

alcohol

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ALERT



Lower the limit and save lives

**Drink-drivers killed and injured more
people last year than they had for a decade**

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Still Time

The Government's enthusiasm for reforming 'outdated' licensing laws is undimmed, according to Andrew Cunningham, the civil servant who wrote the White Paper, Time for Reform, which proposes the most radical overhaul of the licensing system seen for many years and includes the possibility of 24 hour pub opening. Here, Andrew McNeill reviews the increasingly complicated politics of licensing reform.

Mr Cunningham, speaking at a conference mainly of local authority officials and town centre managers*, emphasised that licensing reform was a manifesto commitment of the Labour Government and that the White Paper was also welcomed by the main opposition parties.

However, despite being promised during the last general election campaign – famously, Labour Party HQ sent out text messages to potential supporters saying 'CLDNT GIVE A XXXX 4 LST ORDERS? VTE LBR ON THURSDY 4 EXTRA TIME' – the new Licensing and Entertainment Bill was, in the event, omitted from the Government's legislative programme outlined in the Queen's Speech, the priority being given to bills to improve public services. However, Mr Cunningham said, it remained the Government's intention to introduce the licensing bill at the earliest opportunity. This would probably be in the next Queen's Speech, which is scheduled for November or December 2002. Because of heavy demands on parliamentary time the competition is likely to be intense, but if the licensing bill is selected for inclusion it will probably receive the Royal Assent in the summer of 2003, although it will not become fully operational before well into 2004, as there will be a period of transition.

Mr Cunningham conceded that the

Government still has a major 'selling job' to do on the bill as opinion polls show that public opinion is divided on the issue of licensing reform. Mr Cunningham may here have understated matters. The public opinion poll commissioned by IAS showed that the idea of pubs opening late into the night is opposed by a large majority. It was pointed out to Mr Cunningham by the representative of the Civic Trust at the conference that many residents' groups and others have already begun to organise a campaign to protect themselves against what they fear will be the harmful consequences of the Government's proposals for quality of life in town and city centres.

Moreover, opposition may not be restricted to residents' groups. Ironically, some sections of the licensed trade, the principal intended beneficiary of reform, have turned strongly against the package that the Government has in mind. An influential group within it have decided that the Government has double-crossed the trade and that the White Paper is 'rotten to the core'.

The Government's Philosophy

The starting point is the conviction of the great economic and social value of the alcohol and entertainment industry. Mr Cunningham described as 'extremists' those who paint the alcohol and hospitality industry as some kind of

for Reform



pariah, damaging local communities. The truth, he said, is that the industry is the mainstay of our local communities and our national economy. Mr Cunningham made no reference to the economic and social costs of alcohol problems, which are generally agreed to be enormous (see page 6).

“The revenue generated by alcohol sales helps to buy schools, hospitals, roads and policemen on the beat. And the industry provides jobs in every part of the country. 1 in 4 of all new jobs created are in tourism-related industries, and a lot of them are in hospitality and leisure.”

Mr Cunningham’s speech made it clear that one of the main motivations behind the Government’s proposals is the wish to promote the tourist industry especially, he said, in view of the fact that, due to the combined impact of Foot and

Mouth disease and the events of 11 September, it was facing its most serious crisis ever.

That the Government’s proposals for licensing reform are primarily designed to encourage the entertainment industry and tourism, can hardly be disputed. Responsibility for liquor licensing has now been transferred from the Home Office to the Department for Culture, Media and Sport, the Department that sponsors the

tourism industry, and the licensing and entertainment policy section is located in the Department’s tourism division. However, the Government’s view that the late night pub and club scene is vital for the health of the tourist industry, and vice versa, is not shared by everyone.

Others at the conference, notably Simon Milton, the leader of Westminster City Council, and who, presumably, fits Mr Cunningham’s definition of an extremist, complained that the drunken mayhem associated with late night pubs and clubs is a major threat to the tourist industry in the West End rather than a condition of its success, a threat which Westminster City Council clearly believes will be exacerbated by the Government’s intended reforms.

Moreover, on this issue Mr Cunningham’s timing was unfortunate. Just as he was claiming that the late night entertainment industry was facing its worst ever crisis, the trade newspaper, *The Publican*,





carried a report on how well this sector was doing, the profits of some major companies soaring. “The late-night market is as strong as ever,” market analyst Douglas Jack was reported as saying. “The sector is not as dependent on tourism as people first thought.”

The Context of Licensing Reform

Mr Cunningham explained that in the Government’s view, it is vital that licensing reform is part of a broader process of social change to support the 24 hour economy. This should also involve the provision of improved transport systems, especially at night; better control of noise emanating from licensed premises; better public conveniences and street cleaning, and better policing, crime prevention and lighting strategies to ensure that people feel safe enough to make use of town and city centres.

While this part of Mr Cunningham’s speech will be welcomed by critics of the Government’s proposals, the point that many of them have wished to make is that in their view, the Government should ensure that these elements are in

place before the licensing law is dismantled: merely saying that these things are desirable is not enough.

The Government versus the Trade

Important sections of the alcohol and entertainment industry have campaigned over many years for licensing reform, and the industry was clearly the major influence on the contents of the White Paper. The British Beer and Pub Association, formerly the Brewer’s Society, roundly condemned the omission of the expected licensing reform bill from the Queen’s Speech as a betrayal of pub-goers.

As the basic criticism of the White Paper by the public health lobby and residents’ groups was that it favoured the interests of the licensed trade at the expense of everyone else, there is considerable irony in the viciousness of the attacks on the White Paper now being made by some trade spokesmen. But of course, their objection to it is not that the White Paper goes too far in their direction, but that it does not go nearly far enough.

Writing in a recent issue of

The Magistrate, Stuart Neame, vice-chairman of brewers Shepherd Neame, complained of the trade having been ‘double-crossed’ by the Government and described the proposed Government bill as ‘rotten to the core’ and ‘a looming disaster’. He condemned the bill as overly complex, bureaucratic and illiberal, and he quoted from an open letter he, the chairman of Wetherspoons and others had written to the Government urging it to introduce the reforms the trade want, such as longer hours, by modifying the existing system rather than by embarking on the wholesale restructuring proposed in the White Paper. This view contrasts strikingly with that formerly promoted by the trade as a whole that the present licensing system is so hopelessly out-of-date and impossibly complex that only a complete overhaul will do.

The trade’s basic objection to the proposed bill is that it would give too much scope to interference from local authorities acting on behalf of residents and others having objections to late night opening or to other practices likely to cause disorder and disturbance. This is the basis of trade hostility to the Government’s plan to transfer responsibility for liquor licensing from the magistrates to local authorities: local authorities, being elected and democratically accountable, will be too responsive to the needs of others than the minority of drinkers who form the mainstay of the late night economy.

According to Mr Cunningham, however, on this issue at least the trade is wasting its time. The decision to transfer

responsibility to local authorities has been taken. The rest of the reform package, he said, is not on offer without local authority control because that is an essential part of modernising the licensing laws.

Mr Cunningham also outlined an additional and somewhat novel argument for the transfer. It is, he said, “an entirely C19th concept to expect legitimate businessmen to attend court to be granted permission to sell a perfectly respectable product.” Mr Cunningham did not explain why it is only licences granted by courts that are inherently stigmatising. It remains to be seen if this line of argument will persuade the businessmen who service the ‘Ibiza culture’ that Simon Milton complained is having such an adverse effect on the West End to drop their opposition to licenses being granted by local authorities.

