

## 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?

Alcohol is a lethal addictive drug whose misuse causes the deaths of 30,000 a year; it also is responsible for a significant % of crime, particularly violent crime. Government must be involved as a matter of public protection for individuals and society. Government should be involved in providing drug education information to allow people informed choice but only intervene with regulations when businesses' or individuals' actions might effect others detrimentally without regulation.

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?

Individuals' own health should be their responsibility alone IF they are allowed informed choice and are fully aware of the consequences of their choices. This requires drug education services and fair drug laws. Currently drug information fails to compare the cost-benefit of different drugs and legislation only permits the choice of alcohol and tobacco, both highly lethal and addictive, and denies citizens the choice of safer alternatives like cannabis. The degree of Government services & regulation should match harm or misuse: minimal regulation to ensure healthy use (eg. licencing), increased regulation for common misuse (eg. anti-social behaviour), high regulation for anti-social use (eg. drink-driving, violent crime, supply to minors). John Stuart Mill argued that the state has no right to intervene to prevent individuals from harming themselves, if no harm was thereby done to the rest of society. 'Over himself, over his own body and mind, the individual is sovereign.' This should apply to informed, responsible adults but not to children or less developed adults. In practise informed choice is a strategy more used with young people where all drug use is equally discouraged while adults have been denied informed choice through prohibition of some drugs.

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

Individuals' rights should always be upheld up to the point at which the exercise of those rights infringes the rights of others. This can be achieved by clearly defining misuse for all drugs. Currently the Misuse of Drugs Act regulates against any use of particular drugs instead of regulating against the misuse of all drugs. Mature adults should be allowed to misuse drugs if only they are effected (as with other dangerous recreational activities such as dangerous sports); if others are effected then a much lower threshold for regulatory intervention should exist. The grey area is children and immature adults: these need educational & developmental support to become responsible and regulation to protect them until they gain responsibility.

4. What are the respective roles and responsibilities of consumers, voluntary groups,

commercial interests and others?

Consumers must be allowed informed choice before they can be responsible for their drug use. At present they are denied access to cannabis whose misuse is far less damaging to society than alcohol or tobacco. They cannot legally make an informed choice. Their primary responsibility should be to prevent their drug use from affecting others; secondarily they must become responsible for their own health since tax-payers' money would pay for health services required to treat their drug misuse. Businesses should be responsible for their products and their effects on society. Government should use tax revenue from legal drugs exclusively to solve drug misuse problems. Government is also responsible for creating fair laws, as is the UN. Both seem determined to stick with the 1920s US 'prohibitionist' policies they have inherited rather than adopt laws based on evidence of drug harm.

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

The main principle must be to integrate the alcohol misuse strategy within a fully integrated drugs misuse policy. The recreational drugs (i.e. social not medical) adopted by a society are a matter of historical accident rather than based upon evidence of safety. 1920s US prohibitionist policy banned all intoxicants (all drugs other than tobacco). Alcohol prohibition failed through lack of public support but the remaining prohibitions against other intoxicants became embedded in international law. Evidence suggests that the distinction between legal and illegal drugs is purely arbitrary when viewed from a harm perspective. The distinction seems more based on an economic assessment rather than a health assessment. The UK Government receives £20 billion a year from the trade in legal drugs that a quarter of the adult population are addicted to and which kill one in five citizens. Government has a conflict of interest between economic and health policies. Recent evidence (University of York report) suggests the economic costs of prohibiting illegal drugs may approach £20 billion a year indicating little overall economic benefit from prohibition.

Government still refers to 'tobacco, alcohol and drugs', misleading people into thinking that alcohol and tobacco are not really drugs. Indeed this issue is raised by the DPAS booklet 'Let's Get Real - communicating with the public about drugs', p.40, where they say "in the interests of encouraging a rational debate and combating knee-jerk prejudice, we need to continue referring to alcohol, tobacco and caffeine as drugs". This guidance is routinely ignored as with the recent 'Drugs Policy Update 2002' which says "We will maintain our focus on Class A drugs as they cause the most harm." This statement is untrue: class A drugs do not cause the most harm. The Advisory Council on the Misuse of Drugs (ACMD) has stated that "legal drugs, such as tobacco and alcohol, are responsible for far greater damage both to individual health and to the social fabric in general than illegal ones". Much of our nation is in denial about the dangers of legal drugs, projecting all concern for drug dangers onto those classed as illegal.

