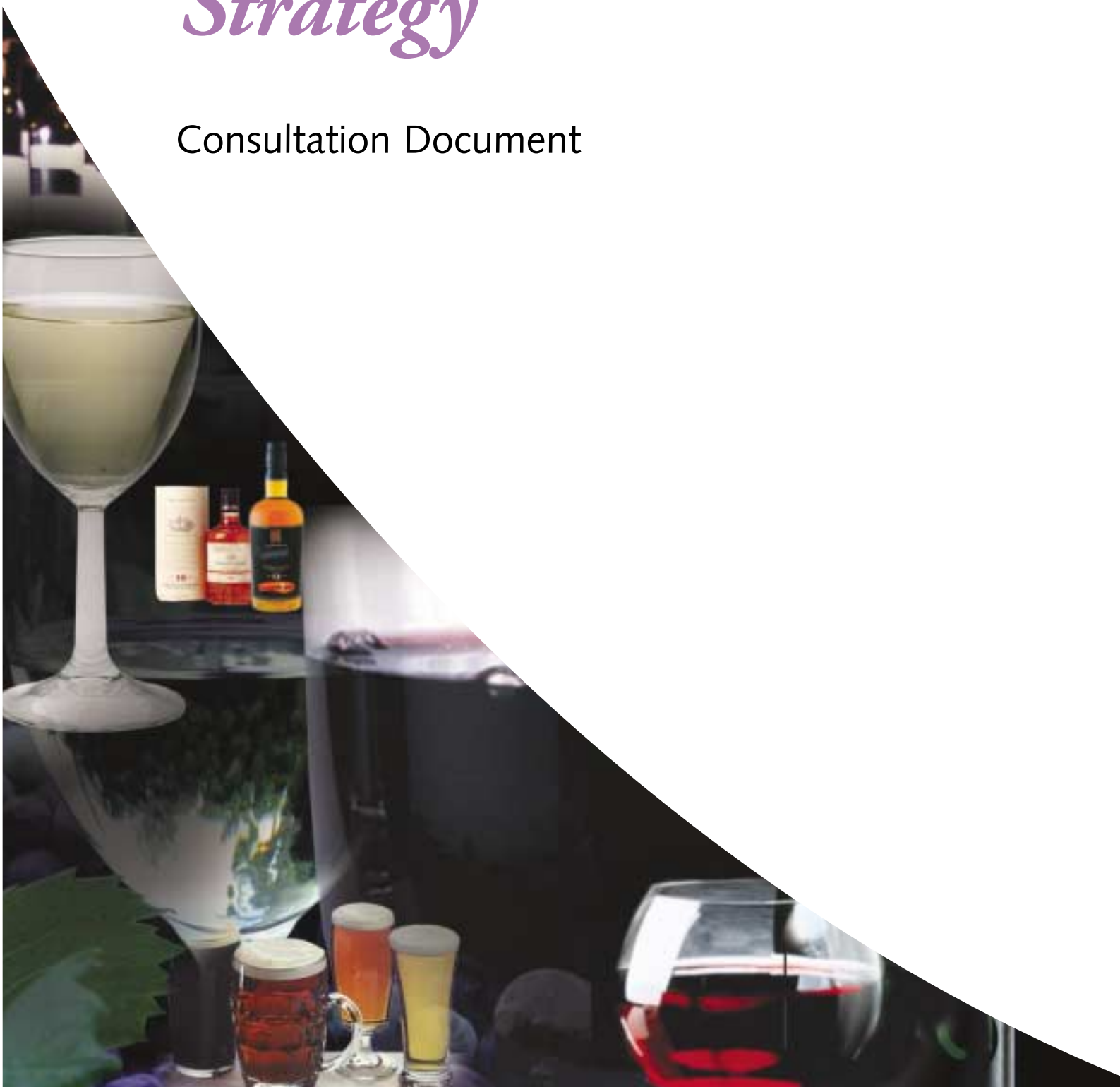




National Alcohol Harm Reduction Strategy

Consultation Document



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Foreword

Most adults in England drink and the majority drink sensibly. For them, drinking is part of a pleasurable social experience which causes no harm either to themselves or to others. Government has no need to intervene in this enjoyable aspect of life.

But there is another, less pleasant side. For some people the misuse of alcohol brings serious consequences for the drinkers themselves, for their families and friends, and for the community as a whole. And this is a legitimate area of concern for a responsible Government.

Misuse of alcohol generates complex problems which need a co-ordinated response. The Government is committed to producing a national strategy for England to tackle the harmful effects of alcohol. The strategy will offer a clear and coherent way forward:

- to identify and where possible prevent the consequences of alcohol misuse;
- to help those who suffer the consequences of alcohol misuse; and
- to manage the consequences, for example tackling disorder and anti-social behaviour on the streets.

