

## 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?

Because it negates all the positive effects of other initiatives such as:

- Homelessness
- Road Safety
- Drink Driving
- Domestic Violence
- Anti-Social Behaviour

The government are allocating the resources.

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?

When it becomes anti-social - until it is causing harm to oneself or others.

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

It is extremely difficult to strike a balance. The best framework of care possible needs to be provided, but ultimately it is individual choice.

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

Commercial Interests should be more aware of / responsible for the effects of alcohol.

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

Money - the cost to the NHS, Police etc against the benefits.

A Clear framework of preventative education and care services.

## 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

- Physical Health
- Mental Health
- Social aspects

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?

- There is no shortage of evidence, however, it is not routinely collated, leaving significant gaps in evidence for primary and secondary care.
- Royal College of Physicians report - cost.

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.

- Need to collate information for Oxfordshire for Primary and Secondary Care.
- Look at Traffic information, Police and Social Services.

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.

- **Education** -Early as opposed to opportunistic interventions.
- **Training** -Integrating education in professional and vocational training courses.
- **Level I** - Awareness raising.
- **Level II** - Motivational work.
- Training in making assessments. Need for a central, generic assessment system. At present, all agencies are working to different systems of assessment.
- Review of licensing laws.

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?

- Brief interventions need to be effective, but are often too brief. They cannot stand alone as a process and need to be followed up.
- Screening, intervention and follow up are needed as part of a whole package. There is no point in screening if the resources are not there for follow up.
- Need extra resources to be able to follow up.

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?

- Treatment does work.
- No evidence for matching.
- Commissioners do need guidance.
- Should be identified via existing mechanisms.
- Should be looking at Best Practices elsewhere.

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

- There is just as high volume of people identified, with little resources to deal with it.
- Treatment needs to be clearly defined.
- Care Pathways need to be made more transparent.
- Auditing.
- Chronic users need long term care and soak up larger & larger amounts of resources.

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?

It was suggested that a suitable contact to answer this question would be:  
Professor Jonathon Shepherd  
University of Wales College on Medicine  
Heath Park, Cardiff, CF14 4XW

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?

- Mainstreaming Dual Diagnosis - at present, the Mental Health problem is dealt with whilst ignoring the Alcohol problem.
- Good clear pathways - each agency should be clear of their actual responsibility to a patient, therefore meeting their specific needs without the patient being passed around from one agency to another.
- Most depression dealt with by primary care, therefore, it would be best co-ordinated with pathways including:
  - \* Primary Care
  - \* Prevention Services

## 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?

### **Issues**

- Domestic Violence
- Late night violence & disorder
- Drink Driving
- Anti-Social Behaviour
- Criminal Damage
- Aggressive begging
- Broken Bottles / litter
- Racial Harassment

### **Evidence**

- Custody computer entry
- Officers own experience
- YOT 1 Form (includes alcohol)
- Accident & Emergency
- Arson constitutes 45% of all fires, many of which are alcohol related.
- Reported crime.
- Contact and Assessment Team statistics.

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?

- “Many incidents related to Alcohol are a one-off for the offender, however, a young person offending from alcohol misuse may be in danger of becoming a drug user of the future”.

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?

- 24 hour Bus Service.
- Local Authority and Police are 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?

- 24 hour bus service
- Links with Oxford City Council Cleansing Team and e.g. CAT team.
- Alcohol Free Zones.

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?

- Contact & Assessment Team working with Thames Valley Police is a good example of organisations working together with positive results and sharing information. This encourages referrals for the drinker to get help and support, so it’s not simply restorative. However, this is hindered by the lack of places to refer the drinker on to for support.
- A & E providing the police with depersonalised information of alcohol related

incidents coming in. From this, the police could establish the time and location of the incident and ensure a greater police knowledge of problem areas and times. At the moment, the computer system is in development, which may encourage this sort of info to be passed on, but in the past, the paperwork has hindered the process.

- Street cleaners with the Police & Outreach Teams to ascertain target areas for street drinkers.

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

- Intervention as a preventative measure with the young as opposed to opportunistic intervention later in life.
- Education.

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?

- Offer young people alternatives to drinking on the streets, e.g. Youth work / Youth Shelters.
- Intervention is needed - educating parents & families & educating young people on the effects of alcohol with videos.
- Look at other practices, eg, Glasgow has longer pub opening hours, which are rotated around different areas of the city, so that the police always know the specific area where problems may arise.

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?

- Displacement
- Confiscation (Act), Young people.
- Confiscate sealed containers, retain for two weeks whilst the parents are informed - encourages parents to get involved / become aware of their child's actions.
- Disposal of drink and receptacle.
- As in other areas of crime, showing videos with effects of alcohol and the offenders actions whilst under the influence.
- Street drinking legislation - Alcohol Free Zones
- Possible expansion of Restorative Justice principles.
- Responsible selling of alcohol, not serving to a drunk person and not to under 18's. ID as a formality.
- More alcohol support and referral groups are needed, when the Police intervene, there are a severe lack of alcohol support or referral organisations for them to refer the offender onto, therefore, they will simply be released to drink and possibly offend again.

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?

Where people are affected by it:

- Families
- Communities
- Children & Young people

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

- As a result, drink-driving has now come to be seen as anti-social.

