

alcohol

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ALERT



**England's National
Alcohol Strategy:**

safe in Tony's hands

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Government 'influence'

An influential House of Lords committee pulls no punches in accusing the Government of ignoring the advice of police and road safety groups and accepting the arguments of the alcohol industry. This occurred when ministers performed a U-turn on the drink-drive limit, which they had previously indicated that they were "minded" to reduce from 80mg to 50mg.

David Jamieson, the Road Safety Minister, announced in March that the Government was turning its back on this proposal, which would have lowered the drink-drive limit to that in force across most of the European Union. Just before the decision was taken, Mr Jamieson had several meetings with the Portman Group, the organisation established and funded by the drink industry which has always strongly opposed reducing the legal limit.

The Department for Transport chose to accept "research" commissioned by the Portman Group showing that cutting the limit was the least effective of a list of measures, which included better education and

stronger enforcement of the existing law. The Lords' report points out that there is no inconsistency in combining such measures with a lower limit.

The drink industry is alarmed that the 50mg limit would damage the pub trade. On a wider front it, and the Portman Group, are eager to head off any move towards greater statutory regulation.

Mr Jamieson, when giving evidence to the committee, repeated a hypothetical line of argument put forward by the Portman Group that there might be a public backlash against a lower limit which could lead to drivers ignoring the law. This contention would seem to fly in the

face of surveys indicating that a majority of the public appreciate that a lowering of the limit would save lives and favour the move. Indeed, the House of Lords European



nt 'under the

Union Committee's report, in condemning the Government's U-turn, says it could cost fifty lives a year which would have been saved had the European limit been introduced.

"We note that the department's position coincides with that of the alcohol industry but is opposed by local authorities, the police, the British Medical Association, the Automobile Association, the Royal Society for the Prevention of Accidents, the Transport Research Laboratory, and the Parliamentary Advisory Council for Transport Safety," the report concludes.

Lord Brooke of Alverthorpe, the committee's Labour chairman, said that he was surprised by the apparent influence of the drinks industry. He said ministers may also have been worried about alienating car drivers. The report pointed out the theoretical anomaly that, as a result of the EU Convention on Driver Disqualification, drivers could now be disqualified from driving in the United Kingdom for exceeding the lower limits in force elsewhere in Europe.

The peers on the committee suspect that the Government rushed out its decision in March before the publication of their report in which they emphatically come down in favour of the a reduction in the limit.

The committee draws attention to the fact that the campaign to reduce drink-driving has lost momentum in the past

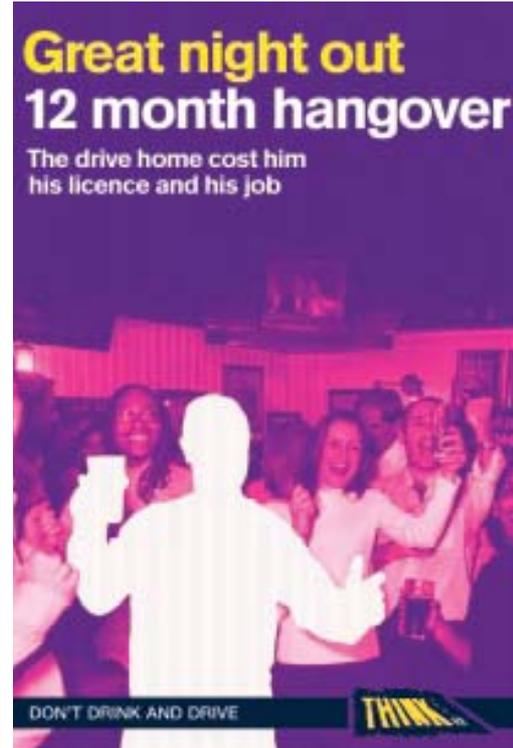
ten years, with the number of casualties in drink-drive crashes beginning to rise again. In addition, the Government's re-stated aim to make significant reductions to the number of those killed and injured on our roads strikes many experts as ironical in the light of its decision on the drink drive limit.

The number of people killed or injured in such crashes in England and Wales rose from 15,590 to 18,030 between 1998 and 2000.

Jean Coussins, director of the Portman Group, said: *"There is a risk with the lower limit that people would think 'I'm already over the limit with one drink so I might as well have three'."* She did not explain what her evidence is to show the degree of likelihood of this claim and how much it weighs against the evidence indicating that fifty lives a year would be saved by lowering the limit.

Nor did she explain how it is that in other countries reductions in the legal limit have brought about reductions in drunk driving and in the number of associated casualties.

Although a spokesman for the Department for Transport said that *"the decision not to lower the drink-drive limit was not made because of any pressure group – the Portman Group or any other"*, the House of Lords report will



confirm the suspicion in the minds of many that the Government allows itself to be influenced by drink industry pressure groups rather than experts in road safety, law enforcement, and alcohol policy. ■



Now you see it, - the national alcohol strategy revisited



Above: Tony Blair

The national alcohol strategy, which has been repeatedly promised for four years and which has been subject to countless delays, appears to have been hit into the long grass and may lie there for some time. In more sedate days, a Royal Commission might have been set up and the issue would have

disappeared forever; the Chairman would have received a knighthood but nothing much else would have happened. In this more urgent, modernised world, the problem disappears – in this case not forever but for “six months” - into the maw of the Strategy Unit, a division of the ever-expanding Cabinet Office. This is precisely what has happened to the subject of alcohol misuse and the thorny topic of the national strategy. In response to a parliamentary question, Douglas Alexander, Minister of State for the Cabinet Office, has announced that “the Prime Minister, Tony Blair, has asked the Strategy Unit to carry out a project looking at how to tackle the problems associated with alcohol misuse”.

At first sight, it appears that other arms of the Government did not know that this was about to happen. At the dispatch box on 18th June, Hazel Blears, the minister for public health who “leads” on alcohol issues, gave a categorical assurance to Glenda Jackson, MP, that the alcohol strategy was, even as she spoke, moving through the process of consultation between relevant government departments. On the 28th June,

speaking at a conference in Newcastle-upon-Tyne, the Chief Medical Officer, Sir Liam Donaldson, said that a draft version of the strategy would at last go out to consultation in “the late summer”.

It is worth looking at what Sir Liam said on 28th June, since it was implicit that he was outlining the main points of the national strategy. After emphasising that the problem of alcohol misuse not only

involved the effect on people’s health, but also social damage such as crime and disorder, accident and injury, and social exclusion he went on to say that “action to deal with this will therefore need to go beyond action by the NHS ... the Government, working together with the NHS, non-governmental organisations, the drinks industry and other stakeholders can: (i) identify early people who are problematic drinkers and intervene to help them modify their drinking patterns; (ii) work to change attitudes to problematic drinking to make it less socially acceptable; (iii) convey a consistent message on how to minimise the risk of using alcohol; (iv) provide treatment for those who suffer alcohol-related illness or who are chronically alcohol-dependent; and (v) act to limit the social damage, such as violence and disorder, created by alcohol misuse.”

In the light of the wording of the Strategy Unit’s “scoping note”, it may well be that the ground was being prepared for the removal of responsibility for the national strategy from the Department of Health to a body more responsive to the requirements of other stakeholders – such as the drinks industry mentioned by Sir Liam.

Below: Sir Liam Donaldson



now you don't

Echoing the refrain of the drink industry's Portman Group, the scoping note begins with the statement, "*The large majority of people in Britain who consume alcohol, enjoy doing so without causing any harm to themselves or others.*" It then goes on to outline "the range of possible problems" which may result from excess drinking:

- crime, disorder and anti-social behaviour, particularly violent crime outside pubs and clubs and domestic violence;
- a range of health impacts from accidents and injuries to serious chronic conditions, such as liver cirrhosis;
- hazardous drinking by underage drinkers, who are more vulnerable to the detrimental health and other impacts of alcohol misuse;
- problems for vulnerable groups e.g. children with alcohol-dependent parents or carers, those suffering mental illness and rough sleepers.

