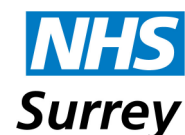




The big picture: Analysis and final report

Published March 2009



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Acknowledgements

Surrey Police

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Surrey Drug and Alcohol Action Team

Elmbridge Borough Council

Epsom & Ewell Borough Council

Guildford Borough Council

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Reigate & Banstead Borough Council

Runnymede Borough Council

Spelthorne Borough Council

Surrey Heath Borough Council

Tandridge District Council

Waverley Borough Council

Woking Borough Council

Government Offices of the South East

Connexions

Surrey Youth Development Service

Youth Development Service (East Surrey)

Surrey Community Health Services

Catch 22

Douglas Brunton Day Centre

Horley Day Centre

Tandridge Leisure Limited

Tandridge Council of Voluntary Services

Reigate and Banstead Council of Voluntary Services

Reigate & Banstead Borough Council Community Safety Team

Central Surrey Health

Surrey Community Health Services

Surrey County Council Youth Development Service

Executive Summary

A total of 4033 responses were received to Surrey's Big Drink Debate. The key findings are summarised below:

DRINKING BEHAVIOUR

- Drinking behaviour varied widely between genders, age groups and ethnicities.
- Male respondents reported drinking more alcohol, more frequently than females.
- Males aged 65yrs and over reported drinking alcohol most frequently in a week (3.4 days).
- Males aged 55-64yrs reported drinking the greatest quantity of alcohol in a week (15 units)
- 1.3% of respondents reported drinking at harmful levels. Females aged 18-24yrs were most likely to report drinking at harmful levels.
- 11.4% of respondents reported drinking at hazardous levels. Males aged 55-64yrs were most likely to report drinking at hazardous levels and to be drinking above recommended sensible drinking guidelines.
- 18-24yr olds were also likely to report drinking at harmful levels and to consume alcohol in a discrete period of time.
- 20% of respondents reported that they did not consume any units of alcohol at all in a week

KNOWLEDGE, ATTITUDES & OPINIONS

- 22% of respondents were aware of the correct sensible daily drinking guidelines.
- The most popular source of information and advice on safe and sensible drinking was GPs.
- Most respondents would go to their GP or Alcoholics Anonymous for help if someone close to them had a problem with alcohol.
- The majority of respondents were in agreement that the public sector should work in partnership with the alcohol industry to reduce harm from excessive drinking, and the need for strict enforcement and licensing laws. However, older age groups were more likely to be supportive of these laws than younger ones.
- Women (51%) were more likely than men (39%) to think that opening hour restrictions in pubs and clubs should be introduced.
- Knowledge, attitudes and opinions on alcohol-related issues varied widely between genders and age groups.

Introduction

Surrey's Big Drink Debate (BDD) was an extensive consultation exercise undertaken during 2008 for a six month period. The main purpose of the BDD was to gain the views of residents on key issues relating to alcohol and to raise awareness of harms caused by excessive consumption. The information obtained has been used to help inform the development of a Surrey-wide multi-agency strategy; the overall aim of which is to reduce the harms associated with alcohol misuse in Surrey.

Background

Alcohol has always been an integral and complex part of British culture. Over 90% of the adult population drink alcohol, most of whom do so within sensible limits (Cabinet Office, 2004). However, in recent years, alcohol consumption in the UK has risen rapidly, causing increasing concern about the cost of associated harms (SEPHO, 2007). Alcohol misuse is a general term used to describe any drinking behaviour, which has the potential to cause harm or threatens to damage the health and well-being of the user and those around them. Such harms are widespread and include damage to health, crime and anti-social behaviour, loss of productivity in the workplace and social harms such as family breakdown (Cabinet Office, 2004).

Alcohol misuse is associated with as many as 20,000 premature deaths in the UK each year. These are mainly as a result of stroke, cancers, liver diseases, suicide and violence although over 50 diseases are known to be alcohol related (DH, 2007).

Alcohol misuse is also associated with crime and disorder, particularly violent crime including domestic abuse and assault, but also general anti-social behaviour. It contributes to work absenteeism, unemployment and a higher use of health services (DH, 2007).

The North West Public Health Observatory (NWPHO) developed alcohol profiles for England, including estimated prevalence for hazardous, harmful and binge drinkers by local authority. Data indicates that 7 out of the 11 boroughs in Surrey are in the top ten nationally for hazardous drinking, with Runnymede having the highest prevalence of hazardous drinking in the country. All 11 boroughs have higher prevalence for hazardous drinking than the England average (NWPHO, 2007).

Aims

The aims of the Big Drink Debate in Surrey were to;

- raise awareness of alcohol and the harms caused by excessive consumption
- gain the views of the local community on strategies to address the problems caused by misuse of alcohol
- inform a Surrey wide multi agency alcohol strategy

Methods

Surrey's Big Drink Debate (BDD) was officially launched on March 31st 2008. An online questionnaire was available for residents in Surrey to complete for 6 months until 30th September 2008. A paper questionnaire was produced and distributed for those who did not have access to the internet. A website devoted solely to the BDD was developed which included useful information on safe and sensible drinking for different groups of the population. In addition, BDD materials such as bags, beer mats, and posters were widely distributed to publicise the debate and inform people how they could participate. Much of the supporting materials provided information on safe and sensible drinking in order to raise awareness of alcohol and its harms among the population at large.

The chosen methodology was informed by the need;

- for Surrey based information
- to identify the problem within Surrey
- to allocate resources to the identified problem
- to support the development of a multi agency Surrey Alcohol Strategy

The questionnaire (Appendix) was designed to reflect the following four themes identified in the National Alcohol Harm Reduction Strategy (2004) as priority areas to be addressed to reduce alcohol-related harm:

1. Education & Prevention
2. Identification & Treatment
3. Enforcement & Community Safety
4. Working with Industry

The BDD was promoted by the PCT and its key partners; Surrey Drug and Alcohol Action Team, Surrey County Council, Surrey Police and Surrey's 11 borough and district councils. Events such as youth festivals and family fun days were used to engage local communities and encourage them to complete the questionnaire. In addition, the debate was promoted at sites within the community such as schools, community centres for older people and organizations within the voluntary sector. This was essential to obtain local information and data required to identify the needs of people in Surrey.

It was intended that the results would be used to;

- improve understanding and knowledge of alcohol related behaviour and its impact in Surrey
- improve identification and targeting of alcohol reduction interventions
- improve the delivery of alcohol prevention, education, treatment and enforcement in Surrey
- gain the support of local communities in addressing harms related to alcohol misuse

Results

RESPONDENT CHARACTERISTICS

A total of 4033 responses to the BDD were received from residents within Surrey. Table 1.0 shows the total number of responses from each local authority in Surrey, and response rates as a percentage of the total population in each area. The greatest number of responses were received from residents in the borough of Elmbridge, which accounted for 31% of the total. The fewest number of responses were received from residents in the borough of Spelthorne, which accounted for 3% of the total.

TABLE 1.0 NUMBER OF RESPONDENTS BY LOCAL AUTHORITY

	Number of Respondents	%	Total Population (TP)	% of TP
Elmbridge	1270	31%	133500	0.95%
Epsom & Ewell	432	11%	71000	0.61%
Guildford	373	9%	135600	0.28%
Reigate & Banstead	365	9%	132000	0.28%
Woking	338	8%	91800	0.37%
Tandridge	258	6%	82500	0.31%
Mole Valley	248	6%	80900	0.31%
Waverley	216	5%	117200	0.18%
Surrey Heath	208	5%	83700	0.25%
Runnymede	203	5%	82800	0.25%
Spelthorne	122	3%	90800	0.13%
Surrey	4033	100%	1101800	

Table 1.1 shows the characteristics of respondents by gender. Surrey-wide, 45% of all responses were from males and 55% were from females.

TABLE 1.1 CHARACTERISTICS OF RESPONDENTS BY AGE & LOCAL AUTHORITY

	Gender	
	Male	Female
Elmbridge	51%	49%
Epsom & Ewell	39%	61%
Guildford	41%	59%
Mole Valley	38%	62%
Reigate & Banstead	39%	61%
Runnymede	45%	55%
Spelthorne	47%	53%
Surrey Heath	44%	56%
Tandridge	50%	50%
Waverley	41%	59%
Woking	41%	59%
Surrey	45%	55%

Table 1.2 shows the characteristics of respondents by age. Approximately three quarters of all respondents were aged between 25 and 64yrs. The age category from which the greatest response rate was received was 45-54yrs, which accounted for 20% of all responses. The fewest number of responses were received from under 16s and over 65s, accounting for 14% of the total.

TABLE 1.2 CHARACTERISTICS OF RESPONDENTS BY AGE & LOCAL AUTHORITY

	Age Group in Years							
	Under 16	16-17	18-24	25-34	35-44	45-54	55-64	65+
Elmbridge	25	44	109	197	224	233	247	180
Epsom & Ewell	0	2	20	43	62	88	90	127
Guildford	0	16	50	105	75	80	41	6
Mole Valley	4	3	31	50	58	55	34	13
Reigate & Banstead	2	2	31	56	89	75	70	40
Runnymede	32	9	15	33	27	50	27	10
Spelthorne	12	4	8	17	31	27	18	5
Surrey Heath	0	6	20	45	49	40	29	19
Tandridge	15	7	16	36	54	64	37	29
Waverley	2	10	16	68	41	43	30	6
Woking	12	10	37	75	68	71	53	12
Surrey	104	113	353	725	778	826	676	447
Surrey (%)	3.0%	3.0%	9.0%	18.0%	19%	20.0%	17.0%	11.0%

Table 1.3 shows the characteristics of respondents by ethnicity (n=3163). 96% of respondents described themselves as White British. The remaining 4% were from other ethnic minority groups.

