue when it becomes problematic this can apply at a number of different levels.

61. Are there particularly effective workplace-based initiatives designed to tackle

alcohol misuse that we should be aware of?

Codes of conduct. Health & safety.