Asked by *Alert* why the issue had been removed from the Department of Health, a spokesman for the Strategy Unit said that it was felt that it was best addressed by an "overarching" body which brought together all the departments of government with an interest in the alcohol problem. In the words of the scoping note, "*These are significant issues which cut across a number of policy agendas and need co-ordinated action from Government and service deliverers*". There is no explanation given as to why it has

taken four years to come to this very obvious conclusion, years during which the Department of Health has dealt with the issue whilst failing to produce the promised strategy. Either other departments demanded equal influence in the formulation of the strategy, or it was decided that Health had failed to deliver, or that its likely conclusions were too public health driven and contrary to the interests of other "stakeholders". The spokesman confirmed that these included the commercial interests of the drink industry. As reported elsewhere in this issue, a House of Lords committee recently accused the Government of being too much influenced by the industry and its mouthpiece, the Portman Group.

We reproduce the outline of Government's part in the solution of the problem of alcohol misuse, its present policy, and the *raison d'être* of the Strategy Unit Project given in the scoping note:

The Government's Role

There are a number of good reasons why Government could play an active role in trying to prevent or mitigate the harmful effects of alcohol misuse. They include:

- *helping individuals make informed choices about potential risks (to themselves and others);*
- *protecting the vulnerable, particularly children and people suffering from mental illness;*
- *providing treatment and care for those who develop alcohol-related problems;*
- *intervening to strike a balance*



between respecting individual choice and protecting society from the ill effects of alcohol – both the effects themselves (e.g. crime, domestic violence, negligent parenting and anti-social behaviour etc) and the avoidable costs to the tax-payer (which include considerable costs to the NHS as well as costs to the economy through absenteeism etc).

Current policy within Government

Currently, lead policy responsibility for alcohol rests with the Department of Health, but other departments – including the Home Office and DCMS – also have policy interests. This structure requires good co-ordination to be effective.

*The Government declared its intention to introduce a **cross-cutting strategy for tackling alcohol misuse** in the 1998 Green Paper and the 1999 White Paper *Our Healthier Nation*. The **Department of Health** has been leading on the strategy.*

The Department of Health sponsors the National Treatment Agency, which currently deals only with drugs treatment, although it is



possible that this remit could be expanded to include alcohol in future. The Department of Health is also funding the pilot of a training course in brief interventions for GPs and practice nurses.

DCMS took over responsibility for licensing from the Home Office following the General Election in 2001. Following the White Paper 'Time for reform: Proposals for the Modernisation of our licensing laws' published by the Home Office in 2000, DCMS plan to introduce the Alcohol and Entertainment Licensing Bill. This will provide freedom for longer opening hours, rationalise the existing legislation covering premises that sell alcohol, and pass control of licenses from magistrates to local government. These changes will be a key step in the development of night-time economies in town and city centres, may help tackle town-centre crime and disorder associated with 'last orders' binge-drinking behaviour.

The **Home Office** leads on tackling crime and anti-social behaviour resulting from alcohol misuse. The recent Criminal Justice and Police Act 2001 gave the Police the powers to order the immediate closure, for up to 24 hours, of unruly or excessively noisy licensed premises; and to seize alcohol from those who are drinking in designated public places. It also introduced the requirement that all staff serving alcohol have a legal duty to satisfy

themselves that a customer is not underage; and provided a legal basis for underage test purchasing.

Problems of alcohol are being addressed through a number of the Crime and disorder reduction partnerships. An action plan for 'Tackling alcohol related crime, disorder and nuisance' was produced in August 2000 and is being developed as one strand of crime reduction policies in SR2002. The Home Office is exploring further initiatives on the use of safety glasses and plastic bottles in licensed premises. The use of fixed penalties for being drunk and disorderly is being piloted in five areas.

There are also important links with drugs initiatives, though policies on this are being developed. Local delivery of the drugs strategy is co-ordinated by Drugs Action Teams (DATs) most of which also cover alcohol. In April 2002 each DAT produced Young People's Substance Misuse Plans detailing how education, prevention and treatment activities for drugs and alcohol will be expanded and integrated within wider provision for children and young people.

The Department of Transport leads on drink driving policies including the limits on alcohol levels in blood. **DfES** have an important role in providing education on alcohol through the national curriculum, alongside other work on drug misuse. **DEFRA** have the sponsorship role for the food and drinks industry.

Treasury and Customs and Excise have the leading role on taxation of alcohol, in developing policies and collecting revenue. Excise duty accounts for around 20% of household expenditure on alcohol and VAT accounts for another 15%. Customs estimate that around £750m of tax revenue is fraudulently evaded on alcohol, and there are also enforcement costs

for Customs. This fraud is often perpetrated by organised crime. Customs have had recent successes in reducing the level of cross channel smuggling of alcohol.

In the **Office of the Deputy Prime Minister**, other policies and programmes where alcohol plays an important role include the SEU [Social Exclusion Unit] work on teenage pregnancies and prisoners on probation; the NRU [Neighbourhood Renewal Unit] initiatives on regeneration in deprived areas, where the problems of substance misuse are often disproportionately worse; and the Homelessness Directorate's interest in tackling the high incidence of alcohol dependency amongst the homeless.

Current and potential policies

There are a range of policy levers that are, or might be, used to reduce the worst harms associated with misuse of alcohol and the risks of young people developing harmful drinking patterns. These include licensing and policing measures, prevention through education and awareness raising, brief interventions to provide advice through PCTs [Primary Care Trusts] or at hospitals, treatment programmes, working with industry on serving policies, control of inappropriate drinks promotion and advertising and marketing. The effectiveness of these will depend upon the groups and problems that are being targeted. Research suggests that some measures e.g. brief interventions, stricter enforcement of licensing and extending opening hours can be successful in reducing the problems of alcohol misuse. However there is currently only limited evidence on the cost-effectiveness of different measures.

There are potentially a number of specific interventions that would help to tackle the problems associating with alcohol misuse, without interfering with

people's legitimate right to drink. The Strategy Unit (SU) project will seek views on existing and other possible interventions and investigate whether they are likely to prove effective.

The range of delivery agencies

Co-ordination of different initiatives and setting the direction are likely to be as important as some of the individual measures. Co-ordination between different delivery agents on the ground, as well as at the centre – and between the public, voluntary and commercial sectors – could also help maximise effectiveness of existing as much as planned initiatives.

Why a Strategy Unit Project?

There are two main reasons why the SU would add value in this area:

- Alcohol is a genuinely strategic and cross-cutting issue, with a range of departmental and other interests and perspectives. Although overall alcohol consumption is stable, the misuse of alcohol appears to be growing and some of the problems associated with drinking may be getting worse. Policies and programmes both across and within Departments need to be well co-ordinated, not least because many of the costs and policy levers lie outside the lead departments. The Department of Health has lead policy responsibility for alcohol misuse although many of the costs fall on the criminal justice system. The likely extension of opening hours, following licensing reform, will highlight the case for a clear and joined-up approach on the range of potential alcohol-related problems.
- There is also a clear need for rigorous analysis of the evidence base and fresh and innovative thinking about new ways of

tackling problems such as hazardous drinking by the young, all of which are suited to SU's method of working.

The SU project will provide the main vehicle for progressing the analysis and conclusions for the cross-cutting Government strategy on alcohol misuse. The team will work closely with DH and other key departments such as the Home Office and DCMS.

The aims of the project will be:

- To analyse the problems and the possible instruments and policies for tackling the harm caused by alcohol misuse – with a particular focus upon alcohol related crime and anti-social behaviour, and vulnerable or 'at risk' groups;
- To analyse existing activities across Government and the links with external organisations to explore how resources and programmes might be better joined-up;
- To suggest the changes in data collection and analysis needed to improve understanding of the problem, evaluate success of policies and achievement of any targets;
- To provide the analysis and key conclusions to underpin the Government's alcohol misuse strategy.

