

alcohol

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ALERT



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The Licensing



The Licensing Bill continues to be mired in controversy after its severe mauling in the House of Lords, where it was

subjected to a wide range of amendments. Its proposed measures have been challenged by the Association of Chief Police Officers (ACPO) on the grounds that more alcohol means more crime. The Office of the Deputy Prime Minister (ODPM) Housing, Planning, Local Government and the Regions Committee has been deluged with representations on the way in which urban centres are already being ruined by the late-night alcohol and entertainment industry. Publications from the Home Office, designed to give academic weight to the Government's proposals, in fact prove the opposite case. The Network of Residents' Associations continues the fight to protect the amenity of our towns and cities and has launched an attack on the Secretary of State, Tessa Jowell, over what is seen as her wilful failure to understand the implications of the Bill for which her department has responsibility.

During the debate on the second reading of the Licensing Bill in the House of Commons, Ms Jowell said: *"The big difference under the Bill is that local residents – the constituents of right honourable and honourable members on both sides of the House – will for the first time be able to have their voices heard when licensing decisions are made."*

In an Open Letter to Ms Jowell, Dr Sarah Webb, the Secretary of the Network of Residents' Associations, points out that this statement is simply incorrect. *"The truth is that residents can be heard very effectively at present."* As things stand, it is possible to make representations about any application

for a liquor licence to the Licensing Magistrates which have to be taken into consideration. There are no limitations on who may make these representations any more than there are in planning matters. The same is the case for Public Entertainment Licences, when any objections can be addressed to the Local Authority and form part of the papers on the application presented to the relevant committee.

Dr Webb brings to the Secretary of State's attention the number of ways in which *"your Bill will actually impose new restrictions on residents...by granting late night hours in a single combined premises licence application...by limiting the category*

Bill – state of play

of ‘interested parties’...by disallowing objections that are deemed “repetitious”...by granting and issuing a licence ‘forthwith’...by abolishing routine Premises Licence reviews...by denying Local Authorities the power to set closing times for zones...by transferring licensing to Councils where there are time constraints.

“There is a risk that Councils will restrict the time available to objectors. Some authorities already apply a time limit of twenty minutes for Public Entertainment Licence hearings and only allow one speaker. In Magistrates Courts objectors are always allowed adequate time to present their case. Two or three days can be set aside when there are many objectors, and everyone is heard...”

“These points,” says Dr Webb, “exemplify the reduction in objectors’ rights that would result from this Bill in its present form, and these restrictions may prove to breach the Human Rights Act.”

The Licensing Bill comes to the Commons after a rough ride in the House of Lords during which the Government was forced to make concessions on what had previously been proclaimed to be fundamental principles, most notably in the matter of cumulative impact. Cumulative impact refers to the situation which arises from a large number of licensed premises in a particular area. Research has shown that this is the greatest contributor to problems of disorder and nuisance in urban centres. Despite the fact that a great deal

of the thinking behind the Licensing Bill has been based on impressions of how things are done in other countries, it has escaped the Government’s notice, or it has chosen to ignore the fact, that there are strict restrictions to prevent the ill effects of cumulative impact in many other countries. In Paris, for example, no licensed premises are allowed to be sited within 75 metres of the next and there are quotas to restrict the overall number of licensed venues. Indeed, not a single new licence has been granted in the French capital since 1915. The concession on cumulative impact, which seems to allow for local authorities to take this issue into account when considering applications for licences, has been hard won in the face of bitter opposition from the drink industry and from certain quarters within the Department of Fun, as Andrew Cunningham, the civil servant responsible for the Bill, refers to his area of government.

The Ministerial Guidance makes a statement that cumulative impact is very rare and implies that Soho is just about the only place in the country where it applies. It is, in fact, the norm. Anyone familiar with city centres such as Newcastle, Manchester, and Nottingham, to take just a few examples, will know that this is not the case. Cumulative impact is not the same as commercial saturation; it is the situation where the concentration of

licensed outlets causes the proliferation of incidents of disorder and nuisance. Furthermore, campaigners saw it as essential that the threat posed by the Bill of allowing the unchecked growth in the number of outlets should be countered by giving the local authority power to prevent this. The strange suggestion that cumulative impact is a rare phenomenon has no bearing on the fact that any Bill should seek to prevent adverse effects arising from its measures. The fact is that the Licensing Bill is designed, ineffectively as has been constantly argued, to prevent problems which already exist and has no intention of preventing any which have not occurred.

The matter is, however, not straightforward. Ms Jowell’s reply to a question from Don Foster, the Member for Bath, during the Second Reading implies that the Government has no intention of allowing local authorities, with their newly acquired responsibilities for licensing matters, the right to have an effective licensing policy. By the concession on cumulative impact, it should have been possible for a council to make a decision that there should be a limit on the number of licensed premises in a particular area. This may well still be the case, but if licensing decisions must not be “taken by the local authority without receipt of representations”, as Mr Foster was told, then a

potentially dangerous element of confusion has been added. Does a licensing policy which takes cumulative impact into consideration constitute decisions being taken “without receipt of representations”?

These “representations”, as envisaged by the Bill, can only be made by people living or owning a business within the vicinity of any proposed licensed premises. We are left with the situation where, say, an elderly lady, driven to distraction by the noise and disturbance caused by a particular pub or club, has to collect data on the incidence of lawbreaking and present it to the licensing authority in a legally convincing form before any action can be taken. The position, of course, will be the same before any licence is granted, except that our hypothetical old lady will be obliged to prove the likelihood of nuisance and disorder before the fact.

Commentators agree that, during the passage of the Bill through the Lords, the Opposition acquitted itself much better than did the Government. Baroness Blackstone, who introduced the Bill, had a particularly difficult time and was shown on two occasions to have provided the House with incorrect information. Lord Avebury, the former Liberal MP Eric Lubbock, wrong-footed her on a number of occasions, illustrating not only her less than firm grasp of her brief but also fundamental weaknesses of the Bill.

The Conservative Opposition, led by Baroness Buscombe, defeated the Government on a number of issues. Some of the amendments



have been removed in the Commons. But it is clear that the Bill will emerge as an Act of Parliament in a different form than was originally intended.

One intention of the Bill was to allow children free access to pubs and bars on their own, a measure which was by no means welcomed by all licensees. Baroness Buscombe’s amendment removed this part of the Bill on a number of grounds, including the danger into which such unaccompanied children might well be put. One of the Government’s aims was to make pubs more family friendly – although it seemed an absurdity to argue that children in pubs without their families promoted this laudable end.

Reports differ on how the Government intends to proceed on this particular amendment but there is a suggestion that it intends to reverse it, a move which would seem certain to spark further controversy. This particular issue highlights the unsatisfactory nature of the whole process in that the Bill pre-empts many crucial aspects, of the National Alcohol Strategy which is still being formulated. These aspects include how we look at the problem of alcohol harm in relation to young people and children. At the moment all the Government is proposing are liberalising

measures in a Bill which itself has been shaped at the behest of the drink industry.

