At a PAG public meeting in February 2008 entitled “Alcohol in Our Society” it was resolved by the members present that the Chief Minister’s Drug and Alcohol Strategy be modified and a new dedicated Alcohol Strategy be created

**A) Introduction**

1. There is a distinct public perception that consumption of alcohol, especially by young people, is increasing, and almost at a stage where it is out of control

2. The public is constantly being reminded by the media of the existence of a ‘Booze Culture’ and ‘Binge Drinking’

3. Frustration exists because people perceive the existence of a problem without an apparent and immediate response from government agencies.

4. A recent Manx Radio interview with the Chief Constable of the Isle of Man illustrates a growing public and police concern:

**ALCOHOL RELATED CRIME A GROWING PROBLEM**

Members of the public are being urged to report anti-social behaviour in their neighbourhoods to the police.

That’s the message from Chief Constable Mike Langdon, who has admitted alcohol-related crime is a growing social menace in parts of the Isle of Man.
Figures in the force's annual report boast an overall detection rate of 56 per cent; double that in England and Wales. On Talking Heads today, Mr. Langdon responded to a caller who complained of the 'mayhem' caused by drunken youths in Onchan at Weekends.
(Manx Radio Talking Heads 28.04.08)

5. Because alcohol is legal, it’s association with illegal substances in any Strategy may give the impression that it does not receive the same priority and resources as drugs.

6. The publication in April of Departmental Service Delivery Plans enables critical examination of any proposed government action.

**B) Government Strategic Plan 2007 – 2011**

1. The ‘well being of family and the community’ is the cornerstone of the Plan, with the maintenance of a good quality of life one of four strategic themes that contributes to achieving that visionary aim.

2. The Drug and Alcohol Policy is one of ten initiatives designed to ensure quality of life.

3. Promotion of greater parental and community responsibility towards alcohol use and to research more effective methods of the control of drinking amongst young people are the two enablers.

‘Promotions’ and ‘research’ is hardly tackling the problem in down to earth practical terms that the public wishes to see.

**C) Service Delivery Plans**

Three departments are entrusted to fulfill the Drug and Alcohol Strategy:
**a) Home Affairs**

-The Chief Executive has responsibility for the Director of D&A Policy as well as a Research Officer.

-It is questionable that the department, with a regulatory role in investigating abuse, and dealing with offences, should also have a supervisory role in helping to deliver the D&A Strategy.

-Educational campaigns, promoting parental awareness and the involvement of neighbourhood policing teams are the actions adopted. In recent years the efficacy of educational campaigns has been criticised in anti-smoking and road safety awareness promotions.

The public appears to favour neighbourhood policing policies.


These appear to be modest targets.

**b) Education**

- The growth of recognition and awareness of alcohol misuse programmes will be delivered by a 3 person ‘well-being’ team. Parental involvement is part of this process.

- Alcohol key performance indicator is: for all schools, both primary and secondary, to have the programme by 2010.

The stated intention of setting targets for misuse reduction programmes is welcome.

**c) D H S S**

- Reference the D&A Strategy in this Plan is terse. Rehabilitation appears to be the priority.

- Key performance indicator: provision of a dedicated 8 bed Detox Unit by April 2009.
No mention is made of KPI’s beyond this date.

No mention of early intervention for alcohol problems in the community. Population drinking shows only 3 to 5% are dependent on alcohol yet up to 25% are drinking in a way that is harmful to their physical, psychological and social well-being.

C) Updated Drug and Alcohol Strategy 2005

The combined Strategy provides specific aims in relation to 4 topics. The aims relating to Alcohol are:-

1. Lifestyle
   - to reduce harmful patterns of drinking and promote sensible drinking
   - to promote behavioural and cultural changes in patterns of drinking

2. Treatment and Support
   - to increase the number of successfully treated alcohol-dependent individuals
   - to reduce alcohol-related deaths

3. Community Safety
   - to reduce alcohol related crime

4. Coordination, evaluation and information

Comment

1) The Strategy, in its published form, relies on an unwieldy delivery framework, comprising:-
   - a 17 member Strategic Group
   - a 19 member Strategic Delivery Group
   - a combined Joint Forum

It is understood that this structure may have been revised, but no published details could be found.

**With so many officers and agencies involved, the decision making process must be very difficult and so limit effectiveness.**
2) Relocation of the D&A Coordinator within the Department of Home Affairs implies that responsibility for the Strategy lies within that department. This is not the case as the department, according to the delivery plan, merely ‘supports’ the Strategy.

3) Research into Island alcohol consumption reveals that the Lifestyle aims of the Strategy have not been achieved.

**Adults:**
- The GENACIS survey conducted in the IOM in 2005 reported drinking patterns and alcohol related experiences of a 1000 adults (18+) in the Isle of Man with those of the UK.
- Although describing the Island as a ‘distinctive entity’, information obtained showed that the drinking culture resembled that of the UK and Ireland.
- Substantial proportions of both men and women reported drinking above recommended ‘sensible’ or low risk weekly limits (14 units for women, 21 for men) Many were in the mid-range for reporting alcohol related problems.
- Manx young men (18-24 years) and women over 65 consumed double that of their UK counterparts
- Nearly a quarter of those surveyed reported being concerned about the drinking of a close family member.