There follows a curious section called:

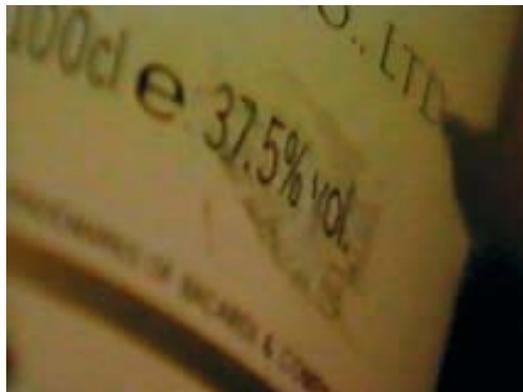
Key questions and issues

Key questions the project will consider include:

- What are the key drivers and trends in alcohol consumption and in patterns of drinking?
- What factors cause people to misuse alcohol?
- What is the evidence on underage and young people's drinking, and the negative impacts, including crime and anti-social behaviour?

- What is the evidence on the links between alcohol misuse and health, crime, disorder, domestic violence, family breakdown, rough sleeping etc?
- What is the boundary between non-harmful and harmful drinking?
- How do high risk behaviours, such as hazardous drinking, smoking, illicit drug use etc correlate?
- How should instruments be targeted at different groups e.g. by age, socio-economic class, geographically?
- What policies will reduce crime and disorder associated with excessive drinking by some? Which measures are most cost-effective?
- What policies work in education, prevention and treatment, both for influencing problem drinking and tackling alcohol dependency? Are existing treatment programmes cost-effective and do these have the right level of resourcing?
- Is it possible, and if so how, to bring about changes in drinking culture (particularly amongst young people) to reduce the harm from alcohol misuse?
- Could more be done to align the interest of pubs, retailers and the brewing industry with the objective of encouraging people to enjoy drink sensibly?





Finally the scoping note details:

Timescale and team

The project will start work in July 2002 and aim to complete early in 2003. The project team intends to work closely with a wide range of stakeholders including industry representative bodies, voluntary organisations and other NGOs, external experts and academics, medical bodies, police and criminal

justice organisations and service deliverers, as well as with central and local Government. The project will undertake an extensive process of consultation

with all stakeholders and relevant groups. This paper is intended to start this process and we would welcome views on any of the areas it covers. In addition, we will make use of a variety of other consultation routes, including meetings and workshops, together with surveys and further research through the summer and autumn. We expect to issue a further consultation paper jointly with the Department of Health later in the year covering the key issues identified by the SU project and the alcohol harm reduction strategy.

The project team will be drawn from both key Whitehall departments and outside Government. Hazel Blears, Parliamentary Under-Secretary of State at the Department of Health, who leads both on alcohol and public health more generally, will be sponsor Minister for the project.

A number of interesting points arise from this section.

Although we are told that “the project will start work” in July 2002 – the announcement was made on 19th July – as early as 11th June officials from the unit were contacting organisations in the United States on how they dealt with the alcohol misuse issue. This was one week before Hazel Blears gave her answer in the Commons about the progress of the national strategy.

It will not ease the suspicions of many that the industry exerts too much influence with this Government when they head the list of “stakeholders”.

For four years the appearance of the strategy has been announced and then repeatedly put back – there is still a Home Office website which tells us that it can confidently be expected in 2000. Reasons given for the delay have included staff shortages and the reorganisation of the Health Service. Now, when all indications were that at last it was about to see the light of day, responsibility for its production is taken away from the Department of Health and given to the Cabinet Office. According to well-informed sources, Alan Milburn had no interest in the subject and did not want it within the remit of his department. This may have accounted for some of the delay and led to frustration within other branches of government. The idea of “issues across government” as part of the Cabinet Office’s responsibility is, as has been observed before, a handy catch-all for concentrating power in what has, in effect, become the Prime Minister’s Department. Very few issues affect only one department of government and it must have been clear from the beginning that alcohol misuse impinged on several. Presumably the Cabinet

- *Is it possible to raise concern about healthy lifestyles, including alcohol, amongst the more at-risk groups?*

The fact that these basic questions are asked implies that the vast amount of research already carried out and the innumerable reports produced are either to be augmented by further, duplicating efforts, or that they are simply to be considered as part of the information brought to the Strategy Unit Project by whoever speaks on behalf of the Department of Health, having no greater status than research and reports carried out on behalf of the drinks industry. It is interesting to note the penultimate bullet point. The implication could not be clearer – public health concerns must be accommodated to the commercial needs of the industry.

Office was aware of the Ministerial Interdepartmental Group on Alcohol Misuse, which issued its first report in 1988, and of the research undertaken jointly by the universities of York and Hull fourteen years ago covering precisely the areas the Strategy Unit Project now proposes to revisit. One of the products of this project was a report entitled *Alcohol Policies – Responsibilities and Relationships in British Government*. In addition, the Strategy Unit, if it wishes, has only to look at the 1995 *Inter-Departmental Report on Sensible Drinking* and the mountain of documents, handily summarised in 114 pages, produced for the Scottish National Alcohol Strategy, 2001.

The points set out by Sir Liam Donaldson in Newcastle on 28th June made very clear his awareness of cross-departmental responsibility. He may, of course, already have known that the Strategy Unit was about to take over – indeed, had already begun work with its enquiries in the United States. But why, then, promise a draft strategy “later this summer”? At a stretch, his words, and those of Ms Blears in answer to the parliamentary question of 18th June, could be taken to cover the consultation now to be carried out as part of the Strategy Unit Project but no-one at the Newcastle Conference or in the House of Commons could possibly have understood them to refer to a new exercise.

Answering questions from Alert, the same spokesman implied that the draft strategy promised by Sir Liam and the Minister was one and the same thing as the consultation promised by the Strategy Unit Project, but the “scoping note” makes it quite clear that this is a new and extensive operation and that the work which has been done in the Department of Health over the last four years will only be looked at as one contribution among many. The “scoping note” says:

We would like to hear from you with your views on:

- *Our proposal for this project – is it tackling the most relevant issues, where are the gaps in our analysis, are we analysing the problem in the right way?*
- *The evidence base – do you have, or know of, good-quality data and information on the*

nature of the problems or the effectiveness of interventions that we could use in our analysis?

- *Possible interventions – do you have ideas or evidence for new interventions that might prove effective?*
- *Best practice and case studies - Are there any good examples either in the UK or overseas we should look at?*
- *Any other comments on the approach or the analysis.*

In response to the suggestion that his Unit was beginning with a clean sheet of paper, the spokesman said that he “was not sure we have gone back to the beginning”. The questions asked in the “scoping note” and the request for more data, research, evidence of good practice and the like indicates quite the opposite and are a receipt for delay well beyond the “spring of 2003” deadline.

There is no doubt that these developments will strengthen suspicions that the drink industry has succeeded in ensuring that the projected national strategy is formulated where it can exert an influence. ■

To contact the SU Alcohol Project team, either email: SU-alcohol@cabinet-office.x.gsi.gov.uk, or telephone on: 0207 276 1434, or write to:

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The government's own suggestion that extended drinking hours will reduce disorder and disturbance is not a view shared by those with immediate experience of the problems.

Here Doctor Sarah Webb, a retired GP and resident of Bath, tells of the situation in that city. Then we look at work being undertaken in the City of Westminster to combat the problem.



Veni vidi vom

This amusing graffiti, fading but still legible on the wall of the Roman Baths, is very apt.

Bath, this beautiful city of hot mineral springs, Roman remains, and Georgian terraces which have earned it World Heritage status, was once known as the Queen City of the West.