Just as Baroness Blackstone misled the Lords, Tessa Jowell provided the House of Commons with dubious information on the subject of another amendment under which “protection of amenity” would be added as an objective of the Bill. The Secretary of State intends to overturn this amendment on the grounds that it would “constrain the ability to address...the problem of public nuisance”. Ms Jowell told the Commons that *“the term ‘amenity’...has a different connotation in planning terms, focusing much more on the aesthetic and visual appearance of a place, rather than the activities that go on there”*.

Planning experts insist that in fact it is the term ‘public nuisance’ itself which may constrain because it is a term which has been given a very precise and relatively narrow definition by the courts in the context of environmental protection. The term ‘amenity’ does not have this disadvantage and it is simply not true that in planning terms the word relates only to aesthetic and visual appearance. ‘Amenity’ has been given a wide meaning by the courts and has been interpreted as meaning “pleasant



Baroness Blackstone



Baroness Buscombe

circumstances or features, advantages”, one of which, of course, could be tranquillity. It will be interesting to see whether Ms Jowell acknowledges her error and provides the Commons with an accurate statement.

In March ministers defended the Licensing Bill before the Office of the Deputy Prime Minister Committee: Housing, Planning, Local Government, and the Regions.

Dr Kim Howells, the Parliamentary Under-Secretary of State at the Department of Culture, Media and Sport, and Ms Jowell’s deputy directly responsible for the passage of the Licensing Bill through Parliament, pointed out that since the leisure industry was often used to regenerate derelict areas *“it was important to take a relaxed attitude on the matter”*.

Lord Rooker, who has

responsibility for Housing and Planning at the ODPM, had already told the Committee that the Government wanted town centres developed for mixed-use at all times of the day. Dr Howell’s remark seemed to ignore the fact that some uses might be mutually contradictory, especially in light of the Government’s other avowed aim of encouraging the further redevelopment of city and town centres as residential areas.

Dr Howells also made the comment that a *“holistic approach”* was needed to tackle the prevailing drinking culture and went on to suggest that any problems here *“would not evaporate immediately, but could take a number of years”*. This remark stands in stark contrast to assertions made by a number of ministers that binge drinking and its consequent problems of

nuisance and disorder were the direct result of fixed closing times and would disappear overnight with the passage of the Bill. It has been pointed out again and again by experts in the field that abusive drinking and what is now known as binge drinking long antedated any

legislation which regulated opening hours. Whilst it may be a step in the right direction for ministers to be taking reality into consideration, the fact remains that no fall back position has been put in place to deal with the possibility that the Licensing Bill, in its present form, will never solve the binge drinking culture, let alone cure it in *“a number of years”*. There is no Plan B.

During the same hearing of the committee, Dr Howells made the comment, *“We have got to look at how we make sure that, say, the Portman Group Code is adhered to so that bar staff do not sell alcohol to people who are already drunk...”* Perhaps someone needs to tell Dr Howells that, however much he might admire the drink industry’s Portman Group, this requirement is laid on licensees by the law – a fact with which the responsible minister might be expected to be familiar.

Appearing before the same Committee, the Institute of Alcohol Studies’ Andrew McNeill refuted claims made by Tessa Jowell that lead to a reduction in anti-social behaviour, pointing out that no evidence existed to support that claim. He drew the Committee’s attention to examples in Australia and New Zealand which demonstrated that extended drinking hours pushed problems later back into the night.

In its report on its proceedings, the ODPM Committee says that *“if the Bill is enacted in its current form there will be no mechanism to deal with the problems that arise from the concentration of entertainment premises either in licensing or in planning. We believe that this*



Dr Kim Howells





creates unacceptable risks... We recommend that licensing authorities are given powers to accept residents' sworn evidence of nuisance, and we further recommend that (as in certain European cities) licensing authorities are given powers to set an overall terminal hour in particular defined local areas as part of licensing policy".

The Committee in its report goes on to "recommend that all local authorities are required within their licensing strategies to define upper capacity limits in terms of the number of people with which particular areas, identified by their economic role within the district can reasonably cope at given times of day. Overall capacity could be identified in relation to the fire regulation standards of individual premises, which may also give one potential means of enforcement".

In both their written and oral evidence to the ODPM Committee, the Association of Chief Police Officers (ACPO) also throws doubt upon a number of the basic assumptions made by the Government in the Licensing Bill. ACPO said that extending hours would not automatically stagger closing hours and has the potential to lead to increased anti-social behaviour and costs for the Police and Local Authorities. Giving oral evidence to the Committee, Frank Whitely,

Deputy Chief Constable of Northamptonshire, said, "My own particular fear is that market forces will dictate and, frankly, if it is worth one pub staying open until three in the morning, it is worth all the others staying open until three." Deputy Assistant Commissioner Andrew Trotter of the Metropolitan Police put the matter succinctly to the same committee: "I would say that the problem is alcohol, which gives us crime and disorder... more alcohol gives us more crime and disorder."

ACPO's position is that Local Authorities and the Police must have the final say on opening hours of licensed premises in their area and that is particularly the case where there is a saturation of licensed premises or where there is a lack of mixed venues. This undermines a fundamental assumption of the Bill as envisaged by the drink industry and the Government.

Nowhere in the Bill are there any means to ensure that staggered opening hours occur as a result of its coming into force. This is an assumption made by the Government without the benefit of evidence. As has been pointed out before in Alert, it is highly unlikely that Landlord A will decide to close at midnight in order to allow his customers to transfer their trade to Landlord B whose premises remain open until one o'clock.

ACPO further pointed out that "the Department of Health who will be producing the Government's Alcohol Strategy must be engaged more in addressing the problem locally. There are also many other social issues associated with alcohol, i.e. domestic violence, drink driving, and these must also be taken into consideration."

ACPO also challenged the

Government's view that problems arising from the prevalent drinking culture arise from the activities of a small minority of drinkers. This might be called The Rotten Apple Theory. ACPO points out that one of the problems of the night time economy is that it is not so much a few jobs whose behaviour leads to disorder and nuisance but the fact that the streets of our towns and cities are filled with thousands of people who usually behave in a reasonable and peaceable way but who, when fuelled with excess alcohol, act uncharacteristically. In the case of these people, Anti-social Behaviour Orders are inappropriate. ACPO also suggests that arresting a person for drunkenness implies far greater police resources than are in fact available. Officers are involved in the bureaucratic procedures over the arrest of one drunk when they would be better employed on the streets dealing with more serious crime – often those arising from excess consumption of alcohol, such as violence. ACPO further points out what should be self-evident but needs constant reiteration in the face of the Government's reluctance to accept its obvious truth, that more alcohol means more crime not less.