The Future

Where all this leaves the licensing reform agenda is not altogether clear. Mr Cunningham was at pains to emphasise that the main principles of the White Paper

are no longer open to negotiation. Those who become stuck on the main framework issues, – the transfer of responsibility to local authorities, and longer hours, – will, he said, simply be left behind. The debate has already moved on.

Yet developments since the White Paper have made it very clear that the Government’s reform proposals are not nearly so uncontroversial as it chooses to pretend. Opposition to them is building, and is not restricted to points of mere detail. The residents groups and others who have strong objections to various aspects of the White Paper are unlikely meekly to accept that the debate is already finished.

There is also the question of the national alcohol strategy. Perhaps the most conspicuous feature of Mr Cunningham’s speech was the absence of any explicit reference to the strategy and to the interrelationships between it and the licensing reform agenda. Implicitly, however, Mr Cunningham’s speech gave a clear indication of how limited the national alcohol strategy is likely to be.

From Mr Cunningham’s speech, the Government’s starting point appears to be its belief in the benign nature of alcohol products and of the industry that manufactures and sells them. Alcohol related problems are, it seems, restricted to a small minority of individuals. As Mr Cunningham expressed it, “Alcohol alters behaviour adversely in the case of some individuals. Those few can spoil the party and the community for the rest of us.”

The crucial as well as obvious point this misses is the one that on this occasion was made by Simon Milton. But it is a point also made by people such as the leader of the licensed trade in Scotland who even Mr Cunningham would be reluctant to dismiss as extremists and anti-alcohol fanatics.

This is that there is now a destructive culture of intoxication and social incivility, mainly but not wholly based on the youth scene, that transcends individuals and which is fed and exacerbated by some of the marketing practices of the alcohol and entertainment industries. This culture and the problems to which it gives rise are likely to be given an additional boost by the very changes to the licensing law the Government has in mind. That is the real looming disaster. ■

* **Managing Nightlife in Urban Areas. Landor Conferences. London. 27 November 2001. Article by Andrew McNeil**



The State of the Britain's true al

Alcohol Concern's annual report makes disturbing reading. Below we summarise its main points:

The latest figures for average weekly consumption show that 27 per cent of adult men and 15 per cent of women drink over the former recommended 'sensible' levels of 21 units (men) and 14 units (women) per week. The proportion of women drinking above safe levels has increased by 50 per cent since 1988.

Nearly half of these men and women are drinking at seriously high levels of over 50 units for men and 35 units for women putting both their health and personal well being at risk.

Among 16 to 24 year olds, 37 per cent of men and 23 per cent of women regularly drink twice the recommended 'sensible' levels for alcohol.

Excess drinking is not just measured by quantity consumed. Drinking behaviour and its consequences can also indicate problems with alcohol. A recent survey indicates that just over a quarter of adults aged 16 to 74 years of age are hazardous drinkers with the highest proportion (42 per cent) of these being aged 16 to 24 years. This means in the last year

1 in 4 people will have experienced loss of memory after a night's drinking, injured themselves or another, or failed to do what was expected of them, such as turning up for work the morning after.

1 person in 13 is dependent on alcohol in Britain – twice as many as are hooked on all forms of drugs, including prescription drugs (1 in 26).

The report shows that the number of deaths directly attributable to alcohol misuse – for example, alcoholic cardiomyopathy, toxic effect of alcohol, or liver cirrhosis – rose sharply in the second half of the 90s, from 3,853 a year in 1994 to 5,508 in 1999. Estimates of the total number of deaths



Nation – cohol bill

where alcohol has played a part range up to 33,000 per year.

According to figures from the Department of Health, the number of deaths from liver disease, including cirrhosis, rose from 2,801 in 1988 to 4,718 in 1999 (a 68 per cent increase). Among men deaths from liver disease in this period increased by 94 per cent (from 1,494 to 2,904 deaths) and deaths of women by 39 per cent (from 1,307 to 1,814 deaths). In 1998/99 there were 78,900 NHS hospital admissions with a diagnosis of mental and behavioural disorder due to alcohol.

There is a strong link between alcohol misuse and mental health problems. A twelve year study of clients in a hospital based alcohol service reported that a consistent 30-40

per cent received an additional psychiatric diagnosis.

One of the most disturbing statistics quotes in the report indicates that 40 per cent of suicides in England and Wales, who had contacted a mental health service within a year of their deaths, had a history of alcohol misuse, according to a 2001 survey tracking suicides over a five year period. This figure rose to 53 per cent in Scotland and 62 per cent in Northern Ireland.

As far as accidents are concerned, one in 6 people attending accident and emergency departments have alcohol-related injuries or problems, rising to 8 out of 10 at peak times.

The Consumer Affairs Directorate of the Department

of Trade and Industry estimates that, nationally, the number of non-fatal alcohol-related home accidents increased from 13,262 in 1990 to 33,345 in 1998, an increase of 151 per cent. The number of non-fatal alcohol-related leisure accidents increased from 33,266 in 1990 to 71,050 in 1998, an increase of 114 per cent.

1 in 7 of all people killed on the roads, and 1 in 20 of people injured, are involved in drink-drive accidents. The number of drink-drive accidents has risen over the past two years – from 10,100 in 1998 to 11,780 in 2000. While the number of drink-drive accidents has decreased significantly over the past twenty years, this trend has altered during the past two years.

Alcohol Concern reports that an estimated 920,000 children are living in a home where one or both parents misuse alcohol. Between 60 per cent and 70 per cent of men who assault their partners do so under the influence of alcohol.

In a recent joint survey carried out by Alcohol Concern, Drugscope and the publication Personnel Today, 60 per cent of employers stated that their organisation had experienced problems as a result of employees' misuse of alcohol. Employers identified the following as arising from alcohol misuse in the last year:

- Absenteeism – identified by 75 per cent of employers
- Poor performance – identified by 61 per cent of employers
- Disciplinary procedures – identified by 42 per cent of employers
- Permanent loss of staff – identified by 30 per cent of employers



- Damage to business – identified by 8 per cent of employers
- Accidents at work – identified by 6 per cent of employers

Alcohol continues to be a significant factor in crime. In 40 per cent of violent crimes, victims say that the perpetrators were under the influence of alcohol.

Violent incidents in and around pubs and clubs accounted for nearly 1/5 of all violent crime. Figures from the British Crime Survey show that regular visitors to pubs and clubs were more than twice as likely to become victims of violent attacks than those who were not.

Over a half of male prisoners and over a third of female prisoners engaged in hazardous drinking in the year prior to going to prison. There is a clear link between hazardous drinking and re-offending particularly among female prisoners, with 81 per cent of hazardous drinkers on remand having previous convictions compared to 58 per cent of non-hazardous drinkers with a previous conviction.

As the Government continues to drag its feet over

introducing an alcohol strategy, the cost of alcohol misuse to society which is highlighted in Alcohol Concern's annual report emphasises the tremendous economic burden.

A range of international studies indicates that alcohol misuse costs between 2 per cent to 5 per cent of a country's annual gross national product (GNP). Taking the lowest estimate of 2 per cent and a GNP for England of £542,700 million, Alcohol Concern calculated that alcohol misuse costs England £10.8 billion per year.