But Bath has its dark side. There is an aspect of Bath that the day trippers never experience – and it is something that never occurs to anyone planning to move to Bath, or even to spend a few nights in one of the city's central hotels. Neither does it enter the minds of patients when they are sent to the Royal National Hospital for Rheumatic Diseases, which is sited right in the centre of Bath.

It is alcohol related noise and disorder, it happens in the

middle of the night, and it disturbs 76 per cent of the population. People across the district who know about the problem do not feel safe using the city centre at night.

Since Roman times Bath has been a place of entertainment as well as being a residential town. Modern entertainment has spread beyond the traditional daytime and evening activities. Now it is loud music with young people dancing and drinking in this deafening atmosphere until two in the morning, six nights out of seven. And they do not leave quietly! As soon as they spill out onto the streets their voices, from chatter to laughs, shouts and screams, are magnified by the flat hard surfaces of the Georgian houses and narrow walk ways, where there are no trees or hedges to absorb sound as it penetrates people's bedrooms. The city centre is acoustically 'bright'. Residents are unable to double-glaze their windows as nearly all the buildings in the conservation area are listed. The old glass, or what is left of it, is too delicate to act as a sound barrier.

My partner and I discovered the problem the first night we

slept in Bath. We had bought a flat in a lovely Georgian house, close to Bath Abbey. It was the fulfilment of a lifelong ambition – to live in this wonderful city. We were expecting noise when the pubs shut at eleven, and did not expect the quiet of the suburbs. What we did not know was that there were nightclubs in Bath, and so we did not anticipate the yelling, crashes, and sounds of fighting that happened later in the night, with a crescendo just after two. This unexpected noise, which was often frightening to hear, turned out to be a regular occurrence every Friday and Saturday night, with some on Monday to Thursday nights too. Only Sunday was peaceful – a blessed relief! We did not know then it was because nightclubs could not open that night.

I rang the police the first few times, but I do not know if they ever came. I never saw any. They certainly failed to show up during the time I was watching from the bedroom – and I am sure most of the trouble makers would have easily melted away into the narrow passage ways at the sight of a police car.

In the mornings there would be the evidence of drinking –



vomit splattered pavements, doorways running with urine, broken windows, smashed bottles, bits of cars pulled off, fast food debris, and empty cans everywhere littering the streets. Occasionally there were spots of blood.

After a while I gave up ringing the police at night – and it was a relief not to have to drag myself awake to start dialling. Our attitude hardened – did we really care if they bashed each other?

Then one night two years ago at half past two one morning, a good looking young man all but died. It appeared that three youths took a dislike to him as he walked past them and decided to give him a good hiding. As he lay on the ground they kicked his head so hard he is permanently scarred and brain damaged as a result. All of them had been drinking.

The attack took place right beside the Abbey and the Roman Baths, just below our sitting room window. The next day we started to meet neighbours and decided the violence had to stop. We realised that we did care after all. The police, ever anxious to reduce fear of crime, played the incident down by announcing in the local paper that Bath was safe, encouraging youngsters to keep coming in at night. The truth was that violence was increasing, with the youngsters themselves in the high-risk category. Surely police should have been trying to increase their fear of crime? Residents formed a group that eventually became the Abbey Residents Association, with the objectives of promoting residents' rights and making our environment safer and more peaceful. It

seemed that the city centre residents had been ignored for too long.

At first it was assumed the culprits had been in a nearby club with a 2 a.m. licence, but we soon found that there were eleven other nightclubs, with a combined capacity of 3,500, all crammed into the heart of Bath in a central strip measuring 800 by 400 metres. No wonder there was so much trouble. Bath had produced its very own alcohol hot spot, its stress area, and the crime figures to prove it. This 'strip' is not a commercial zone where night noise does not matter. It is packed with people trying to sleep, about 2,000 of us in fact.

World Heritage City had become, and still is, clubland at night.

Some say it is the volume of students in Bath (with two Universities and a College there are around 12,000 of them) that has generated the numbers of clubs and late pubs, although there is a mix of young people being drawn in to the centre at night from across the district. They can be seen pouring out of the bus and train stations in the early weekend evenings, making for the 70 or so pubs to get tanked up before going on to clubs to complete the process of becoming ratted, trolleyed – too true in some cases. There have been many casualties, even deaths. One night drunken revellers caused a car to swerve into a young couple, tourists on their first visit to Bath, killing the husband. In an earlier incident, a man was killed for trying to protect his girlfriend from abuse by a drunken youngster.

Abbey residents, being in the front line, joined the Federation



of Bath Residents' Associations, FOBRA, to try and improve the situation. First and foremost, everyone agrees that there are never enough police on foot to deter trouble. Secondly, there are too few CCTV cameras in the city with many danger areas still not covered. The cameras are a poor deterrent to drunks, but they save a lot of police time identifying culprits who tend to plead guilty when faced with video proof.

But the real cause of the problem is alcohol being on offer after 11p.m. in a residential city.

Alcohol can only be sold after this time if it is adjunct to a meal or the licensee holds an entertainment licence. These are renewed annually by the Council regardless of the growing noise and disturbance developing in Bath as a result.

In March 2001 Bath nightclubs applied to open on Sunday nights under the new

deregulation rules (extending Sunday hours from 10.30 p.m. to 12.30 a.m.) – but fortunately for residents the government, thanks to the House of Lords, had put in protection clauses recognising that Sunday is Special. By being persistently vocal about the disturbances residents were experiencing, by using video footage demonstrating noisy Saturday and silent Sunday nights in the centre of town, and by insisting on protection



of our Human Rights, we managed to persuade the Council to refuse Sunday entertainment licences, and to adopt a policy not to grant them. Two clubs slipped through the net, but have not opened on Sundays because they were refused Special Hours Certificates (for alcohol) by Licensing Magistrates in order to protect residents and hospital patients. So we still have peaceful Sunday nights here in Bath.

But for how long? In the government White Paper, Time for Reform, which seems to have been written by the breweries, Sunday protection has gone. Apparently it is to be treated like any other day in this multicultural society. The fact is, however, that most people start their working week on Monday, and expect a decent night's sleep beforehand. Everyone needs a break – especially residents who have been kept awake for nights on end.

Another myth being

promoted in the White Paper is that all the noise happens at club closing time so extending hours will bring peace. Here in Bath the noise starts at 11pm when youngsters leave pubs and wander around choosing which noisy nightclub queue to join. Bit by bit they leave the clubs for take away food and taxis. They don't all stay in the clubs until closing time, so noise is intermittent and erratic from 11pm to 3am (it takes an hour for the taxis to clear the backlog). Letting the clubs stay open later will simply prolong the noise. This is already happening in Bath.

Another big worry in Bath is that the Council will have all the responsibility for licensing. Their track record has been patchy as far as residents are concerned. One pub applied for a later licence next door to a nightclub (owned by the same licensee) that was already causing disturbance in the immediate neighbourhood. Evidence of that noise was discounted by the Councillors

because it did not come from the pub in question. They also ignored a petition begging them to refuse permission, signed by most of the residents in the vicinity. The licence was granted for the three noisiest nights – Thursday Friday and Saturday. Defending their decision, they told a local newspaper that they could not risk refusal, as there would probably be an appeal that could lead to the Council incurring costs. So, money rules. Another pub that has a

six day 2 a.m. licence has held on to it despite causing serious disturbances to hotel guests and residents close by. Three times the Council renewed the licence despite objections. On the latest occasion it was challenged, the licence was trimmed to 11p.m. on the three quiet nights, Monday to Wednesday. They can continue to operate until 2 a.m. on all six nights until their appeal is heard, which may be six months away. It will be hard to defend when all the evidence presented to the Council related to Friday and Saturday nights.