All drugs can be dangerous if misused - used excessively, for example. Indeed it seems bizarre that excessive tobacco use is never classified as misuse though it is more addictive than heroin, has a death rate for addicts several times higher than street-quality heroin and kills hundreds of innocent people every year through passive smoking. The

World Health Organisation's Fact Sheet 222 states that "No amount of tobacco use is safe." The Scientific Committee on Tobacco and Health report 1998 stated that "smoking ... accounts for one fifth of deaths in the UK: some 120,000 deaths a year". Conversely even moderate cannabis use is always classified as misuse in spite of the statement by the ACMD in their report 'The classification of cannabis under the Misuse of Drugs Act 1971' that "the high use of cannabis is not associated with major health problems for the individual or society." Alcohol seems to be the only drug where realistic policies are being adopted: moderate use is acceptable, even beneficial, while misuse can become very harmful (to both individual & society). The alcohol misuse strategy should become a template for an integrated drugs misuse policy that clearly defines use and misuse for each drug.

The ACMD has acted as a bridge between the opposing views of the prohibitionist Home office and the more evidence-based Department of Health. The time is right for integration, especially in light of 'The 10 Year Strategy for Tackling Drugs' that states "legally obtainable substances such as alcohol, tobacco ... should ... be addressed within the strategy" and that "drugs misuse is a national problem requiring fairness and consistency in our response." Sadly integration seems limited to services, ignoring policy. "Integration requires: Services to be considered from a user's perspective (integration of alcohol, tobacco and all drugs)" (p.59, 'The Substance of Young Needs - review 2001', Health Advisory Service).

"The Substance Misuse Guidance (2001) identified the importance of a joined-up approach to integrated service provision. The report recorded the ministers' wishes for this fully integrated approach" (p.66, 'The Substance of Young Needs - review 2001', Health Advisory Service).

As a health education voluntary group publicising government quotes about drug dangers we find ourselves effectively informing parents and children that cannabis is safer than legal drugs. Drug policy and implementation must become aligned with health evidence for it to be respected by citizens, especially the young who are very sensitive to adult hypocrisy. "Increasingly, young people feel that authority is hypocritical rather than ignorant about drugs" (p.12, 'Talking about Drugs', DoH/DfES/Home Office).

An integrated drugs policy conforms with other Government policies:

1. Informed choice: the Health Advisory Service's 'Substance of Young Needs' Review 2001 states "the specific aims of drug education [including alcohol & tobacco] are to make informed choices, to take responsibility in drug related situations, develop assertiveness and gain skills in decision-making". Government does not present comparisons of the danger posed by different drugs in terms of death rate, addictiveness, illness and link with crime. For example, how long does it take to become addicted to tobacco or heroin? Vital information like this is not made available. This is what people need to know to make an informed choice concerning which drugs are safest to use and at what point use becomes misuse for each drug. Only then can they take responsibility. Such comparisons do, however, highlight our unjust drug laws. Legal choice is limited to two of the most lethal addictive drugs with safer drugs being prohibited.
2. Evidence-based policy and risk management: the Strategy Unit's 'Risk and Uncertainty' states that "successful risk handling rests on good judgement supported by sound

processes and systems. Action is recommended in these areas: (a) systematic, explicit consideration of risk should be firmly embedded in government's core decision-making processes (covering policy making, planning and delivery); (b) risk handling should be supported by best practice, guidance and skills development – organised around a risk “standard”; (c) Departments and agencies should make earning and maintaining public trust a priority in order to help them advise the public about risks they may face. There should be more openness and transparency, wider engagement of stakeholders and the public, wider availability of choice and more use of “arm’s-length” bodies such as the Food Standards Agency to provide advice on risk decisions". These recommendations need to be applied to drugs misuse policy, applying a standard cost-benefit or use-misuse assessment to each drug. Only then can policy claim to be 'evidence-based'.

3. Harm reduction: an integrated drug misuse policy would discourage the use of the most dangerous drugs, the most addictive and harmful drugs, while encouraging the use of safer alternatives. Currently the law prohibits even relatively safe use of some drugs (e.g. cannabis) while permitting misuse of other more dangerous drugs (e.g. tobacco).