On 26th March the Home office published four relevant research documents, Drunk and Disorderly: a qualitative study of binge drinking among 18-24 year olds, Alcohol, crime and disorder: a study of young adults, Reducing alcohol-related violence and disorder: an evaluation of the TASC project, and Drinking, crime and disorder. Once again, in the press release which accompanied

the appearance of these documents, the claim is made that the Licensing Bill *“will help prevent crime and disorder by abolishing the fixed opening hours which can create crime hotspots in town centres at closing time”*.

Within the documents there is no supporting evidence which supports this claim.

The TASC project studied alcohol-related crime in Cardiff. It showed that some measures were successful in reducing crime and disorder, but these had nothing to do with opening hours. The report states that *“revellers typically begin drinking in the early evening in pubs and then move on to the larger clubs holding extended licences, staying into the early hours.”* There are a considerable number of premises with late night licences in Cardiff as in virtually every other large city centre. The manager of the TASC project opposed the granting of licences in one area of Cardiff because *“the city centre could not sustain such a high number of [licensed] premises in a limited space”*.

The Drunk and Disorderly report is illuminating on the subject of binge drinking among 18-24 year olds – the very binge drinking which, at one time, ministers claimed would be eliminated by the Licensing Bill. None of the young people

questioned mentioned closing times as a factor which led them to binge drink. They tended to confirm the findings of the TASC project, that once the pubs had closed they moved on to clubs with extended hours or to a party in someone’s house.

The Home Office White paper, Respect and Responsibility – taking a Stand Against Anti-Social Behaviour, reiterates the claim made on behalf of the Licensing Bill that there *“is evidence that flexible licensing hours lead to less binge drinking”*. None of this evidence has ever appeared. Appearing before the OPDM Inquiry on the Evening Economy, John Denham, then still a Home Office Minister, referred to evidence gathered for the National Harm Reduction Strategy and based on focus groups with young people showing *“that not having the closing time will affect the speed of drinking towards the end of the evening”*.

The actual evidence shows nothing of the sort.

The focus groups simply elicited the opinions of 123 young binge drinkers and their opinions cannot constitute the quality of evidence required. It may be that, carefully primed, a majority said that they thought longer hours would reduce

binge drinking, although a minority is reported as saying that longer hours might in fact encourage it, but the question remains as to what evidence there is that this opinion is right. In addition, these comments about closing times appear as afterthoughts in reports, the main conclusions of which are that *“young binge drinkers enjoy drinking alcohol and being drunk...Episodes of risk and disorder are often viewed as part of the excitement of getting drunk with friends...Getting drunk is an integral part of the social scene for these young people...”*

Given that the Home Office reports describe how young binge drinkers go out with the intention of getting drunk, using various strategies such as beginning to drink at home before leaving, deliberately missing drinks and drinking quickly in order to accelerate the process, the references to the evils of closing times are patently insincere, presumably being added as a bit of political correctness designed to please the Home Office researchers. In the earlier sections of the reports examining the causes of binge drinking, closing times do not even warrant a mention. This is odd seeing that ministers have said that this is the “key mechanism” for solving the problems of alcohol-related nuisance and disorder.

It is difficult to call to mind an occasion when a Bill has faced such general and informed criticism and when its fundamental assumptions have been so completely undermined, not only by the arguments of its opponents and experts such as ACPO but by Home Office research intended to prove its case. ■



National Alcohol Harm Reduction Consultation Document

When the Government’s Strategy Unit launched its Consultation it received responses from a wide variety of organisations and individuals. The response by the Institute of Alcohol Studies provides a particularly useful critique of the document:

While we greatly welcome the involvement of the Strategy Unit in developing a harm reduction strategy, we are concerned at the prolonged and disorganised character of a process that is now entering its fifth year. This does not reflect well upon either the Government’s willingness to tackle this issue or its competence to do so, and it does not inspire confidence that the final product will be commensurate with the scale and urgency of the need...

...In regard to the role of the alcohol industry, we note that the industry in the form of the Portman Group was given a high profile in the plenary sessions of the Consultation Event held on 22 October, 2002 and that one of the workshops was devoted entirely to the industry's involvement in the national strategy.

The role of the industry is of course an entirely legitimate question for debate, and one

discussed at length in our publication on social aspect groups. But we are concerned at the indications that once again the industry may exert undue influence over policy in this area. Only last year, the House of Lords European Union Committee enquiring into drinking and driving noted that the Government's position on the blood alcohol limit for drivers “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”.

Lord Brooke of Alverthorpe, the committee’s chairman, was reported by The Times as being surprised by the apparent influence of the drinks industry. We hope that there will not be cause for any similar surprise in relation to the national alcohol harm reduction strategy.

It will be remembered that the WHO Declaration on Young People and Alcohol, endorsed by the Ministers of Health of all member countries including the UK in Stockholm 2001 contains the statement: *“Public health policies concerning alcohol need to be formulated by public health interests, without interference from commercial interests.”*

The New Consultation Document

We are particularly dismayed by certain features of the Consultation Document which, in our view, represent a substantial step backwards into a way of thinking about alcohol problems that most people in the field believe was superseded years ago.



duction Strategy:

In the first place, the Consultation Document ignores the mass of research undertaken, the evidence collected and the many contributions to the development of alcohol policy that have taken place over the last quarter of a century. Contrary to the whole implication of the Consultation Document, we are not starting from scratch and from a position of complete ignorance.

Notable landmarks have included:

- The DHSS Advisory Committee on Alcoholism Reports on Prevention (1977), Services (1978) and Education and Training (1979)
- The Royal College of Psychiatrists Report: Alcohol and Alcoholism (1979)
- Central Policy Review Staff: Alcohol Policies in the United Kingdom (1979)
- DHSS Discussion Document: Drinking Sensibly (1981)
- Royal College of General Practitioners Report: Alcohol: A Balanced View. (1986)
- Royal College of Psychiatrists Report: Alcohol: Our Favourite Drug (1986)
- Preventing Alcohol Problems; A Guide to Local Action. P. Tether and D. Robinson (1986)
- Royal College of Physicians Report: A Great and Growing Evil: the Medical Consequences of Alcohol Abuse (1987)
- First Report of the Ministerial Interdepartmental Group on Alcohol Misuse (1988)
- Alcohol Policies: Responsibilities and Relationships in British Government. P. Tether and L. Harrison. (1988)
- Interdepartmental Circulars on Alcohol Misuse (1989)
- Lord President's Report: Action Against Alcohol Misuse(1991)
- White Paper Health of the Nation. Department of Health (1992)
- Alcohol Policy and the Public Good. G. Edwards et al. (1994)
- Sensible Drinking: the report of an Interdepartmental Working Group. Department of Health (1995)
- Alcohol and Crime: Breaking the Link. All Party Group on Alcohol Misuse (1995)
- Alcohol and the Young: report of a joint working party of the Royal College of Physicians and the British Paediatric Association (1995)
- Tackling Alcohol Together: The Evidence Base for a UK Alcohol Policy. D. Raistrick et al. (1999)
- International Handbook of Alcohol Dependence and Problems. N. Heather et al (2001)
- The mass of material

gathered by the Scottish Executive for the development of the Scottish national alcohol misuse strategy.