TABLE 1.3 CHARACTERISTICS OF RESPONDENTS BY ETHNICITY & LOCAL AUTHORITY

Local Authority	White British	White Irish	White Other	Mixed Ethnic group	Black Caribbean	Black African	Black Other
Elmbridge	340	14	22	6	2	1	
Epsom & Ewell	388	6	20	3	1	1	
Guildford	337	4	14	5			1
Mole Valley	225	2	12	2	1		
Reigate & Banstead	335	6	11	3			
Runnymede	187	6	2	2			
Spelthorne	108	3	6	4			
Surrey Heath	175	4	9	3		1	
Surrey Heath	6						
Tandridge	234	7	11			1	
Waverley	196	2	9	2		2	1
Woking	303	4	14	3	2	2	
Surrey	2834	58	130	33	6	8	2
Surrey %	89.6%	1.8%	4.1%	1.0%	0.2%	0.3%	0.1%

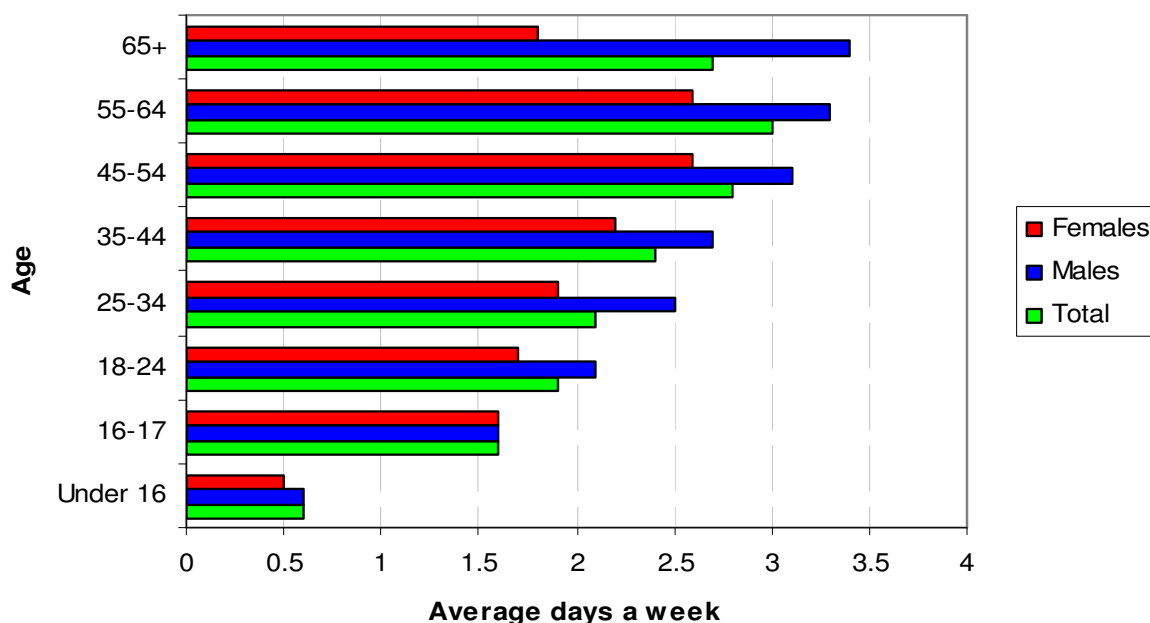
Local Authority	Indian	Pakistani	Other Asian	Chinese	Other	Grand Total
Elmbridge	3	2	4	1	8	403
Epsom & Ewell	6		2	3	2	432
Guildford	2		1	3	6	373
Mole Valley	2		1		2	247
Reigate & Banstead	1	1	1		6	364
Runnymede					5	202
Spelthorne					1	122
Surrey Heath	4		1	1	4	202
Surrey Heath						6
Tandridge	1				4	258
Waverley					4	216
Woking	2	3		2	3	338
Surrey	21	6	10	10	45	3163
Surrey %	0.7%	0.2%	0.3%	0.3%	1.4%	100.0%

DRINKING BEHAVIOUR

Frequency

Overall, the age group which reported the most frequent average weekly alcohol consumption was 55-64yr olds (3 days a week) followed by 45-54yr olds (2.8 days a week). However, the most frequent drinkers of all ages and genders were males aged over 65 (3.4 days a week). Conversely, females under 16 were the least frequent drinkers of all ages and genders (0.5 days a week) [Figure 1.0].

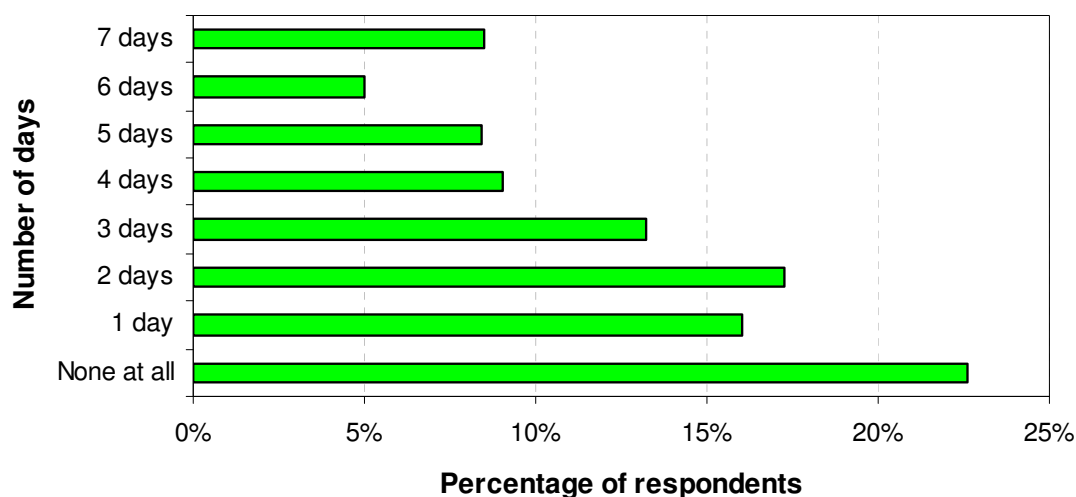
FIGURE 1.0 Average weekly alcohol consumption (days a week) by age and gender (n=3996)



Respondents from the Black (other), White (all) and Other ethnic groups reported the most frequent alcohol consumption in a week. Respondents of Pakistani ethnic origin reported the least frequent intake, consuming no alcohol in the previous week.

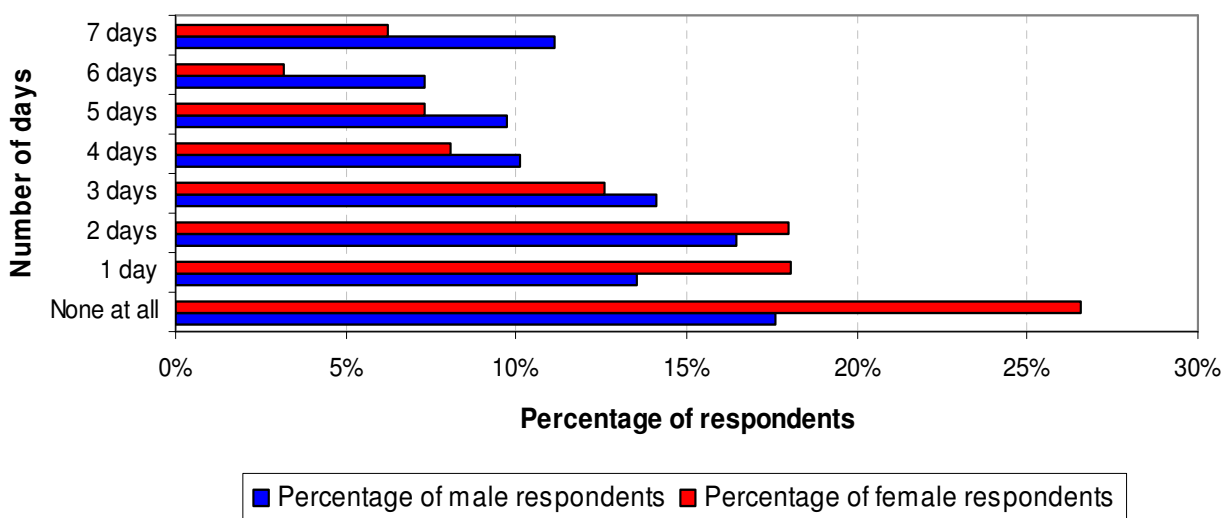
23% of respondents reported that they did not consume alcohol on any days in the last week, 46% of respondents reported that they consumed alcohol on 1-3 days, and the remaining 30% reported consuming alcohol on between 4 and 7 days in the last week [Figure 1.1].

FIGURE 1.1 Weekly alcohol consumption (days a week) (n=3996)



Females were more likely than males to report consuming alcohol on 0-2 days in the last week while men were more likely than women to report consuming alcohol on 3-7 days in the last week [Figure 1.2].

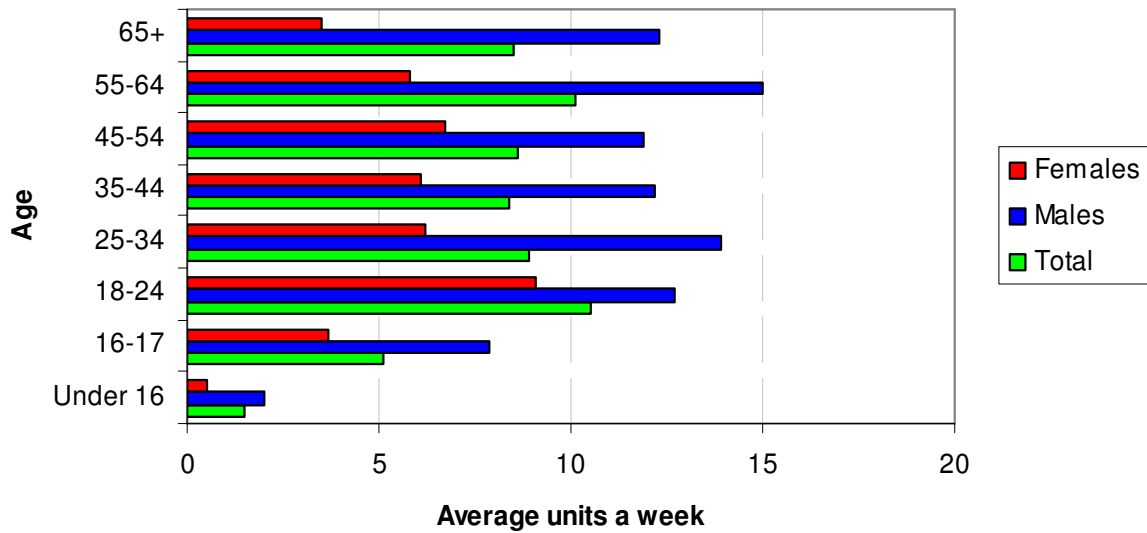
FIGURE 1.2 Weekly alcohol consumption (days a week) by gender (n=3996)



Quantity

The age group consuming the greatest quantity of alcohol was found to be 18-24yr olds; 10.5 units in a week. However, males aged 55-64 consumed the most alcohol of all ages and genders in a week (15 units) [Figure 1.3].

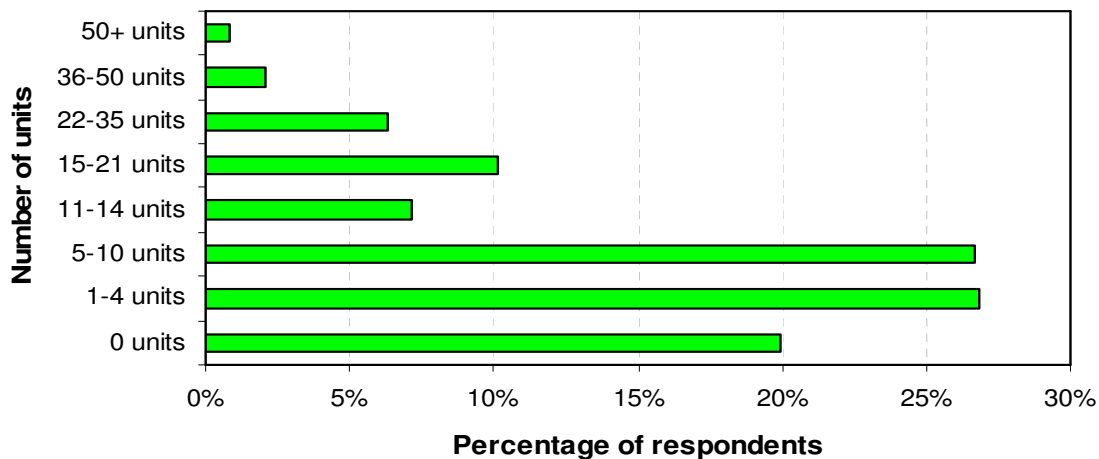
FIGURE 1.3 Average quantity of alcohol consumption (units a week) by age and gender (n= 3813)



Respondents of Indian ethnicity reported consuming the greatest amount of alcohol in a week (22 units), followed by White Irish (16.9 units) and Black (other) (14.0 units). Again, respondents of Pakistani ethnic origin reported consuming no units of alcohol in the past week.