Individual UK studies make the following estimates for costs in key areas such as health and employment:

- Alcohol misuse costs the NHS up to £3 billion a year on hospital services – this amounts to between 2 per cent and 12 per cent of total NHS expenditure on hospitals, according to figures from the Royal College of Physicians 2001)
- Further costs to society include £3 billion a year arising from sickness and absenteeism at work, premature deaths, accidents and alcohol-related crime.

While the above figures attempt to quantify some of the harm caused by alcohol, says Alcohol Concern, they do not reflect the full impact of alcohol misuse on families, individuals and the community. The drinks trade spends £227 million a year to advertise its products and the latest figures show

that household expenditure on alcohol in the United Kingdom is just over £32 billion per year.

Total annual Government tax revenue from alcohol sales in 1999 was £11.5 billion

This contrasts with just over £1 million spent on alcohol prevention and treatment – compared to £91.45 million on drugs and £33.75 million on tobacco.

The public understands the problems caused by alcohol. The State of the Nation quotes figures from a MORI poll carried out for the industry's own Portman Group: 88 per cent believe alcohol is a major cause of violence in Britain today. 81 per cent believe alcohol misuse is a major cause of marital breakdown in Britain today. 68 per cent think drink-driving is a major problem with 97 per cent supporting tougher penalties for persistent offenders, 83 per cent supporting random breath-testing and 80 per cent supporting stricter drink-drive limits.

In a separate poll, over 80 per cent of the public agree that "the government does not do enough to highlight the risks of drinking alcohol". 58.2 per cent either 'strongly agree' or 'tend to agree' with the statement that "alcohol misuse is a more serious social problem than drug abuse" and 80.2 per cent either 'strongly agree' or 'tend to agree' that "the Government does not do enough to highlight the risks of drinking alcohol".

The full text of The State of the Nation. Britain's True Alcohol Bill is available on Alcohol Concern's website at: www.alcoholconcern.org.uk ■



Where is the strategy?

Real harm is being done by the absence of a national alcohol strategy and there is a serious shortage of people working in the alcohol and drug sector. These conclusions, drawn in a report by Healthwork UK, come at a time when those concerned solely with alcohol are complaining that the major part of funds available is going towards work with illicit drugs. The increasing size of the problems, the money available, and the demands of new ways of working in partnerships and multi-disciplinary teams, contribute to the unsatisfactory situation.

In commissioning the report, *A Competent Workforce to Tackle Substance Abuse*, Healthwork UK, the health care national training organisation, aimed at producing data to support its case for national standards of training in the alcohol and drug sector. Because this sector is “diverse, complex, and fast-changing” it can be confusing to anyone working in it for the first time. One of the aims of the report was to provide an accessible introduction to the field whilst at the same time identifying those standards and qualifications, out of the many available, which need to be applied throughout the country.

The report points out that alcohol and drug work cuts across a number of vertical sectors of the economy. It was partly for this reason that the so-called Drug Tsar, the UK Anti-Drug Co-ordinator, was appointed in 1997 to bring together drug-related work in the health, social services, education, criminal justice,

employment, housing, and other fields. The areas of concentration of people in these various areas are diverse, as indeed is their individual motivation. Some may be trained health, educational, or criminal justice professionals who have specialised in substance misuse, whilst other may be volunteers with, as the report says, “a personal mission to help others, or people who have chosen to work in the sector as a result of personal experience of substance misuse and its effects”.

It is therefore difficult to define where the boundaries of the sector lie, who is involved, and what is their level of intervention. The sector is also rapidly expanding, especially in the drug area, often, some professionals argue, at the expense of those bodies dealing specifically with alcohol problems. As more money becomes available, at least to certain areas, then there is an increased need to develop

accountability and to measure results. The report says that, whilst this diversity “is the sector’s strength, it also provides challenges for those wishing to develop a framework of common standards to which people should be working”.

In one area, however, there is a major difference between the alcohol and illicit drug sectors. The report states: “There is a national drug strategy which spans government departments, statutory bodies, voluntary agencies and private organisations within the sector. This strategy, and the funding associated with it, is leading to a homogeneity of policy and action across the sector. It is also drawing in resources at an unprecedented rate. There is currently no such policy for alcohol, with the result that this part of the sector is more heterogenous but much less well-funded. There is evidence of valuable human resources haemorrhaging from alcohol (and other substance) misuse services to drugs.”

These comments will confirm the suspicions of professionals that alcohol services are being neglected at the expense of those for illicit drugs, despite the scale of the problems being in reverse proportion. They will also add to the calls for a national alcohol policy which for several years the government has been ignoring. However useful the data collected by Healthwork UK and however sensible its suggestions for national standards in training and performance, these will have marginal effect in the alcohol sector until it receives the same attention as that given to other drugs. ■



Lower the limit and save lives

Graham Buxton writes... Drink-drivers killed and injured more people last year than they had for a decade.

**More than
400
people will be
killed this year
as a result of
drink driving**

DON'T DRINK AND DRIVE

The Department of Transport's recently published figures show that in 2000, 520 people died in accidents where the driver proved to be over the limit compared to 460 in 1999 – a rise of well over 10 per cent. 17,500 people were injured in such crashes – 1,000 more than in 1999.

A spokesman for Brake, the road safety organisation, said, "It is absolutely atrocious that deaths resulting from drink-driving have gone up, especially as road deaths have gone down overall. There has been a decade of drink-driving education but something seems to have gone wrong this year... The Government needs to find out which sectors of society are offending and target its messages to suit them."

The Government needs to do more than that. It needs to take the obvious step of reducing the legal limit from 80 to 50 mgs per cent. That was its avowed intention when in opposition and it has yet to come up with convincing reasons why it abandoned this view once in power. Three years ago, in the last edition of

1998, Alert warned its readers that a lot of back-peddalling was taking place. Ministers, it was reported, were by then refusing to commit the Government to lowering the limit. Lord Whitty, who then had responsibility for roads, said that he could not say "which way the wind was blowing". John Reid, then the Transport Minister, launching 1998's Christmas "Don't Drink and Die" campaign in a pub on Horseferry Road, side-stepped the issue, saying that the issue of lowering the limit was irrelevant as it was wisest not to consume





any alcohol when driving. Dr Reid may have been vague, but within hours of the launch the transport editor of *The Guardian*, a newspaper with good government sources, felt able to write that plans “to reduce the legal blood alcohol level from 80 mgs to 50 mgs are to be abandoned by the Government”. The Transport Minister said of the 1998 campaign that he believed “that using real cases drives the message home”. As Alert pointed out, “Those people who die in drink-driving accidents when they are somewhere between 50 mgs and the present limit are real cases”.

