

**National Alcohol Harm Reduction
Consultation Document / Responses from alcohol services for the community (asc)
Bedfordshire**

Note: We have included some research to support our statements within the body of consultation response. We will also be sending you a master copy of this response together with a piece of research – Evaluation APCS. You will notice that we refer to Lets Get The Measure Of It on quite a few occasions throughout this paper the following paragraph is a summary of the research which will be available end of February.

alcohol: let's get the measure of it!

This piece of Bedfordshire-specific research is ground breaking in it's aims and objectives. It is anticipated that, once the first report is available (February/March 2003), the information and recommendations will influence not only local organisations and communities within the county, but could prove useful in the national strategy consultation. The research aims to provide an overview of the size and shape of alcohol-related harm in the county. Below is a summary of the project:

aims

1. *To develop a system for year on year collection of information to assess change in alcohol related harm in Bedfordshire*
2. *To assess caseloads in each agency in relation to alcohol and determine the level of alcohol related harm in client base*

objectives

- *To obtain an accurate measure of alcohol-related harm in Bedfordshire*
 - *To provide a systematic collection of data*
 - *To monitor trends and change over time*
- To assess and feedback results*

Local agencies participating in the research in order to obtain alcohol-related information are as follows:

- *Bedfordshire Police*
- *Bedfordshire Probation*
- *Bedford Prison*
- *Bedfordshire and Luton Youth Offending Teams*
- *Bedfordshire & Luton Social Services*
- *Bedfordshire Primary Care Teams*
- *Hertfordshire and Bedfordshire Ambulance Service*
- *Bedfordshire & Luton Fire & Rescue Service*
- *Bedford and Luton Accident & Emergency Departments*
- *Bedfordshire specialist health agencies*

The project would consist of three tiers

- 1 *Simple data collection from existing databases of agencies*
- 2 *'Snapshot' questionnaires relating to alcohol related harm in client caseload*
- 3 *Qualitative evidence - by way of questionnaires to support Tier 1 and 2*

*Please contact Rachel Houghton at **alcohol services for the community** for more information.*

1.

- Because the Government should act responsibly about a legal drug
- Surely if the Government is spending too much money on alcohol it should be justified. The Government should be accountable. Money being wasted currently needs tighter controls and less influence from Brewers and manufacturers and more thought about what's best for community

2.

- Yes of course it is individual responsibility
- The Governments responsibility is to ensure the correct infrastructure is in place for prevention and treatment

3.

- By giving clear messages - We will tolerate this but not tolerate that

4.

Consumers

- Responsibility to become aware of alcohol use and misuse and consequences

Voluntary groups

- Lets move away from this term please! **Voluntary** conjures up inappropriate images why not allow groups who work in non statutory sector to just be independent

Commercial interest

- Responsibility of messages in marketing pricing of non-alcohol / soft drinks. Unit labelling, promotional "happy hours" to be controlled
- % of profits to go towards service provision / prevention activities

Others

- Commissions have a part to play in commissioning **good** services that are effective

5.

Principles

- Sensible drinking messages
- Equity of provision for people with alcohol problems
- Clear drink / drive strategy
- Education framework for schools

*Evidence – please contact Andi Whitwam 01525 405220 for Bedfordshire
Strategy framework for alcohol and drug education*

Cultural / Behavioural

6. Define

- When it starts to impact on your life (see question 14)

7.

- Binge drinking
- Young peoples drinking
- Any risky use

Concentrate efforts

- Primary care, hospital setting
- Community safety and prisons
- Young people
- Licensing, too many outlets
- Addressing public attitudes and stigma
- Good, clear messages
- Workplace

8.

- Yes
- Reactive prevention

9.

- Yes, of course we should – reflected by local need

10.

- People may use more illegal substances if alcohol was not around
- Mental shift because it has been around so long
- People might make more dodgy brews, more moon shining, bootlegging

11.

- Are you talking about British or English?
- Pint after pint, Rugby culture, drinking to get drunk Brit's abroad
- Some myths, integral
- Regional differences
- Big Irish community in Luton (Guinness, Irish Whisky etc)

12.

