

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?

It is the Government's role to provide clear national guidelines to ensure that services are provided and that strategic direction is delivered, ensuring appropriate resources are available.

This will ensure that people will be provided with equal and effective services regardless of their geographical area.

Government intervention should occur in response to national concern that alcohol is being misused. We welcome this document, provided the strategy ensures financial provision for treatment services. \

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?

The individual is responsible for themselves regarding their consumption. The services responsibility is to intervene, when

- (1) A client is asking for help
- (2) Their drinking is having an impact on themselves, their family and wider society.

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

Individuals do have community rights and choices, however, in high risk situations ie: childcare, mental health. There is a responsibility to ensure the safety of all concerned whilst advocating for the client.

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

The consumer will be expected to actively participate collaboratively with their treatment programme. All groups have a responsibility to minimise risk and harm associated with excessive alcohol use.

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

Harm minimisation and awareness of risk. Abstinence wherever possible, easy local access for help, advice and treatment. Choice of treatments. It should also be recognised that people who are misusing substances should not be excluded from society, 'inclusiveness' should be focused on.

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 consumption of greater than 21 units per week in men, and 14 units in women is associated with an increased risk of physical health problems and their ability to live and work as a productive member of society. Factors that will inhibit a person who is either physically and/or mentally affected by alcohol are, social exclusion, personal, cultural and offending 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?

Those who are drinking over the advised units per week, Hazardous drinking (Binge drinking) physically dependent, continued binge drinking, i.e. weekend drinking. The government should concentrate their efforts on targeting pre-teens, concentrating on early intervention through schools, clubs and other venue's where young people gather, this education identify at appropriate levels dangers of substance misuse. High risk groups involving parents/families, communities.

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?

All of the above areas needs to be addressed, recognising the diversity in local needs., re, particular emphasis on targeting high risk groups, to change work place culture. Change in the delivery of education with reference to alcohol as well as drugs.

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?

The older population addressing alcohol related dementia, mental illness, Poly Drug Alcohol misuse, offending behaviour, pregnant women, promiscuous behaviour. children of parents who are both heavy drinkers, Children of publicans. Children who leave school early. bullied children. Older siblings who are already drinking heavily.

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?

An complete absence of alcohol would have an affect social interaction. Can assist in short term to cope stress, ie: homelessness, isolation, rejection. Alcohol can also be fun. It is used for experimentation and learning to control risk..
Positives: can include happiness, a small amount of alcohol has been known to have beneficial physical effects.

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?

Alcohol has always been a part of our culture. It can be traced back to the 12th Century and before, history informs us that there has always been binge drinking. Drinking varies to different parts of the country. Northern areas working men's club are accepted as part of the culture. Football matches - drinking - out of control behaviour. Pub - drinking - social acceptance. Drinking accessibility at celebrations. It is important that the wider picture takes into account the various emerging population of people from various background and culture and a wider European context.

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?

Young people are influenced by, fashion/pop idols, drug use, video games social acceptance, family background, fashion marketing and peer pressure. The younger drinking population of today are people coming from cultures which are used to alcohol.

Intervention should be aimed at education and awareness.

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

Taking risks is a normal healthy part of life. Young people will always experience with perceived risks regarding substances, including alcohol. As an adult the benefits of the effects of alcohol use outweighs the known risks e.g. harmful, hazardous and physical dependent drinkers.

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

A person who has physical and mental dependence on alcohol e.g. physical withdrawal symptoms on cessation of alcohol.

Harmful drinking is drinking over and above the recommended daily/weekly unit for men and women.

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 has been various longitudinal studies about alcohol and very few on their benefits to health. It has been amply evidenced about the impact of alcohol on existing stretched services particularly front line NHS services. There has been a lot of health prevention initiatives that has focused on health promotion and health improvement. QUADS is about leveling the core skills ie: Substance misuse that should also incorporate alcohol.

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.

The evidence is very clear, both for the wider economic cost and its impact on the workforce and absenteeism. There has been various researches about such issues and number of lost days to the industry. The best way of assessing the cost is the number of drink driving offences and drink driving related deaths and sickness in millions of days losts and chronically ill, health issues and hospital admissions. It is estimated in 1998, £300 per second was levied for duty on alcohol by Inland Revenue, and duty on alcohol should fund the treatment and other health initiatives.

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 advertising campaigns in its widest sense and personal experiences. Theory and practical experience with clients that use alcohol is invaluable both in a community and inpatient settings. Training should be delivered to a multi-professional field. A diversity of training as highlighted in Tier One and Two in the Models of Care (NTA) who all have a part to play 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?