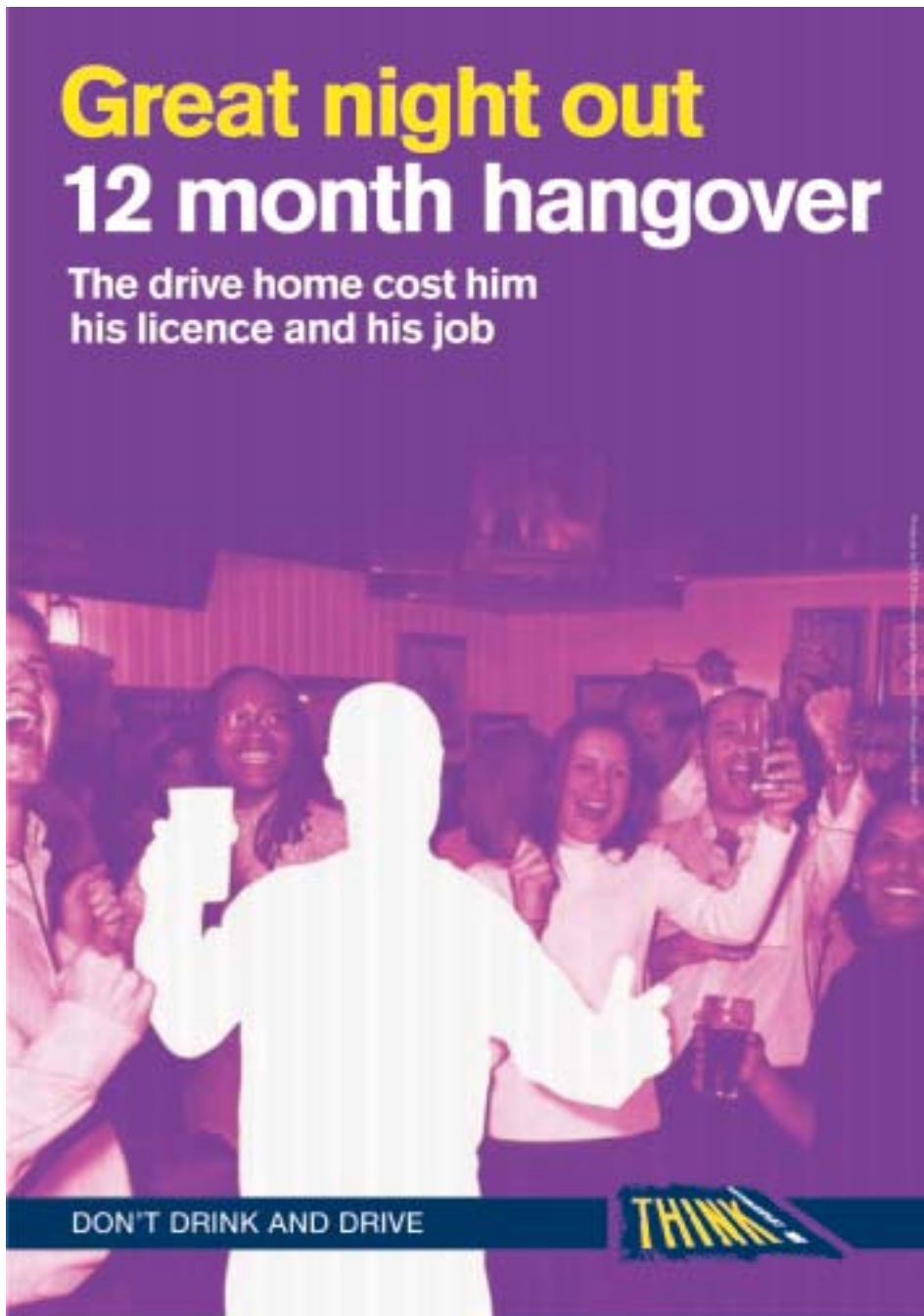
By March 2000, ironically just as the death toll was rising towards that appalling 520 mark, the decision was made. The policy that, “for the time being”, the limit would remain at 80 mgs per cent was set out in the Department of the Environment, Transport, and the Regions (DETR) document, *Tomorrow's Roads: safer for everyone*. “Safer for some” might have been more accurate. DETR's own consultation showed that there was a majority in favour of the lower limit. Opinion surveys at

the same time indicated that 75 per cent of the public want a 50 mg limit or one which was even lower. This, however, cut no ice at the Department. DETR's report on the consultation, which was published separately from *Tomorrow's Roads*, stressed the opposition of two groups: the alcohol industry and rural communities generally. Organisations lined up as follows: against a lower limit were the brewers, distillers and other drink manufacturers, the Federation of Small Businesses, the Road Haulage Association, and the national association of local councils. For the lower limit were the Automobile Association, the British Medical Association, the Royal Society for the prevention of Accidents, the Magistrates' Association, the Transport Research Laboratory, and the Honourary Medical Advisory Panel on Alcohol. In passing, it is worth mentioning that, whilst the opposition of

the drink industry is perfectly understandable, that of the Road Haulage Association deserves some consideration. When the Association rejects a 50 mg limit it is, presumably, speaking within its own remit and the inference can only be that it is happy for lorry drivers to thunder along our roads after drinking a couple of pints.

Tomorrow's Roads passed the buck to Brussels: “However, there is a European context to this debate [on the desirability of lowering the limit]. The European Commission is currently reviewing its existing proposal for a Directive on the drink-drive limit. Though we do not yet have details, it is likely there will be continued pressure for a harmonised 50 mg overall limit in Europe, and possibly even lower limits for





specific categories of driver. If the UK acted unilaterally, we could end up having to readjust to new European regulations soon afterwards.” There was no mention of adopting a positive attitude and pressing the Commission to speed up its Directive along with its anticipated lower limit.

The same line was taken earlier this year when I was in correspondence with the Road Safety Division of the

Department of Transport, Local Government, and the Regions. The official concerned explained that the European Commission Recommendation is “not confined to the single issue of a harmonised 50 mg limit but also concerns a number of related proposals, including the possibility of even lower limits for specified categories of drivers”. The implication is again that we cannot take any measure unless it is being



implemented throughout the Union. But the 50 mg limit is already in place in the vast majority of member countries and, besides, any administrative difficulties – though it is hard to see how they could be so great – must be outweighed by the cost in lives and injury which delay is causing. My correspondent tells me that the proposals before the EC “all require very careful consideration”, the sort of formula civil servants traditionally employ when they mean “we are going to delay this for as long as possible”.

He goes on to say, “The Government also wishes to ensure that the wide range of views expressed during the previous consultation on drink-driving proposals is taken fully into account in reaching a final decision.” How long do they need? The various opinions are quite clear. The drink industry does not want a lower limit, medical and road safety experts do.

Surely the alarming rise in deaths and injuries caused by drunken drivers must move the Government to act? To do nothing is to accept a dreadful responsibility. ■

Graham Buxton was the co-founder of the Campaign Against Drinking and Driving.

Christmas campaign

This year is the 25th anniversary of the first drink-driving campaign. A great deal might have changed in that time but some traditions remain constant. The annual television and poster campaigns warning of the dangers of drink-driving have become part of the modern Christmas.



20,000 of us can be extremely thankful for these advertisements. It has been estimated that this is the number of fatalities avoided over the years as a result, in part at least, of the campaigns.

The total number of deaths was 1,640 in 1979 - last year it was 520.

In trying to bring that total down over 25 years, the Department of Transport has used a variety of tactics. In the early days, drink-driving was not seen as the anti-social activity it is today – then, the

man caught over the limit received sympathy from his friends, now he is more likely to be condemned.

By today's standards the early campaigns used a less abrasive approach. The advertisement in 1976, for example, showed a woman being carried into an ambulance on a stretcher to the accompaniment of a soundtrack playing Roll Out the Barrel,

With perhaps a nod to the zeitgeist, in the early 80s the appeal was to drivers' self-interest - Don't drink and drive because here's how it will affect you, ran the message. You will lose your driving licence, you will have to beg your relatives for a lift, you will have to wait two hours for a minicab. Even worse, money was involved. Your car insurance would double with a drink-driving conviction, one advertisement said, and included the famous line from a drink-driver seeking a new policy: "But that's more than I paid for the motor!"