Secondly, the Consultation Document fails to mention international alcohol harm reduction initiatives in which the United Kingdom is already a participant. These are the World Health Organisation's Alcohol Action Plan for Europe and the EC Council of Ministers' Recommendation on the Drinking of Alcohol by Children and Adolescents.

As the British Government was actively involved in these initiatives and indeed has officially endorsed both of them, it is already committed to a range of actions designed to reduce the harm associated with alcohol products.

To produce a Consultation Document after four years of effort which omits any reference to these initiatives, both of which were extant during these four years, and which, additionally, appears to be oblivious to the mass of evidence that exists on the harms associated with alcohol products, is an achievement of a sort but one more likely to reduce than enhance the credibility and coherence of the final product.

This is evident right at the beginning where the opening sentence of the Minister's Foreword repeats the mantra of the alcohol industry that the majority of people are sensible drinkers who drink without causing or experiencing any harm whatever, alcohol problems being restricted to a small minority of 'alcohol misusers'. Even a very limited familiarity with the scientific

literature would enable the Minister to understand why this assumption is exactly the wrong starting point for a strategy to reduce the harm associated with alcohol products.

There are not two entirely separate populations of drinkers, a large population of ‘sensible drinkers’ on the one hand and a far smaller one of ‘alcohol misusers’ on the other. There is the one population, amongst which alcohol problems are widely distributed. The harm associated with alcohol products is a reflection of the prevailing drinking culture. In particular:

- 1 Much, and in relation to some kinds of problems, most of the harm associated with alcohol products is generated not by a small minority of ‘alcohol misusers’ but by the mass of ordinary consumers who sometimes drink excessively or inappropriately.
- 2 While normally risk is proportionate to dose, for some conditions there is no clear threshold of consumption below which problems never occur. The concept of completely risk-free drinking is a fantasy. In relation to these conditions, all drinkers are at increased risk compared with non-drinkers. This is clearly the case in relation to accident risk. Recent research suggests it is also true of the risk of female breast cancer, and is particularly true also of social problems related to alcohol consumption.
- 3 In the United Kingdom, much of the harm associated with alcohol is the result of acute rather than chronic intoxication. Drinking to get drunk is now a central

element of socialising for a substantial proportion of young people. The Government’s own figures show that the majority of 20–24 year old men, and over 40 per cent of women of that age, have a hazardous pattern of alcohol consumption: Prevalence of hazardous drinking in the past year by age and sex (Source: Psychiatric Morbidity among Adults living in Private Households, 2000).

- 4 There is a strong association between the average or overall level of consumption of a population and the level of harm associated with alcohol products: as a rule, societies with higher levels of consumption have higher levels of harm.

In regard to reducing the harm associated with alcohol products, the evidence is clear that the most effective strategies are those which combine measures designed to affect the overall level of consumption with measures targeted at specific groups and problem areas, and affect features of the drinking environment rather than relying on attempts to persuade individuals not to drink too much.

Where we go from here?

We agree strongly with Dr Martin Plant that the whole area of cost benefit analysis stands out as needing further development. We would not however agree that the development of a harm reduction strategy must await this or any other area of research being carried out. We already have enough scientific knowledge to begin to embark on the strategy: the wheel does

not have to be reinvented. We hope that despite the omission of any reference to them in the Consultation Document, the Strategy Unit is familiarising itself with the available scientific literature such as the works listed above.

At this stage, we believe that the Government and the Strategy Unit needs to explore four specific areas of enquiry in addition to those already identified above and in our original submission:

- If it is not already happening, steps should be taken to lay the groundwork for monitoring the future impact of the strategy and the Licensing Bill now in Parliament, not only in relation to alcohol-related crime and disorder but also in relation to drinking patterns and levels of consumption, the health service and other kinds of alcohol problem such as family disturbances.
- A system needs to be established for monitoring public opinion on issues relevant to alcohol policy.
- Specific proposals should be put forward and a consultation undertaken in regard to the education and training needs of those who will be involved in putting the strategy into practice.
- Specific proposals should be put forward and a consultation undertaken in regard to how the harm reduction strategy should be administered and implemented. Particular attention needs to be paid to central coordination, local coordination and local representation, and quality assurance. ■

Alcohol proposals for London

Seventy-five thousand alcohol-related crimes occur in London every year

This is one of the problems faced by our capital city highlighted in the recently published *Proposals for a London Agenda for Action on Alcohol*, a consultation document prepared by the Greater London Alcohol and Drug Alliance (GLADA) and the London Health Observatory. In his introduction the Mayor of London, Ken Livingstone, says: "When I became mayor I consulted widely on priorities to make London a safer, healthier and fairer city. I was convinced by an argument that the GLA (Greater London Authority), working in partnership with other agencies, could make a significant impact on reducing the level of alcohol related harm in the capital."



Data quoted from the London Household Survey indicate that, of Londoners who drink in excess of 1-2 units a day at least once a week, in the last twelve months:

- Just under half (47.2 per cent) have felt very drunk after drinking alcohol. One

in ten (10.4 per cent) had felt very drunk on more than ten occasions.

- Over a quarter (26 per cent) had felt they had no control over what happened to them. One in forty had felt they had no control as a result of alcohol on more

than ten occasions.

- A third (33.4 per cent) had been unable, after drinking alcohol, to remember what happened the night before, with 1 in 25 Londoners suffering such memory loss on more than ten occasions.
- Twenty-three per cent had got into a heated argument during or after drinking alcohol, more than one in twenty (5.9 per cent) had got into a fight, 2.6 per cent had damaged property that did not belong to them and 3.2 per cent had taken something that did not belong to them.

A study carried out in Camden and Islington and quoted in the *Proposals* looked at those attending Accident and Emergency departments after being assaulted in a public place (as opposed to in the home or at work). The vast majority of these victims were male and under 35; 50 per cent attended A&E between the hours of 10 p.m. and 4 a.m., with a peak at midnight; 54 per cent of the incidents occurred on Fridays and at the weekend. The *Proposals* point out that "*alcohol consumption contributes significantly to the volume of injuries in London*".



Total expenditure on alcohol in London is estimated to be £4.6 billion per annum. More than half the consumption is beer or cider. A quarter is drunk as wine and the rest is accounted for as spirits. Frequency and consumption patterns differ markedly across gender, age, and ethnic groups. The cost of alcohol to London includes £0.61 billion for direct deaths and £1.24 billion for indirect deaths. Alcohol abuse also results in additional costs for the NHS: something in the region of £50 million, including such things as GP consultations, inpatient admissions, A&E attendances, and ambulance transportation.