Recognition of an alcohol problem and early intervention does occur but could be improved by GP's, A&E and allied professionals when a person has first contact within the primary care setting. Brief intervention is effective at primary care level. If the identification was improved prognosis for treatment would be better.

It is also very evident that brief interventions are as effective as protracted interventions and that front line workers need to develop these skills as well as motivational interviewing skills and part of core competences.

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?

The effectiveness of current treatments is dependant on the motivation of the person undergoing the treatment and depending on support networks. They are not sufficiently

tailored to meet individual needs due to cost implications and availability of attracting health professionals into the field.

We are not aware of any other forms of treatment apart from those being used within the NHS, Charities and voluntary sectors. However there appears to be disparity between general Hospitals and Specialist Alcohol services e.g. drugs used in detoxification. Lack of communication in general between services..

There is a need for guidance for local commissioners in order for them to streamline services along with drugs e.g. Drug Alcohol Action Team (DAAT).

Individuals should best access treatment services through an open referrals system, drop in and through good links with PCT's & Liaison Specialist with Crises & A&E Services.

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

We can learn from the 'JUST SAY NO' campaign and its downfalls. More information needs to be given to young people in such a way that they can weigh up the risks for themselves without blinding them with jargon.

Criminal Justice agenda has enhanced funding, but also identified a great need for alcohol integration i.e. Drug Arrest Referral Service, and Drug Treatment and Testing Orders.

Working motivation with drug use has shown us that this can be effective in enhancing treatment outcomes i.e. waiting list targets.

continuity and time with clients i.e. Drug Treatment and Testing Orders, has proven successful.

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?

Bottle bans and re-inforced glasses, staggered closing hours for Pubs, learn from example of the Isle of Mann, who's licensing premisses are licenced to sell alcohol for 24 hours. SOS buses (e.g Norwich), Police lead.

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?

Alcohol is a depressant - local level indicates a high proportion of severe and enduring mental illness. There is evidence that clients who suffer with mental health issues do self motivate with drugs and alcohol. ie: some medication causes difficult side effects (some older neuroleptics) and a client may choose to use drugs or alcohol instead. There is also an issue of denial that there may be a mental health issue.

Department of Health (DOH) implementing Dual Diagnosis document recognises that we must be working within mainstream services with this client group,.

Co-ordination through DAT, due to established Partnership

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?

Evidence is shown through the Crime & Disorder Strategy that links crime and antisocial behaviour with alcohol misuse. Evidence can be seen in DARS and DTTO and persistent offenders schemes - Suggest looking at the Torquay Study on Alcohol Arrest Referral as this looks at these links.

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?

Habitual re-offending (drink driving, drunk & disorderly, ABH, GBH, Affray, Assault and theft of alcohol). A proportion of these offenders are under the influence of alcohol.

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?

It is hoped that a change in licencing hours will level out the peaks in alcohol consumption in public places and minimise a lot of antisocial behaviour, reduction in criminal activity, disorder.

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?

More research into predisposition is needed and learnt behaviour, much can be done at an early stage. It should be noted that the environment plays an important part. In deprived areas there are poor job opportunities and it is very important that contributing causes are tackled as well as their consequences.

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?

Rural settings promote close communities ie: local Pubs, working men clubs etc. young people are guided by elders in risk taking with regards to alcohol. . Urban - There are clubs, Pubs, Wine bars, centralised areas of people - lack of support networks.

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?

Use of plastic glasses, bottles, industries that supply alcoholic drinks should be encouraged and financially compensated. Police vigilance.

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?

Norwich is a good example of communities working together i.e. SOS Bus. Organisations are inhibited because alcohol has not been on the government's agenda. They have seen the results in the Drug areas of the government giving firm strategy and funding. Organisations will take a more active approach when they know that government backing.

Partnership working is paramount and financial backing is also paramount.

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

Alcohol is used by a lot of younger people to heighten sensation and become disinhibited. However, not everybody who is under the influence of alcohol commits crime or acts in a nuisance way.

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?

It is hoped that a change in licensing hours will level out the peaks in alcohol consumption in public places and minimise a lot of the antisocial behaviour, reduction in criminal activity and disorder.

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?

Review of the law on public drinking i.e. street drinking. When a person is arrested they are not taken to cells but to a staffed designated area

The introduction of 'no drinking zones' may not be effective, as this may encourage deceptive behaviour - partnerships with treatment services are important.

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 law of the land dictates to all inhabitants to respect others, protect peace and ensure harmony in communities.

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

There needs to be re-think on sentencing policies and also look at drink driving initiatives.

