

## 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?

The Government needs to be involved because of the major public health implications of alcohol misuse.

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?

Clearly people have to have individual responsibility, but there are vulnerable population groups (such as young people) where there is a role for central Government in terms of protecting these groups.

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

This can be informed by the balance already taken on other public health issues

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

Each of these has a valid perspective and they are best placed to advise on their view of their roles and responsibilities

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

Protection of vulnerable groups  
Provision of knowledge of the effects of alcohol to the general population

## 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?

The excess or inappropriate use of alcohol -  
1) acute intoxication which can result in accidents / contact with the criminal justice system / job loss,  
2) regular excess consumption which can result in damage to liver / brain / pancreas  
3) dependence on alcohol which often has both medical and social effects

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?

Acute intoxication  
Regular excessive consumption  
Alcohol dependence

Prevention - work with young people, aim to reduce consumption in the population as a whole, work with rough sleepers and the homeless

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?

Sociological research may be needed / already taken place which can answer these questions

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?

Middle aged and older people (recent East Surrey survey showed that 45% of alcohol related hospital admissions were of people aged 45 and over)

Heavy drinkers who have not come into contact with services before (primary care service in East Elmbridge and Mid Surrey found that a high percentage of clients have never used a treatment service before)

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?

Different age groups behave differently under the influence of alcohol - violence seems to be more associated with young drinkers

12. What factors influence behaviour – fashion and marketing, family background, education and information, financial, legal and regulatory, scientific, environmental? Which are the most influential in your view? How easy is it to exert influence through those factors?

All of the above influence behaviour. Family background and culture are highly important and achieving change by this route is a long term undertaking. Education and information may influence some people.

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

People who are risk takers would tend to drink to excess and then behave in a way that

puts themselves or others at risk

## 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

Acute intoxication which can result in accidents / contact with the criminal justice system / job loss, regular excess consumption which can result in damage to liver / brain / pancreas, dependence on alcohol which often has both medical and social effects. Heavy drinking is problematic when the drinker (or others) suffer harm as a result of alcohol consumption..

15. How clear is the evidence both for the health costs and the health benefits of alcohol? Are there key pieces of research of which we should be aware? Where are the gaps in the evidence?

16. What are the costs for the NHS both directly and indirectly due to alcohol? We will be examining evidence on this but would welcome your views and any evidence you think we should be aware of.

Total costs of alcohol misuse estimated at £2,000,000,000 for England and Wales in 1987

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

Present harm that is caused by alcohol in ways that people will identify with. Drink driving advertising is a good example.

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?

Some patients are identified but if there were a) better links between A&E and general practice and b) detection of alcohol misuse was a higher priority for medical and nursing staff in both primary and secondary care, the proportion of alcohol misusers who were identified would increase

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?

They work to some extent. They need to be expanded. Drug Action Teams need to be clearly identified as Drug and Alcohol Action Teams and it made clear to the Teams that their funding should cover both drug and alcohol services. Services should be accessed via primary care.

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

The need for statutory and voluntary agencies to work together.

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?

Reduce prevalence of harmful drinking

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?

Clear links - many inquests reveal pattern of alcohol misuse and depression eventually leading to suicide. Training is required on effects of alcohol for mental health staff. There needs to be clear protocols for joint working between CMHTs and specialist substance misuse 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?

24. In your experience, is alcohol a factor in habitual re-offending? Does it lead to particular types of crime? How far does it lead to one-off offences?

25. To what extent can alcohol convincingly be demonstrated to be a factor in

criminal and disorderly behaviour? How much is perception and how much is reality? What fuels the perceptions and are they accurate?

Alcohol is associated with 40% of domestic violence, 30% of child abuse, 78% of assaults and 88% of criminal damage. In a proportion of these alcohol may not be a causal factors.

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?

Alcohol may not be the only factor but it is a very important one.

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?

Plastic drinking glasses can assist - 'Crystal Clear Campaign' in Liverpool would be worth investigating.

