alcohol ALERT

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Alcohol
'nearly as harmful as heroin'

Contents

Editor: **Andrew McNeill**

Design and production: **2b Graphic Design**

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12 Caxton Street, London SW1H 0QS.
Telephone: 020 7222 5880
Fax: 020 7799 2510
email: info@ias.org.uk
www.ias.org.uk

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Alcohol-related death rate doubles in 15 years

A new analysis of the mortality statistics for the UK shows that the death rate from alcohol defined conditions, mainly alcoholic liver disease, virtually doubled between 1991 and 2004.

It also shows that in Scotland, the death rates for both males and females were around double those for the UK as a whole. As can be seen from the table (page 6), 15 of the 20 areas with the highest male death rates from alcohol are in Scotland.

Across the UK, the alcohol-related death rate for males was double the rate for females, and the gap between the sexes has widened since 1991.

Among both men and women, the alcohol-related death rate rose most rapidly among those aged 35 – 54 between 1991 and 2004, though the death rate for both sexes was highest in the 55 – 74 age group.

At a local level, Glasgow City had the highest alcohol-related death rate among both men and women in 1998-2004. Fifteen of the 20 UK local areas with the highest male alcohol-related death rates were in Scotland, with three in England and two in Northern Ireland. Merthyr Tydfil, the highest-ranked local area in Wales, was 50th in the UK.

For women, 14 of the top 20 local areas were in Scotland, with four in England and two in Northern Ireland. Denbighshire was the highest-ranking Welsh local area, at 26th in the UK.

Within England, men aged 55-74 in London had the highest alcohol-related death rate in both 1991-1997 and 1998-2004, while women in the North West had the highest rates in both periods.

New Drinking Styles

The authors of the report suggest that the increase in alcohol-related mortality may be linked to changing consumption patterns such as 'binge drinking', changes in the type of alcohol consumed and changing drinking patterns in the young.

However, most scientific commentators would probably point to a factor not discussed in the report, the increase in the overall level of alcohol consumption during the period under review. Between 1991 and 2004, average per capita consumption rose by a quarter, from 9.3 to 11.6 litres of pure alcohol.

Social Deprivation

The new analysis shows a strong association between alcohol death rates and measures of social and economic deprivation. While the analysis was only undertaken in relation to England and Wales, its conclusions are consistent with previous research and the factor of economic deprivation is probably one of the main explanations of the higher alcohol mortality in parts of Scotland, particularly Glasgow.

In the new analysis, alcohol death rates were more than five times higher in men, and more than three times higher in women, for those living in the most deprived areas compared with those living in the least deprived.

Previous work has found a relationship between deprivation and deaths from liver cirrhosis, and higher general alcohol mortality has been reported for men in manual occupations compared to those in non-manual occupations, especially at younger ages.

Health Statistics Quarterly 33 (Spring 2007).

Scotland up-dates alcohol harm reduction strategy

The publication of the alcohol death figures coincided with the release of an up-dating of the Scottish alcohol harm reduction strategy. A main element of the Updated Plan for Action on Alcohol Problems is the expansion of a test purchasing scheme to crack down on retailers who sell alcohol to under 18s.

The new Plan sets out a range of action on prevention, education, treatment, protection and controls. Government will work in partnership with Alcohol and Drug Action Teams, the NHS and other parts of the public and voluntary sectors to reduce alcohol-related harm.

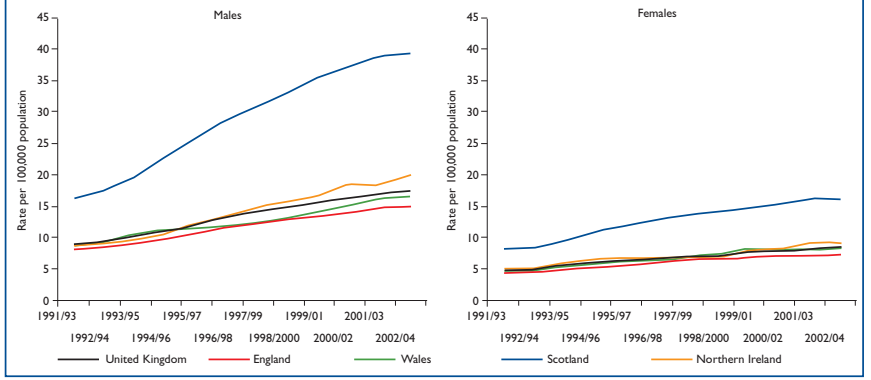
The extension of the test purchasing scheme, whereby children under the legal purchasing age can be used to buy alcohol to check that licensing laws are being followed, comes after publication of an interim evaluation report of a successful pilot in Fife.

The Scottish Executive also published details of a new partnership to engage the drinks industry's resources and expertise in tackling alcohol misuse and promoting 'responsible drinking'.

Test Purchasing

Announcing the extension of the test purchasing scheme, Health Minister Andy Kerr said: *"Communities across Scotland are blighted by the problems associated with underage drinking, and rolling out test purchasing will give us a valuable tool in the fight against this. I know that the vast majority of retailers take their responsibility very seriously but we need to take action against the minority who sell alcohol without carrying out the proper checks. The findings of an interim evaluation report on the alcohol test purchasing pilot clearly show that the scheme can be carried out safely, fairly and effectively and we now want to replicate that success across Scotland. But as well as enforcement, we will continue our work to encourage all communities in Scotland, including young people, to develop a healthier relationship with alcohol."*

Age standardized alcohol-related rates: by sex and country of residence in the United Kingdom, three-year rolling averages, 1991-1993 and 2002-2004



Rank	1998-2004 Males		
1	Scotland	Glasgow City	83.7
2	Scotland	Inverclyde	77.8
3	Scotland	West Dunbartonshire	56.2
4	Scotland	Renfrewshire	55.1
5	Scotland	Dundee City	45
6	Scotland	Orkney Isles	43.7
7	Scotland	North Lanarkshire	42.2
8	N. Ireland	Belfast West	39.9
9	England	Blackpool	39.7
10	Scotland	Eilean Siar	37.5
11	N. Ireland	Belfast North	35.5
12	Scotland	Edinburgh	35.4
13	Scotland	North Ayrshire	33.4
14	Scotland	Moray	33.3
15	Scotland	South Lanarkshire	33.1
16	Scotland	West Lothian	32.7
17	England	Camden	32.5
18	Scotland	Clackmannanshire	31.2
19	England	Manchester	30.9
20	Scotland	Aberdeen	30.7

Local areas with the highest alcohol-related death rates in males in the United Kingdom, 1998-2004

Rank	1998-2004 Females		
1	Scotland	Glasgow City	83.7
2	Scotland	Dundee City	77.8
3	Scotland	North Lanarkshire	56.2
4	Scotland	Inverclyde	55.1
5	N. Ireland	Belfast West	45
6	Scotland	West Lothian	43.7
7	Scotland	Edinburgh	42.2
8	Scotland	South Lanarkshire	39.9
9	N. Ireland	Belfast North	39.7
10	England	Blackpool	37.5
11	Scotland	Renfrewshire	35.5
12	Scotland	West Dunbartonshire	35.4
13	Scotland	Highland	33.4
14	England	Manchester	33.3
15	Scotland	East Ayrshire	33.1
16	Scotland	Argyll and Bute	32.7
17	Scotland	North Ayrshire	32.5
18	England	Liverpool	31.2
19	Scotland	Stirling	30.9
20	England	Barrow-in-Furness	30.7

Local areas with the highest alcohol-related death rates in females in the United Kingdom, 1998-2004

One alcohol death every six hours

Mr Kerr said that in Scotland one person dies every six hours as a direct result of alcohol, and deaths from liver cirrhosis are rising at an alarming rate.