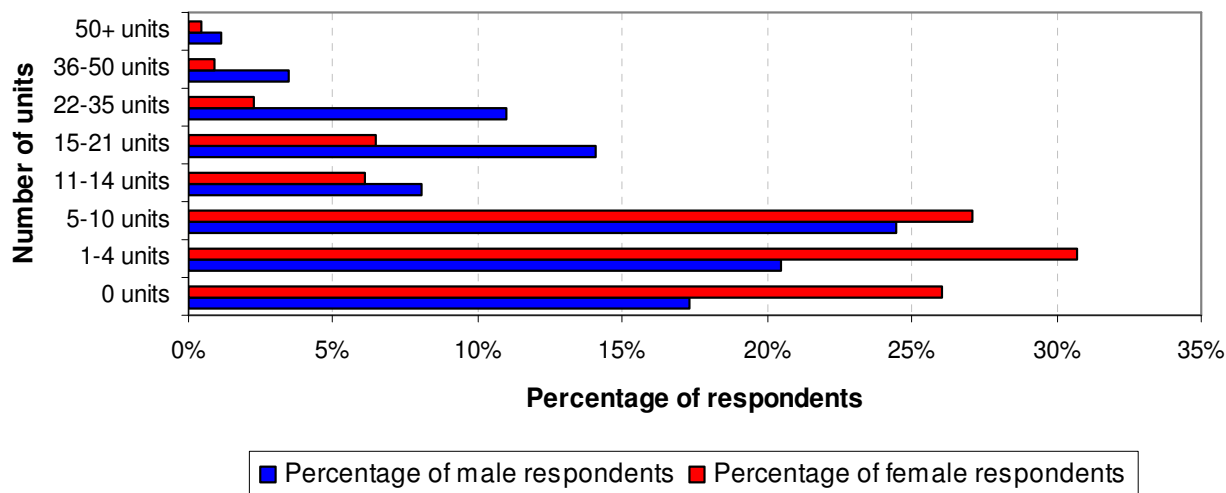
20% of respondents reported that they did not consume any units of alcohol in the last week, 54% of respondents consumed between 1 and 10 units, and the remaining 26% consumed between 11 and 50+ units in a week [Figure 1.4].

FIGURE 1.4 Quantity of alcohol consumption (units a week) (n= 3813)



Females were more likely to report consuming lower quantities of alcohol (0-10 units) while men were more likely to consume larger quantities (11-50+ units) [Figure 1.5].

FIGURE 1.5 Average quantity of alcohol consumption (units a week) by gender (n=3813)



Types of Drinking

Table 2.0 summarises the characteristics of different types of drinking behaviour.

TABLE 2.0 Categories of alcohol use

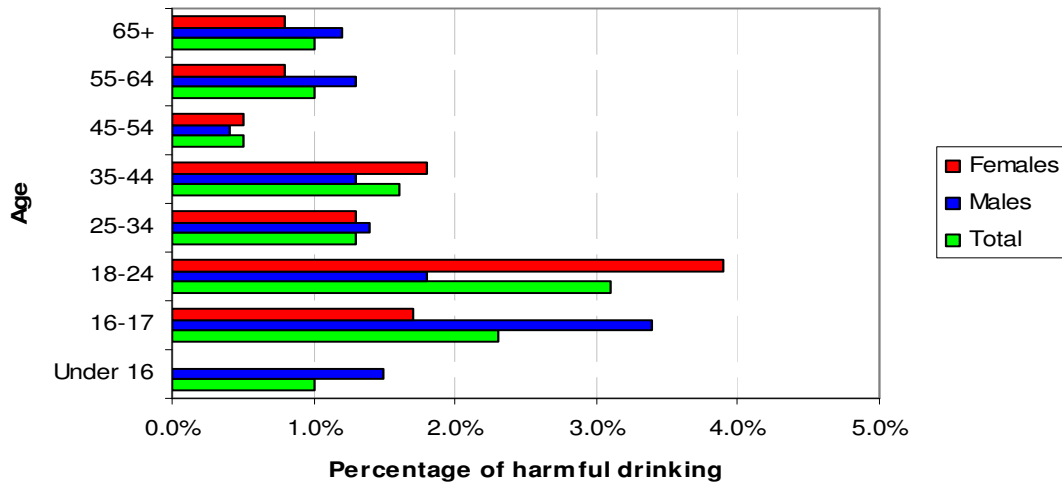
Category & Definition
Sensible (low risk) drinking is drinking alcohol within limits that do not pose any risk of harm to the person or others (i.e. staying within the current guidelines on alcohol consumption)
Hazardous (increasing risk) drinking is drinking above recognised sensible levels, but not yet experiencing harm (measured by consumption of between 22 and 50 units per week for males and between 15 and 35 units per week for females)
Harmful (high risk) drinking is drinking above recognised sensible levels and experiencing harm, such as an alcohol-related accident, acute alcohol poisoning, hypertension, cirrhosis (measured by consumption of over 50 units per week for males and over 35 units per week for females)
Binge drinking is drinking over double the daily recognised sensible levels in any one day (over eight units a day for men and over six units a day for women)
Alcohol dependence refers to drinking behaviour characterised by an inner drive to consume alcohol, continued drinking despite harm and commonly withdrawal symptoms on stopping drinking

Source: Safe. Sensible. Social. 2007

Harmful Drinking

Overall, 1.3% of respondents were found to drink at harmful levels. The age group reporting the greatest amount of harmful drinking was 18-24yr olds (3.1%). In comparison the age group reporting the lowest levels of harmful drinking was the 45-54yr olds (0.5%). Of all ages and genders, females aged 18-24 displayed the greatest levels of harmful drinking (3.9%) followed by males aged 16-17 (3.4%) [Figure 2.0].

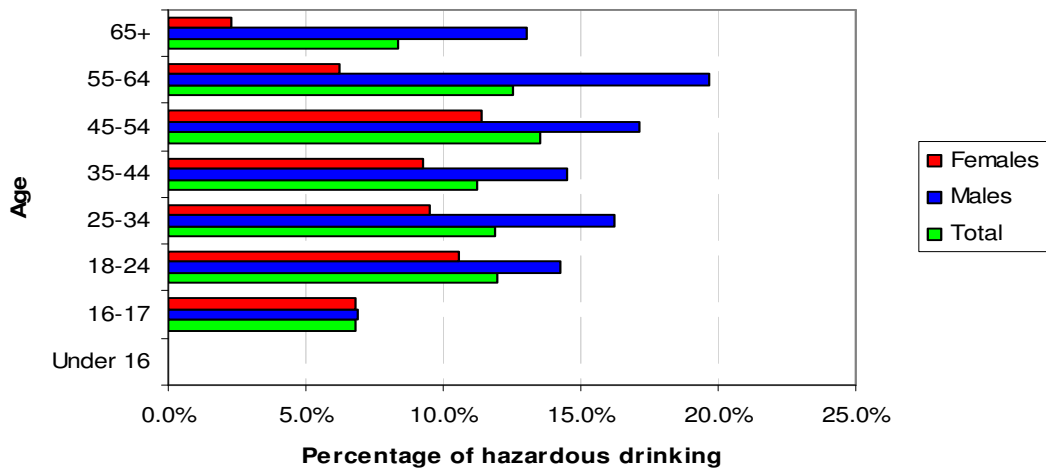
FIGURE 2.0 Percentage of harmful drinking by age and gender (n=3161)



Hazardous Drinking

Overall, 11.4% of respondents were found to drink at hazardous levels. The age group reporting the greatest amount of hazardous drinking was 45-54yr olds (13.5%), while under 16s reported the lowest levels of hazardous drinking (0.0%). Of all ages and genders, males aged 55-64 displayed the greatest levels of hazardous drinking (19.7%), followed by females aged 45-54 (11.4%) [Figure 2.1].

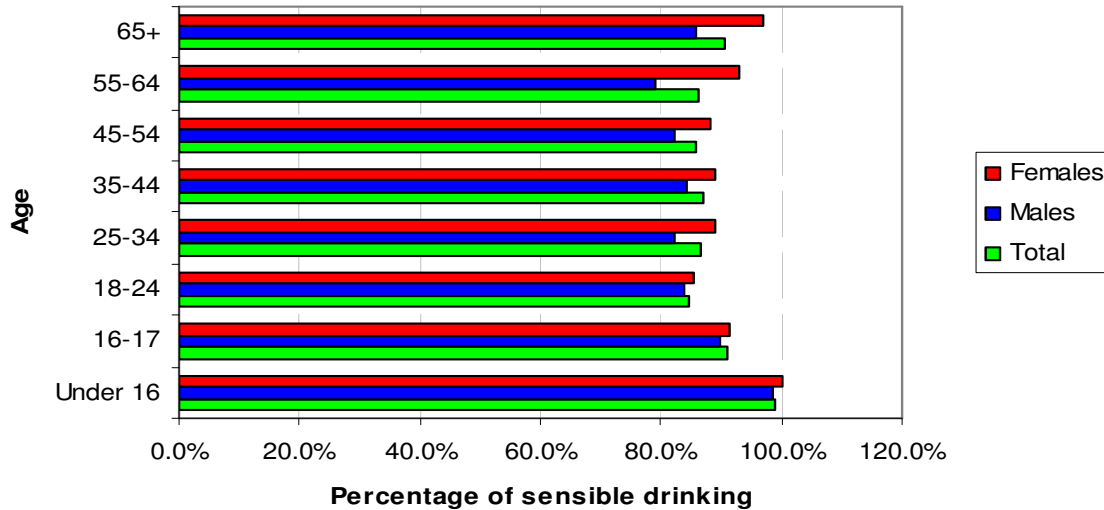
FIGURE 2.1 Percentage of hazardous drinking by age (n=3161)



Sensible Drinking

Under 16 yr olds reported the highest amount of sensible drinking (99.0%) and 18-24yr olds reported the lowest (84.6%) [Figure 2.2] .

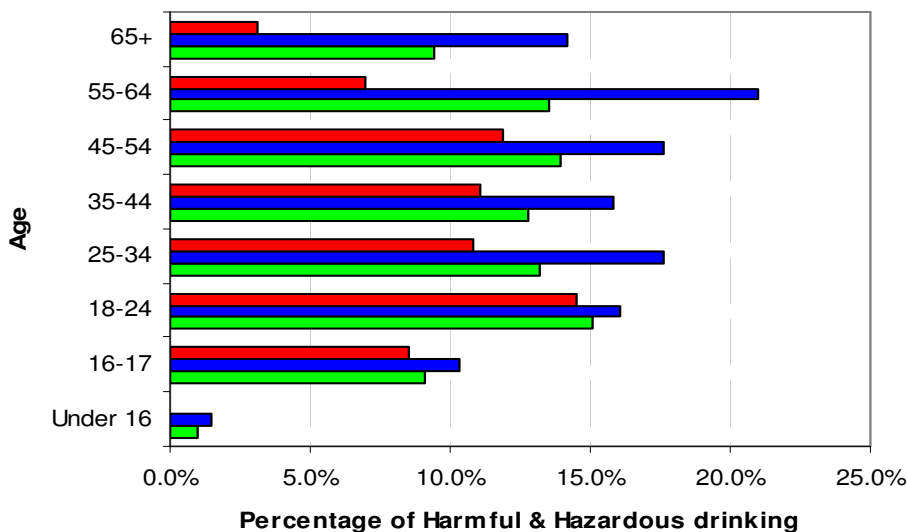
FIGURE 2.2 Percentage of sensible drinking by age and gender (n=3161)



Hazardous & Harmful Drinking

When hazardous and harmful drinking were combined, 13.6% of respondents were found to be consuming more than the recommended sensible drinking levels. The age group that were most likely to report consuming more than recommended sensible drinking levels were 18-24 yr olds (15.1%), however of all ages and genders, males aged 55-64 yrs were by far the most likely to report consuming alcohol at hazardous and harmful levels (21.0%) [Figure 2.3].

