

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?

evidence from statistics, evidence from agencies working within this field, stats from health etc. Intervention needed when problem is identified as having major impact on a wide range of areas within society

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?

it could be seen as a problem for individuals but when many areas/services are being called upon to deal with the effects then a 'big picture' strategy needs to be considered to address this. It may be that the result of this strategy is not a government intervention on a national scale but at least there is thinking going on about the problem, the collation of ideas and information and a wide range of opinions is being sought

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

difficult to answer because of the diversity of opinions, but surely provision of funding to support certain aspects like education would be generally acceptable

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

to act within the law., to act within reason, to best serve everyone as well as individuals, to consider the rights of all others, not to allow cash to be the driving force etc etc

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

that it delivers what its title suggests - a HARM REDUCTION strategy, not an abstinence strategy, that the funding should be appropriate and long term, that it recognises the harm that alcohol is causing in many areas of society, that it recognises the regional differences and that these are addressed appropriately

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?

Alcohol use is drinking as a result of which harm may occur, whether through intoxication, breach of school rules or the law, or the possibility of future health

problems, although such harm may not be immediately perceptible
Alcohol misuse occurs when it harms health or functioning. It may take the form of physical or psychological dependence or be part of a wider spectrum of problematic or harmful behaviour.

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?

underage drinking, binge drinking, drinking in risky localities. Changing these will be difficult - legislation as it stands needs to be used - test purchasing etc and action taken and being seen to be taken.

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?

yes, focus on education - but not just within schools but in the broadest sense of the word. Stop allowing the alcohol industry exert their power

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?

elderly with disposable income, 30 - 50 year olds where alcohol is very accessible and acceptable. Regional issues

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?

not a case of focussing on these as such but accepting they are the acceptable part of drinking, a bit like all medicines are drugs but not all drugs are medicines type of message!

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 age groups?

there may be but we shouldn't use this as an excuse for the problems identified or an excuse not to do something. Need to look at regional differences - links to particular areas where particular industries dominate(d) e.g. the heavy industrial areas of the NE have some of the biggest problems. In terms of age groups there are already identified patterns of drinking, in terms of quantity, quality, what they drink, where they drink - this kind of information is very useful

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?

All of the above - for young people (the area I work in) I would say fashion and marketing

have a huge impact and this leads back to the influence(good and bad) of the alcohol industry. Cultural and family influences are also very strong where young people are concerned - they may not think they are following in their parents footsteps but in terms of drinking habits they may

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

Varied -dependent on a huge range of factors.

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?

not in isolation

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 - and there is a link to education (not just schools) and to 'culture'

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?

the use of info giving - education in the broadest sense of the term

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?

those involved with social services, truants, excluded (by school or by choice), those where there are family problems with an alcohol link, those not accessing any alcohol education - travellers

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

30 -50's - drink a real part of their culture, lifestyle, habits, the homeless

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?

underlying problems ,background - need support agencies available - not waiting list for treatment services

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?

HAS 4 tier model is applicabale because alcohol is a drug. Problems occur around short term funding, lack of services for young people, agencies working in isolation

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?

difficul to address in current climate e.g. DAT's given alcohol remit but no extra cash. Not ll areas are like Northumberland - we have a very effective (if overstretched) Young People Substance Misuse team and they will accept cases with alcohol issues

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?

delivery of effective alcohol education - given a statutory place in the curriculum other than in science. Good and factual info provision is key -teachers need appropriate training to do this, this involves awareness raising of young people and teachers and parents - the whole school community, in addition to fact young people need the skills to deal with situations relating to alcohol use and misuse. Everything about good drug education applies to good alcohol education.

I am sure that throughout the county there is lots of good work going on - but are we looking at a national approach, do we need to look overseas (australia, NZ, USA?)

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?

overseas e.g.s have shown that whole community programmes can have an impact and lead to harm reduction (isn't this where Blueprint is heading?)

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?

. according to stats not well. Young people, of school age, are often confused by the safe limits message - and it is important that they are aware these limits are intended for adults. Sometimes they are only concerned by the drink driving message and that does seem to get through.

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?

slowly at my level - the pressures of the job allow me little time to read up on much (use Alcohol Concern publications as my summary) In terms of what is delivered in schools we feed through info as it reaches us but i am not sure that in the cramped curriculum much will impact immediately on lessons, a lot of what will impact comes from the media and of course this is often biased

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)?

Parents

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?

key role here! The National Healthy Schools programme has an important role as a vehicle to enhance/ support delivery in schools. Need to address the issue of trained counsellors in schools -properly trained! Drugs and alcohol education must be firmly on the school agenda, government (DfES) must be firmer re policies - make them statutory. Ensure funding adequate - make drug advisory teachers a permanent fixture - not year to year depending on funding

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?

again this is a key role - use things like Sure Start, Childrens Fund etc to promote, support work in schools

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?

drink driving campaign works, seat belt campaign works - are there messages to be learnt from these

49. What can we learn from educational initiatives in the field of illegal drugs?

lots - alcohol must be treated in the same way in terms of delivery in the classroom

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

needs to be tightened, links to sport need to be examined - are these the right messages? The current voluntary code allows drinks to covertly target the younger end of the market - they would say they are not targeting under 18's but most young people know the alcohol ads inside out and can be swayed by the marketing techniques used

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?

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?

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?

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