The cost of alcohol related crime in London is estimated to be £1,282 million.

The Proposals give an estimate of the cost of alcohol related absenteeism to business. This is based on relative absence



levels of people with alcohol problems compared to the average and gives a result of 1.68 million working days a year – a cost to London of over £294 million.

The proposed objectives for the London Agenda for Action on Alcohol are:

- Reduce alcohol-related crime, disorder and nuisance on the streets of the capital. One suggested way of achieving this is to establish a London standard for venues licensed to serve alcohol. It is also proposed to develop a public awareness campaign to challenge attitudes, particularly to binge drinking and violence. The question is asked as to whether drinking alcohol should be banned on public transport and in public places.
- Promoting workplace alcohol policies. This could include training managers, establishing employee assistance programmes, the promotion of alternatives to alcohol for after-hours socialising.
- Protecting children and young people in London from alcohol-related harm and ill health. A study of the feasibility of a London-wide proof of age scheme is suggested and opinions on the possibility of reducing the legal age for the purchase of alcohol to 16 from 18 are sought. A further proposal is the promotion of alcohol prevention to all mainstream youth support services using best practice in the prevention of misuse among young people.
- Increase knowledge and understanding of alcohol use

and its impact in London. Pointing out that “*accurate and comprehensive information to measure alcohol-related harm in the capital is not easily available*”, the proposals suggest that “*Londonwide agencies collaborate to develop our knowledge, understanding and intelligence about alcohol and alcohol-related harm in the capital*”.

- Influence changes in national policy to reduce alcohol-related harm in London. Among the suggestions are lobbying for the lowering of the permitted level of Blood Alcohol Content when driving to 50mg per 100ml of blood “*in line with the European Union proposals for harmonisation between member states; highlighting ‘concerns to government about [the] level of alcohol-related violence and threatening behaviour experienced by London ambulance staff, A&E nurses, police and other public sector workers so it is reflected as [a] priority in the forthcoming national alcohol strategy’; ensuring that the national alcohol-harm reduction strategy provides for appropriate levels of local investment in alcohol services to meet the demand for treatment for problem alcohol users and associated services – as well as providing funds for research to build the evidence base for effective interventions to reduce alcohol-related harm*”; and lobbying for the inclusion of action to reduce alcohol-related harm and ill health in national health improvement policy. ■

Options for Action

Alcohol Concern has produced an invaluable tool for anyone. The intention is for the Options for Action training programme concerned with the problem of alcohol in the workplace. The Manual, Options for Action, is a new training resource designed to provide the means of delivering training on alcohol and drugs issues in a variety of settings.



The intention is for the Options for Action training programme to improve awareness of the impact of alcohol and drugs and to provide the knowledge of how to develop and put into practice appropriate alcohol and drug policies. At the same time, it will provide those receiving the training the confidence to identify and deal with potential and existing problems. The manual is a resource designed for use by a wide range of professionals – human resources staff, managers, drug and alcohol specialists, occupational health staff – to train others in recognising and addressing alcohol and drug problems.

Options for Action covers all the practical, legal, safety and ethical issues which are crucial to delivering an effective policy in what is always a sensitive area, including:

- Awareness of alcohol, drugs

and personal well-being

- Signs and symptoms of problematic drug and alcohol use
- Testing and screening
- Addressing work performance
- Writing and implementing an alcohol and drug policy

As readers of Alert will be aware, 14 million working days are lost every year as a result of alcohol and drug problems with inevitably huge economic costs to both employers and the country – quite apart from those experienced by the individuals and their families. Alcohol Concern, along with Personnel Today and DrugScope, conducted a survey which showed that 60 per cent of employers experienced problems in their organisations due to alcohol misuse, 16 per cent had permanently lost staff because of drug misuse, and that

84 per cent would support employees in getting specialist help for alcohol or drug problems.

Whilst employers are nowadays more open to addressing drug and alcohol issues than in the past, most feel a lack of confidence and expertise in doing so. Options for Action is suitable for employers without that expert knowledge, whilst at the same time being useful to professionals involved in wider occupational health issues and to specialist alcohol and drug practitioners. In addition, it caters for varied levels of training experience and includes valuable advice on planning and delivering training sessions.

In the manual there are scenarios and case studies based on different work situations and a section given over to the specific needs of alcohol and drug agencies keen to work with employers. The manual has a modular format which makes it easy for users to dip in and out of the parts which are relevant to their needs. ■

Further information and copies of the manual can be obtained from the Information team at Alcohol Concern, Waterbridge House, 32-36 Loman Street, London SE1 0EE (020 7928 7377).



Alcohol deaths rise sharply

According to figures published recently by the Office for National Statistics, alcohol-related deaths more than doubled between 1979 and 2000.

The number of deaths linked to alcohol in 1979 was 2,506. By 2000, this had increased to 5,543. The sharpest rise in the death rate was recorded during 1990s.

Deaths connected to alcohol were lower for women, though they also rose over the twenty-one year period. The incidence of alcohol-related death between 1979 and 2000 increased threefold for people between the ages of 25 and 44 years.

The Health spokesman for the Liberal Democratic Party, Patsy Calton MP, said that the statistics showed that there was a considerable way to go in educating people about the dangers of excessive drinking. She called on the Department of Health to speed up the implementation of its alcohol strategy - announced as long ago

as 1998 - and went on to say: *"This problem has been getting dramatically worse in the face of Government inaction. There must clearly be more research into the problems and better information especially for young people. The Government must get its act together and implement an alcohol strategy."*

According to the Liberal Democrats, funds from the Department of Health for the purpose of health promotion work on alcohol misuse have dropped by twenty per cent during the course of the last year.

They also pointed out that the estimated cost of treating alcohol-related illness in the national Health Service is £207 million and drew attention to the report by the Royal College of Physicians, 2001, which suggested that the total cost to the NHS of alcohol abuse to be

£3 billion.

Alcohol Concern has also expressed its grave concern about the rise in the number of alcohol related deaths.

A spokesman for Alcohol Concern, speaking on BBC Radio Five's Lunchtime News, said, *"The ONS show that there has been almost a year on year increase in the numbers of people who die from alcohol related diseases since 1979. What is particularly worrying is that people are dying younger, and also that the death rate has increased amongst women."*

"The Chief Medical Officer's report in 2001 highlighted that cirrhosis accounts for nearly 500 deaths in men, and nearly 300 deaths in women, amongst a very young age group 25-44."

"We know that alcohol is indicated in a number of other health problems, such as high blood pressure, exacerbating mental health issues just to mention a few."

"Culturally we have always been binge drinkers... rather than spreading it out in more moderation across the week. But also we are choosing to start families later, we are earning more than we did before and all of this means we can spend more money on socializing, of which drinking plays a significant part. The boom in the pub and bar industry really shows that they are cashing in very much on this trend."