Residents are alarmed at the possibility of 24 hour licensing being in the hands of Councillors as they have already favoured extended nightlife. Since May 2000 the Council has been granting 24 hour licences to some nightclubs. The public was told that it was a twelve month 'trial' expected to reduce the 2 a.m. disorder. The disorder increased by 26 per cent, but the licences were never revoked. Now it emerges that it was introduced on

economic grounds, to help Bath's clubs compete with those in Bristol. Another reason the clubs wanted longer hours was the anticipated extension of pub hours likely to follow from the White Paper recommendations. Nightclubs argued that their trade would be affected, and that they would need later hours to compensate.

The result of these later licences is that now there is noise penetrating into the once silent part of the night: 3 - 5am.

The argument is made that the night economy brings money into the city. It finds its way into a few pockets admittedly, but there are costs. The Abbey needs to repair leaded lights about six times a year. Much of the glass in the city dates from the 1700's and should be replaced by hand made glass. Sadly this happens rarely. Roman Glass, the principle glazier doing night calls in Bath, has to repair windows six times a week on average – typical cost £360 for the call out boarding up, and then the repair itself.

The company uses standard new cheap glass. Commercial plate glass windows are very expensive to replace, and yet shopkeepers cannot use grilles because they are in the Conservation Area. For smaller businesses insurance costs soar. My car, one of many hundreds parked overnight in the streets, has had over £300 worth of damage by vandals in the past year – and the damage is always on the pavement side where



people walk by pulling off wing mirrors or denting the doors during brawls.

Next there is the cost of running emergency services through the night, ferrying casualties to the hospital. Medical costs, like those incurred by the young man who was saved by Bristol's neurosurgeons and intensive care team, are difficult to estimate but must run into thousands. Then there are the legal costs involved in prosecuting drunken yobs, not to mention the expense of their Legal Aid which tax payers fund for their defence.

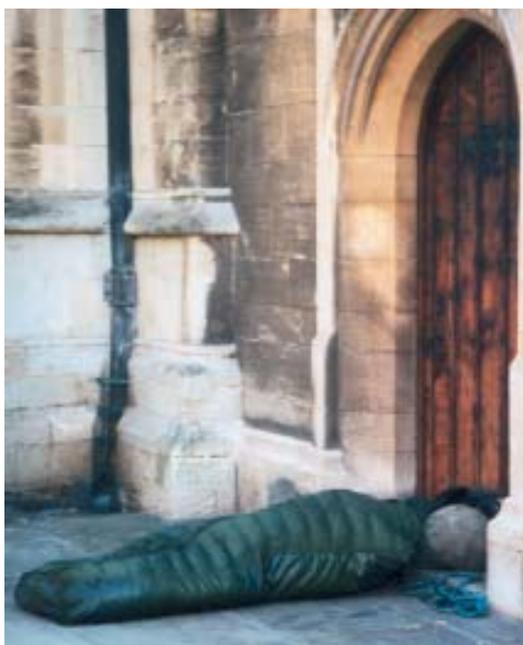
The street cleaning machines have to be sent out at five in the morning if the clean up is to be

complete before the tour buses start arriving. The noise of these machines is not too welcome in a city that has only just gone quiet after the revellers have left.

Finally, the police have to cover the night disorder by taking officers off day duties, and one wonders about the cost of the riot van, sorry – Community Safety Vehicle, with nine officers ready for battle.

Why do we stay here? Well, it is still a beautiful city. The festival, which is on as I write, is magnificent, and the streets are packed with people enjoying themselves visiting restaurants, shops, and museums, admiring the splendid buildings, and going to listen to sublime music in the evenings. I dream of by-laws to keep people quiet after midnight, of licensees being penalised for polluting the city with noise, of a resurgence of traditional pub life, and an end to the current drunken madness that goes unchecked in the small hours. Hey ho. ■

The graffito which supplies the title to Dr Webb's article succinctly illustrates not only the reality of night life in that city but also draws attention to the lamentable standard of classical education among the revellers. Readers of *Alert* will, of course, be aware that vomui, not vomii, is the first person singular, perfect tense of vomere, to vomit. Pedants will leap to point out that the rare first conjugation verb, vomitare, with its implication of a repeated action, is perhaps more apt in the case of the streets of Bath.
AIV



After "A good night



The West End has been the Wild West for pubs and clubs for far too long. This is the view of residents and now their elected representatives have taken action.

Westminster Council has introduced more stringent rules for the granting of licenses to operate after one in the morning, with a "one in, one out policy". In effect this means that any new bar or club can only open when another has closed.

The Council is continuing to carry out extensive consultation over its new licensing policy in order to head off legal challenges which might

be mounted by individual club owners and the entertainment industry.

Simon Milton, the Leader of Westminster Council, recently described the streets of central London as being in "near-anarchy" at night. In this context he said that it "makes no sense to make matters worse by increasing the number of late-night licences." He added that the police had asked the council, on law and disorder grounds, to grant no more of these licences. In May the Council received the backing of the High Court which rules that it was reasonable and appropriate to have a policy presuming against new West End licences.

Local authorities throughout the country will pay close attention to these developments as they prepare for the effects of the deregulation envisaged by

the White Paper on licensing.

Resident's associations and other community organisations in central London have banded together to meet the threat to their quality of life. A Licensing Working Party, set up jointly between Community Consultative Groups and the Central Westminster Police, produced its Final Report at the end of June entitled **After 'A Good Night Out', 'The Hangover'**. This report points out that Covent Garden and Soho were originally residential communities where a great many people still lived – indeed, the population of these areas, in common with other city centres, has been rising of recent years. These residents "*don't want to see the West End turned into a down-market alcohol and drug-fuelled slum*".

Acknowledging that many licensed premises "*are very well run and contribute hugely to the vitality and vibrancy of the West End*", the report is unconvinced by the allegation that the problems can be put down to "*inconsiderate or rogue operators and that those can be tackled over time*". Rather, it says, "*this working party believes that the problem is that, in the West End, there are now just too many outlets in too small an area for it to cope. The sheer number of people in the area and on the street is too great to manage many nights. High noise levels, the level of crime, inadequate transport and a declining infrastructure in the public realm are all clear symptoms. We have, reached and exceeded the*



out!" the hangover

sensible capacity limits".

The Government is proceeding with proposals to reform the licensing laws (see *Alert passim*), abolishing the concept of permitted hours and creating the potential for twenty-four hour drinking. Whilst the report understands the need for modernisation and simplification – Matthew Bennett, the Chairman of the Working Party, is himself a Soho restaurateur – it draws attention to the fact that the Government is acting on the assumption that its proposals will reduce binge-drinking and anti-social behaviour. *"But where is their*

evidence that this beneficial result will occur? What we have seen in this area is that more and more later licences mean that these issues are merely pushed later into the night. Drunkenness and irresponsible behaviour have tended to increase rather than decrease and there are



widespread adverse impacts."

The report argues that the Government, before it moves ahead with deregulation, should recognise the pressures which relaxation will create and address these at the same time. *"Proper reform to improve central urban life*

would put in place an effective system of management, regulation, enforcement, noise control, and improvements to the capacity of the night life infrastructure to cope with the growth in activity it is likely to generate."

Matthew Bennett says that *"the government seems to be sleep walking into a major urban policy mess, led along the path probably by the lobby groups of the drinks industry and the inability of civil servants to admit that maybe they got the balance wrong when they put the White Paper together."*

The report goes on to say that deregulation is cheap whereas putting in place safeguards for the quality of life of the people of

affected areas requires effort and investment. A cynic might speculate that this may be why we are getting deregulation on its own. ■

Scotland's national alcohol problems

Bruce Ritson

Scotland has a special relationship with alcohol. It is known throughout the world for its principal beverage Scotch whisky, which plays a major part in the export trade of Scotland, although beer, in common with the rest of the UK, is the most popular drink. Scotland's drinking habits are not dissimilar to those in other parts of the UK although in Scotland there is a tendency to concentrate the drinking into a shorter space of time during each week, with binge patterns of consumption predominating. Alcohol related problems have been a major concern in Scotland over many years. Recently the opportunity arose to address these problems at a more specifically national level. Scotland, which has always had a measure of independence from within the UK, recently re-affirmed this by the creation of a Scottish Parliament with extensive powers. Even before the new Parliament was created, in 1999 a consultation document entitled 'Working Together for a Healthier Scotland' had promised a strategic review of alcohol issues (Scottish Office, 1998). In 1997 there was a national symposium which set the basis of the Strategic Plan which was to follow (Scottish Office, 1997).