FIGURE 2.3 Percentage of harmful and hazardous drinking by age (n=3161)

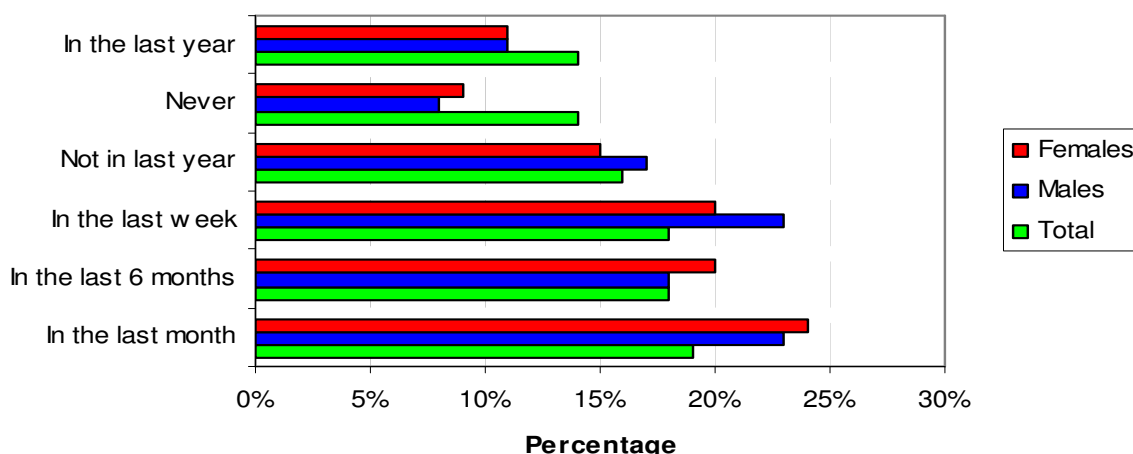


PREVENTION & EDUCATION

Q1. Have you witnessed any anti-social behaviour in your community that you consider to be due to alcohol?

18% of respondents reported that they had witnessed anti-social behaviour in the last week, 19% in the last month, and 18% in the last 6 months [Figure 3.0]. 18-24 yr olds were most likely to report witnessing anti-social behaviour in the last week.

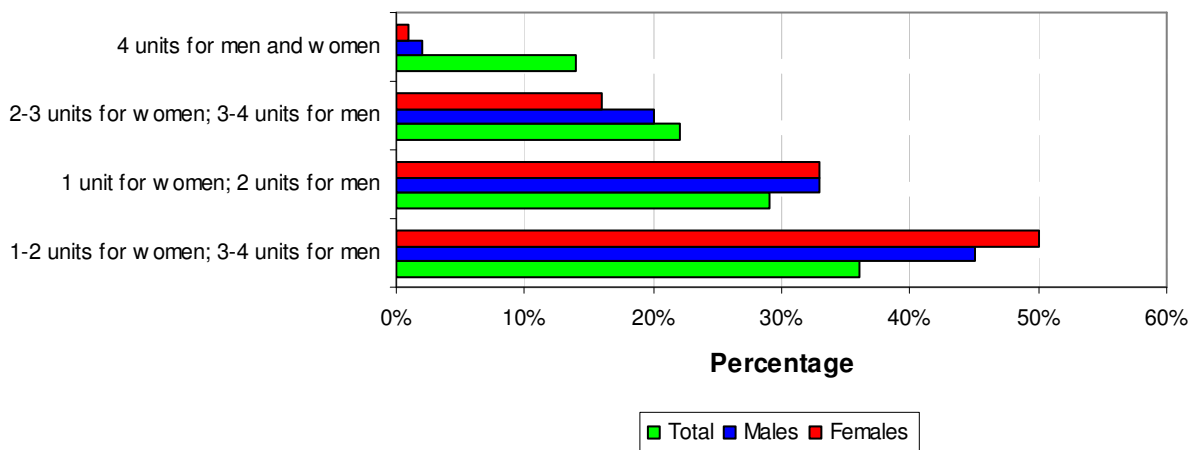
FIGURE 3.0 Percentage of respondents who had witnessed anti-social behaviour



Q2. What are the sensible daily drinking guidelines for men and women in the UK?

22% of respondents were aware that the correct sensible daily drinking guidelines are 2-3 units for women and 3-4 for men [Figure 3.1]. 65% of respondents believed the sensible daily drinking recommendations were lower than they actually are. People aged 55-64 were least likely to be aware of the correct sensible drinking guidelines (14%) while 34% of 16-17yr olds gave the correct response to this question.

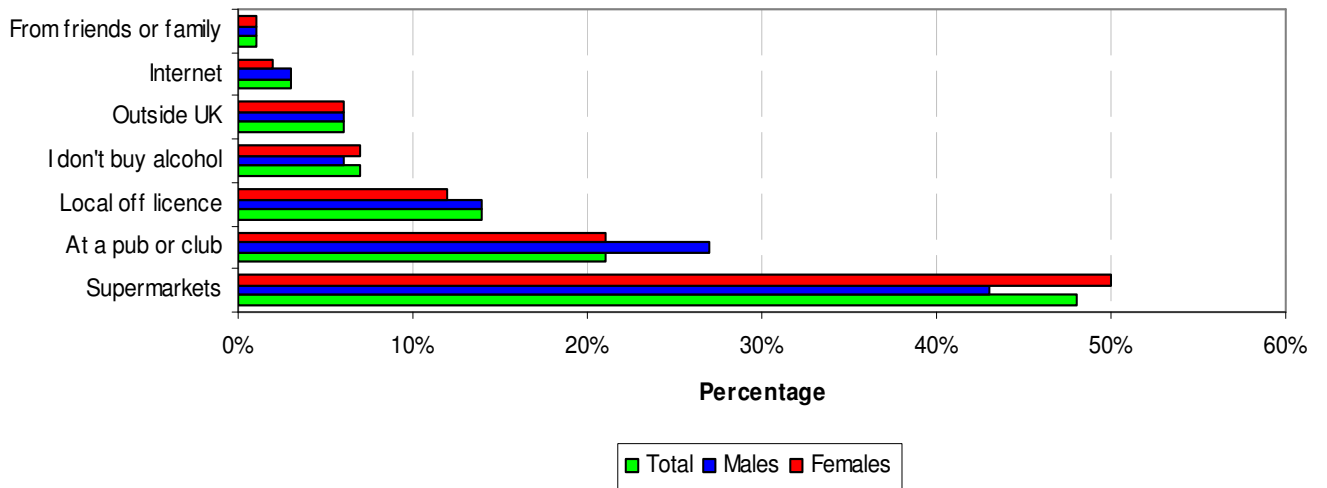
FIGURE 3.1 Respondents' awareness of correct sensible daily drinking guidelines



Q3. Where do you prefer to buy alcohol from?

Nearly 50% of respondents reported that they preferred to buy alcohol from supermarkets while 21% preferred to buy it from a pub or club [Figure 3.2]. 18-24yr olds were most likely to buy alcohol from a pub or club (37%) and 16-17yr olds were most likely to buy it from an off licence (22%).

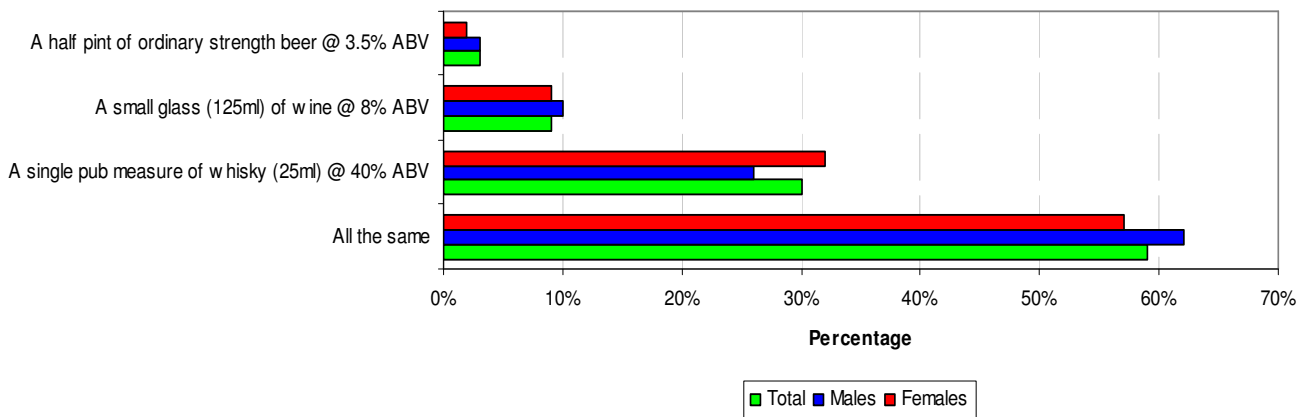
FIGURE 3.2 Respondents' preferred location for purchasing alcohol



Q4. Which of the following do you think contains most alcohol?

59% of respondents correctly thought that each drink contained the same amount of alcohol [Figure 3.3]. However, 56% of respondents under 17yr olds incorrectly believed that whisky contained the most alcohol of all the drinks.

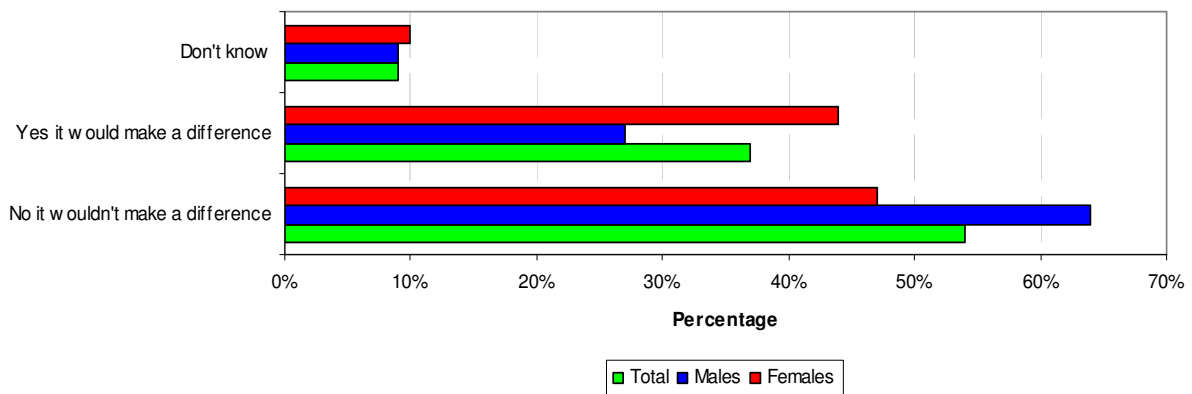
FIGURE 3.3 Respondents' knowledge of alcohol content in different drinks



Q5. Do you think that the information on the number of calories contained in an alcoholic drink would influence the amount you drink?

