

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?

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?

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

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

The alcoholic drinks industry has responsibilities in a number of areas notably

- a) As manufacturers and wholesalers; to produce good quality, wholesome products safely packaged and responsibly labelled and marketed (see subsequent answers for clarification of what is meant by this)
- b) As retailers ; to prevent sales to underage and intoxicated persons , to promote drinks responsibly and to manage retail premises for the safety and enjoyment of both their own customers and the general public

In addition the drinks industry has a general responsibility to acknowledge the potential for harm caused by mis-use of alcohol and to work with those parties seeking to minimise such harm

As a small example of what a drinks manufacturer can do this is a summary of actions taken in recent years by Matthew Clark

- joined the Unit Labelling initiative launch
- Portman Group Code signatory
- Assisted Health Promotion Service Avon with supply of dummy unit labelled samples for the CREATE Lifeskills centre in Bristol and with promotional materials for their 'alternative happy hour (non-alcoholic)' scheme and offered assistance with 'Alcohol in the Dock' educational scheme in local schools

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

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?

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?

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?

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?

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?

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?

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.

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?

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?

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?

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?

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

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?

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?

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

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?

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?

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

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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?

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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?

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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?

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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?

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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?

The impact is limited by lack of consistent communication and uncertainty over what is a 'unit'. Clear official support for the UK unit as 10 ml (equivalent to 8g) alcohol would help. Defining the unit as 10 ml makes the arithmetic much simpler as all packaged drinks are labelled in litres/ml and with abv (alcohol by volume). Units is then volume in litres*abv (ie a bottle of wine is 0.75 litres*12%abv = 9 units). Many UK manufacturers already label packaged drinks with the units content. The fact that imported drinks , especially wine, do not does not remove the benefit of encouraging the widest possible adoption of this convention. It would be particularlyly effective if we could encourage wider EU adoption of the 10 ml unit.

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 present 'self-regulation' and general adoption of the Portman Group Code works well with responsible manufacturers and wholesalers and the recent extensions in scope and definition should be given the chance to tighten up on less responsible promotional activity before any further changes are considered.

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?

'Evidence' presented at the Bristol Consultation event showed a very wide spread between the costs and harm specifically shown to be caused by alcohol and the general costs and health problems said to be 'alcohol-related'. As an example Dr Julia Verne quoted direct NHS costs at £200m and 'total costs' as up to £4bn. This suggests a considerable uncertainty in the quantification of costs of harm. This is particularly important as a very large proportion of the population do consume alcohol to some

extent. Most of these (74% of men and 85% of women to use Dr Vernes figures) do so at or below the 'safe' level and only 6% of men and 2% of women at a 'dangerous' level. The widely reported benefits of moderate alcohol consumption on cardio-vascular disease mean that the slight benefits (not to mention enjoyment) of the majority should not be disregarded in considering how to counter the real and serious problems for the small proportion but still large numbers of mis-users of alcohol. In this regard the situation is more akin to the concerns about eating disorders (where it is accepted it is not food that is a problem but its inappropriate use or non-use) than with illegal drug use where there is no safe or beneficial level.

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?

Surely the first question here should be 'who is responsible'. Only one speaker at the Bristol Consultation event mentioned personal responsibility , he was the CheifExecutive of the Cornwall Alcohol and Drugs Agency and had case studies of individual success in helping individuals counter alcohol dependency by accepting their own responsibility.

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?

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

A study of the change in approach within drinks companies themselves would be interesting. 30 years ago drinking at work was the norm including management bars, workers daily allowance and salesman and delivery men taking a drink at every call. With increasing automation and mechanical handling bringing awareness of safety issues in the breweries together with drink-driving legislation a complete change in attitude developed and almost all breweries became 'dry' with strict disciplinary enforcement from the top down. Staff were given a 'take-home allowance' and all but essential technical tasting banned from the work environment.