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 it should be encouraged. Some organisations may be inhibited by other partnerships that have not worked well, or perhaps some suffer from 'initiative fatigue'. The lack of ring fenced funding is also a disincentive.

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

Yes.

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

32. How can the law on, and policing approaches to public drunkenness and street drinking help to tackle these problems? Are existing controls and powers (such as those for local authorities to introduce no drinking zones) effective? Are they sufficient?

33. One person's good evening out can be another person's sleepless night. Are there principles to guide the balance of individual rights and responsibilities?

Just the basic - 'do as you would be done by'

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

Hard hitting advertising campaign that people relate to can be helpful.

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?

See above for association rates. Tackling alcohol misuse would assist in reducing domestic violence.

## 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 that are generally most vulnerable in society (listed above)

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

People with learning disabilities, people with mental health problems, unborn children, young women, older people who drink and are also on prescribed medication

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?

A feeling of hopelessness. Aim to deal with all of the above factors.

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?

Separate funding streams, staff under stress due to excess workloads, outdated staff attitudes and poor management all get in the way of joined up services. Partners need to

have a common vision and work to the same targets as problems can occur when different organisations have different objectives (eg in DATs crime and disorder agenda as opposed to treatment agenda).

Further training for primary care professionals including GPs and Health Visitors so they can deal more effectively with problematic alcohol use.

Co-ordination between services by an individual who can devote sufficient time to the task. Services may not have sufficient knowledge of what each other is doing.

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?

Depends on severity of problems. Those with most severe problems will put intolerable strain on mainstream services, where there are high caseloads and require specialist low caseload services (example would be assertive outreach services for people with mental health problems)

## 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?

The aim should be to give an accurate and consistent message. .

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?

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?

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?

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)?

Yes, many adults and older people require good quality information.

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?

Major role - they should give equal prominence to drugs and alcohol.

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?

Major role. They require information and support when needed from professionals (eg GP / practice nurses). Parents need the skills to communicate with their children about alcohol use and to understand why their children might engage in risk taking behaviour through parent support channels (such as parent skills workshops). Parents need to be able to access clear and accurate information which should raise parent awareness of their role in role modelling and educating their child about alcohol and not to expect other agencies to take sole responsibility for these tasks.

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?

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

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

## 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?

Increased promotion of drinks aimed at young people

52. What is the relationship between the creation of trends and fashions in alcohol consumption by the market and consumers responding to trends and fashions?

Are there discernible patterns which the Government might use in responding to the effects of alcohol misuse? Is there useful evidence we might draw on?

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

54. How best can Government work with the alcohol industry to reach consumers? What approaches have been shown to be effective in England, the devolved administrations and further afield?

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

## The economic costs and benefits of alcohol

Alcohol has significant costs for the economy. It costs the NHS and the police. It costs business money because of lost productivity and in some cases the need to repair alcohol-related damage. And it can be expensive for individuals who drink heavily and may find themselves unable to hold down a job. But it also has benefits. It brings in tax revenue and contributes to GDP. And it contributes to personal and social wellbeing for many. Part of the work on the project will be to form a clear picture of these costs and benefits.

### *Questions*

56. How clear is the evidence both for the wider economic costs and benefits of alcohol? Are there key pieces of research of which we should be aware?

See Q 16

57. Where are the gaps in the available data on the economic costs and benefits of alcohol? Are there any obvious limitations we should be aware of? Are there any particularly helpful methods for assessing costs and benefits we should be aware of?

58. What principles could guide us in deciding who is responsible for costs? How far should they fall to individuals, how far to business and how far to Government?

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

60. Alcohol misuse can increase absenteeism and decrease productivity, whilst

moderate consumption of alcohol may be beneficial in terms of reducing stress and tension and facilitating networking in the workplace. What in your view are the links between alcohol use and educational and occupational attainment?

Would not necessarily agree that moderate consumption of alcohol has the benefits mentioned. Excess alcohol use has a negative effect on both educational and occupational attainment.

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