4. Anti-discrimination and human rights: minorities that choose the safer illegal drugs are persecuted and imprisoned; majorities that comply with the law are denied access to these safer drugs. Citizens' human rights are infringed by such Government discrimination.

5. Social exclusion & Neighbourhood Renewal: The Government's report '10 year strategy for tackling drugs' says "research suggests that there are all kinds of reasons for misuse; that key factors include unemployment, low self esteem, educational failure, boredom and physical, psychological or family problems. And many people misuse drugs because they don't have the opportunity to lead fulfilling lives." Why then do we punish this most socially excluded sector of society? The most deprived spend up to 10% of their income on recreational drugs when cannabis can be grown at home by anyone at no cost. Many young people experiment with drugs, both legal and illegal - risk-taking seems to be natural for teenagers; the majority give up drugs in their early 20s after adapting to an adult lifestyle. For alcohol this often means a transition from misuse (e.g. binge drinking) to healthy use. This timing of giving up drug use is also shown in cannabis. Compare this with tobacco use which is strongly associated with social exclusion; social exclusion causes a sense of powerlessness which makes the likelihood of being able to break an addiction much lower - especially for tobacco, the most addictive drug.

6. Integration & cross-cutting approaches: Alcohol misuse might be drastically reduced if cannabis was legalised. Cannabis is a safer stress-relieving drug with intoxicant properties that do not cause a reduction in inhibitions or increase in risk taking as alcohol does. The ACMD's report 'The classification of cannabis under the Misuse of Drugs Act 1971' states that "Cannabis intoxication tends to produce relaxation and social withdrawal rather than the aggressive and disinhibited behaviour commonly found under the influence of alcohol. This means that cannabis rarely contributes to violence either to others or to oneself, whereas alcohol use is a major factor in deliberate self-harm, domestic accidents and violence." Advice could be given to switch to using cannabis after moderate use of alcohol rather than consume more alcohol to become more intoxicated. Currently the Strategy Unit is the only part of Government able to assess this harm reduction strategy while there is no integrated drug misuse strategy. The Strategy Unit's 'Adding It Up' concluded that action was required in these areas of integration strategy: (a) "Leadership from Ministers and senior officials. Departments should redress any bias

against quantification and analysis; (b) Openness from analysts and policy makers; (c) Better planning to match policy needs and analytical provision".

7. Trade: on what grounds can the restriction of trade in illegal drugs be justified if not on health grounds? Nationally and internationally there is no free trade in lethal addictive recreational drugs. Internally we allow tobaccoists to profit from their drug supply while imprisoning those supplying other lethal addictive drugs or safer alternatives that are neither lethal nor addictive. Externally we pay the Afghan government to stop opiate production and export while tobacco is the most heavily subsidised non-food crop in Europe. The West has an effective monopoly on these drugs. The World Trade Organisation seems unconcerned about the barriers to free trade created by international law. Developing countries that threaten to encourage export of their drugs are threatened with reduced aid. The Strategy Unit's 'Rights of Exchange' states: "A rules-based international trading system is important, in order to avoid the dangers of protectionism, which may be disguised as raising SHE [Social, Health & Environmental welfare] standards; there are 'win-win' policies available, which both liberalise trade and improve SHE outcomes, for example reducing subsidies that encourage unsustainable agriculture;" and "Action to influence foreign production methods, including measures targeted at trade, should be avoided, where the motive is to achieve a competitive advantage, through the protection of domestic industry. This includes protectionism disguised as action in pursuit of SHE objectives."

Integrated policy development:

Illegal drugs policy must be integrated with alcohol as the Welsh Assembly have done, then with tobacco. Further policy development would integrate this drugs policy with food misuse (which leads to obesity etc) under an integrated 'Substance Misuse' policy (dealing with all potentially dangerous substances individuals wilfully put into their body). Every year in the UK obesity causes 30,000 deaths, 18 million days of sick leave and costs of around £2 billion. Regulatory authorities are considering the need for health warnings to be placed on high-fat, high-sugar and high-salt foods. Like tobacco, food is certainly a 'substance' that can be overused or used unhealthily. This integrated 'Substance Misuse' policy should later be integrated into a 'Recreational Activities' policy which would cover all unnecessary potentially dangerous activities that people wilfully choose to follow (sport, dangerous sports, DIY, substance use, etc). "Drug-related deaths get enormous publicity, but totals are rarely given and almost never compared with the number of deaths from other leisure-related causes (such as skiing accidents, for example)" [p.11, Talking about Drugs - Home Office/DoH/DfES]. This wider group of recreational activities all have costs and benefits. Hillwalkers may pursue an essentially healthy activity but more die from it than ecstasy and rescues may endanger emergency services - yet society does not assess the cost-benefit nor compare such assessment with that of other activities such as drug use. Strategies developed for dealing with food misuse and sport are relevant to drug policy formulation: eating disorders have highlighted the motivation of 'control' as well as stress-relief (comfort eating) while dangerous sports strategies recognise that danger is itself an attractor and education should be practical, not dwelling on exaggerated safety risks. Holistic 'systems' thinking requires a common policy for all these activities which people have free choice over, however far in the future their implementation might lie.

### Recommendations:

Our legal system can compensate for unjust laws but the mechanisms have been rendered powerless through poor information and misguidance from above.

Chief Constables can use their discretion not to enforce drug laws. Cannabis cafes could be allowed in the same way that brothels are. The problems are 'off the streets'.

The CPS has a duty to prosecute only when in the public interest. They could decide it is not in the public interest to prosecute illegal drug offenders, the most socially excluded, when legal drug misuse is not prohibited (waste of resources, discrimination etc).

Ultimately the final democratic responsibility for altering the law lies with juries. Juries have the right to decide a person is guilty of breaking the law but innocent of doing any harm and so find that person innocent. This ensures that unjust laws are not upheld. Juries are not informed of their legal duty to judge the law and judges direct them against doing so. Juries need proper information and empowerment.

The Government itself can not yet be expected to act unanimously and impartially in creating fair drugs law due to inaccurate past perceptions about social drugs.

However we suggest that the Strategy Unit, as recommended by their report 'Wired Up', approaches "the centre (No. 10, the Cabinet Office and the Treasury) to lead the drive to more effective cross-cutting approaches wherever they are needed". To enable a fair evidence-based drug policy, the Misuse of Drugs Act must be fully reformed to include all drugs that are misused with clear definitions of the boundary between use and misuse. While the degree of prejudice within Government is unknown, it is evident that years of Government propaganda against illegal drugs have instilled prejudice in many voters. This obstacle to reform can only be addressed by a campaign of public education comparing the risks of all substances and, perhaps, other recreational activities. Once prejudice has been replaced by evidence-based information, reform should be able to proceed unchallenged. Current public confusion over the relative safety of cannabis will only increase as drug health education becomes inevitably more effective. The present balancing act - reclassifying cannabis balanced by clamping down on supply and 'hard drugs' - is unsustainable. More information about European campaigns for drug policy reform, especially in relation to the UN's drug policy review in April 2003, can be provided by the Transnational Institute, European Cities on Drug Policy and the group of 108 MEPs supporting these changes.

Transnational Institute: [www.tni.org/drugs/index.htm](http://www.tni.org/drugs/index.htm)

European Cities on Drug Policy: <http://www.ecdp.net/news.htm>

108 MEPs: [mcappato@europarl.eu.int](mailto:mcappato@europarl.eu.int)

## 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?

For the individual misuse should be defined as individual harm beyond an agreed level. For society misuse should be defined as social harm beyond an agreed level, including accidents and crime. These assessments of acceptable harm should match the acceptable level of risk taken by those pursuing other potentially dangerous recreational activities like sport & DIY. Dependency and lose of independent free choice should also be recognised as a symptom of excessive use or misuse.

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?

Under-age drinking, and the illegal supply to youngsters must be strongly controlled. Habitual moderate use should be discouraged. Dependent heavy use should be recognised as a physical-psycho-social medical condition requiring treatment. Patterns that involve the risk of accidents or drunkenness to aid the committing of violence (football hooliganism etc) should be regulated by law enforcement. These patterns will not be susceptible to change without providing alternative safer forms of stress-relief. Realistically dependent heavy users cannot all be treated medically. Safer alternatives to alcohol, like cannabis, should be permitted as a harm reduction strategy: eg "only drink 3 pints then switch to cannabis if you really must become more intoxicated". Prevention of alcohol misuse cannot be isolated from the misuse of other drugs. Government efforts at prevention must be aimed at reforming the Misuse of Drugs Act so that the law discourages the use of the most dangerous drugs and encourages the use of safer alternatives.