It is very well evidenced that alcohol impairs function and judgement, accidents can be avoided by having an alcohol free driving policy.

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?

Good relationships with all agencies should be encouraged. Partnerships with treatment services and domestic violence units and women refuge's . Policies should be jointly devised to encourage best practice for all involved.

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?

All ages of children, socially deprived groups, teenager experimentation, children who have parents, carers who substance misuse. looked after children. Children playing truant and leaving school early, children with school based difficulties and unemployed and bullied children. Children from chaotic families.

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

People with Mental Health problems, physical health problems, homelessness, recently traumatised, older people, offenders, polysubstance misuses.

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?

Lack of accommodation, lack of support networks, financial needs and a multi professional approach is needed to identify new initiatives to the interventions needed to support people experiencing these difficulties.

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?

Good examples of joined up delivery, are inter agency working alongside good protocols, ie: childcare, NSPCC and our resources in Health, Social Services. Probation and the police.

The issues of confidentiality prevents sharing of some information. Everyone has different criteria for accepting referrals, different services have different priority which enable effective delivery. Role boundaries are blurred when other services one dominated by personalities and accountability issues put obstacles in place.

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?

We need to have integrated multidisciplines across organisations and more consultation and user participation.

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?

Aim of these initiatives is to change behaviour and to raise awareness to make informed choices.

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?

There is plenty of research, but alcohol has never carried the same drive and government initiatives as drugs.

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?

Sensible drinking message is not reaching its audience - i.e. safe limits - What is a Unit? - this is not clear to society.

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?

Alcohol Concern acknowledges that a large percentage of funding is spent on research

which is based on drug education rather than on alcohol.

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)?

Research suggests that quite a lot of people in their old age are not targeted to access help. Other groups are young people with mental and physical health problems.

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?

It should be part of the education curriculum in the same way as teachers deal with drugs, parents are crucial in this learnt behaviour issue and can take a more pro active role in the same way as french and italian parents do.

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?

see answer for 46

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?

Diversity of approaches in very important., partnerships are paramount. young peoples publications can be useful, newsletters in Schools. For example, Honesty is the best policy - North Somerset Communication Project Info: 0117 344 8408 / 344 8769.

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

Need to examine education initiatives but recognise fundamental, differences between alcohol & drugs, and illegal / legal

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

Current Advertisement for Kaliber needs scrutiny.

Our evidence is Kaliber can effect clients taking Antibus medication.

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?

There is a dangerous tendency to allow research funded by alcohol industries ie Portland House. To tackle alcohol related issues the Government should bring duty on alcohol in line with today's prices..

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?

There is big evidence that 'Alcopops' can influence young people i.e. alcohol Jellies - do Government have no say in this? Whiskey and rum is being advertised in a 'trendy' way. Supermarkets e.g. Tesco value lager!

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

Continuous Research (independent) is very important. Working with manufacturers of alcohol beverages to create innovative market led solutions.

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?

Joint approaches must be developed with Government and manufacturers. Advertising can be powerful. Drink driving campaign is effective. Can we learn from this success?

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

Leisure industries can influence behaviour. A formation of partnerships with these industries to influence drinking behaviour. For example, transport, holiday and travel industries. Theatres and the arts could be involved in influencing drinking behaviours.

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?

There is acknowledged evidence that productivity is lost through sickness and if a person is unable to work through alcohol related problems ie: claiming benefit. There are evidenced costs to the NHS through alcohol related health problems and these run into billions. Police time with regards to alcohol related violent incidents. Ongoing research is available through Police statistics, NHS outcome monitoring.

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?

Research is provided from the Liver Trust foundation, however, research needs to be ongoing which requires funding, local Chamber of Commerce could be a way of identifying economic costs locally. Guidance is required from Government as it is such a diversity of economic costs and interests.

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?

We should individually be responsible for our behaviour whilst under the influence of alcohol. The businesses have responsibility not to supply alcohol when a person is heavily under the influence of alcohol and the government then have a responsibility to enforce principles in which we should follow. NHS have a responsibility to treat people who require this, ie: A&E and the police have a responsibility to protect others and keep order when peoples personal responsibilities have not been adhered to.

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

The economic benefits are 'huge' as this is an integral part of our culture, We can quantify them depending what you are measuring e.g. trade profits.

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?

A moderate consumption of alcohol can be beneficial in networking in the workplace and can produce increased productivity, safe drinking practices should be discussed within the workplace.

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

Occupational health initiatives and counselling. polices in regards to alcohol should be an intergral part of any employers policy making procedure, it is important to create an ethos of open disclosure without judgement for staff - closer scrutiny has its place.