"What we would like to see is some firm action taken to deal with this. We are expecting strategies from the Government this summer"



which will hopefully help to deal with some of the problems which are caused by alcohol misuse.

“Key areas that we would like to see include more awareness of sensible drinking guidelines, and what they actually equate to whilst you are in the pub. Better treatment and services for people who need help.

“Also for people to realise that drinking above safe recommended limits can harm your health, even if you are not what many people would think of as a stereotypical alcoholic.

“I think there is also a role to be played in primary health care, for GPs and nurses to let us know when our drinking is getting above those daily limits. There is evidence

to show that is an incredibly effective way of getting people to change the way that they drink.”

Quite apart from the diseases caused by alcohol, there are also worries about the increasing number of accidents happening where alcohol is involved. This was one of the factors behind the Government’s decision to publish daily alcohol recommended rates, rather than weekly, in what turned out to be an ineffective attempt to counter binge drinking.

The Government is due to publish the interim findings of their consultation process on alcohol misuse this spring. They have committed themselves to implementing the strategy by

2004. However, many commentators, pointing to the enormous delays already seen in the production of the strategy, are calling for action to be taken much sooner. ■



Charity attacked over wine sponsorship

Leading scientists have criticised a breast cancer charity in the United Kingdom for permitting its name to be used in the promotion of a brand of wine. The Breast Cancer Campaign has accepted fifty thousand pounds’ worth of sponsorship from BRL Hardy which is featuring the charity’s logo on its bottles.

It seems ill-judged to many in the medical and scientific world for the charity to allow its name to be associated with the promotion of a product which is a known risk factor in the development of the disease it is dedicated to fight against.

Tom Sanders, professor of nutrition and dietetics at King’s College London and a government adviser on food and diet, said, *“As alcohol intake is linked to increased risk of breast cancer, it is rather like putting an ad*

for a lung charity on cigarette packets. It is extremely ill-advised of the breast cancer charity to get involved with a wine company, which is, after all, trying to promote the consumption of alcohol. It sends out a confusing message to women about the risks they run.”

Pamela Goldberg, chief executive of the Breast Cancer Campaign, defended her charity’s association with a branch of the drink industry, saying that alcohol represented increased risk rather than the

sort of causal link been long-established between smoking and lung cancer. She added that the charity had decided to take a pragmatic view when offered the financial backing. *“It’s not like smoking and lung cancer,”* she said. *“We know that smoking causes disease. This is not a causal link; it’s a slight increase in risk. OK, we took a pragmatic view but there is nothing in our relation with Hardy that encourages women to drink.”*

BRL Hardy in its turn defended its backing of the charity. BRL Hardy’s UK trading director, Adrian McKeon said, *“When we started off the connection with the Breast Cancer Campaign there was no concrete evidence for a link between alcohol and breast cancer.”* ■

How to get your

Laddettes help the UK to top of the alcopops league

Brewer's droop may be a thing of the past: now you can booze and increase your libido at the same time. A new generation of alcopops, according to the manufacturers, is about to take the youth drinking market by storm. The claim is that the drinks will boost sexual performance and have already met with fierce condemnation on the grounds that they can only make the problem of binge drinking and unwanted pregnancies worse.

A spokesman for the Institute of Alcohol Studies said, "Roxxoff and its imitators demonstrate the appalling cynicism of an industry which has no scruples as to how it markets its wares to young people. Alcohol is already a major factor in unwanted sexual encounters and, in the unlikely event of these literally distasteful products actually fulfilling their lubricious promise, they can only do great harm. If the Portman Group is more than the industry's poodle, it needs to act decisively."

It is predicted that these will flood into bars this summer as drink industry marketing campaigns target young clubbers with a heady new range of products that are already becoming known as 'Viagra pops'.

In a particularly lurid phrase drinks manufacturers claim that these powerful concoctions of vodka, passion fruit, and Chinese aphrodisiacs will create a 'generation of randy super beings'. The industry confidently expects the new

drinks to have the same impact on the market as the appearance alcopops did in the 1990s.

None of the drinks will actually contain Viagra which are produced by the American pharmaceutical company Pfizer. Instead they rely on Chinese herbs such as cordyceps and epimedium grandiflorum, better known as Horny Goat Weed, to give the drinker an amorous boost

The first of these brands, wittily named Roxxoff, will sell for as little as £1.50 when it appears in the UK. It is believed that at least three other companies are about to launch their own versions.

"This is what everyone in the business is talking about," said a drink industry source. "For months now firms have been trying to get the blends right in time for the warm weather."

Marketing experts estimate that this new product could generate sales of over five million cases in their first year.

Lynch Wines, a company operating from Surrey, is launching Roxxoff, which has an alcohol content of 5.4 per cent, in a series of advertisements starring Dannii Minogue. Initial publicity promises a "sensational scientifically blended concoction of potent and proven aphrodisiacs" that could lead to 'a generation of randy super beings'.

The prospect of Viagra pops and the tone of the hype surrounding them has appalled experts in the field of alcohol problems. Jack Law, of the Glasgow-based group Alcohol Focus, has called for a ban on Roxxof. He says that it clearly breaches the guidelines set up by the industry's own Portman Group. This "code of practice states any drink or its packaging should not suggest any association with sexual success or that it can enhance physical capabilities," he said.

"Roxxoff, sends out a completely irresponsible message to the young drinkers it is aimed at and will only increase the likelihood of binge drinking and unsafe sex."

Campaigners at Alcohol Concern warned that such drinks could lead to an increase in date rapes and teenage pregnancies. "We would like to see these banned, whether they improve sexual performance or not," a spokesman said. "Lots of surveys

Roxxoff

have suggested teenagers regret having unprotected sex when drunk, so this is worrying."

However, Lynch Wines reply is that many "young people go to clubs and bars to meet people with a view to having sex - we are just helping them on their way." Presumably the company is sceptical as to the potency of British youth and has selflessly cast itself in the role of pander.

"We are acutely aware of our responsibilities. This doesn't look like a kid's drink and isn't designed to fool one into thinking it's lemonade."

The appearance of these 'passion potions' comes as recently published figures show that the United Kingdom has become the biggest market for alcopops in Europe. New drinking patterns among young women and the "ladette culture" have helped give us this unenviable distinction.

The fact that drinkers in Britain spent £5 million a day on alcopops last year emerges as the Government's long-delayed alcohol strategy is being drawn up and as ministers consider how to deal with the rising tide of alcoholism in Britain, particularly among women. The appeal

of alcopops is most strongly felt by young women, attracted by the sweet taste as well as aggressive marketing methods.