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?

Trends of increasing drug misuse in general reflect both the inadequacy of our drug laws and the fact that life is increasingly stressful for many, especially the most deprived. They increasingly resort to stress-relieving recreational drugs to compensate. Social inclusion policies are vital here. This includes the need to socially include those who choose to take illegal drugs that are safer than those that are legal. Improved access to information (eg the internet) and improved education mean that young people are very aware of the hypocritical drug laws. As a result they disrespect the law and health advice from authorities.

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?

Socially excluded groups. Ethnic minorities may traditionally have used drugs other than

alcohol: they may have different attitudes or be less aware of the dangers.

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?

Recreational drugs are used for stress-relief, including relaxation and an aid to socialising. Cafes and pubs form small communities. These factors all aid individual and social well-being. If we did not have alcohol people would find an alternative. There seems to be considerable evidence suggesting that if alcohol and tobacco could be replaced by cannabis the vast majority of drug misuse problems currently faced by society could be avoided.

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?

Life for the most socially excluded has become more stressful in recent decades leading to increased use of recreational stress-relieving drugs. As drug education improves the hypocrisy of the Misuse of Drugs Act becomes more evident leading young people to distrust authority. All factors mentioned are important. Genetic factors should be included (eg. The Japanese are more sensitive to alcohol). Law and education together are most important - their conflict over drug dangers leads to confusion. These alone are not sufficient. Adult usage of legal drugs, and the harm caused, undermines the credibility of current drug misuse laws. It is very hard to alter behaviour - eg alcohol prohibition in the US. Habits can only be altered slowly via harm reduction. The most efficient strategy targets the next generation, before unhealthy habits are acquired.

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

Attitudes to risk have a complex evolutionary background (as well as environmental) and there is evidence that youngsters particularly are designed by Nature to face high risks; the more safe youngsters are kept the more they try to circumvent the safety strategies constraining them. This question is also inextricably linked to the question "How does alcohol use affect attitudes of risk?" Someone starting to drink alcohol may have a reasonable attitude to risk but after a few drinks that attitude changes due to the effect of the drug. This is the specific danger of alcohol: responsibility for self and others diminishes with increased consumption leading to positive feedback.

## 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

For the individual harmful drinking should be defined as damage to health beyond an agreed level; this should match the acceptable level of risk taken by those pursuing other potentially dangerous recreational activities like sport. For society harmful drinking should be defined as social harm beyond an agreed level, including accidents and crime. Again other recreational activities should be considered in establishing such an agreed level: hillwalkers may endanger those who rescue them but this is accepted by society up to a point. Wilful choice to pursue dangerous recreational activities, including substance misuse, must be dealt with consistently, defining the point where harm to self or others become problematic.

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?

New Scientist: "A woman's risk of breast cancer increases by seven per cent for each alcoholic drink consumed on a daily basis. The researchers estimate that alcohol accounts for four per cent of breast cancers in the developed world, and around 2000 cases in the UK each year". [www.newscientist.com/news/news.jsp?id=ns99993045](http://www.newscientist.com/news/news.jsp?id=ns99993045) This may suggest lower recommended levels of alcohol for women.

The costs and benefits of alcohol do not exist in isolation to the other recreational drugs used by citizens. Benefits result from moderate use, costs from excessive use. Other drugs, like cannabis, do not show the extra costs of excessive use that alcohol shows. Research should examine alcohol in relation to other drugs for example to find out if cannabis use was permitted whether it would provide a safer alternative for those wanting intoxication.

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.

The most effective means of prevention of alcohol misuse is to understand the motives of misusers and provide safer alternatives that satisfy those motives. Intoxication is normal throughout human societies and will not easily be eradicated; harm reduction is most

appropriate and this means providing the safest means of becoming intoxicated. Professionals must understand motives for misuse and aim to satisfy those motives in safer way.

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?

Identification is not effective due to the scale of the problem (1 in 13 adults dependent on alcohol) and lack of treatment resources. Misusers may be in denial about their drink problems.

