TOWARDS A PRAGMATIC POLICY

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WHY DOES GOVERNMENT NEED AN ALCOHOL STRATEGY?

- Over 90% of adults in Britain - nearly 40 million people - drink alcohol. The majority do so with no problems most of the time. However, alcohol misuse brings with it significant harms, both to the drinker and to others.
- The government has a commitment to produce an alcohol harm reduction strategy for England by 2004.
- There is a need to look into a breadth of issues and feed the results of research and discussion into a policy making process to develop the new alcohol strategy.
- A wide group of stakeholders is involved in the identification of the problems, including the police, medical experts, the business sector, and voluntary and community groups, in order to improve the dissemination of information and the testing of evidence.

THE ALCOHOL CULTURE IN BRITAIN

- The English drink more than the Swedish but less than the French or Irish.
- 5.1 million men and 3.1 million women presently drink more than is recommended by the Chief Medical Officer.
- Consumption of alcohol has risen since the 1950s but is still 25% less than in 1900.
- Alcohol is consumed more often than in the past, with both sexes, but especially women, drinking on more days of the week than before. One in four women now drinks on three or more days per week.
- The increase in problem women drinkers is particularly worrying. Nearly twice as many women now drink above the sensible guidelines as did in 1988.
- Problem drinking is increasing in young cohorts aged 16-25 and the rise is particularly sharp in young women.

WHAT ARE THE HARMS CAUSED BY ALCOHOL? WHAT IS THE SCALE OF THESE HARMS?

- There is a clear statistical link between the amount drunk and the indices of harm, such as accidents and cirrhosis of the liver.
- To maintain a balanced view, the positive aspects of alcohol, people's enjoyment of drinking and the cultural aspects of bringing people together, must also be considered.
- There are four major categories of harm: health, crime, productivity and social harms on communities. Alcohol problems do not create these harms but increase the risk of people suffering them.
- Alcohol is widely enjoyed by society and is a major part of the economy. One million jobs depend on the alcohol industry.
- Alcohol use is embedded in our culture. Alcohol is drunk to mark special occasions and much of our language and culture is connected to drinking.

HEALTH

- Health problems include cirrhosis, strokes, heart disease and alcoholism, contributing to very large numbers of deaths.
- 30,000 people are estimated to be heavily dependent on alcohol. The ill effects of drinking are becoming apparent in much younger people.
- Acute problems include increased chances of accidents, usually in young drinkers, and alcohol poisoning.
- There is, however, some evidence to suggest low volume drinking protects against heart disease.

CRIME AND DISORDER

- It is difficult to provide evidence that alcohol use per se causes crime and disorder.
- Alcohol consumption is very common in cases of physical harm and violent crime. It is implicated in three-quarters of all stabbings and nearly half of all violent incidents.
- Alcohol is linked with nearly 360,000 incidents of domestic violence each year.
- 25% of the population are concerned about the effects of alcohol on public order.
- Alcohol makes a significant contribution to worries about crime and safety, contributing to a perception gap between crime rates and how safe people feel in their communities.
- Drink driving is much less prevalent than 30 years ago but there has been a slight upward trend recently, so it is not possible to be complacent.

PRODUCTIVITY

- Alcohol causes a major loss of productivity through premature deaths, lost jobs, short and long term sickness absence, and stunted careers.

SOCIAL HARMS

- Alcohol has many effects on problem drinkers' lives and the lives of their families. Children of heavy drinking parents are much more likely to have problems both in childhood and later in life.
- The impact on policing is enormous with massively increased costs as police resources are diverted into simply maintaining public order in city centres.

WHAT TURNS DRINKERS INTO PROBLEM DRINKERS?

- Particularly vulnerable groups in society should be a clear focus for interventions.
- Young binge drinkers are on the increase and are particularly susceptible to the acute dangers of alcohol.
- Regular very heavy users, usually men in their late 30s and 40s, are also a problem group. They often have difficulty holding down jobs and their drinking is likely to have a large impact on their families and home lives.
- Those with complex needs including the homeless, those in care, and people going in and out of prison are an extremely vulnerable group. Alcohol and often polydrug abuse are a real issue for this group.
- There is some evidence that problematic drinking behaviour has begun to extend beyond a phase of youth.

- There are a host of pressures and factors that affect the choice to drink, e.g. personality, attitudes and beliefs, surrounding culture, ethnicity, age, gender, family status, life experiences etc.
- Drinking behaviour is also driven by factors within governmental control such as the price and availability of alcohol, and the nature of drinking establishments and advertising. The interaction of all these factors and the impact it has is almost impossible to predict.

Principles of Forming a Good Policy

- Policy needs to be practical, affordable, acceptable and possible to implement.
- Recommendations need to be robust, defensible and evidence-based because there are some powerful vested interests in the alcohol market.
- Policies need to reflect the reality of cultural issues and acknowledge the present situation in which drinking is an accepted activity.
- There exists a need to target the real harms to the individual and the wider community, including premature deaths, ruined lives, and drunken behaviour in town centres.
- There will be a large amount of debate on what approach to adopt. A whole population approach attempts to lower the levels of people's drinking in general. A targeted approach targets those for whom drinking is a particular problem.
- Evidence must be gathered from diverse sources because the strength of the strategy depends on the rigour, weight and credibility of the evidence that underpins it.