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?

- Domestic violence can be caused or exacerbated by alcohol, but is not inextricably linked to alcohol.

## 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?

- Care leavers.
- Homeless people.
- People with multiple / complex needs - Mental Illness, Personality Disorders.
- Poor education achievers.
- Students.
- Children of heavy drinking parents.

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

- Homeless people
- Unemployed / poverty hit people

- Multiple / Complex needs
- Minority groups for when alcohol is deemed unacceptable

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?

- Dual Diagnosis - Mental Health & Alcohol
- Socially excluded, economically marginalised.
- Housing poor quality, failed community functioning.
- Family breakdown
- Cultures of drinking.
- Poor education, limited health promotion, mixed messages, e.g. advertising, central condoning of alcohol.

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?

- Health, (PCT), DAAT, Social Services, Housing, Education, Criminal Justice System and Supporting People.
- DAAT or other should be clearly informed and resourced to deliver effective strategic aims.

#### **Examples of Joined-Up Delivery**

- Some DAAT's, e.g. Oxon., demonstrate highly effective models of joined-up working, bringing together Health, Social Services, CJS, Local Authorities and the Voluntary Sector.

#### **Things that get in the way of Joined-Up Services**

- Lack of "political will" within certain sectors.
- Constant changes in eg Health, Social Services destroys Networks.
- Insufficient resources in relation to global remit.
- Conflict of remits / agendas
- Swaying political agendas. e.g., 1980's, alcohol, 1990's, Drugs.
- Lack of clear information / mapping / information sharing.
- Substance misuse agenda has been swamped by drugs / Criminal Justice System agenda, alcohol has been deprioritised.
- No single body / authority within localities with overall responsibility for alcohol.
- DAAT resisting with budget / resource.
- Changes in Health delivery models / budget allocations - closure of residential detox beds.
- Lack of flexible models of intervention.
- There is a lack of a framework for mapping as carried out at a local level.
- Oxfordshire as an eg. - the Alcohol Strategy Group was working well in

tandem with Health, until the restructure, when the relationship collapsed.

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?

- Tailoring to individual needs is what is required, however, in real terms, it is not deliverable unless Mainstream Services are flexible enough, (which they aren't at present), to cater for them.
- Requires clear mapping of need, take-up of existing services.
- Required range of flexible points of engagement that:
  1. Offer a clear care pathway, dealing with causes as well as results, linking e.g. poverty and alcohol.
  2. Includes effective linkage between required service providers to offer "holistic" management of alcohol misuse.
- Consistent / equitable point of entry into services.
- Services are not rationed.
- Interventions that maximise "opportunistic" service provision.
- Range of day care / evening / weekend support models.

## 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 drink driving. 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?

In terms of Drink Driving, there has been a certain level of success, however, a constant level of publicity needs to be sustained to prevent the numbers increasing again.

Unsuccessful examples:

Teenage pregnancies

Smoking

HIV

All have been on the increase despite 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?

- As above.
- Effectiveness can be measured with clear monitoring and accurate data collection.

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?

- Not very well - people are still confused about units. The message is not clear at all and is not reaching the audience. For eg, when people go to parties and drink from a can, there is nothing to indicate the number of units being consumed.

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?

- There is constant conflicting evidence surrounding alcohol and health.

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)?

- There should be a base line to educate everyone, across the board and then more intensive education for vulnerable groups.

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?

- Educational institutions have a duty to educate against the dangers of alcohol, however, it depends on resources available as to whether they can offer support or not and is not their primary duty.

To preserve a health learning environment:

- Expanding the Healthy Schools Initiative
- Healthy canteen food.
- Healthy emotional environment, eg. Controlling bullying.
- Physical Health.

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?

- Parents are the key role models.
- Funding in schools for link parent person who would provide information on a variety of issues including alcohol.

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?

- Television is probably the most effective form of media.
- The people who are most vulnerable are generally the hardest to reach, therefore need to target the mainstream and then concentrate resources on most vulnerable groups. For eg, in Oxford, resources for tackling Homelessness, were concentrated on long term rough sleepers.

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

- They don't work.

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

- Cans etc should all display the number of units that they contain.
- Advertising doesn't really encourage drinking, mostly affected by other factors in the individuals life.

## 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?

- It is unlikely to diminish.

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?

Don't know.

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

- It is not in the interests of the drinks industry to do so.

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?

This question is ambiguous - to achieve what?

55. Are there other commercial interests which can influence drinking behaviour?

- Sponsorship - any powerful image that portrays alcohol as attractive or the person associating themselves with a drink more attractive.

## 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?

- Tax Revenue
- There is clear, quantifiable economic evidence for the benefits of alcohol. However, as far as is known, no evidence has been gathered as to the cost to the NHS, Business - days of productivity lost to hangovers, Police time - Road Traffic Accidents, violence etc.

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?

- Limitations - evidence is based on finance and not human costs.

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?

- The primary beneficiaries should be responsible - Government & Breweries / Distilleries.
- They need to establish what services, care etc is needed, and how it will be funded.

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

- See answer to Question 56.

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?

- The benefits are artificial, so are ultimately of a negative nature.

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

-