The 1990s brought the hard sell. In competing for people's attention with docusoaps, blood-boltered hospital dramas, routine violence, and the media doing their best to shock, the campaigns threw off restraint.



In one TV advertisement, a curly-haired little girl overhears her mother ask her father: "How am I supposed to explain you killed a little boy?"

In another, shown in 1992, the camera simply looked down on a road accident victim, possibly simulating an out-of-body experience, while paramedics tried without success to revive the same Shirley Temple look-alike.

And then there was the young man being fed liquidised food by his mother, while we hear a soundtrack of his friends encouraging him to have another pint. "Come on Dave, just one more," both his friends and his mother say.



In 1998, the campaign went whole-heartedly for reality TV, showing pictures said to be from an accident which happened "today". "We'll show you details of another accident tomorrow. Make sure it's not you,"

The increase in road deaths since last year is perhaps reflected in this year's anti-drink-driving advertising campaign. Launched by David Jamieson, the Transport Minister, the emphasis on reality remains with the depiction of the aftermath of actual accidents but, significantly, the poster for Christmas 2001 seems to return to previous themes.

It is, of course, a truism that audiences can only be shocked so much before dramatic impact is lost. The poster shows no blood or horrific injuries, but instead looks at the effect on the driver rather than the victim: "The drive home cost him his licence and his job."



Under the Infl

- a video by the Drug Education Team, sponsored by the City of Nottingham and Nottinghamshire County Council

A group of friends prepare for a night out. They are about fifteen years old. One of them is filming the others with a video camera. Anticipating the conclusion of their evening, they are coming up with synonyms for drunkenness – the girl who offers “under the influence” is ridiculed by the others. One of the boys, Dan, assures everyone that he will be able to get them into a club, despite their age. As part of their preparations, he and Mason fill up a large half-empty coke bottle with vodka.

Two of the girls are putting on make-up and speculating about the evening. The Asian girl, Jaz, is worried about her parents’ reaction but is persuaded to go along. A couple of bottles of an alcopop and they are ready to face the world. The four friends meet up with another girl,

Charley. It is clear that there are sexual tensions within the group: Dan fancies Nikki, but she prefers Mason, who is keen on Jazz – the usual teenage complication.

When they reach the night club it becomes clear that they will not get in. Besides the bouncers, police are present. Dan is in danger of losing face – his claim to have connections which will gain them entry was clearly bogus. They are faced with a problem – how to keep the evening going. They have had a few drinks, the boys want to make progress with the girls. No-one can contemplate the awful fate of a quiet evening at home. One of the group knows somewhere they can go and have a private party. It turns out

to be beneath a bridge by the canal. When they get there, the girls are unimpressed but Dan, who has gone off to acquire some more booze, returns with a large supply of strong lager. He is keen to restore his credit and brags that he had met with no difficulty in obtaining the supplies. Someone has brought a tape deck and they play music while swigging the beer. The game is to see who can get the most down in one.

With inhibitions relaxing, Mason begins to dance with Jaz. Nikki resents this and attempts to cut in, having rejected, none too gently, Dan’s advances. The painful emotions of adolescence bubble to the surface: the drink, which loosened their tongues and gave them the courage to approach the girl or boy they were attracted to, now takes them into dangerous territory. Nikki, disappointed and humiliated at Mason’s clear preference for Jaz, drinks some more and finally decides to dance with Dan in an attempt to show that she doesn’t care. In the way of teenage boys, Dan misinterprets this and attempts to press what he believes to be



ence

his advantage. Inexpert gropes elicit only angry rejection from Nikki and Dan, in turn, aggressively pushes her away. She falls to the ground. Charley, the sensible one, intervenes. Things are getting out of hand.

Mason has been making much more progress with Jaz. But she has had her share of vodka and lager and, after a lingering kiss, the world begins to spin. Poor Mason – he has been making headway with the girl he wants and now she is throwing up. Jaz is in a very bad way, half-conscious and tearful. Dan, with the optimism of youth, sees his moment of violence and Nikki's clear indifference as no barrier and tries it on again. Nikki wants none of it and, whilst the others are distracted by Jaz's state, goes off. Jaz wants to go home. She is dreading the reaction of her parents.

Nikki drunkenly wanders the streets. She is becoming frightened. A car kerb crawls alongside her and she begins to run, losing a shoe in the process. The car continues to follow her.

In the mean time, Charley has noticed that Nikki has disappeared. She points out the dangers of that part of the town at night. Dan is ashamed at the part he has played. He and Mason set off to look for Nikki, whilst Charley takes the drunken Jaz home – her reception is all that she expected.

Dan finds Nikki's shoe lying in the street. The possibility of something dreadful dawns on

him, despite his condition. He ends up at the bus stop and, the booze overcoming him, he falls asleep on a bench, as vulnerable and afraid as Nikki.

What happens to the young people is left unclear. Things might be all right – they often are – but, on the other hand, they might not. The evening began full of promise for these young people: it ended in a sordid and terrifying mess.

The story of these five – Nikki, Dan, Mason, Jaz, and Charley – is told in a video produced by the Drug Action Team in Nottingham in attempt to reach teenagers who, of course, can be impervious to straightforward messages about the dangers of misusing alcohol. It is, after all, cool to drink. It helps you to be grown-up. You're not a kid if you can swig vodka with the best of them. Anyone who has taught this age group or attempted to talk to young people about drink and drugs knows the problems. The video is an attempt to allow five teenagers to act out a story line of their own making. They are not professional actors, which is a strength of the film. Their awkwardness and the often disjointed story have a genuineness which a more slick production could not have achieved.

The real judges, however, must be young people themselves. We gave the video to a PSE teacher in a large comprehensive who showed it to two groups of pupils, one in Year 8 and the other in Year 10.

The Year 8 students, aged 12 to 13, offered trenchant opinions and good insights. The realism of the film was commented upon and the children felt that they had been



- 1000 children under the age of 15 are admitted to hospital each year with acute alcohol poisoning
- Around 50% of pedestrians aged between 16 and 60 killed in road traffic accidents have more alcohol in their blood than the legal drink drive limit
- In 1994, 57800 people were found guilty or cautioned for drunkenness. The peak age of offenders was 18

source: Health Education Authority



shown the consequences of drink (although one, with youthful bravado, believed that the quantities consumed were unimpressive). The basic dilemmas of anyone presenting an accurate picture of a dangerous activity – how not to glamourise and how not simply to pass on useful tips – were spotted: “It should not have shown you how to conceal alcohol and how to obtain it cheaply.”

Whilst accepting that the film showed some of the unpleasant consequences of drink – vomit and violence – the pupils also said that it “showed that you can’t keep your children away from



alcohol. Keeping your children away can make it worse, like Jaz’s parents who didn’t want her to drink or go out”.

An interesting insight of one Year 8 student was that the film “shows that alcohol can be addictive when Dan drinks when he’s upset”. He goes on to say, “If adults watch it, it shows them what their children might be doing after school and in the evenings.” Another pupil says, “It showed you what you could lose while drinking, e.g. friends.”