**Young people:**
The ESPAD report on teen drinking carried out in 2003 showed Manx teens were in the top three out of 30+ European countries for their consumption and related problems. This study has recently been repeated and shows that:

“The number of those who abstain from drinking or drink only occasionally is showing an increase: none and 1-2 occasions of ‘last year’s categories of answers have increased from 17% to 20%.”
However for those who drank there was a worrying trend with:
"Increased frequency of binge drinking and intoxication for a small proportion of 15-16 year olds, from 9 to 14% in the ‘last month’ estimate of six times or more; (IOM Government website Feb 2008)

4) Crime statistics for 2007 show that alcohol was a contributory factor in 1,165 arrests.

D) Drugs ARE different

Drugs are ILLEGAL substances and selling and use of them is a CRIME.

Therefore any DRUG STRATEGY must be headed by a law enforcement agency - The Police.

If a strategy to eliminate Drug use is led by anyone other than The Police, there is immense danger of sending out the confusing message that “Drug Crime is acceptable, as it’s a compulsion or disease”

If Manx anti-drug legislation is to have any meaning, drug offenders must

- Be confronted by the Law
- Face up to the consequences of their illegal acts
- Only then be offered drug rehabilitation as part of their way forward

E) Conclusion

1. Alcohol is a legal substance. Yet problems associated with the consumption of alcohol seem to be a growing socio-cultural phenomenon.

It is the job of government to vigorously tackle such problems and devote the necessary resources to them.

Any finance allocation should be regarded as an investment, rather than a cost, in government’s vision for the well-being of the family and the community. Alcohol Concern, a major campaigner on alcohol issues, reports that every £1 spent on alcohol treatment has been proven to save the public purse £5 in savings to the combined Criminal Justice, Social and Health Services.
2. The existing D&A Strategy has laudable aims but lacks the focus to solve problems associated with a socially acceptable and legal substance (alcohol). A separate Alcohol Strategy would signal a concentrated response to a concerned public.

3. In order to achieve its purpose the D&A Strategy relies on inter-departmental and agency co-operation across a raft of government. This is inevitable, but no one department appears to have responsibility for driving the strategy. The D&A Co-ordinator within Home Affairs, which also acts as a regulator, is unsatisfactory.

The appointment of a political member with responsibility to promote an Alcohol Strategy would provide impetus. That member should be in DHSS.

4. It is at departmental level that any agreed Strategy will be implemented, and the priority for that should be communicated by the Chief Minister.

5. A more interventionist approach should be considered. We live in a liberal society with liberal attitudes to alcohol. When legislation was introduced for 24 hour licensing no mechanism of review was put in place to monitor the effects of such a dramatic change.

A full evaluation needs to be undertaken with reference to:-

Alcohol related crime data
The density of retail outlets
Hours of sale, availability and promotional activity
Impact of alcohol on public health e.g. hospital admissions and GP data for alcohol related conditions.

6. The Police Central Alcohol Unit has been effective in regulating retail outlets and should be further supported to develop their function.

7. The local alcohol industry needs to be encouraged to adopt a voluntary code of practice identifying its social responsibility in selling Alcohol. This code should encompass all retail outlets, not just publicans. Consideration should be given to the promotion and pricing of alcohol under any code, with clear agreed guidelines.
8. Consider reducing the prescribed acceptable levels of alcohol when driving.

9. There are three treatment services in IOM, each working independently, and funded by government. Their work should be co-ordinated by government to ensure value for money and establishing funding priorities. This would, in effect, create a local alcohol treatment system.

10. Contrary to criminal Drug abuse, an Alcohol Strategy must be focused on an approach that is EDUCATION & COUNSELLING based as Alcohol is a legal product.

Positive Action Group  
July 2008

References

Journal of Substance Use August 2007 - Article  
‘Drinking patterns and alcohol-related experiences amongst adults on the Isle of Man: A comparison with the United Kingdom’


Alcohol Advisory Service Annual Report 2007

Updated Drug & Alcohol Strategy – Isle of Man – 2005 onwards

IoM Government Strategic Plan 2007 – 2011

IoM Government Departmental Service Delivery Plans 2008 –

Home Affairs, DHSS, Education

Manx Radio Website (Search ‘Alcohol’)

BBC Website

Personal and telephone interviews –
Margaret O’Reilly Director of Drug and Alcohol Policy and Research
Dr Andreea Steriu – Research Officer, IoM Espad Principal Investigator
Orla McGlinchey, Drug and Alcohol Liaison Officer (D o E)
Thea Ozenturk, Kay Mylchreest – Alcohol Advisory Service
Sergeant Jed Power (Police)

Other
Visit to Licensing Court
Visit D & A Open Day Hilton Hotel Douglas May 2008