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?

Treatments do help many of the most serious problematic users but cannot deal with the millions of dependent alcohol users.

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

We can learn that prohibition does not work: "strategies to restrict availability of illicit drugs .... are not highly effective in reducing demand, increasing price or reducing misuse (Buckstein, 1995, Botvin, 1999)" and "broader policies of social inclusion, improved education and eradication of poverty ... may have the most profound effect" ("The Substance of Young Needs' Review 2001, Health Advisory Service). We can also learn that drugs misuse is often associated with stress and social exclusion and that punishment is likely to cause more stress and drug misuse.

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?

Encourage the use of stress-relieving recreational drugs that cause less of these problems. See also 23 below.

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?

Cause and effect are inextricably linked. Mental health problems can be caused by stress but even when not they inevitably create their own internal stress within the individual. Self-medication with stress-relieving recreational drugs is therefore common. The over-use of the more dangerous drugs, like alcohol, can then cause secondary stresses. Services must tackle the problems at each point and encourage safer alternative stress-relief strategies.

## 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?

The main gap in evidence is for safer alternatives to alcohol:  
The World Health Organisation's report 'Cannabis: a health perspective and research agenda':  
"Alcohol intoxication is strongly associated with aggressive and violent behaviour."  
"There is little to suggest that causal relationship of cannabis use to aggression or violence." [www.druglibrary.org/schaffer/hemp/general/who-comparison.htm](http://www.druglibrary.org/schaffer/hemp/general/who-comparison.htm)  
Advisory Council on the Misuse of Drugs report 'The classification of cannabis under the Misuse of Drugs Act 1971':  
"4.3.6 Cannabis differs from alcohol, however, in one major respect: it seems not to increase risk-taking behaviour. Cannabis intoxication tends to produce relaxation and social withdrawal rather than the aggressive and disinhibited behaviour commonly found under the influence of alcohol. This means that cannabis rarely contributes to violence either to others or to oneself, whereas alcohol use is a major factor in deliberate self-harm, domestic accidents and violence."  
[www.doh.gov.uk/drugs/acmd/cannabisreportmar02.pdf](http://www.doh.gov.uk/drugs/acmd/cannabisreportmar02.pdf)

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?

Yes. Alcohol is used to increase self-confidence before committing crime by reducing inhibitions & increasing risk-taking behaviour.

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?

The link between alcohol & crime/antisocial behaviour is proven. Perceptions tend to minimise the alcohol-crime problem compared with perceptions of crime caused by heroin addicts which is correspondingly exaggerated. Comparisons are essential.

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?

Antisocial behaviour is generally based on the social isolation of the offender (initially within the family, then school, then society). Offenders have experienced uncaring, socially excluding authorities. Their development of assertiveness then tends toward revenge against authorities that are viewed as uncaring. These inner psychological factors far outweigh outer infrastructure considerations though the latter do fuel the former.

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?

There seems little significant difference.

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?

Yes. Integration should occur on all levels, especially with an integrated strategy toward recreational activities including substance misuse. This approach is inhibited by lack of support from organisations and local authorities who are still implementing integrated strategies themselves.

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

Yes but with a carrot and stick approach. Stopping symptoms temporarily & locally does not deal with the problem. Alternatives must be provided. Young people need to be treated sensitively and above all fairly.

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. Only moderate drinking should be encouraged. Beyond that other alternatives to alcohol should be explored. Extending pub opening hours will spread the problems out making them harder to tackle. Pubs should not be located in residential areas and drinking in public places should be banned.

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?

This problem should be addressed along with drink-driving as both refer to harm to others. A maximum blood-alcohol level in public should be established. Pubs should be responsible for ensuring customers do not exceed this limit by providing test facilities before customers leave the premises. Alcohol problems must be made the responsibility of the alcohol industry where possible.

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?

The ability to sleep is a more fundamental right than 'a good evening out' which includes making noise. There is considerable fundamental legal background available to answer this question. In addition there should be an overview of how this balance is viewed for all wilfully chosen dangerous recreational activities: sport, food, drugs etc. - eg. for dangerous sports it is recognised that danger is itself an acceptable attraction. The fundamental principle is to maximise freedom for all.

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

Apply them to public places as well as vehicles. Publicise drunk pedestrian deaths.