"Alcohol doesn't just affect the drinker", he added. *"The links between alcohol misuse, anti-social behaviour and violence are clear. Alcohol misuse is estimated to cost our economy over £1 billion a year. This plan outlines a range of government action, as part of a long term process of cultural change. But that change can only take place, with the support of the Executive, where individuals are willing to change their behaviour and in a society where alcohol misuse is no longer acceptable. We must all take personal responsibility for our society's excessive consumption. A culture of drinking to get drunk is not one to be proud of, and we cannot afford to assume it's someone else's problem. I commend our industry partners for committing to join our efforts to tackle the problems. I am delighted that I can publish today the detail of our agreement with them."*

The actions outlined in the Plan include:

On protection and controls

- extending the alcohol test purchasing pilot to all Scotland from 1 May 2007 onwards
- providing support to ensure Licensing Boards can control the spread of licensed premises through the Licensing Act

On prevention and education

- developing a new, research-based substance misuse schools education programme to build on existing work
- supporting further development of diversionary activities such as Youth CAFEs (community alcohol free environments)
- completing a national series of public awareness publications about the short and long term effects of drinking alcohol

On Provision of Services

- developing a pilot telephone service to help identify and support harmful and hazardous drinkers at an early stage when they come into contact with the NHS
- investing in better research, including research on improving reporting and recording information on alcohol use in pregnancy
- developing an alcohol and drugs workforce development strategy to ensure staff across Scotland have the best possible training in dealing with people with alcohol problems.

Background

There were 1,513 deaths in Scotland in 2005 where alcohol was the underlying (direct) cause e.g. mental and behavioural disorders due to the use of alcohol, alcoholic liver disease, alcoholic pancreatitis. There were a further 859 deaths where alcohol was a contributory factor.

Between 1950-1954 and 2000-2002 the rate of liver cirrhosis mortality in Scottish men increased by a factor of six and a factor of four for Scottish women. Cirrhosis mortality rates in Scotland are now amongst the highest in Western Europe.

In September last year the Executive announced a formal partnership with the alcohol industry, in what is hoped to be a long term, collaborative approach to "fostering a culture which recognises that responsible, moderate consumption can be part of a healthy lifestyle."

Partnership Agreement:

Scottish Executive and the alcohol industry

Initial signatories:

- Scottish Executive
- Scotch Whisky Association
- Tennents
- Diageo
- Scottish & Newcastle
- Scottish Retail Consortium
- Scottish Licensed Trade Association
- BII Scotland
- Scottish Beer & Pub Association
- Scottish Grocers' Federation
- Wine & Spirits Trade Association
- Gin & Vodka Association
- National Association of Cider Makers

In recognition of our shared aim to reduce alcohol misuse in Scotland, the Scottish Executive and the alcoholic drinks industry have agreed a number of actions as a first step in what we hope will be a long term collaborative approach to fostering a culture which recognises that responsible, moderate consumption can be part of a healthy society.

This agreement covers both alcohol producers and retailers (covering both on and off sales) and the initiatives agreed are designed to harness the knowledge and expertise of representatives from across the alcohol industry.

All parties are bringing resources and commitment to the furthering of the aims of the partnership – with an emphasis on delivering tangible action and outcomes. The Drinkaware Trust will promote responsible drinking messages and provide education and campaigning resources across the UK. This partnership aims to deliver added value in Scotland and will work with the Drinkaware Trust to ensure that our activities are aligned and mutually supportive to achieve greatest impact.

The partnership also jointly recognises the need for enforcement of current licensing legislation to ensure a zero tolerance approach to the illegal purchase of alcohol and the resultant alcohol related disorder. The Executive commits to taking further action in this respect, including the roll out of the test purchasing arrangements currently being piloted in Fife to prevent under age sales.

The Executive recognises that tackling alcohol misuse is not only a health issue, and, as referred to in the Updated Plan for Action on Alcohol Problems, commits to delivering resources from across the Executive to address this.

There are no quick fixes to what is a long term problem requiring a long term cultural change programme. Neither do the actions amount to the complete solution, but we believe that by working in partnership long term cultural change can be effected. We may continue to broaden this partnership to include others. Participation in this arrangement will not prevent parties also continuing their own work in this area.

The agreement is not legally binding. It is complementary to the Updated Plan for Action on Alcohol Problems and as with the Plan will be reviewed in due course.

The initiatives outlined below are the first in an ongoing programme. Others will be added and this list will be continuously updated and refined.

Specific initiatives already agreed, involving individual partners as appropriate:

We will:

- ***Build on best practice to develop and promote common core sensible drinking messages, and information about the incompatibility of alcohol consumption with certain activities;***
- ***In pursuit of the above, share media and marketing expertise to promote those messages;***
- ***Share consumer research on promoting sensible drinking and responsible retailing;***
- ***Consider the scope for joint events to focus public and media attention on the dangers of alcohol misuse, alongside wider messages of personal responsibility.***
- ***Work with the media and other stakeholders to discourage inappropriate endorsement or legitimisation of inappropriate alcohol consumption;***
- ***Develop a set of shared Scottish specific Standards, underpinning and strengthening in Scotland the approach already adopted at UK level;***
- ***Work with retailers and the National Licensing Forum to support a comprehensive server training programme in responsible drinking ahead of the 2009 Licensing Act implementation deadline;***
- ***Develop and implement exemplar alcohol policies in***

our own workplaces, which we will also share and promote more widely within the public and private sectors, including to Small and Medium Size Enterprises (SMEs);

- ***Where appropriate, individual companies will pilot low alcohol alternatives in the Scottish market and use their joint creative energies to market the principle of consuming low alcohol alternatives, within the context of making informed choices and unit awareness.***
- ***Investigate the promotion of no alcohol alternatives in the retail sector;***
- ***Develop and produce guidelines to establish best practice on the promotion of alcohol via sponsorship;***
- ***Work together to develop and implement an intensive series of interventions, including community support, within geographically focussed pilots to establish the cumulative effect of a multi faceted and targeted approach to reducing alcohol harm;***
- ***Produce educational materials for parents to use with their children outside the school setting, also encouraging parents to consider their own drinking habits in discussing the issue with their children;***
- ***Hold a National Awareness Week with support from other partners such as the voluntary sector.***

Scottish doctors demand end to 'ridiculous pricing of alcohol'

Welcoming the publication of the new action plan to tackle alcohol problems in Scotland, Dr Peter Terry, chairman of the BMA in Scotland said: *"We welcome the concerted efforts of the Scottish Executive to tackle Scotland's drinking problem. Alcohol costs our economy around £1 billion every year, but the human cost is much higher. Around one in 30 of all deaths in Scotland are caused by alcohol related illness.*

"It is clear that alcohol misuse doesn't just have an impact on our health, but it affects society as a whole and we must do what we can to change the culture where Scots believe they can drink to excess without any thought to the consequences for their health.

"Doctors in Scotland welcome the extension of the test purchasing scheme. In a survey last year, 97% of doctors said that tougher enforcement of age restrictions for purchasing alcohol was one of the most important measures that government could take to tackle underage drinking in Scotland, as well as tougher measures for shopkeepers who sell alcohol to children.

"Doctors also want to see an end to the ridiculous pricing of alcohol for off sales. When alcohol is cheaper than bottled water, we have to worry about what message we are sending our children."

The BMA also welcomed plans to develop a new schools education programme. There has been a 60% increase in reported drinking by 15 year olds and more than a 100% rise in drinking by 13 year olds in recent years.