- All, but particularly fashion, marketing and availability

13. Risk

- Not significantly because there are no clear messages

Health, prevention

14. Harmful

- Over the 2 / 3 and 3 / 4 per day recommended safe limits with no alcohol free days
- Drinking above would increase risk
- We would be looking at the impact on peoples lives – work family finances etc

15. Cost

- Not clear as professionals do not associate the alcohol component with the presenting illness
- These alcohol related illnesses are not monitored, we have no clear evidence of what alcohol related illnesses cost
- No monitoring done in accident and emergency, maternity etc with alcohol component
- No appropriate in patient / hospital bed care, no immediate access, long waiting lists for detox

Health benefits to the individual

- Not clear enough, people hear what they want to hear – inconsistent message (particularly coming thru' primary care sector)

Gaps

- Local information, we need a national picture and local picture.
We are sending research document by post APCS and see local research Lets Get The Measure Of It.
- No consistent approach by health professionals in gathering information

16. Costs

- a. And more emphasis on treatment in the community
- b. See 15

17. Prevention

- Early detection needed in primary care essential, but in any environment. This of course needs mandatory training in these settings
- Should be part of statutory qualification i.e. as student in health social services probation, prison etc
- Essential for every area to have a prevention team dedicated to this work with ability for commissioners to fund
- Workplace prevention, school prevention, part of driving test to learn about alcohol

18. BI

- Patients still not being identified due to lack of consistent screening
See APCS research
- BI works when used properly
- How will it work better - financial Incentive to primary health care but only if they do it well

19.

- Not enough funding for adequate treatment services – no money for alcohol services.
- Therapeutic services cannot access clinical treatment easily so no seamless services
- No funding for alternative therapies or counselling
- Commissioners need guidance on alcohol, greater liaison needed
- Accessibility though appropriately funded local services that are open in evenings to accommodate people at work

asc paper produced for local commissioners on difficulties surrounding detoxification

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- There is the concern that clients who go for inpatient detox tend not to stay the course because they do not see themselves as mentally ill
- Because of the current bed shortage for detox, mental health clients are given priority over alcohol detox clients thereby creating slow intervention/admission.
- Shortage of beds **could** mean inappropriate community detox resulting in clients being at risk.
- Detox needs to be an immediate response – having to wait for a bed for months only creates further complications
- If clients (who do not meet the criteria for community detox) were put on general hospital wards, this would be more conducive to addressing their medical problems (diabetes, fitting etc) they could then be successfully moved within the hospital link programme onto the next phase of community based day care.
- Community Detoxification could be effectively dealt with by devising a partnership model between community-based services and primary care.

20.

- Not always as good and effective as alcohol intervention
- Sadly, action follows money. Commissioners will only start to do things for this sector when there is money to provide it
- Illicit Drugs are giving a distorted view to the community as they think it is a bigger problem than alcohol
- So what have we learnt – money has been in abundance not used effectively and very little recognition for poly use (alcohol and other drugs)

Research carried out by **asc** community day care project JKP

This information is taken from assessment forms completed on clients entering onto a structured day care programme:

50% of JKP clients have used illicit drugs

20% of JKP clients are still using

Drugs, which clients have used or are still using:

Prescription drugs

Black market tranquillisers

LSD

Speed

Ecstasy

Cocaine

Heroin

Solvents

Cannabis

21.

- Appropriate training in licensed premises
- Local courses to focus on community safety issues tied in as mandatory with licensing legislation
- Toughened glass compulsory
- If serving in a bottles, bottles should be rubber and plastic

Workplace

- Legislation to enforce workplace alcohol policy as apart of Health and Safety Legislation
- To prevent repeats visits – arrest A+E referral
- Health promotion angle re accidents in the home
- Money allocated for large on going awareness campaigns e.g. in cinemas, bus shelters etc (as done in Australia lets learn from countries that have got it right
- People killing themselves or others drinking and driving / why don't you reduce the drink drive limit and introduce even better – zero limit