54% of respondents said that the information on the number of calories contained in an alcoholic drink would not influence the amount they drank, while 37% said that it would [Figure 3.4]. Women (44%) were more likely than men (27%) to report that calorific information would influence the amount they drank. 25-34yr olds were most likely to report that calorific information on an alcoholic drink would influence the amount they drank.

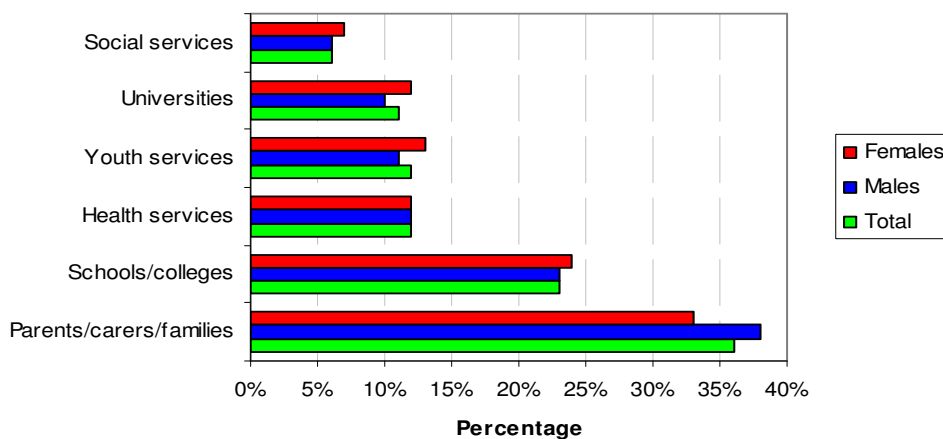
FIGURE 3.4 Respondents' beliefs on the influence that calorific information on alcoholic drinks would have on their drinking behaviour



Q10. Whose responsibility should it be to introduce children & young people to ideas about a sensible and healthy approach to drinking alcohol?

36% of respondents thought that parents, carers and families should be responsible for introducing children & young people to ideas about a sensible and healthy approach to drinking alcohol, while 23% felt that it was the responsibility of schools and colleges [Figure 3.5].

FIGURE 3.5 Respondents' beliefs about who should introduce children and young people to ideas about sensible drinking

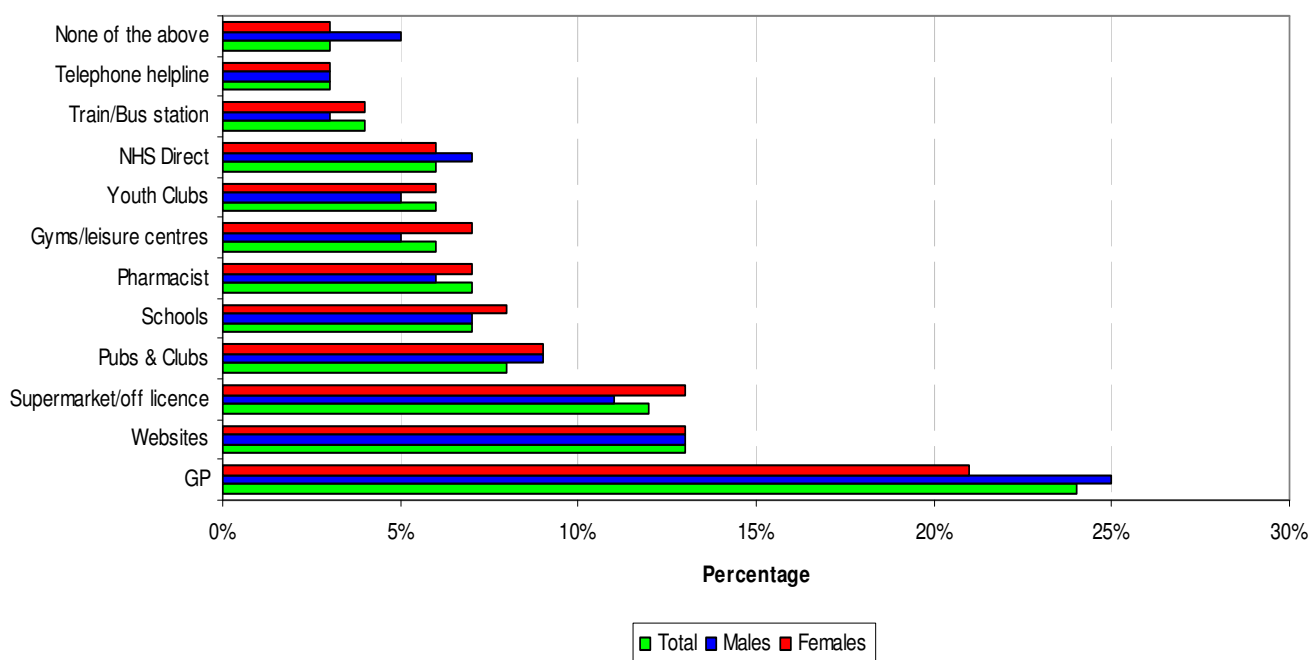


TREATMENT

Q6. *Where would you prefer to get information and health advice on safe and sensible drinking from?*

24% of respondents reported that they would prefer to get information and health advice on safe and sensible drinking from their GP, 13% from websites and 12% from supermarkets or off licences [Figure 4.0]. Compared with other age groups, under 17s reported that schools were an important source of information and advice on sensible drinking for them (15%). Similarly, under 16s said that schools and youth clubs were a preferred source of information (11%) after GPs.

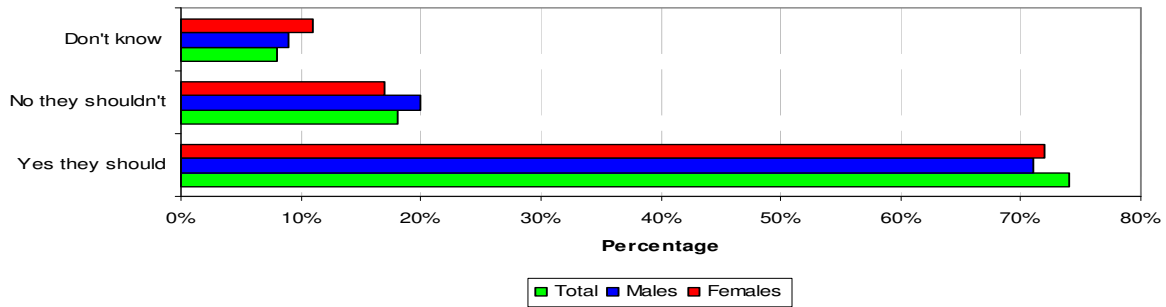
FIGURE 4.0 Respondents preferred sources of information and advice on safe and sensible drinking



Q7. *Should health professionals such as GPs and health visitors routinely give advice on safe & sensible drinking?*

74% of respondents thought that health professionals such as GPs and health visitors routinely give advice on safe and sensible drinking [Figure 4.1].

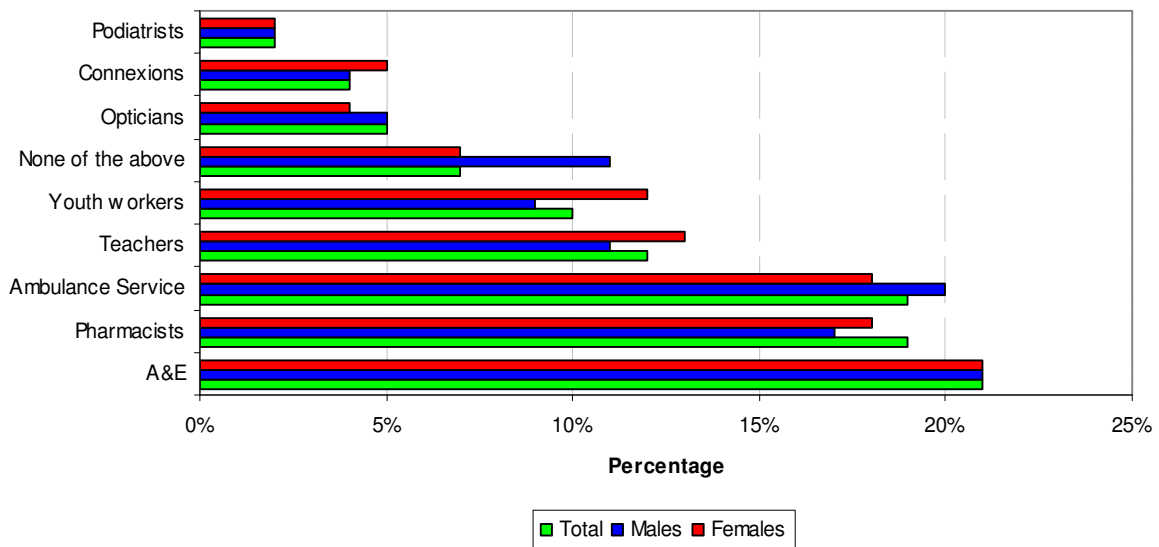
FIGURE 4.1 Respondents' beliefs on whether health professionals should routinely give advice on safe and sensible drinking



Q8. Would you accept advice on safe and sensible drinking from any of the following sources?

21% of respondents reported that they would accept advice on safe and sensible drinking from A&E, 19% from ambulance, 19% from pharmacists, 12% from teachers and 10% from youth workers [Figure 4.2]. Under 17yr olds reported that Connexions were a valued source of advice for safe and sensible drinking (11%). 11% of males and 16% of over 65s reported that they would not accept advice on sensible drinking from any of the sources.

FIGURE 4.2 Sources from which respondents would accept advice on safe and sensible drinking

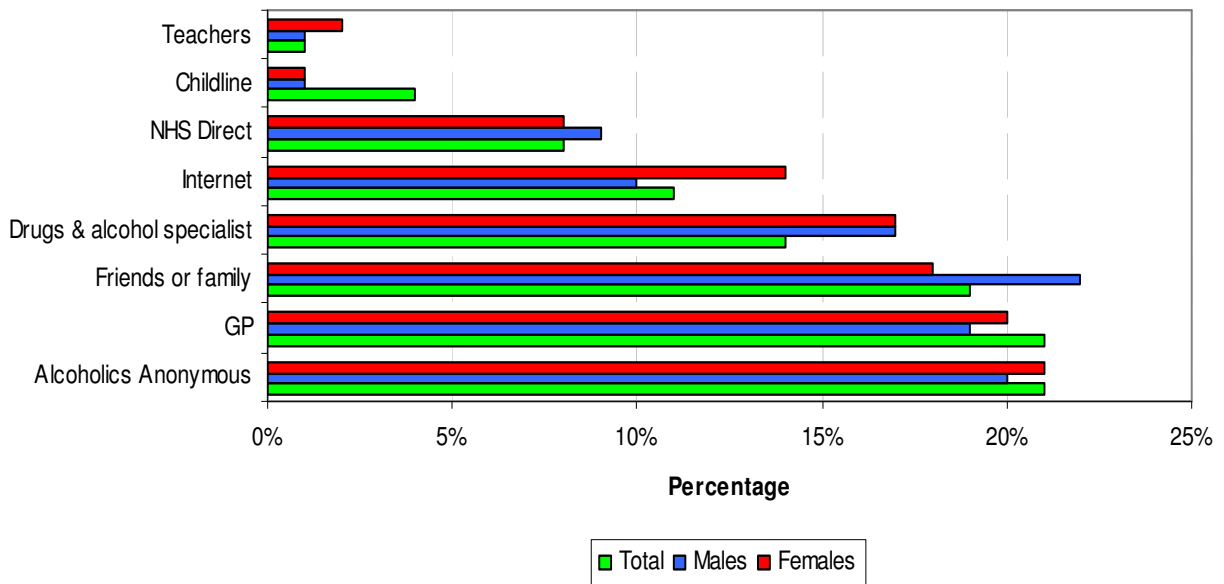


Q9. *Where would you go for help if someone close to you had a problem with alcohol?*

21% of respondents reported they would go to their GP or Alcoholics Anonymous respectively, if someone close to them had a problem with alcohol. 19% reported they would go to family or friends, 14% to a drug and alcohol specialist, and 11% to the internet [Figure 4.3].