"Education on the dangers of alcohol misuse should begin at primary school, before children are tempted to drink," added Dr Terry.

The BMA also called for action to be taken to make Scotland's roads safer as part of the alcohol action plan with changes to drink driving limits.

Dr Terry said: *"As part of an action plan we would call on the Scottish Executive to insist that the Westminster government introduce legislation to reduce drink drive limits to the European norm (from 80mg to 50mg per 100ml)."*

In a survey of BMA Scotland members, doctors said that to tackle alcohol misuse in Scotland, the following measures should be taken:

- Apply stricter enforcement of age restrictions, particularly for off sales. 97% of doctors say this is an important measure to deter young people from purchasing alcohol.
- Implement stricter measures, such as immediate loss of license to sell alcohol, to prevent shopkeepers from selling alcohol to under age children. 96% of doctors support this measure.
- Develop improved alcohol awareness education campaigns for schools, starting at primary school level. 91% of doctors support such a campaign.
- Introduce a law that requires alcohol products to carry a label listing alcohol content, recommended daily units and warnings of excessive drinking. Products that do not comply should be withdrawn. 83% of doctors back labelling.
- The price of alcohol should be increased to discourage excessive drinking. 70% of doctors agree. ■

ALCOHOL-RELATED DEATH RATE DOUBLES IN 15 YEARS

Women's binge drinking linked to education

British women's binge drinking is clearly defined by their age and education, suggests a large, long term study in the Journal of Epidemiology and Community Health.

Educated women binge drink in their 20s, but curb their habits by their 40s. But the reverse is true of women with little education, whose binge drinking is more likely to take off in their 40s, shows the research.

The prevalence of binge drinking remains substantial into adulthood (31% men and 14% women at 42 years). The social patterns in binge drinking may have consequences for future health inequalities in this population.

The findings are based on a representative cohort of more than 11,500 British men and women, all of whom were born during one week in March 1958. They were monitored throughout childhood and into adulthood, and surveyed about how much and how often they drank alcohol at the ages of 23, 33, and 42.

Binge drinking was classified as 10 or more units of alcohol in one sitting for men, and seven or more for women.

Among men, the prevalence of binge drinking fell from 36% at the age of 23 to 31% by the age of 42. Among women, the equivalent figures were 18% and 14%.

Less educated men were significantly more likely to be binge drinkers at all ages, with little change across the decades.

But the same was not true of women. Highly qualified women were about one third more likely than women with no or few qualifications to binge drink at the age of 23. But by the time women reached their 40s, it was the less educated women who were significantly more likely to be the binge drinkers, while binge drinking in the educated women was less frequent.

Women with no or few qualifications were more than 2.5 times as likely as their highly qualified peers to be binge drinking by the age of 42.

The research was carried out at the Centre for Paediatric Epidemiology and Biostatistics, UCL Institute of Child Health, London by B. Jefferis, O. Manor and C. Power

[Social gradients in binge drinking and abstaining: trends in a cohort of British adults J Epidemiol Community health 2007; 61: 150-55]

Alcohol 'nearly as harmful as heroin'

Britain's system of classifying dangerous drugs is arbitrary and unscientific and should be changed to include alcohol and tobacco, which are more dangerous than many of the drugs that are presently listed.

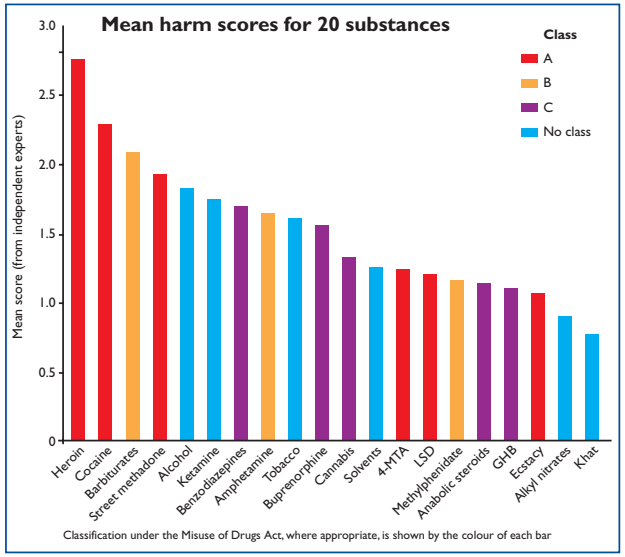
These are the conclusions of a team of leading scientists whose report ranking a range of drugs according to their potential for causing harm appeared in the medical journal, The Lancet. The report ranks alcohol as the fifth most dangerous drug of the twenty assessed, behind heroin and cocaine but as significantly more dangerous than cannabis, LSD or ecstasy.

The present drug classification under the Misuse of Drugs Act segregates drugs into three classes, A, B and C that are intended to indicate the dangers of each drug, class A drugs supposedly being the most dangerous and Class C the least.

The authors of the new report, including Professor Colin Blakemore, chief executive of the Medical Research Council and Professor David Nutt of the Psychopharmacology Unit, University of Bristol, invited independent groups of experts to assess the harmfulness of drugs on the basis of a rating scale taking into account physical harm, dependence and social harm.

The main result of the investigation was the poor correlation between the rating of harm and the drug's class according to the Misuse of Drugs Act. Drugs such as LSD and Ecstasy, both Class A, were ranked as less dangerous than alcohol and tobacco, neither of which classified under the Act.

The authors concluded that the results of their study raise important questions about the validity of the current drug classification system, in particular that the exclusion of alcohol and tobacco from the classification has no real scientific rationale. The fact that the two most widely used legal drugs lie in the upper half of the ranking of harm is surely, they say, important information that should be taken into account in public debate on illegal drug use. ■



David Nutt, Leslie A King, William Salisbury and Colin Blakemore: Development of a rational scale to assess the harm of drugs of potential misuse. The Lancet. Vol.369. March 24 2007

BMA calls for gambling treatment on NHS

Problem gambling should be a recognised addiction that requires treatment on the NHS, according to the British Medical Association (BMA). This recommendation is part of a set of proposals aimed at helping healthcare professionals deal effectively with the growing problem of gambling addiction in the UK, and featured in a report especially commissioned by the BMA Gambling addiction and its treatment within the NHS.

A main prompt for the publication of the report is that the 2005 Gambling Act is due to come into force in September 2007. The new UK legislation will increase gambling facilities and subsequently, the report says, problem gambling may rise too and health professionals should be prepared for this.

The BMA expressed particular concern about adolescent problem gamblers and the report calls for a review on whether slot machine gambling should be prohibited to anyone under 18.

Fruit machine addiction can lead to behavioural problems such as truanting, stealing and aggressive behaviour. Studies have shown that gambling among young people often goes hand in hand with other addictive activities such as drug taking and alcohol abuse and has been linked to juvenile crime.

The BMA Head of Science and Ethics, Dr Vivienne Nathanson, said: *"Problem gambling is associated with a number of health problems and the BMA is concerned that there are insufficient treatment facilities available. Psychological problems can include anxiety, depression, guilt and suicidal thoughts. Relationships with family and friends can also be affected by gambling, sometimes leading to separation and divorce.*

"There needs to be treatment for problem gambling available on the NHS similar to drug and alcohol services. The BMA is calling on the Gaming Industry to pay at least £10m per annum via the Responsibility in Gambling Trust to fund research, prevention and intervention programmes."