In January 2002 the Scottish Executive launched a 'Plan for Action on Alcohol Problems'.



Broadly its aim is to reduce alcohol related harm. The Executive identified a number of milestones towards this target which they hope to achieve over the next three years. The Plan prepared by the Scottish Advisory Committee on Alcohol Misuse (SACAM) has evolved as a result of extensive consultation within the country and this has been augmented by a series of review papers summarizing the evidence base from the UK and elsewhere for preventive and treatment

strategies. These background evidence reviews are commendable and a very useful source of information [1].

Consultation has been widely cast, views were gathered from the alcohol industry and related business organizations, service providers, individuals who had problems related to alcohol, the general public, children and young people, community groups and organizations with 'an interest in the broader issues of alcohol for society'. It is therefore based on a very broad approach that attempts, with varying degrees of success, to reconcile competing interests. After acknowledging the benefits of alcohol, the Plan for Action overviews the disturbing impact that alcohol has on the quality of life in many Scottish communities.

Inevitably there is an emphasis on young people. The two key priorities of the plan are to reduce binge drinking and harmful drinking by children and young people. A third of Scots men and 15% of Scots women aged 16-64 years reported drinking more than the weekly recommended limits. The younger age groups were particularly likely to exceed these limits. Men living in the most deprived areas of Scotland were shown to be seven times more likely to die an alcohol related death than those in the

plan on

least deprived areas. This telling statistic shows the link between social deprivation and alcohol related harm. Social inclusion is a major part of government policy in Scotland, as it is in England, and should highlight the need to include alcohol misuse in policies for preventing urban decay.

The annual health costs of alcohol to Scotland have been estimated at around £96 million, the costs to social work services and associated organizations around £80 million and the costs to the criminal justice system £268 million. The wider economic costs through lost productivity resulting from alcohol problems were estimated at around £405 million. Alcohol problems are costing the Scottish economy approximately £1 billion pounds a year. No doubt therefore about the extent of the problem; what then of the Plan for Action?

This is not the first time that Scotland has assigned priority to taking action on alcohol, although it is the first time that a national strategy has been proposed by government. Fine words alone are not enough and, the sceptic notes, the contrast between the investment in combating drug misuse and the still relatively paltry sums committed to tackling alcohol.

The goals in the Plan for Action include achievement of the following.

1. Culture change by an immediate investment in a 'national communication strategy' that will challenge

current stereotypes of binge drinking.

2. Prevention and education with a particular emphasis on drink-driving, occupational health and school based education.
3. A framework for services leading to the improvement of and support for treatment services.
4. Protection and controls for individuals and the wider community; early action will focus on strengthening community safety.
5. A coherent 'delivery strategy' which particularly strengthens local Alcohol Misuse Co-ordinating Committees and in most cases will align these with Drug Action teams

It is surprising that, despite scant evidence for public information and education having much impact on alcohol misuse (with the possible exception of road traffic safety), the Plan for further investment in this area is given immediate priority. Control policies and the evidence of effective treatment strategies seem to be given a rather less prominent position. Why is there so much emphasis on 'what works' when, having gone to considerable and commendable lengths to evaluate the evidence, much of it is then ignored?

The Plan aims to combine a population approach with a focus on specific harmful drinking patterns such as binge drinking and the habits of children and young people. The policy promises to bring alcohol issues firmly up the agenda alongside drugs but does not suggest how this is to be achieved. None of the recent funding directives suggests any

real shift in this balance of funding. Drug Action Teams will be more closely aligned with the Alcohol Misuse Co-ordinating Committees but a mechanism, for instance of positive discrimination towards alcohol, is not identified. The communication strategy is being developed with the support of a Sub-Committee of the National Co-ordinating Committee on Alcohol and will include representatives of the alcohol industry. Some will look askance at this alliance while others see it as simply *realpolitik*: the products of this collaboration will need to be evaluated carefully.

Education, particularly of young people, is not surprisingly one of the further planks of the strategy. The efficacy of education still needs to be demonstrated. No one would suggest it is unimportant but we most urgently need to test new approaches rather than relying on tired but attractive models which make significant impact.

There is widespread concern at the dearth of services provided for individuals with alcohol problems. It is to be hoped that the development of the framework of alcohol services will progress rapidly.

This framework will recommend a tiered approach to services and link prevention with treatment and rehabilitation with help being easily accessible and tailored to the needs of the individual. All of this is welcome. Once the framework is visible the Scottish Executive will indicate 'in due course' how any additional resources will be phased in, what types of services will be prioritized and how funds will be distributed. It seems that

Alcohol Misuse Co-ordinating Committees will have a key role in ensuring the implementation of the framework. In a Plan which sets some firm dates for its objectives, I could not find one date for implementing and funding the framework.

The Plan gives commendable support to the need to work with families and children of problem drinkers. Alcohol problems will be included amongst the priorities for the 'changing children's services' fund. This is good news but any resultant initiatives need to be integrated with other services.

The Plan contains a chapter on 'protection and controls'. Fiscal policy is outwith the powers of the Scottish Parliament and it is not considered further although some replies to the consultation pointed out the powerful relationship between price, disposable income and consumption. The Executive has created a separate review of the Licensing Act and this is currently taking evidence. Hopefully it will work closely with the SACAM and will pull in the same direction.

Community safety is a topical concern as is alcohol related crime. A range of strategies are identified: proof of age schemes; restricting alcohol at sporting events; server and door steward training; and proper enforcement of existing laws.

The contentious issue of advertising controls is identified but largely side-stepped because it requires to be addressed at a UK level. The report states 'The UK Government considers that non-statutory controls are effective in subjective areas of advertising and promotion content, such as alcohol, when formal regulation

is apt to be contentious'.

The need for much more training of professionals at undergraduate and postgraduate level is recognized and a training agency was recently established to support this message. It has a long way to go in obtaining its training objectives.

The delivery of the Plan is clearly critical and rightly acknowledges 'the need for joint working communication, co-operation and collaboration at national and local level'. The SACAM will remain and continue to play a part in monitoring and promoting the implementation of the Plan. The responsibility at a local level will centre particularly on Alcohol Misuse Co-ordinating Committees. Whilst these are already in existence in many parts of the country, they have lacked sufficient power and influence, particularly in comparison with the Drug Action Teams. In some areas the two may well combine but the continuing monitoring of the progress of this Plan should help to give force to the decisions of the Alcohol Misuse Co-ordinating Committees. The funding has been provided to support these developments.

What then has the Report and Published Policy achieved? It has provided a very welcome focus on alcohol related problems in Scotland. It has drawn together valuable background information both from national and international sources and very useful reviews of the research evidence supporting various approaches. It has acknowledged the importance and the complexity of the problem and the need for intersectoral collaboration. It has not always acted on the

evidence base provided and continues to promote some activities whose effectiveness has not been demonstrated. It has an ill-justified faith in the benefits of public education and a communication strategy that relies heavily on education to effect cultural change. The development of a framework for treatment services is a necessary first step but the real test will come with the need to invest in proper services. When this comes before the Executive, will they be willing to invest in the same way as they have been doing for drug misuse? It is good that Scotland has arrived at a strategy and of course the continued absence of a strategy in England has not escaped our notice but the rhetoric now needs to be translated into action. Hopefully the Scottish Executive's commitment to monitoring the unfolding of its Plan is genuine and certainly it will be up to all of us concerned with alcohol related problems to ensure that they are required to keep their word. ■

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Note

[1] All the reports mentioned in this paragraph can be found at the Scottish Executive website: www.scotland.gov.uk/health/alcoholproblems

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Mixed messages

In an attempt to anticipate any move towards statutory regulation, and in the face of increasing calls to clean up its act, the drinks industry is for the first time to produce advertisements for certain types of alcoholic drink which include the advice to drink more sensibly.