22. *Extracts from a paper produced by asc for local commissioners who were considering the best way to deal with this client group.*
- *Mental Health services tend not to treat the clients mental health problems until the alcohol problem has been addressed – so clients ping pong between services.*
 - *Difficulty exists within diagnosis as to whether the alcohol is the cause or visa versa.*
 - *Clients with alcohol problems suffer an additional stigma, which tends to put them at a disadvantage in a mental health setting. Dual Diagnosis clients could be effectively treated in a “safe” alcohol environment.*
 - *These clients who suffer complex problems are never usually diagnosed with dual diagnosis. There needs to be some clarification of this “label”. Are we going to say that all clients who have an alcohol problem **and** a mental health problem will be classified as “dual diagnosis” – because if this were the case 90% of JKP clients would fall into this category, these clients are reluctant to accept that – depression, anxiety, suicide, personality disorder etc. Constitutes a mental health problem but would be willing to address them alongside their alcohol problem.*
 - *If mental health clients are to be integrated into existing services there is a Mental Health Training issue for staff.*
 - *There is an issue about ‘dangerous clients’ with severe mental health problems and how information needs to be shared with agencies who adopt an holistic approach.*
 - *Structured Counselling needs to be part of the package available in JKP as psychotherapy programme will not be accessed by “alcohol client” – the classic response – I’m not going to a mental health unit with all those lunatics – their words not ours!*

Crime and Disorder

This has been compiled in consultation with police and probation services.

23. City Centres – links between alcohol crime and alcohol anti social behaviour.
- *Lets get the measure of it asc research. This we see is the beginning of the process in collecting evidence*
 - *Local evidence needs be in place, particularly in statutory services*
 - *Plot the criminal damage / may not be all alcohol related but just troublesome youths*
 - *Police does not record crimes effectively. Alcohol element needs identifying - internal police training issue*
 - *More information needed from Magistrates*
 - *Are wet centres needed / financially viable?*
24. Habitual re offending
Factors in habitual offending -
- *People who can not handle it*
 - *Aggression*
 - *Drink Drive issues*
 - *Stealing to fund habit*

A piece of local research done by probation service

Figures presented to a Magistrates Training Day when High Sheriff was present: before the world of DTTOs.

<i>Current community sentences</i>	<i>701</i>
<i>Drug or Alcohol problems already identified</i>	<i>225</i>

New Orders made since June 2000

<i>Probation Orders</i>	<i>164</i>
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<i>Alcohol problems identified</i>	<i>50</i>
<i>Drug problems identified</i>	<i>31</i>

<i>Combination Orders</i>	<i>73</i>
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<i>Alcohol problems identified</i>	<i>26</i>
<i>Drug problems identified</i>	<i>10</i>

Substance Mis – Use Referrals had the following links with offending.

Alcohol problems usually associated with: Drink / Driving, Common Assault, Domestic Violence, ABH / GBH, Affray, Theft of Alcohol

25. Criminal disorderly behaviour

- Perception of all criminal justice agencies is that alcohol plays a large part. What fuels the perception – press coverage, public seeing or being involved in fights

26. Design of environment

- Involvement of Architectural liaison officer (police)
- Incidents indicative of what happens when Night Clubs are put in inappropriate settings
- New licensing law and changes from magistrates court to LA - could this mean too many outlets?
- Transport, coaches boarded 10/11 o'clock to venues
- CCTV in buses in taxis
- "Safe routes" as in Manchester model

27. Impact on urban as opposed to rural

- Drink drive issues
- Rural areas would suffer from residential noise
- Long response times for police

28. Designing out

- Bottle banks, employment of extra staff to manage this
- Rubber bottles, greater vigilance by door staff
- Use of toughened glass
- Put dye in date rape drugs that shows up in drinks
- Manufactures of drink should play a more responsible role

Local courses currently run by asc

- *Designing out drugs in licensed premises*
- *Training licensees – local course to address community safety issues in licensed premises*
- *Combination of local and national training and national qualification BIIAB*

29. Multi – agency approach

- Community Safety, crime and disorder partnership
- Prevention approach

30.