Contributing author of the report, Professor Mark Griffiths of the International Gaming Research Unit at Nottingham Trent University, sees remote gambling as another cause for concern. This includes gambling via the internet, mobile phone and interactive television gambling. He said that: *"Online gambling in the UK has doubled since 2001 and further research in this area should be seen as a priority."*

Particular problems with remote gambling include:

- the availability of 'virtual cash' – for most gamblers electronic [e-cash] will be easier to part with than 'real' cash
- unlimited access and anonymity – there will be no 'closing time', a user will be able to gamble privately around the clock
- increased odds of winning practice modes – research shows that it is significantly more common to win while playing on a 'demo' or 'free play' game, once gamblers start to play for real with real money, the odds of winning are considerably reduced.
- the internet provides online customer tracking, this is worrying as operators could end up knowing more about the gambler's playing behaviour than the gamblers themselves.

Key recommendations from the report include:

- Treatment for problem gambling should be provided under the NHS.
- Gambling operators and service providers should pay at least £10m per annum to fund research, prevention and intervention programmes.
- Gambling operators and service providers should supply information on gambling addiction, treatment and services to patrons.
- Adolescent problem gambling should be taken as seriously as adult problem gambling.
- Research should be conducted into the association between internet gambling and problem gambling.
- Some specific gambling options such as slot machines should be specifically reviewed to ensure they are not accessible to adolescents. ■

Britain's 'top doctor' calls for total ban on alcohol advertising

Drastic action is needed to curb Britain's binge drinking culture including higher taxes on alcohol, an end to 'irresponsible' cheap drink promotions in supermarkets and a complete ban on alcohol advertising, according to Professor Ian Gilmore, the new president of the Royal College of Physicians. Professor Gilmore said the ban should include alcohol sponsorship in sport. His views were immediately attacked by the alcohol industry's Portman Group. Michael Grade, executive chairman of ITV and former head of the BBC, also launched an attack on the idea of restrictions on advertising, saying it amounted to `scapegoating' for society's problems. He urged broadcasters and advertisers to join together to fight off further restrictions.

Speaking on BBC Radio 4's 'Today' programme, Professor Gilmore argued: *"The college is giving strong support for the Government's national alcohol strategy that came out three years ago. But I have to say that that strategy relied heavily on voluntary partnerships with the industry, with public information, [and] is clearly not working."*

In a bid to turn the tide of a rising health damage, Professor Gilmore advised that *"we need to look at some evidence-based polices. Not just advertising, but the major drivers of what we drink, as a nation, of price, availability and advertising."*

On advertising, Professor Gilmore said that it struck him as bizarre that a watershed of 9pm was being introduced for the advertising of unhealthy foods like crisps, but alcohol was being advertised 24 hours a day.

Also, speaking to the London Evening Standard, Professor Gilmore identified alcohol sports sponsorship as a particular problem.

An estimated £800million was spent on advertising alcohol and on sponsorship deals in 2004 and it is feared that a ban would cause major problems to the media and in sport.

Carling is a major football backer while Liverpool are sponsored by Carlsberg and Everton by Thai beer Chang.

Heineken sponsors the biggest rugby union club competition and Stella Artois sponsors the tennis championships at Queen's Club. Professor Gilmore said he was *"uncomfortable"* that his nephew, aged nine, has a Liverpool shirt with Carlsberg emblazoned across it. Professor Gilmore, a consultant gastroenterologist, said: *"It sends out the wrong message."* He said that Britain should follow the French example, where there is no broadcast advertising of alcohol and no alcohol sponsorship of sport. France had seen a fall in drinking levels - in contrast with Britain, where figures showed an explosion in consumption.

Professor Gilmore added: *"Alcohol is pervasive, it has become impossible to have a celebration in this country without drinking. Alcohol has never been more available or cheaper."*

On alcohol taxes, Professor Gilmore said rates should be linked to alcoholic strength because drinks such as strong cider were too cheap and were being bought by children aiming to get drunk as quickly as possible.

Responding to Professor Gilmore's comments, a spokeswoman for the Department of Culture, Media and Sport said: *"Sponsorship by the drinks industry is worth many millions to British sport - money which, in many cases, is then used to support youth and grassroots development programmes. There are currently no plans to impose greater restrictions on alcohol sponsorship of sports events."*

For the Portman Group, David Poley, also speaking on the 'Today' programme, said: *"It is right that irresponsible advertising should be banned, but it already is banned under the strict code of practice. If Professor Gilmore thinks there is any advertisement out there that is in breach of these laws he can complain to the ASA."*

Put to him that advertising was designed to encourage drinking, he said: *"The main effect of advertising, as all studies will show, is that it generally impacts on brand preference. I don't see there is anything wrong with advertising, provided that it complies with these rules. If we acknowledge that advertising generally is complying with these rules and yet there is still a problem with the alcoholic culture in the UK, it suggests the problem is not caused by advertising and we should start looking for other solutions."*

Education was a key component to changing the drinking culture in the UK, Mr Poley insisted.

Broadcaster Michael Grade attacked government restrictions on advertising in general. He condemned restrictions as *"nonsense"* and said: *"We have a common cause in resisting this nanny state culture. The restrictions are not going to stop the way that people live and behave. It is a complete denial of what TV is about, which is reflecting real life. It is nonsense. Either ban the products or just let us get on with our lives."*

As reported in Marketing Week, Mr. Grade was speaking at Thinkbox Experience, a conference organised by the commercial television marketing body to show advertisers and agencies the future of television. *"There is a real common cause between us on the panel and advertisers, in trying to wean Government off the idea that restrictions on advertising are the answer to all society's problems. It is too easy, too simplistic."*

The call, which drew applause from the audience, came during one of Mr Grade's first public speeches since joining the commercial broadcaster from the BBC at the start of this year.

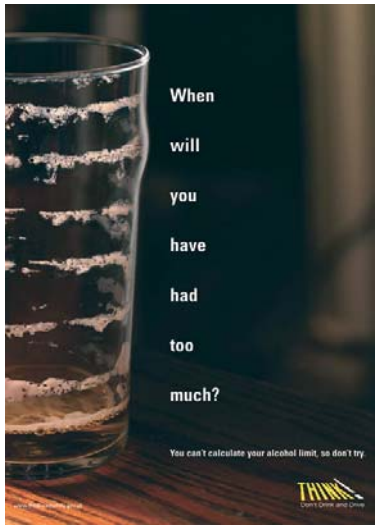
It followed Ofcom's announcement that food brands high in fat, salt and sugar would be unable to advertise on television during children's programming or shows that were watched by a high proportion of under 16-year-olds.

Fellow Thinkbox panelist Jane Lighting, Five chief executive, added: *"We have just seen kids and alcohol advertising restricted. What comes after that? We genuinely need lighter touch regulation."* ■

Random breath testing, but still no reduced alcohol limit?

In a marked change of policy the Government has signalled that it intends to introduce random breath testing for drivers. However, it is still resisting calls to reduce the legal alcohol limit.

The proposal is contained in a review of the Government's road safety strategy* published seven years into its original 10 year strategy to reduce the number of those killed and seriously injured on Britain's roads by 40 per cent by 2010. The Government says that while overall progress has been good, with a 33 per cent fall in the number of killed and seriously injured achieved so far, drink driving remains a serious problem, and it states that in relation to factors that impair ability to drive, the battle against drinking and driving will be its top priority for the next four years.



The road safety review states that the public generally, and motorists in particular, see drink driving as a top priority. The RAC Report on Motoring in 2006 found that 89% of respondents named drink driving as one of their top three concerns. Efforts over many decades have meant that drink driving is seen as socially unacceptable behaviour. The Think! Annual Survey in 2006 found that a large majority of respondents (93%) agreed that driving over the legal alcohol limit was dangerous, with nine in ten (89%) expressing strong agreement.

