

These are my personal comments in my capacity as one of the young persons' Health Promotion Officer.
Question 7

There is much concern in the north-east about binge drinking and the aim of young people to drink alcohol 'to get drunk'. Regional and cultural influences would probably create a resistance to change of such a pattern of drinking. If the Government is to be ineffective in its efforts in primary prevention then there may be an argument for the Government to place its efforts into harm reduction.

Question 11

Yes, there are sharp regional differences. There is almost a 'northern' drinking culture of heavy, weekend, binge drinking 'to get drunk'. Is this drinking heavier than in the south? Yes, it is different for different age groups. Much of the difference is due to the possession or otherwise of disposable income.

Question 12

One very influential factor is marketing. Advertising of alcohol is powerful and sophisticated with much flouting of the advertising code. Also, there should be more emphasis on education - starting early with education in primary schools. As education about alcohol is part of the realm of non-statutory Personal, Social and Health Education, it does not always receive sufficient or effective coverage. PSHE, including lessons about alcohol, should be made statutory if the Government is serious about and believes in primary prevention.

A factor not mentioned here is availability. Young people have easy access to cheap alcohol, for example bootleg alcohol and under 18s do not find it difficult to purchase alcohol or find someone to buy it for them.

Question 13

Young people do not know all of the risks associated with drinking alcohol or are swayed by peer influence. Risk assessment could form part of a statutory PSHE curriculum as could active methods of addressing peer influence, attitudes and social norms.

Question 16

Accidents, suicide and violence are significant causes of death in the 16-25 age group. Alcohol is often implicated in all three.

Question 20

As far as drugs prevention and drug education is concerned, we can learn from the assessment of different teaching approaches (it appears that the jury is still out on what the most effective approaches are but we currently place faith in interactive, experiential and life skill approaches).

Question 31

We should be encouraging drinking patterns other than binge drinking. Risk assessment could form part of a statutory PSHE curriculum.

Question 34

We can learn from the mass media campaigns associated with drink-drive and seat belt policies. These campaigns had huge financial backing, were intense and long term.

Question 36

List of vulnerable children and young people:

Unborn children

Children and young people experiencing and/or witnessing domestic violence

Children and young people living with a parent(s) with an alcohol problem

Young people who truant from school

Young people excluded from school

Young people from disadvantaged neighbourhoods

Unemployed young people

Runaway young people

Looked After Children and Young People

Homeless young people

Young people involved with the Youth Justice System

Young people prostituting

Young people with mental health problems.

Question 41

Yes, objectives should aim to raise levels of awareness and to change behaviour.

Question 43

Care should be taken to communicate effectively. Presently, young people are not aware of nor do they relate to current sensible drinking messages. Young people drink to get drunk and ignore the current advice about units (which are confusing considering the variable strengths of drinks on the market today). Presently, there is limited coverage of the sensible drinking message in comparison to the pounds spent on promoting drink by the alcohol industry.

Question 44

There is an urgent need for UK research to feed into alcohol education and then the education needs to be assessed for effectiveness.

Question 45

The whole community, including parents needs to be targeted. Parents are important role models.

Question 46

All schools and colleges should have drug education and drug incident management policies; alcohol should be explicit within these policies.

Question 47

Families/parents as role models is a very important issue and therefore families/parents need to be targeted as well as young people.

Question 48

If the Government is serious about getting messages across then will it put up the millions of pounds necessary? Money will be needed to counteract the sophisticated methods of the alcohol industry. Will PSHE become a statutory part of the school curriculum? Will enough money be placed into research about the best methods of getting messages across?

Question 49

We can learn from the approaches that work in the field of illegal drug prevention and from initiatives that focus on risk assessment.

Question 50

The alcohol industry is currently having a laugh; adverts (often using humour!) appear to be unrestricted and advertisers flout the advertising code.

Question 52

Drinks manufacturers appear to aim successfully for brand loyalty, for example there is a move towards the production of merchandise with brand logos on, for example baseball caps and children at very early ages are familiar with brand names through advertising and sponsorship, for example of football teams.

Question 53

Will sufficient funds be put into research and development?

Question 54

Will the Government work seriously to regulate the alcohol industry?

Regards

Dave Miller

Health Promotion Officer (Young People)