

As Drugs education Adviser for Doncaster L.E.A. I welcome the concept of a National Alcohol Harm Reduction Strategy and am glad of this opportunity to participate in the consultation. However, I am concerned that my colleagues in other L.E.A.s may not yet have seen the document, since I found it incidentally while searching the DoH website. If you would like their input DfES has e-mail address for the majority, if not all of the "Schools Drugs Advisers". Unfortunately I could not attend your consultation event on 22nd October as it clashed with a consultation event held by DfES and Drugscope about reviewing advice on Drug, Alcohol and Tobacco Education to schools.

Here are my answers to the questions in the Education and Communication section:

41) The objectives should be similar to those of the national drugs strategy:

To convey the clear message that alcohol use can be harmful.

To help people resist alcohol misuse

To raise awareness of alcohol-related anti-social and criminal behaviour and to protect communities from it

To raise awareness of alcohol problems and enable people with alcohol problems to overcome them

20 years ago it was socially acceptable to drink and drive, or to offer a driver "One for the road" regardless of the driver's age. Although we still have drivers willing to take that risk, society's attitudes towards them have changed. Many middle aged drivers no longer drink and drive as they did in their youth and many young drivers would never do it. What has brought about this perceived change in behaviour? Does it take 20 years to effect such changes in the general population's behaviour?

42) Evidence from the field of Drug, Alcohol and Tobacco Education suggests that a "life - skills" approach to education delays first use and may even prevent misuse i.e. encourages sensible drinking. We should be finding ways to develop the skills in the general population necessary to sustain a sensible drinking or no drinking habit. Their effectiveness could be measured directly through questionnaires such as the lifestyle questionnaires used by PCTs and Health Related behaviour questionnaires such as that developed by Schools Health education Unit.

Effectiveness could also be measured indirectly by the resultant reduction in current figures for alcohol-related anti-social and criminal behaviour and medical costs.

43) Sensible drinking messages are constantly undermined by the media e.g. Radio one DJs revelling in drunken behaviour or birthday cards suggesting that the only way to celebrate is with copious amounts of alcohol. There are rarely any "models" on T.V. or Radio of sensible drinking or demonstrations, as a natural part of a story line, of how to avoid getting drunk. So we all have to invent our own strategies for sensible drinking but some of us develop an alcohol habit as part of the process of trial and error. Perhaps the "Soaps" could be used for alcohol education and communication as they have been for education around other health related issues, particularly since so many of them seem to centre around a bar.

44) Scientific research around alcohol often reaches the general public in a "tabloid headline" format so that it appears to be contradictory e.g. the increase in the number of recommended weekly units for a woman and the link between regular alcohol consumption and increased risk of breast cancer.

45) I have no evidence base for my suggestion but I feel that we should target parents of young children through projects such as "Sure Start"

This way, while enabling them and empowering them to educate their children about alcohol we may also effect some change in their own behaviours and attitudes towards alcohol use. Thus they could model the sensible drinking behaviour that we hope to develop in their children.

46) Schools are currently reviewing the role they play in alcohol education with the help of Schools Drugs Advisers and local Healthy Schools Programmes, using documents produced by alcohol concern, DfES and the National Healthy School Standard. Education should include some form of "media literacy" to enable young people to recognise when the effects of an alcoholic product are being glamourised or targeted specifically at them.

Colleges, Universities and other educational institutions which have licenced premises should realise that promotional offers on alcohol serve to undermine any attempts to convey sensible drinking messages. Perhaps there could be similar promotions of non - alcoholic drinks to redress the balance. Current bar pricing structures frequently make the non - alcoholic option more expensive, particularly for a poor student or under-age drinker.

Support for alcohol - related problems depends on the local circumstances since not all areas have sufficient trained support or treatment staff particularly for under 16s.

47) see 45

48) see 41 and 43

49) see 42

50) We should review alcohol advertising and sponsorship as we have with tobacco.