

ALCOHOL CONCERN

Factsheet 7: Social costs of alcohol

Britain's Ruin? Alcohol's role in social exclusion

The Government has identified a number of key priorities in areas of health and social care including the reduction of social exclusion. This extract from Alcohol Concern's report *Britain's Ruin?* explains where alcohol fits within the challenge to tackle social exclusion.

Factors which contribute to social exclusion have been identified by the Government as poverty and low income, family break-up, unemployment, lack of education and training, housing and homelessness, crime and anti-social behaviour, inequalities in health and mental health problems. The National Strategy for Neighbourhood Renewal will aim to address issues such as poverty and unemployment where many deprived areas have higher mortality rates, greater unemployment and higher levels of crime (Social Exclusion Unit 2000a).

Addressing alcohol related social exclusion should form one element of an overall national alcohol strategy.

Inequalities in health

Having reviewed available evidence, the Independent Inquiry into Health and Inequalities set up by the Department of Health identified reducing alcohol-related harm as one strand of an overall policy to reduce health inequalities. Problem drinking is twice as common in the poorest than in the most affluent of socioeconomic groups, and higher levels of consumption have been consistently observed in some deprived groups such as unemployed people and those who are homeless (Acheson 1998).

Looking at the harm arising from high consumption, a further study found a link between socioeconomic status and alcohol problems, particularly among men aged 25 to 39 in the unskilled manual class who are between 10 and 20 times more likely to die from alcohol-related causes than those in the professional class. Men aged 55 to 64 in the unskilled manual class are 2.5 to 4 times more likely to die from alcohol-related causes (Harrison 1999). The study found that for women in paid employment there is no consistent class gradient; younger women in the manual classes are more likely to die from alcohol-related causes, but for older women it is those in the professional class who suffer elevated mortality.

Equality of access to specialist alcohol services is a key issue in addressing social exclusion. There is inconsistent provision of support services across the

country and, in particular, many rural areas are poorly served by specialist services (Alcohol Concern 1999). Groups with specific needs, such as women with young children requiring childcare facilities to enable them to participate in sessions, are under-catered for. Black and minority ethnic groups experience particular difficulty accessing appropriate alcohol services. Lack of specialist services leads to furthering problems of social exclusion, particularly given the high rates of alcohol problems among already excluded groups such as rough sleepers and young people not in education or employment.

Mental health problems

Special attention needs to be given to young people with alcohol problems who constitute a particularly vulnerable group at risk from social exclusion. Alcohol problems are a significant factor in male teenage suicides, and rises in suicide rates amongst older teenage men have been attributed to a rise in alcohol consumption (Royal College of Physicians 1995). The Inquiry into Inequalities and Health highlighted the link between alcohol misuse and suicides, with an estimated 65% of suicide attempts associated with excessive drinking (Department of Health 1993). The Inquiry recommended that policies to prevent suicide should include those aimed at the causes of social exclusion including the prevention of alcohol misuse (Acheson).

For all ages, alcohol dependency contributes considerably to hospital admissions. During a 12 month period there were 72,500 hospital admissions with a diagnosis of mental and behavioural disorders due to alcohol, including 31,300 for alcohol dependence syndrome (Department of Health 1999). Heavy drinking is linked to psychiatric morbidity including clinical depression. For all age groups, alcohol dependency contributes considerably to hospital admissions for mental health problems, and heavy drinking is linked to psychiatric morbidity including clinical depression.

There exist important issues around access to appropriate services for those with both a mental health and an alcohol problem, since specialist alcohol services are usually not equipped to deal with mental health problems, and psychiatric services can often overlook a contributory alcohol problem. New types of services to address both sets of problems, or new ways for alcohol and psychiatric services to work together, need to be developed so that individuals with complex needs are able to access appropriate services.