As might be expected, the Year 10 students (14 to 15) had a slightly different slant on things. “I didn’t think the acting was very realistic. However, I don’t think that matters because of the point that they are trying to get across. It was up-to-date, but I think it will go out of date as the ‘trendy’ drinks will change.” There are stark contrasts between the reactions, which might say more about some of the students than the film itself. Some are dismissive and totally resistant: “Not realistic at all. Makes people switch off. Boring. Out of date. Poor acting. The film looks cheap and unprofessional.”

On the other hand: “It gets the point across... though the acting is unrealistic.” Someone else says, with a measure of uncertainty, “It grabs the attention, but isn’t realistic enough for people to take it seriously. It gets the point across.” And again, “It was fairly realistic and that matters. It’s not really up to date, but it’s much better than other films.” Another pupil comments, “It raises awareness of alcohol poisoning and people do end up sleeping rough ... They didn’t actually drink enough to be very

drunk.”

Not surprisingly, there is a tendency from some pupils to concentrate on superficialities – the appearance of the actors, the quality of the music, the brand of drink – and there is a division between those who want to ignore the whole thing and those who are prepared to be engaged. Whether discussing King Lear or Under the Influence, most pupils need to be guided and a useful teacher’s pack accompanied the video. According to the teachers who used the video, this “had some good lesson ideas in it; the questions were appropriate and well-directed ... I would be prepared to purchase material of this quality for use with our Year 8 pupils. It complements our current work which focuses on facts and also peer pressure.”

Implicit in many of the comments is the sad fact that educational material is never going to match the quality available to those setting out to promote the drink industry and its products. Inevitably, there is a vast imbalance between the resources available to those who want to sell alcohol to young people and those who want to warn them of the dangers (see page 8). Whilst attempts by individual small agencies to produce good material are highly commendable, considerably larger resources need to be made available if alcohol education is to have a real impact in our schools.

Under the Influence is available from the Drug Education Team, Nottingham City Council.

Wacky Soap

It is notoriously difficult to find an effective way of alerting children to some of the dangers facing them and of preparing them for the choices with which they are going to be surrounded. They have been taught to question received opinion and to be suspicious of the “Thou shalt nots” which were set before earlier generations. Part of the difficulty, of course, lies in the fact that some of the dangers are seductive and are usually portrayed as highly desirable. From their earliest days, children are faced with images of adult life which emphasise pleasure rather than responsibility. Telling people not to do something, once such a straightforward and accepted part of British life, is no longer simply a matter of laying down the rules. This change has, of course, had huge benefits - no-one wants to live in a conformist and restrictive society – but it has also destroyed a line of defence.

How do you teach children about alcohol’s problems when they are being told every day about its pleasures? Even if you find an effective way, how do you measure its effectiveness? One of the great leaps forward in education in recent decades has been the increasingly high profile of drama. Once a neglected relation of the English Department, trotted out once a year when bands of youths in ill-fitting sheets listened to an adenoidal Mark Antony, drama has found its place as a major teaching resource. Any teacher with sense allows pupils to discover what set texts are about by performing them. Instead of solely looking at Macbeth on the page, children have the opportunity to act. At a less exalted level than GCSE Shakespeare, improvisation and instantly created drama play an important role in the classroom – at least in more enlightened schools.

In the sure knowledge that learning which is fun is effective learning and that drama is a

particularly powerful means of getting a message across, Mark Wheeler has re-issued his play for children, *Wacky Soap**. It has no pretensions. It is accessible, good fun, with amusing, easily learned dialogue and catchy tunes. In other words, it provides teachers with an ideal musical for younger pupils to perform – Mr Wheeler is himself a drama teacher in Southampton and knows what he is about. *Wacky Soap* has a serious purpose. It is about alcohol and substance abuse. Here the soap with unusual powers is the metaphor for booze and the experience of King Huff, Queen Huff, and Princess Symbol, as well as the Everyday Folk, lead to the conclusion:

“Lasting Happiness comes from within

Not from a quick fix lather on your skin.”

Wacky Soap was originally published as a short story by the Institute of Alcohol Studies. It now appears as a play with a separate musical score and as an

expanded story. It should prove a valuable resource to teachers who want to get an important and difficult message across to young children. ■

Andrew Varley

* *Wacky Soap, Wacky Soap – The Music Score, and The Story of Wacky Soap* are published by dbda, Pin Point, 1-2 Rosslyn Crescent, Harrow, HA1 2B.



Half our youth have tried illegal drugs

Three research studies on aspects of the illicit drug problem have been published by the Home Office. Bob Ainsworth, a minister in that department, says, "Taken together these reports mean that the Government is now in a better position to monitor the progress of the Drug Strategy... The research confirms the relationship between Class A drug use and crime and the importance of continuing to use the criminal justice system to identify problematic drug users and provide them with appropriate treatment and other programmes of help."

Drug Misuse Declared in 2000: Key Findings from the British Crime Survey presents data on the level of drug use in the general population, with a focus on young people aged 16–24. Findings show that half of this age group have tried illegal drugs at some point in their lives, compared with one in ten adults more generally, although this falls to 29 per cent for use during the last year and 18 per cent for the last month. Cannabis remains the most widely used drug in all age groups. The proportion of 16 to 24 year olds who had used the drug during the past year was 26 per cent, much the same as in other years. For all adults, aged 16 to 59, the figure was 9 per cent.

Whilst the use of most drugs has remained stable, there has been a marked fall from 34 per cent to 27 per cent for the category "any illicit drug" among 16 to 24 year olds. There has been a significant increase since 1994 in the use of cocaine, the figure for the whole adult group now standing at 5 per cent. "Young people," says the

report, "now appear to be using cocaine alongside ecstasy as a 'club drug' replacing amphetamine as the stimulant of choice."

Drug Use and Offending: summary results from the first year of the NEW-ADAM research programme is the second report from the Home Office. The NEW-ADAM programme carried out interviews and voluntary urine tests to establish the prevalence of drug use among those who had been arrested.

The urine tests established that 65 per cent of arrestees showed positive for one or more illegal drugs – 30 per cent for two or more. 29 per cent proved positive for opiates (including heroin).

The report says that a "longer term aim of the drug strategy is to reduce the levels of repeat offending among drug misusing offenders. 15 per cent of those interviewed were repeat offenders regularly using heroin and/or [sic] cocaine/crack. The target is to



reduce the size of this group by 25 per cent in 2005 and by 50 per cent in 2008."

Users of both heroin and cocaine/crack amounted to slightly less than a quarter of those interviewed but they were responsible for more than 60 per cent of the illegal income reported.

No reference is made to the use of alcohol by those dependent on illicit drugs, despite the fact that the use of these substances is often closely related. Professionals in the field of rehabilitation report that they have seldom, if ever, come across someone dependent on heroin, for example, who was capable of social drinking. The misuse of alcohol often antedates dependence on illicit drugs.

Sizing the UK Drugs Market is a report which seeks to provide government and policy makers with accurate information on the actual and potential market of illicit drugs. A Home Office spokesman says that "the Government Drug Strategy includes a commitment to reduce availability of drugs."

According to the report, the UK drug market in 1998 was estimated to be £6,614 million. ■

It's just not fair

Andrew Varley reviews *The Pursuit of Oblivion* by Richard Davenport-Hines, Weidenfeld and Nicolson.