- Not just Young people – parents as well
- Targeting specific age groups – looking at how different ages get into trouble with different behaviour

31. Different patterns

- Antiquated licensing legislation needs bringing up to date
- What is going to be the impact on policing at early hours of morning
- Licensees working longer hours – is this good practice?
- Will local authorities be able to cope with 24hour drinking culture

32.

- Instant fines don't work for drunkenness
- Use of street wardens, (cheaper option than police,) or visible presence of purchased policing used as a deterrent but needs recourse, alcohol free zones will only work if well monitored.
- Community support officers need to be better resourced
- Registered door schemes are not always effective depends on quality of training and standards

33.

- Should be more of a campaign about responsibilities

34. Drink / Drive

- More and more cars on the road, lack of public transport
- Emerging evidence of drugs and driving

35. Domestic violence

- Big, big area needs resourcing needs multi disciplinary approach. Beginning of this work could be done in an arrest referral scheme but this also needs resourcing

36.

- All children and young people. This is a general education need
- Children of problem drinking parents
- Excluded young people
- Children of problem drinking parents
- Looked after children
- Those in communities with few or no diversionary activities (e.g. rural/isolated areas)
- Children from families where parent(s) are either teetotalers or heavy drinkers

37.

- Children who have a school phobia
- Young people who are using both alcohol and other drugs
- Young people who are using both alcohol and other drugs who are excluded because of their misuse
- Young people who are involved in criminal behaviour
- Those going through the prison system
- Homeless/street drinkers
- Anyone going through the criminal system
- People with mental health problems – dual diagnosis
- Adults that have grown up in a problem drinking environment
- Anybody encountering stress, who is using alcohol as a coping mechanism

38.

- A large number of young people who are involved in criminal behaviour / alcohol come from one parent families
- Young people living in areas of deprivation / poverty. Example in Bedfordshire in Marsh Farm current New Deal status for deprivation
Interventions should be aimed at minimising the number of professionals/agencies providing support to people with both alcohol/drug and mental health problems. These agencies should also work together to ensure clients do not fall through a gap in service provision

39.

- Some caution needed as connections and similar initiatives are in infancy
- What gets in the way of joining up services?... territory!

40.

- Front line staff e.g., Social Security Employment need alcohol training with this client group re stigma issues and recognising and identifying young peoples alcohol problems

Education and communication

41.

All of these are objectives, which should be worked towards. The overall aim should be to raise people's awareness of the substance itself – giving good information so people can make good decisions: i.e. that it is a depressant, that it causes de-hydration, can reduce fertility, changes with tolerance, etc. but what is also needed is specific information giving to make 'units' a real concept to understand and use. People could then relate it to sensible drinking and drink driving. This would involve:

- Mandatory unit labelling on bottles/cans plus the sensible drinking guidelines
- Mandatory unit labelling in licensed premises i.e. on beer pumps, menus etc.
- High profile publicity on the sensible drinking levels and on health risks above these levels

42.

Information giving and the opportunity for self and offence analysis as provided through the Drink Impaired Drivers programme (through the National Probation Service) demonstrates change. In 2 years of the programme's delivery:

- 14% re-convicted
- 21% went to prison
- 28% served other community sentences
- 89% of those who commenced the course, completed it,
- However 64% of those who breached the course re-offended

43.

The sensible drinking message is reaching people in pockets, due mainly to local initiatives. Anecdotally:

- Adults who are already aware of units are much more aware of previously publicised weekly guidelines rather than daily. People who are aware of the change in unit system think the overall levels have increased as they do not take into consideration the 2 alcohol-free days per week
- People do not know how many units are in the different servings of drinks – units need to be brought up to date and need to reflect the servings and increased strengths of alcohol
- The percentage proof of drinks only confuses people – labelling should only present the percentage ABV
- Sometimes people mistake any unit related information as relating to how much you can drink before you drive and pass the breathalyser

44.