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 underlying stresses must be identified and treated. In general alcohol does not cause aggression so much as remove inhibitions repressing aggression; the underlying problems then emerge. Safer stress-relief alternatives must be provided, including counselling services.

## 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 under most stress - eg. from poverty & social inclusion, from discriminatory attitudes that pass down through families (eg. victims growing up to become abusers) or

from drug-taking parents. These young people often end up excluded from school.

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

Education of drug risks will inevitably lead to more people adopting cannabis as a safer alternative. Those least educated are most likely to misuse alcohol.

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?

Primarily social exclusion. Families that are socially excluded remain untouched by Government policy. Stress in the outer environment combines with inner stress inherited within the family forming a vicious circle. Social inclusion and fair drug education and regulation are vital to break this.

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?

Policies dealing with recreational activities, including substance use (food + drugs), must be consistent to be fair and respected. Only then will the socially excluded trust the authorities. It would be interesting to know if Holland has a lower alcohol misuse problem as it allows limited access to cannabis. The law is the major barrier to joined-up services. The Misuse of Drugs Act implies that alcohol and tobacco cannot be misused while the illegal drugs can only be misused. This is in stark contrast to the increasingly balanced views of the Department of Health which wishes to tackle the misuse of all drugs together in an integrated policy. The law makers have a conflict of interest between economics and health. The Government receives £20 billion a year from the trade in alcohol & tobacco, drugs that kill one in five citizens.

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?

Even without tobacco included in an integrated drug treatment strategy the resources required to treat alcohol problems can never be made available. Prevention of misuse is vital. Individual responsibility for health is the only long-term solution and this will require allowing people informed choice: to be allowed to choose a safer drug than those currently legal.

## 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?

An integrated education policy for substance misuse must compare the cost-benefit assessment of different substances. No Government agency does this. The Home Office and DoH produce different policies. Citizens cannot find evidence that compares different drugs' death rates, addictiveness, morbidity or relation to crime. There can be no informed choice without this. If citizens ask the National Drugs Helpline which drug is more physically addictive, heroin or tobacco, they will be told that the helpline only deals with illicit drugs. We (Parents Against Lethal Addictive Drugs) provide such information using quotes from Government reports and the World Health Organisation. Awareness of cost-benefits of each drug may influence behaviour particularly with children. Cannabis use continues to rise as it becomes seen as a safer drug.

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?

Approaches based upon control - obtaining what authorities want - do not work. Citizens must be presented with the facts then encouraged to adopt healthy drug use based upon that. Overall little will be achieved without fair, respected, integrated drugs policies. Effectiveness can only be measured with the next generation as changing adult behaviour can be very difficult.

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?

So long as illegal drugs are demonised, blame for drug dangers will be projected on them alone, belittling the dangers of legal drugs. This could be highlighted by telling citizens that alcohol misusers have a death rate higher than those addicted to street-quality heroin and that alcohol is associated with worse crime than heroin is.

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?

Research feeds well into alcohol education but remains isolated from related problems of substance misuse. Research should be aimed primarily at understanding why people use substances and then cost-benefit analyses & comparisons between different substances. For example, is heavy alcohol use more damaging to an individual than a high fat diet?

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)?

Particular groups should be targeted with information customised for their circumstances but only within a general education strategy for all citizens. 90% of citizens use this potentially deadly drug.

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?

School education does address alcohol along with tobacco and drugs but still comparisons dare not be made for fear of highlighting how our laws encourage the use of the most dangerous drug, tobacco, while discouraging the use of safer ones like cannabis. A healthy learning environment would tackle all health problems related to habits together. Drugs, food & exercise all are inextricably interconnected in everyone's lives.

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?

Role models are vital. Advertising of alcohol should be banned as it's aim is to encourage the use of a drug that kills 30,000 a year. The social tolerance of alcohol problems (and tobacco) acts as a general role model for individuals; this tolerance of legal drugs is directly linked to the demonisation of illegal drugs. Eric Appleby, Chief Executive of Alcohol Concern said, 'Recent events have shown us that many parents are more worried about their children experimenting with cannabis rather than drinking heavily or even binge drinking, despite this being on the increase. All the research evidence shows that the dangers of alcohol far outweigh those of occasional cannabis use.' Parents must be given health risk comparisons between drugs, in terms of addictiveness, mortality & morbidity.