Mr Davenport-Hines has little doubt that the argument about illicit drugs is between cavaliers and puritans and in his concluding paragraphs quotes Philip Jenkins's remark: "None of the regulating agencies accepts that a drug should have as its primary goal the elevation of mood, the giving of pleasure, the enhancement of sexual feeling or the refining of consciousness, at least for normally functioning people (as opposed to the clinically depressed). If none of these features is accepted as desirable or even tolerable, then the slightest evidence of harm automatically outweighs the (supposedly nonexistent) benefits of a given chemical."

Well, there you have the assumptions which lie behind *The Pursuit of Oblivion* and the argument that the harms which flow from the use of illicit drugs are, to an overwhelming extent, the result of their criminalisation and clandestine, unregulated production. It is absolutely true, of course, and Mr Davenport-Hines emphasises the fact at every opportunity, that heroin produced in laboratory conditions is going to do you a lot less harm than the stuff you might buy from a seedy dealer and shoot up in a fetid garret, just as you would undoubtedly be wiser to drink a fine old malt than bathtub gin. That whisky, however, is as addictive and the dangers of its misuse as real as those of the liquid which drips from your still.

The parallel with alcohol is not neglected in the book. The standard argument is trotted out: "Adults outside the Muslim world

are entitled to buy, possess and use alcoholic drinks. They have, by custom, a right to be intoxicated in private. Someone who dislikes drunkenness in others is not entitled to interfere in another citizen's drinking as that person drinks in the privacy of their home, or somewhere appropriate such as a club. It seems irrational not to apply similar principles to Ecstasy." The line is old and fatuous. Privacy is not inviolable because man is a social animal and what he does in private can have serious repercussions for others. A great deal of excessive drinking may be done in private and if the damage were confined to the drinker's liver then that would be fine. But the damage does not stop there and if Mr Davenport-Hines thinks that private drunkenness does not lead to domestic violence, financial disaster, disturbed children, and a host of other harms then he is deceiving himself.

What about the irrationality of applying different standards to alcohol and illicit drugs? If we were in the sixth form debating society, this might be a devastating argument. But we are in a real world where matters of public policy have to be considered in the light of their history and not in some Platonic vacuum. In Mr Davenport-Hines' world of moral absolutes, Chateau Leoville-Barton and skunk deserve identical treatment because of the similarities in their nature and effect, as though they were both new products which have appeared before us from some benevolent research and development department. Were this the case, society might agree that both should be equally

available. On the other hand, it might feel that both were dangerous substances that at least required severe restriction.

We have, of course, to deal with illicit drugs in the context of their history and the cultural baggage they have acquired across the centuries. They have a much more confused past than alcohol and the value of Mr Davenport-Hines' book lies in his exposition of this history. Drugs, despite the qualities which Philip Jenkins implies, have always been associated with the darker side of human nature. Access to other worlds, occult knowledge, unnameable sexual experience have been among the dangerous benefits ascribed to their use and, whilst it is true that higher spiritual goals have also been an aim of some users, any contemplative will tell you that there is no short cut to enlightenment.

In the west, drugs have always been inextricably linked to criminality. Obviously, we choose what to make a crime and in doing so drive a particular activity underground or endow it with the thrill of the forbidden. It may be unfair that alcohol is treated differently from illicit drugs, but that is not an argument for removing restraint. Quite rightly, however, the author puts forward a case for the health benefits of liberalisation and few would disagree with him that the war against drugs has been a disaster.

There is no doubt that a debate is needed: a way out of our current mess has to be found. The greatest danger of the libertarian view, which, it seems, is the one implicit in *The Pursuit of Oblivion*, is that we

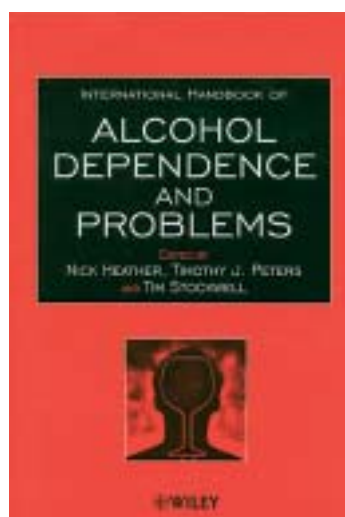
International Handbook of Alcohol Dependence and Problems

N. Heather, T.J.Peters & T. Stockwell (Eds)

J. Wiley & sons. 2001

Alcohol is the most popular psychoactive drug in the world and there is now more of it being consumed than ever before. Nationally and internationally, armies of health promoters, social workers and many others besides battle to ensure that individuals and society are safeguarded from the harmful consequences of alcoholic excess while at the same time a huge, global industry is dedicated to the manufacture and sale of alcohol products and to protecting their markets by convincing consumers and policy makers of their benignity.

One of the most obvious consequences of this contest, of alcohol having become a medical, social, cultural, economic and political issue more or less everywhere, is the emergence of a world-wide alcohol research industry and the endless stream of books, journals and papers that it produces. Confronted by this deluge, the initial reaction of the researcher and, perhaps, still more the practitioner may be to wonder despairingly whether it is really necessary to add to it yet another very large volume the main function of which will be to provide further evidence that nowadays it is impossible to keep up with everything.



The answer is yes. Just because of this vast and ever-growing literature, it is particularly helpful to be handed a single volume providing comprehensive coverage of the entire field of alcohol studies. This was the stated aim of the editors, a complete source of information and reference on all major aspects of alcohol studies – in short, an alcohol A-Z – and in this they have succeeded admirably.

The book is structured around the main themes of clinical pathology; antecedents of drinking, problems and dependence; drinking patterns and types of problems; treatment and recovery, and prevention. Each chapter is written by a

recognised international expert who provides a summary of the present state of knowledge in his respective field and the contributions appear to be of a uniformly high standard. All relevant disciplines are represented, and the book reflects a variety of views and approaches. The book is well balanced in every sense of the term.

As the editors concede, no volume can be fully comprehensive in a literal sense, and most readers will be able to identify some omission or other. This reviewer would have appreciated an additional couple of chapters on the effects of alcohol problems on people other than the drinkers themselves and, because of their importance in the debate on alcohol policy, the social costs of alcohol problems. But these are relatively minor quibbles. The editors deserve congratulation for producing what will surely be a standard reference book for some years to come. ■

Andrew McNeill

Down Your Drink - acknowledging the problem and finding help: a new website for worried drinkers

A number of websites aimed at people worried about their drinking have appeared. Sometimes it is difficult to assess their reliability or who actually is offering the help. Down Your Drink, however, has been produced by the National Health Service and is supported by Alcohol Concern and Drinkline. Here we look at the problems of getting help to abusive drinkers and examine what www.downyourdrink.org has to offer.

Should your drinking worry you? One of the major problems facing people who are abusing alcohol is overcoming the reluctance to seek help. Shame, guilt, embarrassment all play their part and so does uncertainty as to where to turn. Is my GP the right man? Hasn't he got more important things to deal with than my vague concerns that I might be overdoing it a bit? What about AA? But aren't they just a bunch of drunks? I am only a social drinker who needs to cut back.

Two cases, both true, but with altered names, illustrate the problem. Over the years Stephen's alcohol intake had increased. As a student his drinking had been on a considerable scale, but not enough beyond that of his peers to cause concern. His early work years saw a more

moderate intake but as he entered his forties he found that he was looking for excuses to drink more often. He would ensure that he found himself in the company of people he knew liked to drink; he arranged meetings at times when it would not be unreasonable to offer alcohol rather than coffee – and made sure he had a gin and tonic even if the other person opted for fruit juice. Perhaps most significantly, he began to drink on his own at inappropriate times. There was always an excuse: the pressure of work, the unreasonableness of his wife, the need to relax.