Research reaches us through bulletins from organisations like Alcohol Concern or we explore the research field ourselves, **asc** then chooses how to use the information, taking lead from Alcohol Concern.

45.

Yes:

- Young people with learning disabilities
- In prisons
- Older people
- Parents (as role models)
- Workplaces, particularly where personal and client safety are at risk, e.g. doctors, bus drivers, factory operatives

46.

One of their responsibilities as employers is to have an alcohol policy in place. This would adopt a health promoting approach, as opposed to disciplinary, and include employee awareness and support.

Curricular and extra-curricular activities should provide alcohol education to students in appropriate formats and where possible within a co-ordinated approach with other local services (e.g. drug education agencies, police). This would mean bringing in 'guest speakers' to facilitate learning.

Learning providers, i.e. teachers, should also receive awareness to **support** work carried out by the invited speakers, through pre- and post-visit classroom work, which is essential. These sessions with external, specialist agencies should enhance the learning – not replace it.

Colleges and universities – have a responsibility to encourage sensible drinking and provide education and support in achieving this i.e. materials, information, high-profile

awareness/campaigns, alcohol availability/promotion and should link via student support services/counsellors. Peer educators and support/ interventions should link in from local services with referrals systems in place.

47.

- Through schools parents evenings
- Pupils taking leaflets/information home
- In drinking outlets – pubs, supermarkets, off licences (provision of literature and high profile publicity)
- Input into/through parenting courses
- Training professionals working with parents to cascade information (social workers, Relate)

48.

Government-led publicity (e.g. drink drive) achieves high profile risk awareness and is useful in drawing people's attention to issues. Once the issue is raised there needs to be backing up on a local basis by giving the information on how to avoid this risk and, for example, achieve sensible drinking. The government could run publicity campaigns (TV, poster etc.) and provide funding to local agencies to bolster this and go into more detail, i.e. training, awareness raising events, materials.

Messages need to have a human angle, be simple and realistic.

The government has thus far been unsuccessful in highlighting to the public the true extent of alcohol related harm and the delays in even getting this strategy up and running have not sent out the right message about the impact of alcohol on our society.

49.

That the 'just say no' approach does not work and that shock tactics are questionable. Peer education if carried out with good practice can be effective in prevention and awareness raising. Harm minimisation is a realistic and valid approach to the 'drug' alcohol.

50.

- Mobile phone texting should not be legal as a means to advertise.
- Advertising in films should be prohibited unless the film has an 18 certificate or above. The current voluntary Code (The Portman Group) for advertising should be mandatory

51.

The quantities in which alcoholic drinks are served is not likely to reduce, but increase as it is currently doing e.g. wine no longer being served in 125ml glasses but 175 and 250ml. Glasses also being replaced by goblets – designed specifically to hold a quarter, third, half or more of a bottle of wine.

The stronger beers, e.g. Stella Artois, may well continue to be more popular than the 'ordinary strength' beers.

Quick fix, buzz drinks e.g. sidekick and aftershock, will continue to be available

The ever-growing variety of alcopops and mixer drinks does not show signs of reducing and the appeal to young people may well be continued although the marketing itself is not always directed at this group.

52.

The degree to which fashion and trends influence the consumers choice of alcohol should not be underestimated – it is huge. The appeal, for instance, of alcopops to young people is great and maximised by the many manufacturers. An example of the fashion industry itself linking in is the alcopop by French Connection. The drink industry will continue to evolve rival the drugs industry with the quick hit, instant buzz drinks.

53.

Research will provide the backbone to addressing alcohol misuse but the approach has to be wider than that, incorporating promotional restrictions in licensed establishments (happy hours etc.), publicising the reality of alcohol's impact on individuals' lives and localised initiatives.

54. -

55.

The soft drink manufacturers could be both more innovative in the drinks it currently offers and provide non-alcoholic alternatives at a cheaper price as it is not always that cost effective to be the non drinking driver. A good example currently is the juice drink J2O. This is presented as a trendy drink, tastes good and has a clear, positive, awareness raising message in it's advertising.