However, the review says, there is still a minority of drivers whose drink driving is responsible for over 500 deaths a year.

Increasing breath tests

A main element of the new strategy to combat drink driving appears to be an increase in the number of breath tests administered to drivers and the introduction of 'random' breath testing.

The review reports a 'welcome increase' in the number of breath tests conducted and a reduction in drink-related accidents over the Christmas period of 2006 compared with Christmas 2005, and it explains that Department for Transport and Home Office Ministers wrote jointly to Chief Constables in England and Wales in early 2007, outlining the government's position on enforcement levels. The Government gave 'a clear steer' to the police that criminal motoring offences are as serious as other criminal offences and should be enforced as such.

The review promises a consultation in 2007 to explore ways that enforcement might be made easier for the police, including the possibility of allowing fully random breath testing.

Alcohol Limit

On the legal alcohol limit for drivers the review concedes that many stakeholders have advocated reducing the UK's blood alcohol limit from 80 mg to 50 mg. However, the review says, the limit cannot be considered in isolation. 'The UK has stringent penalties for drink driving, and has better enforcement than many countries that have lower limits. We will keep under review the case for a reduction in the blood alcohol limit. But our first priority is to improve the enforcement of the current limit, building on the recent achievements of the police. We are confident that this has the potential to deliver a substantial further reduction in deaths and serious injuries so continuing the good progress of recent years. And it is right that we should first ensure effective enforcement of the existing limit, so as to tackle those who are the most seriously impaired.'

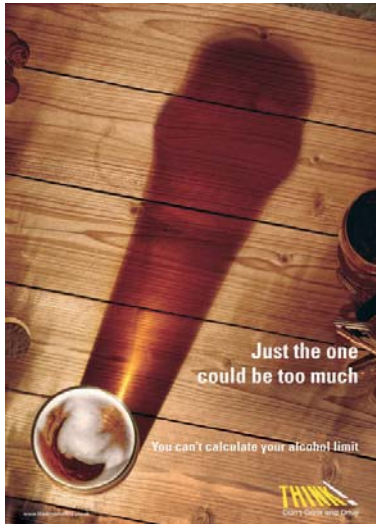
On anti drink drive publicity campaigns, the review says that in 2006 the Government worked closely with the chief police officers to co-ordinate the enforcement and educational campaigns. The communications strategy was twofold: on television the Think! campaign promoted the message that you cannot gauge when you are over the limit so should not try, while online, radio and ambient media promoted the message that the police are around and that they find drink-drivers easy to spot. The Government currently spends about £3.25 million a year on the drink-drive campaign. It will also collaborate with the Home Office and the Department of Health on the relevant issues in the review during 2007 of the Alcohol Harm Reduction Strategy for England.

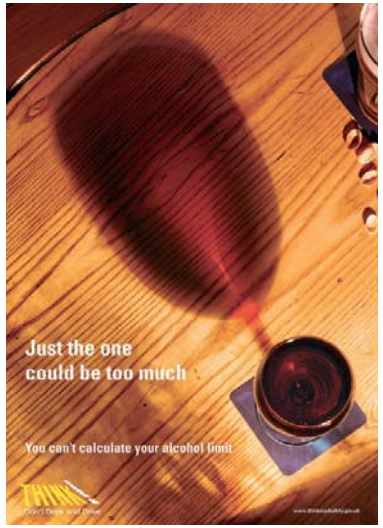
Ignition Interlocks

The Government also intends to encourage the use of ignition interlocks, devices that immobilise vehicles when they detect unacceptable levels of alcohol on the driver's breath. Such devices are being promoted through the Road Safety Act, which permits a scheme whereby a court can refer offenders disqualified for at least two years to a rehabilitation programme involving the use of an alcohol ignition interlock. This will be tried as an experimental scheme in the first instance. However, the Government now wishes to extend this approach beyond convicted offenders to the driving population in general. There is, the review says, no reason why employers could not fit interlocks to their fleet of vehicles, and the Government will promote this as part of the driving for work programme.

The promised consultation will also look at ways of further separating drinking from driving, including looking at the role of the licensed trade, the responsibilities of service station operators and pub landlords and the extension of incentive schemes for designated drivers. ■

* Second Review of the Government's Road Safety Strategy. Department for Transport. February 2007





UK 'worst country for children' – and the most violent

The UK has the lowest level of child well-being among the world's richest countries, and it is also the most violent country in the European Union according to two new international surveys, both of which highlight the role of alcohol in the problems they identify.

The first survey, carried out for UNICEF and designed primarily to measure child poverty, assessed 21 of the world's richest countries on the basis of six dimensions of child well-being including material factors of wealth and poverty, health, family relationships and risky behaviour. It found that overall the UK ranked lowest as the worst country for children among those studied. The Netherlands was assessed as having the highest levels of child-wellbeing, with Nordic countries claiming four of the top ten places.

The report concludes that there is no obvious relationship between levels of child-wellbeing and affluence. The Czech Republic, for example, achieved a higher ranking for child well-being than several much richer countries such as the UK and the USA.

The report identifies the UK's particularly high levels of family break-up and the growth in single parent families and stepfamilies as a main factor reducing child well-being. The report says that children growing up in such families have been shown to be at greater risk of dropping out of school, of leaving home early, of poorer health, of low skills and of low pay.

On alcohol and other substance abuse problems, the report says that these provide a clear indication of the problems and pressures facing young people and of their ability or inability to cope with them. It is on this dimension that the UK scored particularly badly in the survey, having far higher levels of 'risk behaviour' than all the other countries.

Violent Britain

The second report, an analysis of the European Crime and Safety Survey, found that among 18 EU member states up to 2004, the UK had the second highest victimisation rate for 10 common crimes, and ranked first in relation to victimisation rates for assaults and threats.

A main finding of the survey, and one contrary to what many believe, was that there was no apparent association between indicators of wealth or economic inequality and levels of crime. It is often suggested that poverty is a major cause of crime, but in this study, both high crime countries and low crime countries included mixtures of both the more affluent and the less affluent. This also applied to specifically violent crime.

However, levels of violent crime did appear to be moderately strongly related to alcohol consumption. Beer consumption per head was taken to be indicative of alcohol consumption among young people, and beer consumption was related to the prevalence of assaults and threats. Generally, the countries with the highest levels of beer consumption were also the countries with higher levels of violent crime. The report says that although consumption of alcohol cannot be seen as a cause of violent crime by itself, its excessive use is known to lessen controls and to contribute to violent behaviour among young males in specific cultural settings.

Rising Teenage Hospital Admissions for Alcohol

The publication of official reports into low child well-being and high violence rates in the UK coincided with reports of still higher levels of alcohol related harm even in young children. Medical experts warned of problems extending into the future and of a whole generation being scarred by alcohol.