What Interventions are Likely to be Effective?

- Adopt a multistrand approach incorporating evidence from all areas because there are no quick fixes and long-term objectives must be considered.
- Target interventions at transitionary periods in people's lives.
- Convince the alcohol industry, the government, local communities and individuals to take some responsibility.
- Aim to prevent harmful drinking developing by giving people enough information and knowledge to make their own sensible choices.
- Aim to identify problem users and make sure they get help. More can be done to refer people across institutional boundaries. Need to look at drinking in the workplace and ensure people have access to occupational health.
- Use the health service as an early warning system, as health professionals may often be the first contact for problem drinkers or their family members. They need to receive more training on how to make appropriate referrals.
- There is growing evidence of the effectiveness of brief primary care interventions. GPs and practice nurses need to be trained how best to intervene at the early stages of problematic drinking.
- Attempt to manage the environment to reduce the opportunities for harmful drinking; tackling city centre culture; address the multiplicity of bars and chains of bars; put controls on advertising especially that aimed at young people.
- Manage the consequences of harmful drinking by rehabilitating people, in order to reintegrate them into their families and working lives.

QUESTIONS & ANSWERS

The importance of working across departments has been highlighted but have you thought also about working across drugs? There is an advisory council on the misuse of drugs but it does not cover alcohol and tobacco. Have you considered including alcohol for means of reference?
There is a need for coherence of policy and action across the different substances. The National Treatment Agency was set up to try and bring some coherence to the field of drugs, which did not exist before. There is pressure from the NTA to impose the same standards, frameworks, and models of good practice to alcohol research and policy as already exists with other drugs. In public health terms, there is a risk-taking behaviour that underpins the use of all drugs and is also evident in areas like sexual health. This needs to be targeted by broader policy thinking.

Can we do anything to make it more difficult for young people to start drinking before the age of 18?
A harm reduction model is at the heart of government thinking on alcohol. Many people start drinking before the legal age but when you talk to young people, you often find they are very conscious of some of the problems associated with alcohol. Many youths believe people should not have access to alcohol at an early age. Licensing powers are in existence but are not utilised to their full capacity. It is illegal in England to sell alcohol to someone that is already drunk but this law is rarely enforced. There is a need to create a stronger enforcement culture, and highlight at what age it is appropriate to start drinking. Increasing the legal drinking age to 21 would incur extreme difficulties in terms of enforcement and licensing.

There are no treatment facilities for alcoholics in prison except intermittent Alcoholics Anonymous meetings. Does the new strategy include provision for treatment of people who commit crimes and end up in prison?
There is a pressing need for 'throughcare' in the prison system, ensuring not just treatment services in prison but a smooth transition on re-entering the community. It is important to have someone responsible for the person's treatment from arrest, through the sentence, and after release. Some treatment agencies are already doing this with hard drugs like heroin and cocaine but are not specifically targeting alcohol abuse, despite the fact that most drug addicts also are also problem drinkers. Although these agencies are funded for drug work, some of their resources are put into alcohol work. Ensuring people receive treatment in prison is a top government priority but the health service and support base in prison has been lacking for many years, particularly in terms of the mental health of prisoners.

Evaluations of alcohol education in schools have shown it not only fails to discourage alcohol use but may even encourage it. Public campaigns, although politically very attractive, are also ineffective. Why are these least effective policies the most politically popular? Why are we not putting money into less popular but more effective strategies?
Drug and alcohol education in schools is not completely ineffective. Research has shown that giving young people information about risk-taking behaviours, providing them with the opportunity to make some informed choices about how they lead their lives, can be quite effective. Anti-smoking public health campaigns have proved very effective and their lead should be followed. The recent campaign on the dangers of passive smoking has begun to alter people's perceptions and attitudes. Alcohol may not be the subject of such large-scale public health campaigns but these should not be dismissed as a way of influencing people's decisions in a public health mode.

Should more advice be given to local public health officials so they are better placed to deal with alcohol-related problems? How is the government dealing with the proven link between alcohol intoxication and injury and victimisation, aggression and violent behaviour?
There has been an attempt to engage Accident & Emergency departments in doing routine surveillance of those attending. However, it has proven difficult to engage public health service workers to provide information, bar a few notable exceptions. There is a need for systematic surveillance and screening to check accident and alcohol correlations, which would logically be followed by appropriate treatment referrals. The public health agenda is attempting to get people to take some personal responsibility for their health but there is also a need to consider what communities can do to make their environment a healthier place to live in. Links between heath and criminal justice are beginning to be made more overtly, targets to reduce crime and increase people's sense of confidence in their community existing in both government departments.

As drug prohibition is a major criminogenic factor, why not just legalise the drugs?
The government genuinely believe that illegal drugs, particularly class A drugs, are harmful, can kill, ruin lives and trap people in a cycle of addiction, particularly vulnerable people without the support mechanisms to help them change. The clear government position is that drugs will remain illegal. The drug strategy attempts to target the most harmful drugs, putting an emphasis on reducing the supply of drugs and on treatment, helping people escape from addiction and rebuild their lives.