The wine and spirits giant Allied Domecq said recently that it had decided to add “social responsibility” messages to advertisements for all its brands, which include such well-known names as Beefeater gin, Teacher’s whisky, Mumm champagne, Harvey’s Bristol Cream sherry, and Cockburn’s port.

Makers of alcoholic drinks sold in America are already issuing health warnings with their products, and in other countries, including France, the dangers of alcohol abuse are pointed out in makers’ advertisements.

Kim Manley, Allied Domecq’s chief marketing officer, said that alcohol abuse was such an important social issue that the company wanted to “take a leadership position in the industry”. The first advertisements to feature the messages are for Ballantine’s whisky and the new cream liqueur, Tia Lusso. Those for Ballantine’s whisky say: “Go Play. Play Better. Play in moderation,” while advertisements for Tia Lusso, which is similar to Tia Maria, tell drinkers: “You just know. You just know to drink in moderation.” Experts in alcohol policy have questioned whether such exercises in bathos will in any way counter the effects of the massive investment put into the marketing of alcohol products.

Allied Domecq hopes that



its action will help to prevent stricter advertising regulations on the industry, which has been widely accused, notably in *Alert*, of appealing to under-age drinkers, particularly in the marketing of alcopops and designer drinks.

Jane Mussared, Allied Domecq’s director of corporate affairs, said “If we are going to regulate ourselves effectively, hopefully the Government won’t feel the need to regulate,”

The Department of Health welcomed the move, saying that it was “keen to ensure that people drink responsibly and sensibly”. It added: “We support any efforts on the part of the drinks industry which will help to draw the public’s attention to the risks of drinking to excess.” A House of Lords report recently accused the Government of being unduly influenced by the drink industry and its mouthpiece, the Portman Group.

Earlier this year a report from the Government’s Chief Medical Officer gave warning of the dangers of Britain’s “binge drinking” culture, drawing

attention especially to the high incidence of cirrhosis which now kills more women than cervical cancer.

Allied Domecq was unable to say how long it will take for the slogans to appear in advertisements for all its brands. It plans eventually to put similar messages on its bottles.

The Portman Group, which has long been a champion of self-regulation, also applauded the move. “Drinks companies have everything to gain by including responsibility messages in a stylish way as part of their brand advertising,” Jean Coussins, the director, said. She failed to mention that her organisation has always opposed health warnings on bottles on the grounds that no-one would take any notice of them. It is difficult to see what the difference is when it comes to advertisements.

“The drinks industry has an excellent record of compliance with advertising and market codes of practice, but this is a good example of how it has always been willing to go the extra mile in helping to encourage sensible drinking,” said Coussins.

The other drinks companies which fund the Portman Group said that they had no plans at the moment to follow Allied Domecq.

The Institute of Practitioners in Advertising said that it was concerned by Allied Domecq’s decision: “It is the thin end of a very unhelpful wedge because warnings are ignored by consumers and loved by lawyers who feel they are protecting the advertisers. It’s not very helpful in terms of promoting responsible drinking.” ■

The Road Haulage Association and the drink drive limit

In Alert, number 3, 2001, we numbered the Road Haulage Association as among those who opposed the lowering of the drink drive limit from 80mg to 50mg. That organisation has kindly written the following statement to clarify their position on the issue:

The Road Haulage Association is the largest trade association representing the hire-or-reward sector of the road transport industry. As such, we are very supportive of measures aimed at improving road safety and of additional action to combat the incidence of drink-driving.

Neither the Association's staff nor its members are experts in blood-alcohol levels and the point/level at which drivers' abilities become impaired. As a result we have always taken the view that it should be for the Government to decide what is the most appropriate level at which to set the legal limit based, of course, on expert advice. Nevertheless we do

believe that the limit should be one which agencies are able to enforce effectively and which would stand up to wider scrutiny.

In the minds of the Association's members, although the legal limit is important and necessary it certainly does not provide the sole answer to the problem. The RHA believes that the key aim must be to achieve a widespread change in attitudes and behaviour and that the true message we should all be promoting is that drinking and driving simply do not mix. This is certainly the message we promote within the Association. Education, publicity and information has huge potential

to alter the way society views drink-driving and we support efforts to increase and improve Government activity in this area.

In addition to this, we are strong supporters of tougher (and speedier) enforcement and penalties for any driver found breaking the law – whatever limit the Government decides to adopt. As a result we have always opposed any moves to introduce fixed penalties or reduced disqualification periods for such crimes because we believe such action would send out completely the wrong message to the public.

The RHA will continue to offer its support to initiatives which we believe will help to eradicate this problem. And it goes without saying that the "don't drink and drive" message will continue to be promoted amongst our members. But as a responsible trade association, we must limit ourselves to supporting and promoting policies on which we have the requisite knowledge and expertise. ■

Middlesbrough Temperance Society

Reference: JR/243594/19375

The Charity commission has made a Scheme to amend the trusts of this charity. A copy can be seen for the next month at 20, Ambleside Grove, Acklam, Middlesbrough, TS5 7DQ or can be obtained by sending a stamped addressed envelope to The Charity Commission, 2nd floor, 20 Kings Parade, Queens Dock, Liverpool, L3 4DQ, quoting the above reference or by visiting our website at <http://www.charitycommission.gov.uk>

Ken's alcohol and drug strategy

Whilst the Government's alcohol strategy, promised for the last four years, looks set for further delays now that responsibility for its production has been moved from the Department of Health to the Cabinet Office, the Greater London Authority has produced *Alcohol and Drugs in London*, a document which embodies the Mayor's policy on the issue and an action plan aimed at reducing the harm being caused.

The point is made that, in contrast to "the rigorous monitoring and performance management by central government, and the level of resources and priority given to the implementation of the national drug strategy, planned and co-ordinated action to reduce alcohol problems is patchy and under-developed".

The various features which are peculiar to London are outlined and the Mayor's policy is to ensure that these are taken into consideration when dealing with alcohol and drug problems. The capital has 15 per cent of the population, but 23 per cent of drug users live there. In addition, London is a young city with proportionately more young adults between the ages of 20 and 44 than the rest of the country. It is projected that by 2011, one in three Londoners will be under the age of 25 – the age band most likely to experiment with drugs and alcohol excessively.

The action plan goes hand in hand with preparations the GLA is making for the effects of the deregulation of licensing. At the moment its Culture, Sport, and Tourism Committee is taking evidence on twenty four hour drinking.

Almost half of the country's Black and Asian and minority population live in London. These consist many diverse groups "with different cultures and faiths, and with very different attitudes to alcohol and drugs". This is one area highlighted by the Mayor's action plan since the needs

of these minority groups are often overlooked within individual boroughs but acquire much greater significance when looked at on a London-wide basis.

A recent study showed that there are about 55,000 drug-dependent adults in London, but that only one third of this total is in any contact with treatment services. As far as alcohol is concerned, says *Alcohol and Drugs in London*, six per cent of adult males and two per cent of females in London drink alcohol at a level that will damage their health. These figures, in fact, refer only to people dependent on alcohol: the total of those suffering adverse effects from its use is much higher.

Alcohol and Drugs in London outlines the areas across which partnership working is required to tackle the complex problems which arise from their use: including treatment, public health, transport, policing, the twenty four hour city, housing, community safety, and the family.