Respondents under 35 were more likely to go to friends and family for help if someone close to them had a problem with alcohol, while respondents over 35 were more likely to go to their GP or to Alcoholics Anonymous. Surprisingly, under 16s were the age group most likely to report that they would go to a drug and alcohol specialist for help if someone close to them had a problem with alcohol (22%).

FIGURE 4.3 Sources of help which respondents would go to if someone close to them had a problem with alcohol

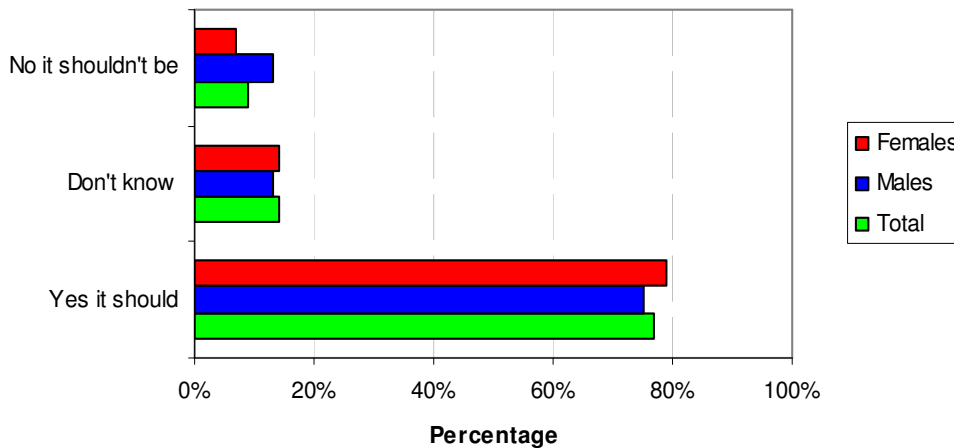


INDUSTRY

Q11. Should more 'server training' be introduced in pubs or clubs in Surrey?

77% of respondents felt that more server training should be introduced in pubs and clubs in Surrey. Under 24yr olds were least likely to agree that more server training should be introduced [Figure 5.0].

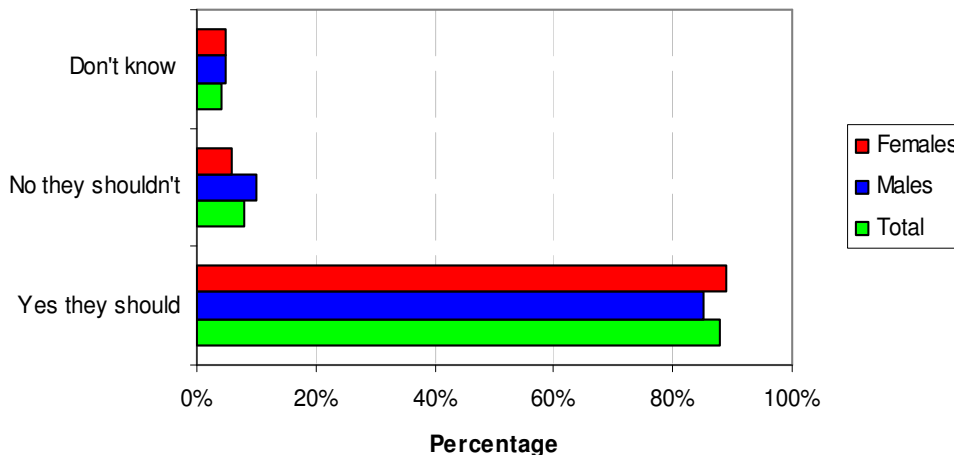
FIGURE 5.0 Percentage of respondents that thought more server training should be introduced in Surrey



Q12. Should the alcohol industry work with local government and NHS services to reduce harm from excessive drinking?

88% of respondents thought that the alcohol industry should work with Local Government and NHS services to reduce harm from excessive drinking [Figure 5.1].

FIGURE 5.1 Percentage of respondents that thought the alcohol industry should work with Local Government and NHS services to reduce harm from excessive drinking

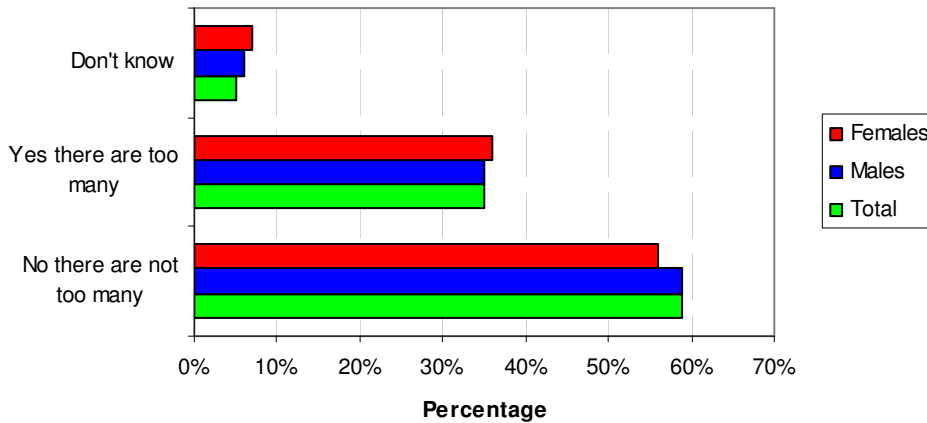


ENFORCEMENT & LICENSING

Q13. Do you think that there are too many retail outlets that sell alcohol in the area where you live?

59% of respondents reported that they did not think that there were too many retail outlets that sell alcohol in the area where they live [Figure 6.0].

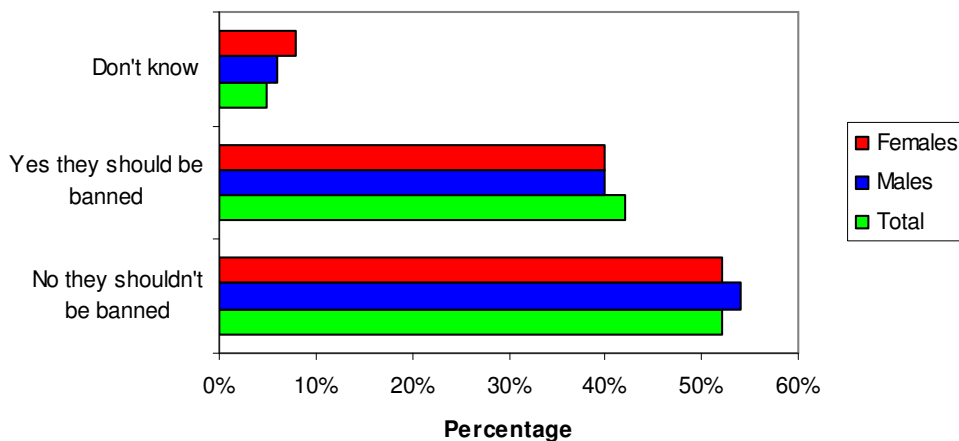
FIGURE 6.0 Percentage of respondents that thought there were too many retail outlets that sell alcohol in the area where they live



Q14. Should special offers and discounts on drinks be banned?

42% of respondents thought that special offers and discounts on drinks should be banned, while 54% thought they should [Figure 6.1]. Respondents over 65 were most likely to be in favour of banning that special offers and discounts on drinks (72%), while 25-34yr olds were most likely to think they should not be banned (70%).

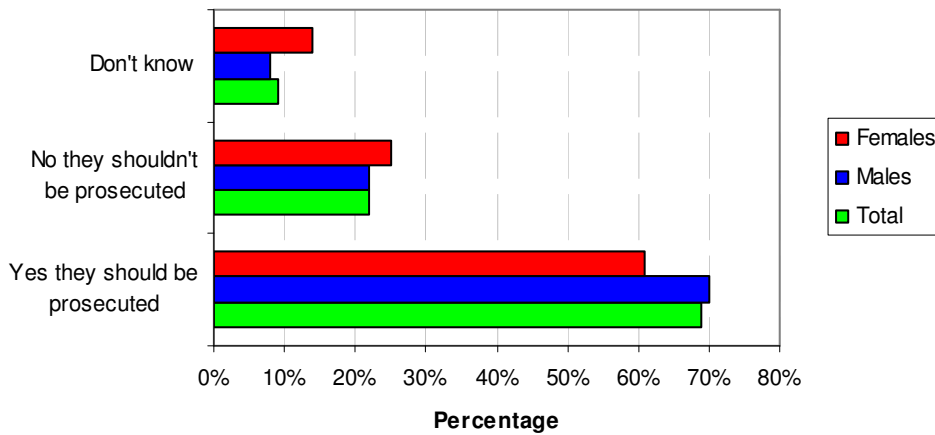
FIGURE 6.1 Percentage of respondents that thought that special offers and discounts on drinks should be banned



Q15. Should businesses that sell alcohol to people who are already drunk be prosecuted?

69% of respondents thought that businesses that sell alcohol to people who are already drunk should be prosecuted [Figure 6.2]. People over 35yrs of age were more likely to agree that businesses should be prosecuted in these instances.

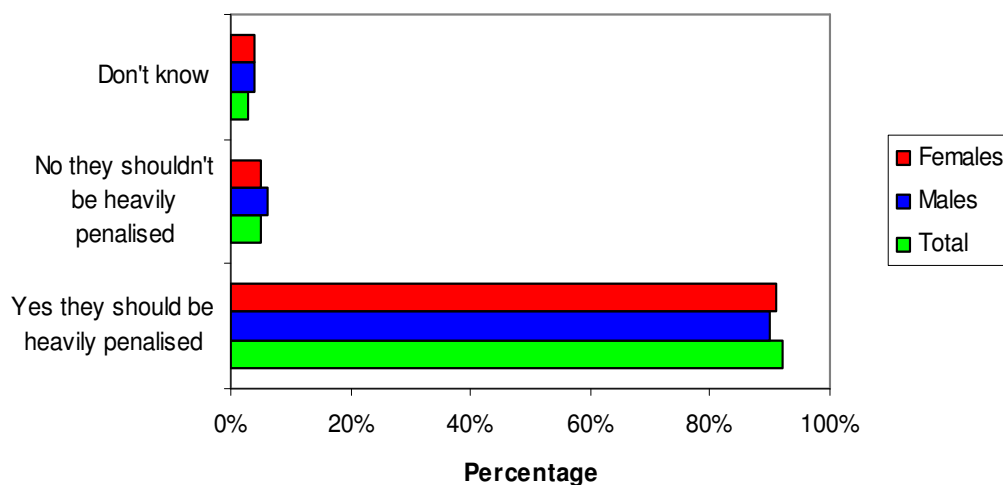
FIGURE 6.2 Percentage of respondents that thought that businesses that sell alcohol to people who are already drunk should be prosecuted



Q16. Should businesses that sell alcohol to young people under the age of 18 years be heavily penalised?