"Young female consumers are still by far the key target market," said John Band of Datamonitor, the consumer analysts. *"On top of the easy-to-drink sweeter taste, brands such as Archers Aqua have a deliberate feminine focus in terms of packaging and content, and they offer higher alcohol content than beers."*

"While nobody wants a beer gut, most women find the prospect rather more upsetting than most men."

Sales of alcopops in 2002 amounted to more than £2 billion, a rise of 50 per cent

since 2001. Analysts of the drink industry say the increase in the alcopops market has been fuelled by enthusiasm for alcoholic soft drinks and a trend towards pre-mixed spirits.

"There will always be a ready market for sweet-tasting drinks that mask the taste of alcohol," Mr Band said.

"The drinks industry's great success has been to create sweet drinks which are seen as premium products and which may even appeal to experienced drinkers."

He went on to suggest that the popularity of alcopops would grow across Europe, but that Britain's top position would remain "unrivalled" over the next five years. So far there has been little sign of a boom in sales in countries like France and Spain.

At the moment alcopops are still largely a northern European phenomenon. British consumers' per capita

expenditure on alcopops was £33 last year. The Irish spent £49 a head, largely because the brands are more expensive there.

Mr Band said that it was "not surprising that the UK and other north European countries lead the market. They are about going out at the weekend and getting tipsy. In Spain, Italy and France, where people spread alcohol consumption throughout the week and drink because they enjoy the taste, alcopops are never going to have the same impact." ■



National strategy: the treatment perspective

By Victor Adebowale

With the delivery of a national alcohol strategy expected in the Summer 2003, Lord Victor Adebowale, Chief Executive of the social care charity Turning Point talks about his vision of treatment and why the Government must wake up to the reality of alcohol misuse.



As a major provider of social care in the UK, Turning Point has long been arguing that the Government must wake up to the reality of alcohol misuse and come up with a coherent and robust national alcohol strategy. At Turning Point, we think that a Government led alcohol strategy involving a broad range of organisations such as the police, the NHS, voluntary organisations, local councils, and the drinks industry is the key to turning around the current culture of complacency around alcohol misuse.

Turning Point's work at the sharp end of alcohol treatment means that we are well aware that alcohol misuse is a massive social and public health problem in the UK, with serious consequences for individuals and their families. Unlike other drugs in our society, alcohol enjoys a peculiarly privileged status as the socially acceptable and benign face of drug use and the consumption of alcohol is rarely regarded as problematic or dangerous.

By contrast, the available evidence and statistics about

people's drinking paints a bleak picture of the harmful effects and growing incidence of alcohol misuse. According to figures recently published by the charity Alcohol Concern, more than 3,000,000 people are thought to be dependent on alcohol in the UK – this represents 1 in 13 of the adult population. At the same time, changing trends in alcohol consumption show that the numbers of young people drinking at hazardous levels is on the increase. Young women are now drinking an average of 12.6 units per week – a worrying 66% increase since 1992. The wider social and economic cost of alcohol misuse is huge and includes a £3bn per year burden on an already overstretched NHS, as well as placing considerable pressure on the police and communities.

Last year, with the creation of a Government Strategy Unit to review policy on alcohol, and the publication of a consultation document with the Department of Health – The National Alcohol Harm Reduction Strategy – it seems that the Government is finally starting to sit up and listen to what organisations like Turning Point have to say about tackling the

harmful effects of alcohol misuse. After many false dawns, the Government have at last committed themselves to delivering a national alcohol strategy by the summer of 2003.

A truly effective national alcohol strategy must be all-encompassing and not fall into the trap of only focusing on the most conspicuous and media friendly examples of alcohol misuse, such as binge drinking. Unquestionably, the violence and anti-social behaviour associated with binge drinking needs to be tackled but at the same time, it is crucial that the alcohol strategy has a serious commitment to providing help for dependent drinkers in need of longer-term treatment. While the drinking patterns of dependent drinkers may well be less visible, sustained and long-term alcohol misuse is seriously damaging.

Building responsive models of treatment is a major focus of Turning Point's work and our services aim to reflect the communities they serve by ensuring that treatment is easy to access and available to people who need it, when they need it. In fact, the reality of treatment can be very different and is often characterised by long delays, bureaucracy, and lack of availability. A national alcohol strategy must be committed to providing additional resources and funding to match the investment in drug services.

People with alcohol problems must also be able to access a wide range of flexible and longer-term support. Taking an integrated approach to treatment means that services should be geared up to provide help with housing, health, education, employment, and

training, as well as providing frontline and immediate care and accommodation such as detoxification services.

At the Turning Point Smithfield Project—a substance misuse service based in Manchester – alcohol treatment is firmly rooted within wider contexts of social care to best give service users the options and choices they need. The detoxification unit offers immediate treatment and accommodation to those people who urgently need to come off alcohol or drugs. The alcohol detoxification programme is open to 22 people at any one time and has nearly 1000 clients per year with an annual occupancy rate of up to 97%. People can refer themselves and the staff are on hand at any time of the day or night to give an immediate assessment.

In the longer-term, the Turning Point Smithfield Project supports its clients through treatment and towards a more stable life by providing a raft of measures which include: a residential unit where clients are given the opportunity and time to reflect upon the changes they need to make in their lives; therapeutic group work; a drop-in service; social and recreational activities; links with other

services; housing and legal advice and links with further education colleges.

Positive outcomes for people with alcohol problems – as well as drug and mental health problems and learning disabilities – are achieved by working in close partnership with other services. Since 1997, the Smithfield has worked as part of a network of treatment providers that includes care management teams from social services; community alcohol teams; and south Manchester Primary Care Trust. Working in multi-agency partnerships means that service workers and their clients can access a broad range of diverse but linked services ensuring that clients needs are assessed and met quickly with minimum bureaucracy.

Turning Point's on-the-ground experience as a service provider means that we are well placed to pick up on overlooked and less conspicuous patterns of alcohol misuse. We know for example that drinking is a growing problem in ethnic communities. In London's Soho, Chinese community leaders and groups have long been aware of the growing incidence of alcohol as well as drug misuse in their community. By forging strong





links at a grass-roots level with the Chinese community, the team at our Hungerford service has played a pivotal role in breaking down the taboos and cultural sensitivities surrounding substance misuse. The Chinese Internet Café set up by the Hungerford has proven to be a vital route through which Chinese people can talk about their problems and seek the right help.

We are also aware that many first generation Sikh clients associate problem drinking with spirits such as whisky or vodka rather than other forms of alcohol such as lager. As a consequence, many people of Sikh origin will only seek help in very critical circumstances when their drinking has spiralled out of control.

To date, there is still very little research exploring the drinking habits of different ethnic groups although it is increasingly clear that culture and ethnicity are important factors in determining both how people perceive their alcohol use, and at what point they seek help. The national alcohol strategy must recognise that people from a variety of ethnic backgrounds need a wide raft of support and demonstrate a serious commitment to funding these services.