The priorities are then set out. In order to "reduce the risk of alcohol-related violence, disorder, and nuisance in London" it will be necessary to ensure that the development of the late night economy in London includes measures "to minimise the damage arising from alcohol use, learning from European and international good practice". An aim is also to raise awareness of the links between alcohol, violence, and other crime across London.

It is also seen as a priority to "promote access to employment, training and education for problem alcohol and drug users". At the same time the GLA (Greater London Authority) will do what is in its power to make sure that "effective alcohol and drug employment practice" is in place.

One of the major problems in dealing with alcohol and drug problems throughout the country is access to

treatment. **Alcohol and Drugs in London** recognises this and pledges to "increase the accessibility and effectiveness of treatment, help, and support services for alcohol and drug users, their families and friends ... addressing marginalised groups first". In order to achieve this the GLA will lobby the Department of Health to supply adequate funding for London's alcohol services and to implement training on screening and brief interventions across the health and social care professions.

The Mayor, Ken Livingstone, clearly sees deprivation and social exclusion as a major factor in alcohol and drug abuse. To help remedy this his policy includes affordable housing and support for those alcohol and drug users who need it. Measures will also be taken to "promote opportunities so that all vulnerable young people" are able to participate in "sports, arts, culture and other diversionary [sic] activity".

The nature of the Mayor's powers is such that he is in an ideal position to enable and co-ordinate work in alcohol and drug problems throughout London. **Alcohol and Drugs in London** sets out the present situation, the peculiar issues which affect the capital, and the broad strategy for dealing with them. Commitment and realistic funding is needed from central government and the extent of this will not become apparent until the national strategy finally appears. ■



Above: Ken Livingstone

Professor J Stuart Horner

1932 – 2002

Derek Rutherford pays tribute to a former chairman of UKTA Ltd

Stuart Horner had a distinguished career in the field of public health. Qualifying at the University of Birmingham Medical School in 1956, Stuart went on to post-graduate with Diplomas in Public and Industrial Health.



In 1960, together with Jacque, whom he had married in 1958, he moved to Dewsbury as an Assistant Medical Officer of Health and was later to hold the senior post in Hillingdon, Croydon and Preston.

For 45 years he was a member of the British Medical Association and was elected to its Public Health Committee in 1972 and to the BMA Council in 1975. Stuart completed 24 years on the Council, during which time he served as Chairman of the Community Medicine Committee and then as Chairman of the Ethics Committee. He was awarded the Fellowship of the Association in 1990 and made a Vice President in 1998. The latter award is bestowed on very few members and clearly indicated the respect Stuart had earned from his peers.

He was made an honorary member of the Royal College of Physicians. In 1995 he was awarded his MD for his thesis on 'Medical Ethics and the Regulation of Medical Practice' from the University of Manchester.

His commitment to voluntary service in medical care is also seen in his Commander of St John Ambulance, a

position and role of which he was immensely proud.

He became a trustee of the United Kingdom Temperance Alliance in 1972 and chairman from 1981 – 1989. As Chairman he commenced the task of completely overhauling the work of the trust, an important outcome of which was the initiative to establish the Institute of Alcohol Studies. It has come to be a respected body in the alcohol policy field not only in the UK, but also in the European Union through its work with Eurocare and internationally.

Stuart could not have achieved what he did, or sustained his struggles in the socio-medical political world, without the support of a loyal wife and family. A family of which he was immensely proud. It was when speaking of his family, Jacque his wife, Fiona and Jonathan his children and his grandchildren, that he dropped his persona of formality. A personal letter from Stuart was still written in a very formal style. However, when you got behind his mask you experienced the real Stuart – a person engrossed in his family, caring and loving. A person who could enjoy a joke even at his own expense

Our desire is always to write of the best of a friend. However, we have to acknowledge that saints can be difficult to live with and Stuart was no exception. He was a perfectionist, not suffering fools and irritable over slipshod work.

Max Glatt

1912 - 2002

In ending this tribute, it is most appropriate to recall his Christian faith – the driving force of his life.

Attending a Baptist church in Leicester, under the ministry of the Reverend Hector Harcup, had a profound influence in his formative years – an influence which he never betrayed. Stuart took an active part as a deacon in the life of the Baptist church in Shirley and West Wickam and was a member of the Council of Spurgeon's College. When he came to Preston he found in the Free Methodists his spiritual home and became Church Secretary.

However it was not any church institution that guided his life, it was his own walk with God. In summing up Stuart's life, the lines penned by Bunyan are appropriate:

*Who would true valour see,
Let him come hither;
One here will constant be,
Come wind, come weather;
There's no discouragement
Shall make him once relent
His first avowed intent
To be a pilgrim...*

*No lion can him fright,
He'll with a giant fight,
But he will have a right
To be a pilgrim...*

*Hobgoblin nor foul fiend
Can daunt his spirit;
He knows he at the end
Shall life inherit.
Then fancies fly away:
He'll not fear what men say;
He'll labour night and day
To be a pilgrim. ■*

Max Glatt was one of the pioneers in the treatment and rehabilitation of alcoholics and drug addicts. Perhaps more than anyone else, he was responsible for a change in attitude from one that regarded alcoholics as nuisances, to one that saw them as patients requiring treatment.

Born in Berlin, he was intended for an academic career in medicine but Nazi racial laws made it practically impossible for Jews to gain a university appointment. Nevertheless, in 1936, Glatt was awarded a doctorate in neurological medicine at Leipzig. After Kristallnacht in 1938, he tried to escape to Holland, but was captured and sent to Dachau. He was later freed and made his way to England. Most of the rest of his family perished in the camps.

His work began in psychiatric hospitals where he specialised in the treatment of alcohol and drug addicts. He saw them as people who, like his own people, had been stigmatised and made to feel unwelcome.

In 1952, he set up the first NHS unit for the treatment of alcoholism at Warlingham Park Hospital in Croydon. In 1962 he set up a unit for the treatment of both alcoholism and drug addiction at St Bernard's Hospital, in Ealing, a unit that is now called the Max Glatt Centre. These were run on group lines based on the principles of the therapeutic community. He set up the first treatment unit in a prison –



Wormwood Scrubs – which now also bears his name and where he continued to run groups almost until his death.

Max Glatt was on the honorary staff of four London teaching hospitals. He advised the BMA, the Home Office, and the Royal Colleges. He was the co-founder of the Medical Council on Alcoholism and of the National Council on Alcoholism.

He had the gift of inspiring universal affection and respect. He was a quiet, modest and gentle person with a dry sense of humour.

Countless addicts throughout the world owe their recovery to the pioneering work of Max Glatt, whose own humanity was strengthened by suffering and founded on a profound religious faith. ■



Further publications available from the Institute of Alcohol Studies

Counterbalancing the Drinks Industry

Counterbalancing the Drinks Industry: A Report to the European Union on Alcohol Policy

A response to a report published by the European drinks industry and a defence of the WHO Alcohol Action Plan for Europe.

Alcohol Policy and The Public Good

Alcohol Policy and the Public Good: A Guide for Action

An easy-to-read summary of the book written by an international team of researchers to present the scientific evidence underpinning the WHO Alcohol Action Plan for Europe

Medical Education

Medical Education in Alcohol and Alcohol Problems: A European Perspective

A review of educational programmes on alcohol and alcohol problems in European medical schools, identifying gaps in provision and proposing guidelines for a minimal educational level within the normal curriculum of under- and post-graduate medical students.

Alcohol Problems in the Family

Alcohol Problems in the Family: A Report to the European Union

A report produced with the financial support of the European Commission describing the nature and extent of family alcohol problems in the Member Countries, giving examples of good practice in policy and service provision, and making recommendations to the European Union and Member Governments.



Marketing Alcohol to Young People

Children are growing up in an environment where they are bombarded with positive images of alcohol. The youth sector is a key target of the marketing practices of the alcohol industry. The booklet depicts the marketing strategies of the industry and