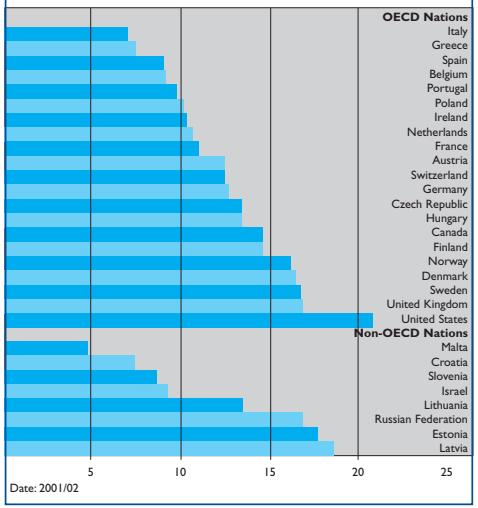
Figures released by the Department of Health showed that among 16-19 year olds there has been a steep increase in alcohol-related admissions to hospital following a visit to an accident and emergency

Child well-being in rich countries

Dimensions of child well-being	Average ranking position (for all 6 dimensions)
Netherlands	4.2
Sweden	5.0
Denmark	7.2
Finland	7.5
Spain	8.0
Switzerland	8.3
Norway	8.7
Italy	10.0
Ireland	10.2
Belgium	10.7
Germany	11.2
Canada	11.8
Greece	11.8
Poland	12.3
Czech Republic	12.5
France	13.0
Portugal	13.7
Austria	13.8
Hungary	14.5
United States	18.0
United Kingdom	18.2

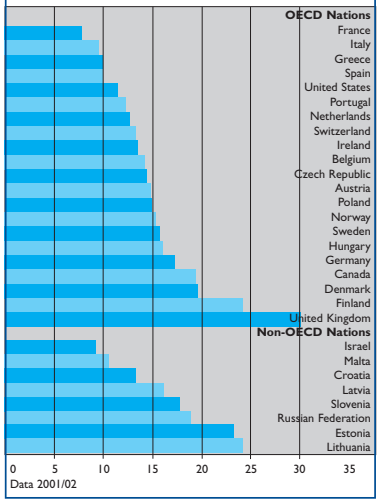
OECD countries with insufficient data to be included in the overview: Australia, Iceland, Japan, Luxembourg, Mexico, New Zealand, the Slovak Republic, South Korea, Turkey.

Percentage of young people living in single parent families (age 11, 13 and 15)



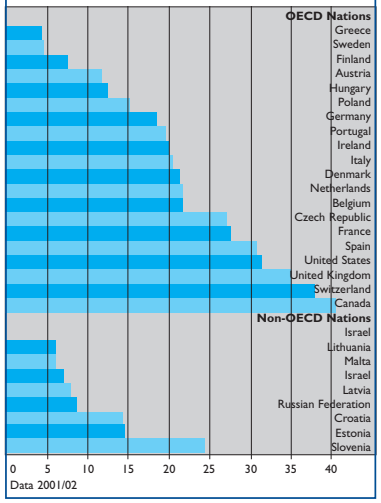
Date: 2001/02

Percentage of students aged 11, 13 and 15 who report having been drunk two or more times

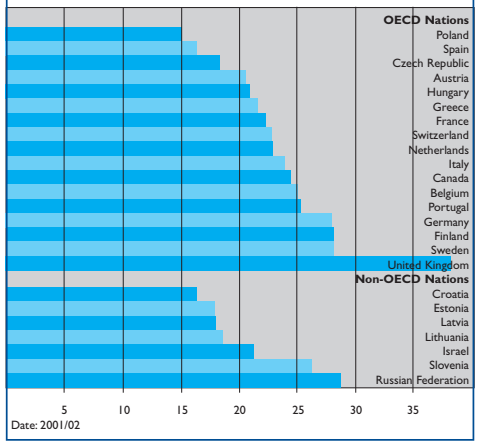


Data 2001/02

Percentage of students aged 11, 13 and 15 who report having used cannabis during the last 12 months



Percentage of 15 year olds who report having had sexual intercourse



department. Between 1998/9 and 2005/6, such admissions rose by 72%. Public health minister Caroline Flint explained that this increase was almost entirely due to binge drinking.

Alcohol-related admissions for patients aged 16-19, England, 1998-9 to 2005-6

2005-6	7596
2004-5	6004
2003-4	4727
2002-3	3916
2001-2	4079
2000-1	4232
1999-2000	4675
1998-9	4417

Other reports confirmed that the problems are evident some years before the age of 16, with children as young as 12 or 13 also being admitted.

Commenting on the figures, Professor Mark Bellis of the Centre for Public Health at Liverpool John Moores University, said: *"Hospital statistics grossly under-estimate the number of young people drinking alcohol in ways that will damage their health. It is only the tip of the iceberg. Many more children are admitted for problems not recorded as alcohol. The admissions include everything from being involved in violence to teenage pregnancies.*

For every one youth admitted due to alcohol consumption there are many more whose health suffers through excessive alcohol consumption."

Prof Bellis, added: *"We are in danger of creating a generation permanently scarred by alcohol."*

Professor Ian Gilmore of the Royal College of Physicians and a liver specialist at the Royal Liverpool Hospital said he too was dismayed by the scale of the problem. He said 24-hour licensing was a key factor, in particular the round-the-clock availability of alcohol in supermarkets and corner shops.

"Alcohol seems to be all around us," he added. *"I'm particularly concerned about the cut-price offers in supermarkets which are fuelling drinking among young people."*

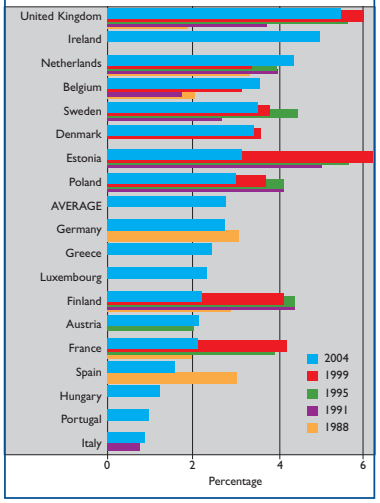
Storing up problems for the future

Professor Gilmore said that binge drinking by teenagers was likely to cause a major increase in liver disease in the future. He said: *"Cirrhosis of the liver has increased tenfold since the 1970s. There is a big concern about the rise in deaths from cirrhosis among young people. I think we are going to see big increases in people in their 20s and 30s being diagnosed with liver cirrhosis."*

David Mayer, chair of the UK Transplant Liver Advisory

Levels of crime across Member States of the European Union in 2004

One year prevalence victimisation rates for assaults and threats in 2004 and results from earlier ICVS surveys



Group, also warned that young drinkers are storing up a problem for the future and are likely to require his services in years to come. *"People have more money and more opportunity to drink from an earlier age and therefore their livers are exposed to chronically high alcohol levels. We are concerned that it's becoming an epidemic. It does take many years to develop cirrhosis, but if you start drinking at an early age you are going to see problems sooner rather than later."*

Alcohol Related Brain Damage 'will become commonplace'

In Scotland specialists warned of an increase in alcohol related brain damage being caused by teenage binge drinking. Dr Jonathan Chick, a consultant psychiatrist in Edinburgh said: *"For the first time, we are seeing people in their thirties and early forties with conditions such as Korsakoff's syndrome. This is at least ten years younger than the patients with alcohol-related brain damage we used to deal with. This definitely reflects the growing trend for heavy alcohol consumption at an ever earlier age."*

Dr Chick said that the point about Korsakoff's syndrome was that it was very disabling and very expensive to deal with because sufferers were no longer able to live on their own and needed safe and often secure accommodation.

He said the availability of cheap, clear cider - or what he termed *"oblivion in a bottle"* - was at the root of the problem in Scotland.

Shona Neil, the chief executive of Scottish Association for Mental Health, agreed. She said: *"The numbers of young people we are recording with alcohol-related brain damage is just the tip of a substantial and growing iceberg. The difficulty at the moment is that there will be young people in the community with these syndromes, but because of the current lack of information they do not know what is wrong with them."*

Tom Wood, chairman of the Scottish Association of Alcohol and Drug Action Teams, said: *"Instead of alcohol related brain damage being exceptional, it will soon become commonplace. That is why these early drinking patterns… have such sinister implications for the future. My very real fear is that we will start to pay the price for this behaviour years down the line. It all adds to the growing body of evidence that young Scots need to change their relationship with alcohol."* ■

Does TV encourage teenage drinking?