92% of respondents thought that businesses that sell alcohol to young people under the age of 18 years be heavily penalised [Figure 6.3]. Respondents over 18yrs were more likely to agree that with this.

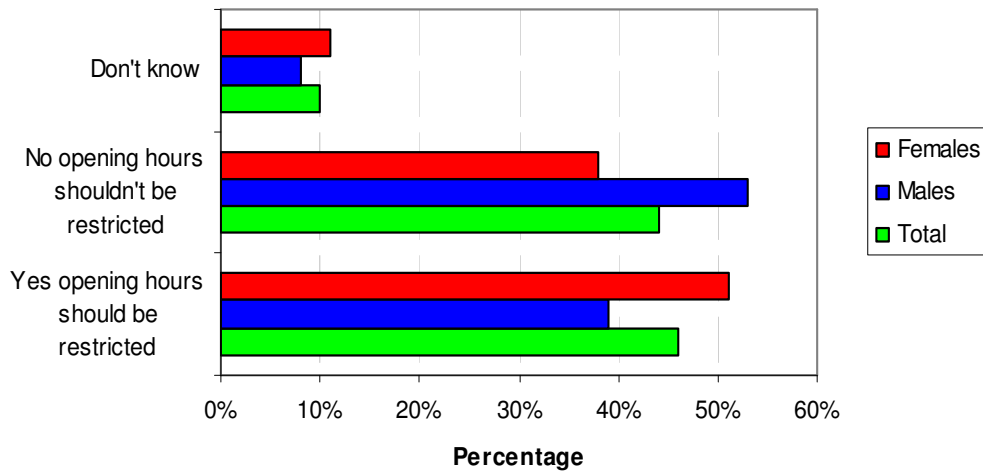
FIGURE 6.3 Percentage of respondents that thought that businesses that sell alcohol to young people under the age of 18 years be heavily penalised



Q17. Do you think that opening hour restrictions in pubs and clubs should be introduced?

46% of respondents thought that opening hour restrictions in pubs and clubs should be introduced, while 44% did not [Figure 6.4]. Interestingly, women (51%) were more likely than men (39%) to think that opening hour restrictions in pubs and clubs should be introduced. 18-34yr old respondents were least likely to think restrictions should be introduced, while respondents over 65 were most likely to think that they should.

FIGURE 6.4 Percentage of respondents that thought that opening hour restrictions in pubs and clubs should be introduced



Discussion

The main aim of Surrey's Big Drink Debate (BDD) was to gain the views of the local community on strategies to address the problems caused by alcohol misuse in Surrey. In addition, the BDD aimed to raise awareness of alcohol and the harms caused by excessive consumption, and to use the results to help inform a Surrey-wide multi-agency alcohol strategy.

There was considerable variation in the number of responses from different local authorities, which rendered it difficult to make meaningful comparisons between localities within Surrey. Residents in Elmbridge accounted for over 30% of all responses to the questionnaire. In comparison, Spelthorne accounted for 3% of responses, representing only 0.13% of its total population. The accuracy of the data from the BDD at a local level is therefore limited. Since the purpose of the BDD was to obtain information at a county-wide level, analysis has been completed using all responses received. The distribution of respondents by age and gender were, however, relatively equal, and so comparisons have been made between these domains. The characteristics of respondents by ethnicity reflect the general demographic structure of the local population; 96% of all respondents were of White ethnicity.

Drinking Behaviour

The results suggest that patterns of alcohol consumption vary widely among different ages, genders and ethnic groups. Men in Surrey aged 45yrs and over were found to consume alcohol the most *frequently* in a week, and of all ages and genders males aged 55-64 reported the highest frequency of alcohol consumption in a week. Females aged 45yrs and over also drank alcohol more frequently than younger females.

Of all age groups, 18-24yr olds were found to consume the greatest *quantity* of alcohol in a week but in relation to other ages, consumed it less frequently. These findings support evidence of a 'binge drinking' culture common among this age group, characterised by consuming large quantities of alcohol in a discrete period of time; or more specifically drinking double the daily recognised sensible levels in any one day. The results also indicate that older women in Surrey consumed less alcohol than their male counterparts, while young women (aged 18-24yrs) consumed more alcohol than women of other ages.

When considering drinking behaviour by ethnicity, results indicated that frequency of alcohol intake was highest amongst Black (other), White (all), Mixed and Other ethnic minority groups. With regard to quantity, Indian and White (Irish) minorities reported greatest alcohol weekly consumption followed by Black (other) and Other ethnic groups. It is important to exercise caution when interpreting this data, due to very small numbers of respondents in some of the categories; in particular the Black (other) ethnic group.

Other evidence has shown that alongside the general population, people of Irish, Black, Indian and Chinese origin consume alcohol most frequently and in the greatest quantities, compared with other ethnic groups (NHS, 2004).

The implication of the data obtained on drinking behaviour highlights the need for a targeted approach in order to address different segments of the population. For instance, older people are more likely to consume alcohol on a more frequent basis within the home environment, while younger people are more likely to consume larger quantities, less frequently in pubs and clubs within the community (ONS, 2008). Successful intervention is dependent on understanding the patterns of alcohol consumption among different groups. Raising awareness of harms associated with excess alcohol consumption among priority groups, will require appropriate messaging using methods such as social marketing.

Types of Drinking

Type of drinking also varied across ages and genders. According to the BDD, 1.3% of all respondents reported drinking at harmful levels. This is compared with an estimated prevalence of harmful drinking in Surrey of 4.0% (NWPHO, 2007). The BDD found that 18-24yr olds were most likely to drink at harmful levels. The Office of National Statistics reported that 16-24yr olds and 45-64yr olds were both equally likely to drink at harmful levels (16%) (ONS, 2004; 2006). According to the BDD, of all ages and genders, females aged 18-24yrs were most likely to report drinking at harmful levels. ONS data suggests that men of this age are more likely to drink harmfully than women (ONS, 2004; 2006). The results to the BDD may have been affected by a disproportionate number of male and female respondents; 45% and 55% respectively.

11.4% of respondents reported drinking at hazardous levels, with 45-54yr olds most likely to report this level of intake. The estimated prevalence of hazardous drinking in Surrey is 25.0% (NWPHO, 2007). The age groups in Surrey known to drink most frequently at hazardous levels are 25-44yr olds and 45-64 yr olds (ONS, 2004; 2006). Of all ages and genders, the BDD found that males aged 55-64yrs were most likely to consume alcohol at hazardous levels.

In terms of harmful and hazardous drinking combined, the percentage of people consuming alcohol above recommended sensible daily drinking guidelines was found to be 13.6%, with 18-24yr olds the most likely age group to consume this amount. However, further analysis by age and gender, revealed that males aged 55-64yrs were by far the most likely group to be consuming alcohol above sensible levels. Moreover, the drinking behaviour of men and women varied considerably; males were more likely to report consuming more alcohol, more frequently compared to females. This finding is consistent with national data (ONS, 2008).

It is acknowledged that it is erroneous to make direct comparisons between BDD data, synthetic estimates and ONS intelligence, due to the nature and characteristics of the BDD sample. There were disproportionate numbers of respondents from different age groups; in particular there were fewer responses from 16-24yr olds, which may have distorted the results. In addition, the self-selecting nature of the BDD lent itself to reporting bias, whereby those people that chose to respond may have been less likely to drink heavily and therefore more willing to participate. This is supported by the observation that 20% of respondents reported that they did not consume any units of alcohol at all in a week. Similar results were observed in the North West Big Drink Debate where 23% of participants had not drunk alcohol in the last week (Cook et al, 2008). Overall, 87% of people that participated in the BDD reported drinking within sensible limits. The actual estimated prevalence of people that abstain or drink within sensible limits is 71% (NWPHO, 2007). It is reasonable to assume that either the proportion of abstainers and sensible drinkers were over-represented in the BDD, and/or that people tended to underestimate the number of units they had consumed in a week. Under-reporting of alcohol consumption is a common phenomenon (Del Boca and Darkes, 2003). The reported prevalence via the BDD is therefore a crude indication of alcohol intake at harmful and hazardous levels. Despite this, the results provide a general insight into drinking behaviour among different segments of the population of Surrey, and highlight the need to commission services effectively and appropriately in response to their specific needs.

Prevention & Education

It was more common for younger people to report witnessing anti-social behaviour in the community due to alcohol. This might be expected, since younger people are more likely than older people to consume alcohol in the community, where anti-social incidences are likely to occur. The most common locations for purchasing alcohol were supermarkets and pubs and clubs. This emphasises the need to work closely with industry in relation to enforcement, licensing and responsible retailing.

A large number of respondents (78%) were unaware that the current sensible daily drinking guidelines in the UK are 2-3 units for women and 3-4 units for men. Interestingly, 65% believed they were actually lower than they are. Older people were least familiar with daily drinking guidelines. Evidence suggests that while knowledge and awareness of alcohol units among the population is slowly increasing, around 40% still do not know what the recommended daily guidelines are (ONS, 2008). Awareness of alcohol units in different drinks was more reasonable, although 40% responded incorrectly. It was noted that whilst 16-17yr olds were most aware of the correct recommended drinking guidelines, they were least aware of the alcohol content of different drinks. This suggests that while younger people are able to identify the correct daily drinking guidelines, they are not necessarily aware of how these guidelines translate practically in terms of actual drinks. This highlights a need for general awareness raising and education around alcohol units and recommended sensible

limits, particularly among older people and under 18s. In addition, most people felt it was the responsibility of parents, carers and families to introduce children and young people to ideas about a sensible and healthy approach to drinking. Parents, carers and families would therefore also need to be adequately equipped with information on this issue. A number of people also believed schools and colleges should be responsible for providing this information.

When consulted on the effect of labelling alcoholic drinks with calorific information, just over half of respondents did not believe such information would influence the amount that they drank. Women, however, were more likely than men to report that it would affect their alcohol intake, as were 25-34yr olds in comparison to other age groups. Further research is required in order to ascertain the effect of calorific labelling of alcoholic drinks on drinking behaviour, and the implications this may have on reducing alcohol intake in Surrey.

Treatment

The most popular source of information and advice on safe and sensible drinking was GPs. This emphasises the importance of adequate training and awareness of alcohol and alcohol-related issues among GPs. Websites and supermarkets were also a common source of information. The development of the BDD website as a resource for the public and healthcare professionals on alcohol and sources of help would therefore be beneficial in Surrey. Likewise, work is required with industry to ensure that suitable information is available for the general public in locations such as supermarkets and off licenses, especially since supermarkets are the preferred place to purchase alcohol for most people. It was also apparent that younger people valued schools and youth clubs as a source of information. This should be reflected in the planning of prevention and alcohol education for young people.