In the end he had the carelessness of despair because he did not believe anyone could help him. He

did not care about health, his family, his work. He did not care whether he lived or died. But he was lucky. One day the reality of his situation broke through and he was able to say, "I don't want to continue like this." He told his wife he needed help and went into a rehabilitation clinic. The only option which seemed to make sense for Stephen was to accept that he could not handle alcohol and not to touch it again. He was able to rebuild his life – but had had to go to the brink.

Maggie had never been a big drinker. She would have wine with a meal, a drink before dinner now and again, but as often as not she was happy to have a coke. As time went on, the occasions to drink alcohol increased. She and her husband entertained more. They went out to restaurants. They had

Down Your Drink..... IT

DOWN YOUR DRINK

Should your drinking worry you?
DOWN YOUR DRINK is the revolutionary e-learning program that tells you what you need to know to stay drinking safely. [Click here](#) for more information...

If you think your current drinking may not be good for you, [click here](#) to find out!

NHS OERD

Free Funded by Quality Standard Unit and FIP Accredited - Power by OERD

more holidays on the continent. Without noticing it happening, Maggie became more than a moderate drinker. She would have hangovers and forget arrangements she had made. Once or twice she had drunk too much at dinner and embarrassed both herself and everyone present. She noticed that it was becoming an effort not to have at least a couple of drinks each day, that sticking at one drink was more and more difficult. She hated herself for being so weak, as she saw it. For years she had been a moderate drinker who did not even have to think about the subject. How could she get back to that situation? What she needed was advice and help. The thought of going to see her GP horrified her. She would be ashamed to tell him about her lack of control. There was no one else she felt she could turn to. Her husband had occasionally told her to “pull herself together” but beyond that was no more inclined to discuss the matter openly than she was. She knew of the existence of AA but that was not for people like her. She struggled on, sometimes managing to control her drinking, perhaps not touching the stuff for a couple of weeks, but then breaking out and having far too much – a binge, she supposed it was called. Her drinking became a shameful secret which corroded her marriage and her self-respect.

Both these people might well have found their way to the new website called Down Your Drink which offers an online program for people worried about their level of drinking. The course has been developed by the National Health Service and is funded by the Alcohol

Education and Research Council. The website is user friendly and is at pains to be non-judgemental – essential if it is to encourage problem drinkers to find a way back to normality. It acknowledges that the program might not be for everyone and in that case recommends contacting Alcohol Concern in order to locate the nearest local organisation. For immediate help, the telephone number of Drinkline (0800 917 8282) is given.

“The Down Your Drink program,” says the website, “gives you the information you need to learn how to stay drinking at a safer level in only six weeks. We have listed a range of benefits you can look forward to enjoying, in many cases even before the end of the program.” Some might argue that the aim of “staying drinking” is not one to offer people like Stephen, although it might be all right for Maggie. That is to misunderstand the point of Down Your Drink which is to reach out to people. The idea of never having a drink again would have been as unthinkable as climbing Everest for Stephen at any stage of his drinking career. It was not until he had reached desperation and was undergoing treatment that this could be looked at as a serious possibility. On the other hand, it might well have been that, given the right advice in a carefully formulated program, Maggie could have got back to a moderate intake and prevented her life falling apart. Whichever the case, it is necessary to engage people who are worrying about their drinking and vital not to set seemingly impossible targets.

The website takes a positive attitude: “As your drinking

reduces to safer levels you will soon begin to enjoy a series of benefits.”



There is a determined attempt to avoid alienating potential clients: “We do not think alcohol is evil, on the contrary, we think that drinking a reasonable amount is good for most people. What we want to do is to give you sufficient information for you to decide what is a reasonable amount for you to drink. Then help you get there!” It could be argued that saying that any amount is good for anyone is providing the abusive drinker with an excuse to continue, but anyone who has got so far into the site has some sort of serious concern about his condition. The concentration has to be on persuading the tentative enquirer to take the next step: “If you feel ready to take positive action to learn how to become a SAFE drinker, don’t wait ... register now!!”

It is, of course, important to show people that what is on offer is scientifically based and reliable. The website says that the “online course is in six weekly parts, based on the latest, proven practical methods to reduce drinking as recommended by leaders in the alcohol and education and treatment field. It takes less than an hour a week, for 6 weeks – online to complete the course, during which time we will teach you how to become a “Thinker



Drinker" and develop safer drinking habits."

Surfers are then taken gently through a series of questions about their drinking – "How often do you have 8 or more (men/ 6 or more (women) drinks on one occasion?" for example – and shown their score on a table which shows level of risk. If in the red zone, you are told that "your drinking

may be a problem" and it is suggested that you may be feeling depressed, or finding it difficult to concentrate, or are unable to participate fully in family life, or a number of problems that will be all too familiar to many abusive drinkers. Eventually, the surfer is asked how worried he is. If he shows a reasonable measure of concern, then he is taken

forward to the possibility of registering for the program.

Down Your Drink is a research project which will eventually be evaluated. If it brings in people like Stephen before they reach the end of the line or Maggie who will never be able to accept face to face help about an alcohol problem, then it is to be welcomed. The site can be found at www.downyourdrink.org

Down Your Drink

Program Registration - Create Your ID

Please choose a password:

Username: Password: Confirm Password:

Please fill in the following:

Age:

Sex: Male Female

Drink Type: Other:

Occupation:

Email Address:

Marital Status: Single Married

Do you have children? Yes No (If so how many?

How did you find out about Down Your Drink? Other:

NHS aerc

Al-Anon

AL-ANON

This year has seen the 50th Anniversary of Al-Anon Family Groups.

Al-Anon is the organisation which in many ways complements Alcoholics Anonymous. It is there to offer support to those close to problem drinkers. Parents, children, wives, husbands, friends, and colleagues of alcoholics have all been helped by Al-Anon whether or not the drinker in their lives is still using alcohol or, indeed, recognises that a problem exists.

At Al-Anon group meetings members "receive comfort and understanding and learn to cope with their problems through the exchange of experience, strength and hope". The sharing of problems binds individuals and groups together in a bond that is protected by a policy of anonymity; everything is confidential. Members learn that there are things they can do to help themselves and indirectly to help the problem drinker. Greater understanding and changed attitudes on the part of the people affected on many occasions have resulted in the drinker seeking help.

Al-Anon's origins lie in the late 1930s in the United States, not long after AA first appeared. Close relatives of problem drinkers realised that they too needed help. Many of them found it useful to follow the principles of Alcoholics Anonymous and formed themselves into family groups.

Fifty years ago, in 1951, these groups were drawn together and became Al-Anon Family Groups.

The first Al-Anon group in the United Kingdom was started in Belfast in 1952. By 1960 there were eleven groups registered and in 1964 the first Alateen group, part of Al-Anon specifically for young people aged 12-20 was established. By 1970 the number of groups had grown to 100. Since then there has been rapid expansion and there are now approximately 1000 groups meeting regularly throughout the UK and the Republic of Ireland.

Worldwide more than 30,000 Al-Anon and Alateen groups meet in over 100 countries.



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.