The NHS Plan said that the Department of Health would be implementing a national alcohol strategy for England by 2004, and we are on course to achieve that target. The Prime Minister has asked me to act as the sponsor Minister for a Strategy Unit project on tackling the problems associated with alcohol misuse. In line with the Unit's normal approach the project will bring a cross-cutting perspective and a rigorous analytical approach to the difficult issues raised by alcohol misuse. Over the coming months the Strategy Unit will be working closely with the Department of Health and other Government Departments to develop a national alcohol harm reduction strategy.

This consultation is a critical first stage in the development of the national alcohol harm reduction strategy. It is being undertaken jointly by the Department of Health and the Strategy Unit, and I welcome this in my dual role as Public Health Minister and as Sponsor Minister for the Strategy Unit project. The consultation will focus on the questions and issues which must lie at the heart of any alcohol harm reduction strategy and ensure that the project draws on the widest pool of knowledge and experience. I know a great deal has already been done in the field, and the strategy will aim to build on the experience and expertise that already exists.

This document will form the centrepiece of a conference in London on 22 October and of three regional events. We shall be seeking feedback on it there. But that is just the starting point. Over the next three months you are invited to share your views with the project team by letter or e-mail. There are contact details at the end of this document.

The next stage in the process will be for the Strategy Unit to produce an interim analytical report early in 2003, which will be posted on the Strategy Unit's website and on which comments will be welcomed. At this stage the Department of Health and Strategy Unit will hold further consultation events to

consider issues arising from the analysis produced. The aim is to conclude the project by the summer of 2003 with the production of a final report which will form the basis of the Government's national alcohol harm reduction strategy for England and will be implemented across Government.

The rest of this document poses a number of questions about alcohol misuse. We would like you to consider and answer these questions, and over the next three months to give us:-

- your views on whether we have identified the key issues;
- your ideas and solutions for future action;
- your thoughts on current practice – what has worked well and what could work better.

Details of how to respond to the consultation are given on page 12.

I do hope you will take the opportunity to respond to this consultation. We need your thoughts, views and ideas in order to shape the future direction of alcohol policy in a coherent and effective way.

A handwritten signature in black ink, appearing to read 'Hazel Bleas', with a horizontal line underneath.

Hazel Bleas

Introduction

92% of men and 86% of women in Britain drink alcohol, and drinking plays a mostly enjoyable part in our culture. But not everyone drinks in moderation and alcohol misuse can have serious consequences. Some of these consequences can be seen clearly: town and city centre violence and disorder on weekend evenings, teenagers drinking in parks and public places, and people with serious alcohol problems who drink on the streets and are at risk of homelessness. Some of the consequences may not be quite so obvious – working days lost to sickness and absenteeism resulting from hangovers, people whose health is damaged due to long term heavy drinking and the effects on families where one parent or both parents misuse alcohol.

The Government believes that there is a role it can play to reduce the harm associated with alcohol misuse, for example by providing information, education and advice about the risks of drinking, and by supporting and protecting people who are vulnerable to alcohol misuse and its effects. The Government has therefore made a commitment to implement a National Alcohol Harm Reduction Strategy by 2004. This strategy will need to acknowledge the complex nature of the problems caused by alcohol misuse, and recognise that effective action to tackle these problems will need to involve not only Government, but also key organisations such as the police, local authorities, the NHS, Drug and Alcohol Action Teams, voluntary organisations, employers, the drinks industry and others who can influence behaviour, as well as individuals themselves.

The development of the strategy

The Prime Minister has asked the Strategy Unit to play a key role in developing the National Alcohol Harm Reduction Strategy. The Strategy Unit's approach is to conduct a rigorous analysis of the evidence base, and apply creative and innovative thinking to new ways of tackling problems. It is able to bring a cross-cutting perspective to areas which span several parts of Government.

The objective of the Strategy Unit's project will be to develop a vision, principles and framework for a strategy on harm reduction for England, working closely with the key Government departments and a range of key stakeholders inside and outside Government. The strategy will then be implemented by the Department of Health, in conjunction with other Government Departments. The project will be completed by the summer of 2003.

What do we want to know?

Our first task is to determine whether the correct issues have been identified. This consultation is a key part of that process. The responses will be used to clarify the areas of work to be covered, and to help to shape the direction and outputs of that future work.

In addition to developing the principles that should underpin the strategy, we have identified the following areas of enquiry:

- i) the cultural and behavioural issues around alcohol use and misuse
- ii) health: prevention, treatment and the impact on the NHS
- iii) crime, disorder and anti-social behaviour: the effects on our surroundings and community
- iv) the implications for vulnerable groups, including children
- v) education and communication
- vi) the shape of the market and market-based solutions
- vii) the economic costs and benefits of alcohol

For all these we want to bring together information on:

- Key facts and figures: what evidence is available? Where are the gaps?
- Trends: which factors created the current situation? What are the likely trends and scenarios for the future?
- Current approaches, both in terms of policy and in terms of delivery of services on the ground. What works well? What could work better? Where are the gaps? How well do policies and organisations join up and what are the barriers to more joint working?
- International comparisons. What can we learn about what to try and what to avoid? How well do these lessons read across to English culture?