Television soap operas 'normalise' alcohol consumption, de-sensitising viewers to its adverse effects and so may help to promote teenage drinking.

These are the conclusions of a survey for The Food Magazine investigating the portrayal of alcohol in television soap operas.

The survey discovered that alcohol, shown in background scenes or being consumed by characters, accounts for considerable screen time in many popular soaps. During the two week survey period, Hollyoaks was the leader in total alcohol related references with these accounting for around 18% of screen time. According to its website, Hollyoaks is the UK's most watched teenage drama serial; it goes out Monday to Friday at 6.30pm, right after the Simpsons.

All of the soaps surveyed go out before the 9pm watershed and have millions of viewers for each programme segment, including many children and young people. However, alcohol still plays a prominent role in these dramas.

During the survey period, the alcohol scenes in Hollyoaks were largely centred on the lives of three friends. One owned and managed a bar-restaurant while the others assisted him. The three were young twenty-somethings, single, carefree and enjoying life to the full. Each looked a picture of health, of average weight and physically fit.

The characters used alcohol to help them enjoy dates and to celebrate special occasions. Even when characters were not explicitly drinking, alcohol appeared in the background – on shelves at the bar, on other tables in restaurants.

Similarly, other programmes showed characters that were exemplars of health, yet storylines showed an obvious mismatch with their unhealthy drinking habits. In Home and Away, the chief offender was a gym instructor. As might be imagined, he was fit, healthy and sporty, yet 50% of his scenes saw him drinking beer or wine.

The survey showed that alcohol was the most frequent food group in background scenes, for example, 69% of all food occasions in Coronation Street involved alcohol. The chart shows how alcohol dominates the food groups appearing in background scenes of Hollyoaks.

The Food Magazine survey results are consistent with other studies. One surveyed soap opera content over several weeks and found, on average, seven drinking scenes per hour, with alcohol used primarily for celebrations and as an aid to romance. The study found no explicit portrayal of alcoholism and a tendency to portray potential problem drinkers in a humourous, or light-hearted way.

Cally Matthews, a public health nutritionist and the author of the Food Magazine report, says that the problem with over-saturation of images, particularly alcohol, is that it dulls the senses to the point in question – it becomes the 'norm'. *"Suddenly a daily lunchtime and after work visit to the pub is normal. Two to three glasses of wine each night is normal. We become desensitised to the shock of the image."*

Matthews says that evidence is accumulating about harm to young people from this 'naturalisation'. A recent study in the British Medical Journal focused on young people in the Netherlands and found that soaps were linked with alcohol abuse in young people.

The Food Magazine contacted the BBC, Channels Four and Five and ITV and received official statements confirming that they follow the Ofcom Broadcasting Code, with, for example, Channel 5 asserting, *"Representation of alcohol use and/or abuse in Five programming is governed by the guidelines laid down by the Ofcom Broadcasting Code. In accordance with these, alcohol is not featured in programmes made primarily for children unless there is strong editorial justification. In other programmes broadcast before the watershed which are likely to be viewed widely by under-eighteens, alcohol abuse is generally avoided, and in any case not condoned, encouraged or glamourised unless there is editorial justification."*

As the soaps surveyed all have bars or clubs or pubs as significant settings, it is likely that 'editorial justification' is going to allow many scenes with alcohol. The questions of glamourisation and encouragement are perhaps more open to interpretation. The regulator, Ofcom, is charged with enforcing its Code, but day to day programme content is more likely to be monitored, and complained about, by members of the public who object to certain scenes.

Cally Matthews argues that while the nation's soaps continue the process of normalisation of alcohol under the watchful gaze of the regulator, campaigners have focused their attention on efforts to get a pre-9pm watershed ban on alcohol advertising on television.

The drinks industry spends around £800 million a year promoting its products, against a spend last year by the government of not quite £4 million on safe drinking campaigns. Campaigners want to make sure young people are protected as much as possible from the power of that spend and believe a total pre-9pm ban is the best way to do this.

A recent study, published in the Archives of Pediatrics and Adolescent Medicine, found that young people aged 15-26 who watched more alcohol adverts tended to drink more too. Nearly 2000 young people were interviewed for the study, which took place in the United States.

Scheduling restrictions on TV advertisements are almost all based on the Broadcasters Audience Research Board audience index. Programmes attract alcohol advertising restrictions if the proportion of under 18s in the audience is greater than the proportion of under 18s in the population at large.

This still leaves some programmes with many young viewers but not of a high enough percentage to enact a ban; it also means that programmes with very high overall viewing figures need large child audiences to enact a ban. For example, alcohol adverts are allowed during Home and Away – a programme full of young characters that goes out on weekdays at noon and 6pm and which has a viewing audience comprised of around 8% under 16 year olds.

The complexities of the current system mean that it is not that easy to find out if advertising is allowed during specific programmes. The Advertising Standards Authority (ASA) was unable to tell The Food Magazine whether alcohol adverts were allowed during Emmerdale, Coronation Street, Hollyoaks and Home and Away, despite its role as a so-called one-stop-shop for consumers concerned about advertisements. They advised asking the Broadcast Advertising Clearance Centre (BACC), a specialist body responsible for the pre-transmission examination and clearance of television advertisements.

However, BACC said, *"Our role is to advise broadcasters of the character of the commercial, and in this case, we will inform the broadcaster whether it is a commercial for alcohol. It is up to the broadcaster to apply the scheduling restrictions which apply, and they are therefore better placed to reply to your question, whether the four programmes have a higher share of young among their viewership."*

The Food Magazine checked back with the ASA which responded that they work on a complaints basis; if the Food Magazine had a complaint about a specific alcohol advert they would then investigate and the broadcasters would have to release audience information to them.

Cally Matthews argues that this type of system calls into question the degree of regulation and is not particularly useful to a parent who might not want to sit and watch a programme, but who would prefer to find out if adverts for alcohol were likely to occur during programmes their children would be watching. The Food Magazine tried to get in touch with, for example, Channel 4 and were told that it could take up to three weeks for an answer.

According to Jane Landon, Deputy Chief Executive of the National Heart Forum, *"A pre-9pm watershed ban is logical, it is easy for people to monitor at home, as all they need to do is look at their watch to see if an advert is on when it shouldn't be. A watershed also offers a higher protection to all children and young people, as we know many young people watch all kinds of programmes which attract a mixed audience. At the moment the viewer at home is left to decide whether to make a complaint, which is then investigated by the Advertising Standards Authority. Even if at a later date the ASA rules against a broadcaster, the consequence is usually the regulatory equivalent of a slap on the wrist."* ■

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Alcohol as a problem for the south Asian community

In recent years there has been growing awareness of alcohol problems in members of the South Asian community in the UK. While the overall level of alcohol problems remains substantially lower in South Asians than in the indigenous population, the problems are probably increasing and there is evidence that South Asians may be particularly vulnerable to some adverse effects of alcohol such as liver disease. Some special treatment services for South Asians have been established.

Here, Narinder Gharial, Mental Health Project Manager for the Confederation of Indian Organisations (UK) gives her personal perspective on why alcohol matters to the South Asian community.

It needs to be said at the outset that it is not possible to embrace the diversity of South Asian peoples in a single definition of culture. The South Asian culture is not homogeneous. It encompasses a large geographical area covered by India, Pakistan, Bangladesh and Sri Lanka. In addition there are regional variations in these countries that reflect clan, tribal and caste differences. There are many religions practised in these regions and hundreds of languages spoken including innumerable dialects. This picture is further complicated by the migration history of South Asians to countries in Asia, Africa, South America, Europe the Middle East and USA and islands such as Mauritius in the Indian Ocean and Trinidad and Tobago in the West Indies.