There was a general consensus that health professionals should routinely give advice on safe and sensible drinking, and people were most likely to accept advice from these sources (A&E, ambulance, pharmacists). Again, the importance of Connexions as a source of advice for younger people was identified. An interesting observation was that 16% of people aged over 65 said they would not accept advice from any of the stated sources. Further investigation would be beneficial to determine whether this is because this group do not trust such sources or whether they are just not willing to accept advice. This may have implications for the development of brief interventions services in Surrey, and the impact of them on this segment of older drinkers, when delivered by a healthcare professional other than a GP. Again, GPs were the preferred source of help for people if someone close to them had a problem with alcohol. Of equal importance was Alcoholics Anonymous (AA). The effectiveness of AA in the treatment of alcohol misuse is well documented (NTA, 2006). Friends and family were also cited as an important source of help, especially in people aged under 35yrs which highlights a need

for general awareness among the population of sources of help for people with alcohol problems.

Industry

Most people agreed that more server training should be introduced in pubs and clubs in Surrey, and that the alcohol industry should work with local government and the NHS to reduce harm from excessive drinking. Working with industry to establish effective partnerships to support enforcement and community safety initiatives, reduce consumption and highlight risks are key priorities in the alcohol strategy.

Enforcement & Licensing

Most people did not think there were too many retail outlets that sold alcohol in the area where they live. Just over half of respondents felt special offers and discounts should be banned. There was a clear division between older people, who felt special offers should be banned, and younger people, who felt they shouldn't. One reason for this may be that older people are not as financially restrained as younger people and are therefore less affected by the banning of discounts. They are also less likely to purchase alcohol in pubs and clubs where offers and discounts are most common, and may therefore be less concerned. Most people supported strict regulations regarding enforcement, agreeing that businesses that sell alcohol to people who are already drunk should be prosecuted and that businesses that sell alcohol to young people under 18yrs should be heavily penalised. Again, older people were more likely to be in favour of this. It was also apparent that 16-17yr olds were most likely to purchase alcohol from supermarkets and off licences, which suggests a need to improve enforcement around preventing alcohol sales to under 18s at these outlets. Around half of respondents thought opening hour restrictions in pubs and clubs should be introduced, while the other half did not. Women were far more likely than men to support this notion which would suggest that males are the main customers of late night pubs and clubs. Also, younger people were more likely to be opposed to restricted hours. This might be expected since they are more likely to use the night time economy. The various attitudes of different ages and genders are important to recognise since they will affect the way they respond to changes in regulations.

Conclusions

The above observations are important in light of the development of a Surrey-wide alcohol strategy; the primary focus of which is to address hazardous drinking within Surrey. The findings concur that the type of people drinking above sensible levels in Surrey are of an older age (45-64yrs), and as a result are likely to consume alcohol in a different manner to their younger counterparts. Older respondents reported drinking alcohol more frequently, were less likely to purchase alcohol in a pub, club or off licence and a small proportion were unlikely to accept advice on safe and sensible drinking from health professionals. The success of the alcohol strategy will rest on the degree to which services and interventions are targeted appropriately and reflect the characteristics of this priority group. For example, the enhancement of tier 1 and tier 2 services in primary care would be appropriate, since the preferred source of information and advice on sensible drinking for people aged 45yrs and over was their GP, and the sources from which this age group were most likely to accept advice were pharmacists, A&E and ambulance services. Development of brief intervention services would contribute to early identification and appropriate referral of hazardous drinkers, and aid prevention of more harmful drinking in the future.

Younger people aged 18-24 emerged as the group which consumed the greatest quantity of alcohol in a week of all ages, and the most likely group to be drinking over sensible limits. In addition, females of this age were found to have the greatest levels of harmful drinking of all ages and genders. For this reason, younger people should not be overlooked as a priority group within the strategy. 18-24yr old binge drinkers are recognised nationally as a minority of drinkers who experience the most harm (DH, 2007). The BDD highlighted the differences in behaviours, attitudes and opinions of younger people towards alcohol and related issues. The role and responsibility of schools, colleges, and youth services in providing younger people with information and support around sensible drinking was a consistent theme throughout the BDD. The strategy will need to address how to engage with such institutions to ensure that appropriate education, information and advice is available.

While it was not possible to measure the extent to which awareness of alcohol and the harms caused by excessive consumption was raised among residents in Surrey, the consultation was deemed successful by virtue of the fact over 4000 people participated and many more were involved throughout the process. Publicity material and information supporting the national alcohol campaign 'Know Your Limits' were distributed via partners to a vast audience, reaching all ages and genders. The debate fully engaged the public and sought to raise the profile of alcohol and its associated problems in Surrey. The success of this engagement was due to the efforts made by key partners to disseminate this information to their local populations. It is recognised that planning of future consultations should seek to address how to engage populations from different areas of Surrey more equally.

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The Big Drink Debate Survey

There has been a lot of information in the press and on television recently about excessive drinking and the problems that this can cause in communities.

We want to find out if excessive drinking is a problem in Surrey and what you think about ways of reducing harmful drinking.

This is your opportunity to influence what happens next. Please take a few minutes to complete this questionnaire and return it to us at the Freepost address at the end. Alternatively, you can complete the questionnaire online at <http://www.surreybigdrinkdebate.nhs.uk/survey/index.asp>

You won't be identified by the answers you give but your views will help us enormously.

You can also enter our free prize draw, with the chance to win one of a number of exciting prizes which we'll be drawing every month until the survey closes – see our website for more details!

Thank you!

CLOSING DATE: 30th September 2008

Following the close of the campaign we will feedback what you've told us and how your views will help us develop an alcohol strategy for Surrey.

Q1. Have you witnessed any anti-social behaviour in your community that you consider to be due to alcohol? (select one option)

- In the last week
- In the last month
- In the last 6 months
- In the last year
- Not in the last year
- Never

Q2. What are the sensible daily drinking guidelines for men and women in the United Kingdom? (select one option)

- 1 unit for women; 2 units for men
- 1-2 units for women; 3-4 units for men
- 2-3 units for women; 3-4 units for men
- 4 units for men and women

Q3. Where do you prefer to buy alcohol from? (you may have more than one preference)

- Local off-licence
- Supermarkets
- Outside UK
- Internet
- At a pub or club
- From friends or family
- I don't buy alcohol

Q4. Which of these drinks contains the most alcohol? (select one option)

- A half pint of ordinary strength beer @ 3.5%ABV
- A small glass (125ml) of wine @ 8% ABV
- A single pub measure of whisky (25ml) @ 40% ABV
- All the same

Q5. Do you think that information on the number of calories contained in an alcoholic drink would influence the amount you drink?

- Yes
- No
- Don't know

Q6. Where would you prefer to get information and health advice on safe and sensible drinking from? (you may have more than one preference)

- | | |
|---|---|
| <input type="checkbox"/> GP | <input type="checkbox"/> Supermarkets/ off licences |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Trains/ bus stations |
| <input type="checkbox"/> NHS Direct | <input type="checkbox"/> Gyms and leisure centres |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Telephone helpline |
| <input type="checkbox"/> Youth clubs | <input type="checkbox"/> Websites |
| <input type="checkbox"/> Pubs and clubs | <input type="checkbox"/> None of the above |

Q7. Should health professionals such as GPs and health visitors routinely give advice on safe and sensible drinking?

- Yes No Don't know

Q8. Would you accept advice on safe and sensible drinking from any of the following sources? (you may have more than one preference)

- | | |
|---|--|
| <input type="checkbox"/> Ambulance service | <input type="checkbox"/> Pharmacists |
| <input type="checkbox"/> Opticians | <input type="checkbox"/> Youth workers |
| <input type="checkbox"/> Accident & Emergency | <input type="checkbox"/> Podiatrist (chiroprapist) |
| <input type="checkbox"/> Teachers | <input type="checkbox"/> Connexions |
| | <input type="checkbox"/> None of the above |

Q9. Where would you go for help if you or someone close to you had a problem with alcohol? (you may have more than one preference)

- | | |
|--|---|
| <input type="checkbox"/> Friends or family | <input type="checkbox"/> Teachers |
| <input type="checkbox"/> Internet sites | <input type="checkbox"/> Childline |
| <input type="checkbox"/> NHS Direct | <input type="checkbox"/> Drugs and alcohol specialist |
| <input type="checkbox"/> GP | <input type="checkbox"/> Alcoholics Anonymous |

Q10. Whose responsibility should it be to introduce children and young people to ideas about a sensible and healthy approach to drinking alcohol? (you may have more than one preference)

- | | |
|--|--|
| <input type="checkbox"/> Parents/ carers/ families | <input type="checkbox"/> Youth services |
| <input type="checkbox"/> Schools/ colleges | <input type="checkbox"/> Health services |
| <input type="checkbox"/> Universities | <input type="checkbox"/> Social services |

Q11. Should more 'server training' be introduced in pubs or clubs in Surrey? Server training is when bar staff are trained on when and how to refuse service to customers. It makes bar staff more vigilant for drunken individuals or groups. It also reflects responsible beverage service on the part of businesses.

- Yes No Don't know

Q12. Should the alcohol industry work with local government and NHS services to reduce harm from excessive drinking?

- Yes No Don't know

Q13. Do you think there are too many retail outlets that sell alcohol in the area where you live?

- Yes No Don't know

Q14. Should special offers and discounts on drinks (e.g. 'happy hours' and '2 for 1') be banned?

- Yes No Don't know

Q15. Should businesses that sell alcohol to people who are already drunk be prosecuted?

- Yes No Don't know

Q16. Should businesses that sell alcohol to young people under the age of 18 years be heavily penalised?

- Yes No Don't know

Q 17. Do you think opening hour restrictions in pubs and clubs should be reintroduced?

- Yes No Don't know

Questions about you

Q18. You are:

- Male Female

Q19. Your age is:

- | | |
|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 35-44 |
| <input type="checkbox"/> 16-17 | <input type="checkbox"/> 45-54 |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 65+ |

Q20. Where do you live?

(please give the first 4-5 characters of your postcode e.g. KT22 7 or RH1 8)

Q21. Your ethnicity is:

White

- White British
- White Irish
- White Other
- Mixed Ethnic group

British black or black

- Black Caribbean
- Black African
- Black Other

British Asian or Asian

- Indian
- Pakistani
- Other Asian

Other

- Chinese
- Other

Q22. How many days in the last week did you drink alcohol?

No. of days

Q23. How many units of alcohol did you drink in the last week?

A unit is

- a half pint (248ml) of ordinary strength beer (3.5% abv)
- a small glass (125ml) of wine (8% abv)
- a single pub measure (25ml) of vodka/ whisky or other spirit (40% abv)

No. of units

Thank you for your time

Please send your completed survey to us at:

Freepost RRLU-LXBH-YGES
Surrey's Big Drink Debate
Surrey PCT
Cedar Court
Guildford Road
Leatherhead
KT22 9AE

This questionnaire is completely confidential.

Not compulsory

If you would like to enter our free prize draw, please give a contact address/email address/telephone number below:

I can be contacted on/at

.....

.....

.....

We will only contact you if you win one of our prizes. Any contact details given here will only be used for the purposes of the prize draw and will not be stored thereafter, nor will they be attributed in any way to the answers you give.