We set out below specific questions in the identified areas on which we will want to build up analysis and form views. Your input would be warmly welcomed. It would help us if you were able to reference your responses according to the numbering on the questions below.

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?
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?
3. How can we strike a balance between individual and community rights and choices?
4. What are the respective roles and responsibilities of consumers, voluntary groups, commercial interests and others?
5. What principles should underpin a national alcohol harm reduction strategy?

The cultural and behavioural issues around alcohol use and misuse

Alcohol misuse and its impacts play out against a wider canvas of behaviour and attitudes related to alcohol: we need to understand this wider picture in order to understand how to influence and reduce harmful effects.

Questions

6. How do you define alcohol misuse? What factors do you take into account?
7. What drinking patterns should an alcohol harm reduction strategy seek to affect? How susceptible are such patterns to change? Where should Government concentrate its efforts in prevention?
8. Is there a relationship between trends in drinking and wider social changes – e.g. the spread of higher education, changes in workplace culture, later marriage and/or family formation? Where does this suggest we need to focus attention in influencing behaviour?
9. One group we need to focus on specifically is young people, where the evidence suggests a rise in consumption, particularly by young women. Are there other groups we should be focusing on? For example are there specific issues around minority ethnic attitudes to, and use of alcohol which we should bring into our analysis?
10. It is easy to focus on the negative aspects of alcohol use and misuse. But what are the positive cultural and behavioural (as opposed to economic) aspects? What parts of our culture would change for the worse if we did not have alcohol?
11. Is there such a thing as a recognisably English drinking culture and if so what does it look like? What are the factors which influence it – for example are there sharp regional differences? Does it look different for different ages groups?

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

Health: prevention, treatment and the impact on the NHS

The effects of alcohol misuse cost the NHS money. There are direct costs both to the NHS and in social care in treating those with alcohol dependence. And there are a host of indirect costs through alcohol-related illnesses and accidents; through violence fuelled by alcohol; and through mental illness and depression associated with alcohol misuse; and through the mixing of alcohol with illicit drugs. But there is also some evidence that moderate alcohol use for some groups can be beneficial to health.

Questions

14. How do you define harmful drinking? What factors do you take into account in deciding whether heavy drinking has become problematic drinking?
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.
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?
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?
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?
20. What can we learn from drugs prevention and treatment?
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?
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?

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

34. Drink-drive policies are generally acknowledged to have been successful. What can we learn from them?
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 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?
37. What other groups would you identify as particularly at risk and vulnerable to the harmful effects of 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?
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?
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?

Education and communication

All of us receive messages about alcohol to some extent. We see advertising for alcohol and respond in various ways depending on our preferences. Information on sensible levels of drinking is also available. And messages on the consequences of getting it wrong can be clear – most obviously for drink-driving. These are powerful tools for giving information and shaping perception. Do they alter behaviour?

Questions

41. What should be the objectives in this area? Is the aim to raise levels of awareness? Is it to inform more specifically? Is it to change behaviour? Are there any particularly successful or unsuccessful examples we should be aware of?
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)?
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?
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?
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?
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?
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?
61. Are there particularly effective workplace-based initiatives designed to tackle alcohol misuse that we should be aware of?

How to respond

You can send comments to:

SU/DoH Consultation
Room 4.6
Admiralty Arch
The Mall
London SW1A 2WH
E-mail: su-dohconsultation@cabinet-office.x.gsi.gov.uk

It would be helpful to receive comments by e-mail where possible.

The deadline for responses is 15 January 2003.

Further copies of this document can be ordered from:
Department of Health Publications
PO Box 787
London SE1 6XH

Telephone: 08701 555 455
Fax: 01623 724 524
E-mail: doh@prolog.uk.com

This document is also available in electronic format at:
<http://www.strategy.gov.uk/2002/alcohol/consultationdoc.shtml>
<http://www.doh.gov.uk/alcohol/alcoholstrategy.htm>

What happens next?

This consultation exercise will run until 15 January. This document will form the centrepiece of a conference to be held in London on 22 October, and will be supported by three regional events during November. The responses will inform the development of a Strategy Unit interim analysis paper, which will be posted on the Unit's website early in 2003 and will form the basis of developing policy options and producing the final report. You can keep in touch with this work by visiting <http://www.strategy.gov.uk/2002/alcohol/main.shtml>. We cannot reply personally to every submission, but would be grateful for contact details so that we can contact senders if we need clarification of points or further information.

If you have any comments about the consultation process please contact Paul Greening.

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