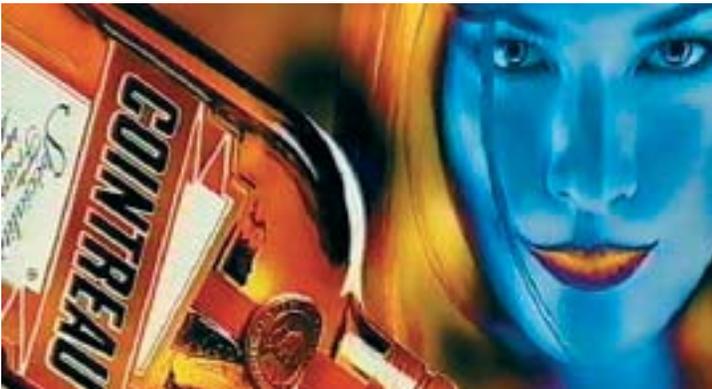
As crucial as treatment is for people who have developed an alcohol problem, prevention is always better than cure and we are concerned that the forthcoming alcohol strategy demonstrates a serious commitment to providing education, information, and advice for young people.

The consumption of vast

quantities of alcohol by young people in the pub, on the streets, or at home, is often regarded as an almost necessary rite of passage. The latest Government figures show that a significant proportion of children under the age of 16 are regularly using drugs and alcohol. The survey asked 10,000 pupils between the ages of 11 and 15 about their substance use and found that the average weekly consumption among pupils who drank in the last seven days increased from 5.3 units in 1990 to 10.5 units in 2002. This sort of hazardous drinking often leads to young people exposing themselves to dangerous situations where they are more vulnerable to crime, violence and unprotected sex.

The drink industry's





aggressive marketing of sweet, colourful and palatable alcopops is partly to blame for the increase in alcohol consumption amongst young people. To effectively curb excessive drinking amongst young people and foster a new culture of transparency about alcohol

misuse, the drinks industry must work in partnership with the Government, the NHS, the police, and voluntary organisations to find imaginative ways of disseminating the message to young people that when alcohol is used wrongly, it can be harmful, dangerous and life threatening.

There are many different routes through which people with an alcohol problem may seek help including primary care, secondary care, social services and the criminal justice system and treatment must be available to everybody who needs it, regardless of their point of entry. Providing treatment that is built around individual need is key and one of the clearest messages that I am hearing from our service workers and clients is the need for joined-up and flexible services. Many people with an alcohol problem may also have a mental health problem, or learning disabilities, and treatment for people with complex needs must offer a real mix of provision and expertise. Traditionally, clients have had to fit in to what services have to offer and one of the major challenges for Turning Point is to provide flexible and responsive services. There is not one single model of treatment that fits all and treatment demonstrates best practice when it takes a person centred approach that begins with the needs of the individual. ■

Lord Adebawale Chief Executive, Turning Point

Lord Adebawale was Director of the Alcohol Recovery Project and subsequently Chief Executive of the leading youth homelessness charity Centrepoin. He became Chief executive of Turning Point in September 2001.

In 2001 Victor was created a Life Baron becoming one of the first people's peers.

Don't mention the Minnesota Model

Chip Somers reviews

Chemical Dependency Counselling

A Practical Guide By Robert R. Perkinson

It is deeply ingrained in the British thinking to be extremely wary of anything that isn't British. This is never more so than in relation to America. It is almost de rigeur to diminish anything that comes from across the Atlantic. We have, over the years, even found it hard to be thankful for their help during the War. We certainly pay little respect to their film industry, claiming that it never quite has the "authenticity" of the British film business. Yet how many British films would ever feature on anyone's Top 10 Best films list? This prejudice about all things foreign, especially American, is also relevant to medicine and in particular to the treatment of drug and alcohol problems.

The British medical world and the statutory agencies that deliver drug and alcohol treatment have always displayed a special arrogance about interference with the way they do things. It is an absolute requirement to disrespect and put down anything that comes from America. This is a huge mistake because for those people that are prepared to take off their blinkers, there is a vast amount of information and knowledge available if only they would look. America is the birthplace of Alcoholics Anonymous, an

organisation that has an unparalleled success rate for dealing with alcohol dependency. In the United Kingdom it is almost universally dismissed as being the province of extremists and Christians and ignored with contempt prior to investigation.

Just under 50 years ago the Americans began to adopt some interesting and effective ways of dealing with alcoholics. They started treating them as a whole person rather than merely focusing on the substance. This method of treatment for purely geographical reasons began to be known as the Minnesota Model. It has gone on to spawn thousands of treatment facilities that are turning out completion and outcome statistics absolutely on a par, if not slightly better, than any of the other forms of intervention. So, how many clinicians in the UK started saying to themselves, "That looks interesting, I wonder what they are doing and how we could adopt that style over here?" The answer is – hardly any. Trying to find anyone working in the statutory field that doesn't almost gag on the phrase "Minnesota model" is rare. Even those agencies that did develop this treatment intervention have learnt to call it

something different just so that they can get people to listen.

So it is for that reason that I believe this book will fail to grab the attention of anyone working over here. Which is a shame because hidden within it are some sections and worksheets that would form the basis of some useful workshops and interventions. Unfortunately almost on the first page there are some crass Americanisms that will turn off most British readers and discourage them from delving further. An encouragement to hug your patients on greeting them as they enter treatment is in itself enough to produce howls of hilarious laughter and certainly provide proof, if it was needed, that Americans are all just too touchy feely for words. So I doubt whether anyone in England will read beyond that point. However, the author has made a valiant attempt to write a manual for treatment and is to be commended for making his style of prose at all times readable and accessible. Most textbooks of this nature are not written for the grass roots practitioner and are as a result just as poorly read as this book might be. For those readers who feel able to persevere there are amongst the pages some good, simply written, guides and exercises that would be a useful addition to any treatment setting. It will, however, always be a book to cherry pick from and not the ultimate guide that I believe the author had in mind when he first started writing it. Before dismissing it out of hand, people should be open minded enough to explore its contents and take from it information and detail that would perhaps really help the people they are dealing with. ■

Chip Somers is Director of Focus Counselling



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

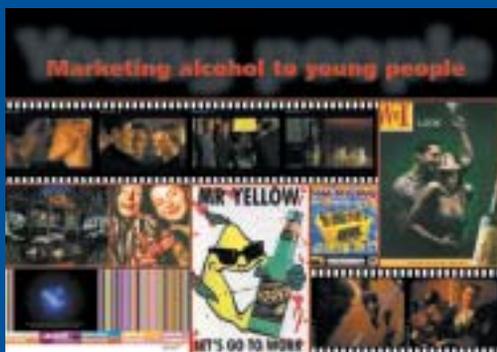
Medical Education in Alcohol and Alcohol Problems: A European Perspective

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 shows how advertising codes of practice are being breached.

alcohol



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