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?

The plain truth is most effective. Any hint of 'controlling' attitudes makes people ignore information. Ownership of policy is vital. A reformed Misuse of Drugs Act would need to be based on public consultation about how to implement regulations that discourage drugs misuse. Much can be learnt from dangerous sport education - practical guidelines about how to stay safe.

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

That failure to provide fair, evidence-based information leads to a disrespect of the law and authorities. 'Just Say No', abstinence, does not work. Children see legal drug use everywhere, drugs sold just behind sweet displays etc. Adults do not 'just say no' so why should teenagers who are trying to be adults? Harm reduction policies are more likely to engage misusers and lead them in a healthier direction.

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

Recreational drugs should not be encouraged in any way. Advertising in all forms should be banned. Drug suppliers should be treated the same as 'sex shops' - these both sell adult

products from which children must be protected.

## 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?

Cannabis use will continue to rise, not least because the best quality cannabis can be grown for free at home by anyone, avoiding any tax demanded by Government. As drug education improves more people will switch to cannabis as the only safer alternative to alcohol and tobacco. Internationally the limitation of free trade in lethal addictive drugs to alcohol and tobacco, drugs whose supply the West controls, will be increasingly challenged. It is inevitable that our nation and the world will one day decide to adopt drug regulations that reflect the harm caused by drugs; the alcohol & tobacco industries, in the developed world at least, will decline dramatically over the next two decades.

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?

The Department of Health's 'A Parent's Guide to Drugs and Alcohol' states that there is "as much alcohol in a 330ml bottle of 'alco-pop' as a generous shot of whisky. 1000 young people under the age of 15 are admitted to hospital each year with alcohol poisoning". This new strategy to entice teenagers has been very successful - perhaps some of the profits should go toward dealing with the consequences. There was a time when alcohol was not common in supermarkets or convenience stores. Now it is everywhere. Recreational drugs should be only supplied by licensed 'drug stores' and not mixed in with food and children's products.

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

Easy tests for intoxication could transform drug regulations. All pubs could have devices for measuring either blood-alcohol level or testing actual performance (eg. a computer game that tests reaction time, co-ordination, concentration etc).

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?

Health warnings on the product, beer mats etc., would ensure consumers received

health education.

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

Passive smoking kills hundreds every year. The trend toward restricting smoking will impact on drinking habits. The commercial interests of Government result in a conflict of interest. The alcohol & tobacco trade brings in £20 billion a year and saves huge amounts of money that would have been spent caring for the 100,000s who die prematurely from these drugs. This conflicts with Government responsibility for public protection. The legalisation of cannabis will have a huge impact on legal drug markets when it occurs.

## 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?

Cost-benefits for alcohol do not exist in isolation from other substance misuse cost-benefits. Safer alternatives must be explored. Economic analysis may superficially show economic benefits from the trade in alcohol but this is largely due to the tolerance toward the premature deaths of elderly people who contribute little to society's economics and ignorance of the costs of illegal drug prohibition. Health cost-benefits would show another story.

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?

Premature death should be ascribed a notional monetary value to allow this factor to be included in analyses. Economic & health cost-benefits (of all drugs) must be integrated before the whole system can be understood. However inaccurate a cost-benefit analysis is, if it is applied equally it will at least be seen to be fair.

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 main principle must be to take responsibility for actions. Individuals must be allowed informed choice: this requires fair & accurate information together with free choice to choose the safest drugs (not possible under current law). If businesses wish to market dangerous drugs then they must meet all the costs to society, either directly or through the tax they pay Government which should be ring-fenced to deal with substance misuse.

Government receives £20 billion a year from the alcohol & tobacco industries, enough to transform treatment & prevention of substance misuse.

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

For society employment & tax revenue are considerable and are relatively easy to quantify. For individuals, especially the most deprived, there are no economic benefits - as much as 10% of their income spent on legal recreational drugs when they could grow cannabis at no cost.

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 problem with alcohol is the difficulty in sticking to the optimal dose. The more is drunk, the greater the loss of inhibitions and consequent risk taking, and so the greater consumption. Safer alternatives should be explored. Alcohol use itself is not linked with attainment, only the more serious misuse.

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

--