Culture has been defined as the learned values, beliefs, norms and way of life that influence an individual's thinking, decisions and actions in certain ways. It would also be useful to consider culture as a process which is dynamic and evolving. This means that in the context of South Asians living in the UK, the culture of first generation immigrants has been subjected to knocks and jolts and the values that they arrived with have needed to be revised in face of shifting immigrant status, financial constraints, employment regulations and housing deprivation. The second generation South Asians are struggling to juggle two value systems – the domestic one and the external one. For many young people the balancing of identities is proving stressful. It is against this backdrop that this piece is pitched.

The Alcohol Research Forum in its report for Alcohol Concern (2002) identified significant gaps in the knowledge base collated by past research into alcohol misuse in the black and minority ethnic groups. These groups had been pathologised and homogenised by poorly conducted research and outdated material. This meant that the needs of minority groups could not be effectively addressed. It is for this reason the alcohol related services for ethnic minority groups are not perceived as accessible or sensitive. There are also very low levels of awareness of sources of advice relating to alcohol misuse.

Levels of alcohol misuse

The 2001 UK census was the first to ask a specific question of ethnic origin and religion. When confined to England the proportion of ethnic origin is 9.1% of which just over half are of South Asian origins. This census also recorded religious differentials of ethnic minority populations in England as 3.1% Muslim, 1.1% Hindu, 0.7% Sikh, 0.5% Jewish and 0.3% Buddhist. This spectrum of religious differential in the South Asian communities does not necessarily reflect countries and regions of origin of the ethnic population. It is important to be aware of this difference when reviewing drinking patterns and support services that are available.

Drinking in the South Asian communities has not been equated with 'being sociable' as is the case in many Western societies. This however, is changing and many young people are now drinking with the same attitudes as their white counterparts. The difference is in the experience of the South Asian young people. They feel that their culture is not as permissive. When juggling the different value systems their identity, beliefs and faith come into question. Crisis in identity can lead to misuse of alcohol with associated feelings of anxiety, guilt and conflict. It is for this reason that any difficulties associated to the use of alcohol often remain largely hidden.

Bradby and Williams (2006) reported on research into alcohol use in 824 British born 14-15 year olds in 1992 and followed this in 1996 with further research of 492 18-20 year old South Asian young people. These young people were found to be more abstinent from alcohol use than non-South Asians in both age groups. Muslims were more abstinent than Sikhs or Hindus. Asian girls were more abstinent than Asian males. Abstinence was seen to be for cultural and religious reasons.

Understanding the south Asian culture

In South Asian communities culture places strict parameters of what is normal and what is not normal behaviour. There are huge expectations from young people in terms of respectful behaviour towards elders, safe guarding the 'family name' and generally behaving in an acceptable and accepting manner. It is for this reason that individuals who experience any difficulty in their life feel unable to talk about it. Everyday experiences of South Asian individuals will help to reveal why they are not able to acknowledge their difficulties. This hampers any discussion or understanding of the difficulties. One of the fundamental aspects of their being is that they do not exist as individuals (although this is changing) but as part of the family and other groups – not as separate entities but as extensions of each member with the responsibility of carrying the name and preserving the entity of the group. This means that 'letting down' the group is not an option. For South Asians security is at the crux of their existence. The need to be always secure has its origins in their family structure and migration patterns. Traditionally families have existed as part of clans which have struggled to survive along land and occupational divides. As individuals have migrated they have tried to preserve the divides and in many cases these divisions have shifted from the original rationale to a less meaningful one. In the countries of their origin these divides may be dissipating as a result and, changing social values and legislation. In the UK however, the communities have continued to function along the groups that they originally belonged to. This means that the groups are insular and the families within the groups are constantly monitored from within and from these on the outside. There is a huge burden on individuals of 'performance' related behaviour. Each member carries a responsibility to the person next on the hierarchy and in this respect is answerable to that person.

Alcohol problems

The reasons for problematic drinking can be manifold. Liability to develop alcohol problems can be both environmental and individual. Research has shown that alcohol problems can be inherited. They can also coexist with certain psychiatric conditions. In addition stressful life styles prompted by family expectations and cultural boundaries can lead to increased alcohol consumption.

In my very personal view many individuals in South Asian families are seen as actors. They have to perform in terms of having a sound education, serious career prospects, a respectable job, marital status, have children, own a property and provide care for the elders. When anything occurs to disrupt the expected transition of life then the individual actor is seen as a failure. This failure can lead to problems with alcohol. The problem with alcohol is then perceived as an

additional failure. Therefore, any debate or acknowledgement of the problem is rife with issues of honour, shame and stigma.

What is the experience of a young South Asian who has difficulties with alcohol?

He or she feels alone. This would be the experience of most young people with similar difficulties. What is specific to young South Asians is that they feel more isolated because they are answerable to the family, the extended family and the community group that they belong to. Speaking about the problem would expose them to all of these units and shame would be brought onto the family. The difficulties experienced by anyone who has a problem with alcohol are exacerbated. It is not just the issue of health implications and personal and social causalities resulting from alcohol use. Most importantly the individual feels isolated and unable to speak to anyone.

Reports on alcohol and ethnicity note that there are low levels of uptake by minority ethnic groups in all preventative and supportive services. Orford et al (2004) comment that despite growing levels of alcohol use among second generation migrant populations there remain low levels of awareness, perceived accessibility or sources of advice relating to drinking. Most of the respondents appeared to believe that the most accessible help was at health centres and GP surgeries. Discussions with the family or close friends was not seen as an option. This raises the very important issue of the appropriateness and accessibility of services available for ethnic minority groups. Services at all levels such as basic education and health promotion advice to rehabilitation and recovery care need to be culturally sensitive. Many community health and welfare professionals have limited knowledge of and awareness of alcohol related issues. Clients may not be able to access suitable support services through referrals even if there are services that are culturally and linguistically appropriate. Few mainstream service providers have much competence in dealing with the needs of ethnic minority groups. Ethnic monitoring is also lacking which makes it impossible to ascertain whether an adequate level of service is being provided.

The study on Alcohol Use and the South Asian and African Caribbean communities (2006) comments on what needs to be in place to ensure greater sensitivity and availability of services. The recommendations are based on interviews with agencies providing high levels of service. Some of the key points made are:

- Training of staff
- Cultural matching of staff to client
- Cultural, political and social understanding of clients
- Quarterly consultation of users
- Working with families
- Offering complementary therapies

Above all services need to be flexible and creative. Traditional models of counselling are often not appropriate to meet the needs of ethnic minorities. When working with South Asian clients the counsellor or any other support worker needs to understand the family structure, the community group and the issues of conflict experienced when individuals try to fit in with main stream culture or other minority cultures. The workers need to develop a way of thinking about the clients whilst valuing and acknowledging their way of being.

It is paramount that young South Asian individuals experiencing difficulties with alcohol find someone to speak to, someone who will not judge them and someone who will hold them through recovery. They should also feel secure about confidentiality issues and have confidence in the professionalism of support workers.

It is important to acknowledge that every culture is changing and evolving. Within every culture there are pockets of shifting value systems. Sometimes one's very own culture can facilitate recovery through religion and spirituality and thus make it possible to come out of alcohol without treatment.

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12 Caxton Street, London SW1H 0QS.
Telephone: **020 7222 5880**
Fax: **020 7799 2510**
email: **info@ias.org.uk**