Young people

Alcohol can be a problem for young people as a result of their own drinking and other people's drinking. Among 11 to 15 year olds, 21% drink on a weekly basis - among the drinkers, the average weekly consumption rose from 5.3 units in 1990 to 9.9 units in 1998 (ONS 1999). These figures conceal a wide variation in the amounts being drunk, with many drinking only modest amounts. However, at the other end of the scale, 4% of boys and 2% of girls drink 15 or more units per week.

Young people with alcohol problems are particularly vulnerable to social exclusion, as they have a high rate of mental health problems, are at risk of being excluded from further education opportunities, and have a high rate of involvement in crime. In addition alcohol dependency has been identified as a key barrier to young people's employment (see section on Unemployment).

A large number of children, estimated at 920,000, are currently living in a home where one or both parents drink excessively (NACOA 2000). An analysis of NSPCC Helpline calls showed parental alcohol misuse to be a factor in 23% of child neglect cases and parental alcohol misuse was also reported in 13% of calls about emotional abuse, 10% of calls about physical abuse, and 5% of sexual abuse.

The psychological impact on children can be immense, often leading to the development of alcohol problems later in their own lives. By the age of 15 young people in families with a problem drinking parent have higher rates of psychiatric disorder, between 2.2 and 3.9 times higher than other young people (Lynksey 1994).

In order to minimise the negative impact of intoxication and to prevent problems of dependency from developing in young people a focus on increasing awareness of potential harms and learning safe drinking techniques while at school should form a crucial part of an alcohol strategy. In addition appropriate support services need to be made available to young people experiencing problems because of their parents' drinking.

Teenage pregnancy and unsafe sex

The way in which young people learn about alcohol is crucial to their ability to experiment without causing themselves harm. Alcohol is a risk factor in relation to sexual health - as a disinhibiting substance, alcohol can lead to young (and older people) doing things they later regret, including having sex in the first place, or having unprotected sex. This can lead to fear of pregnancy, subsequent use of emergency contraception, unwanted pregnancies, or sexually transmitted diseases.

Addressing levels of teenage pregnancy is a priority for the Government in recognition of the fact that Britain has the worst record on teenage pregnancies in Europe, and the contribution of teenage parenthood to social exclusion. In its report on teenage pregnancy, the Social Exclusion Unit highlights the importance of alcohol in teenage sex,

pointing to research that shows that after drinking alcohol one in seven 16-24 year olds have had unsafe sex, one in five had sex they later regretted, one in ten have been unable to remember whether they had sex the night before and 40% think they are more likely to have casual sex (Social Exclusion Unit 1999a, Health Education Authority 1998b) Other research bears this out - a survey of 13-14 year olds found that 40% were 'drunk or stoned' when they experienced first sexual intercourse (Wight 2000).

In developing initiatives to reduce teenage parenthood, the role of alcohol must not be ignored. Equally, education and prevention activities aimed at teaching young people how to handle alcohol should tie in with the teenage pregnancy agenda.

Truancy and school exclusions

The Government is concerned at the high levels of truancy and school exclusions, with each year over 100,000 children excluded temporarily and 13,000 excluded permanently, leading to lost years of education and, in many cases, involvement in crime (Social Exclusion Unit 1998b).

There are many factors contributing to truancy and exclusions, in particular family relationships and peer pressure. Where there is a problem drinking parent, or a pupil is drinking heavily, this can contribute significantly to the likelihood of truancy.

In addition, alcohol has been identified as a direct cause of exclusions with 20% of pupils suspended for drinking alcohol at school. An indirect link is also apparent, with 16% of excluded pupils drinking alcohol every day compared with 3% of non-excluded pupils, and 20% of excluded pupils drinking alcohol 3 to 4 times a week, compared with 3% of non-excluded pupils (Youth Justice Board 2000). In many cases, the fact that a pupil is not at school - with time on their hands, no adult supervision, and/or spending time with a heavy drinking peer group - could lead to increased levels of drinking. In many other cases, the high levels of drinking will have contributed to the exclusion since both heavy drinking and being drunk can bring about behavioural problems, such as violence, verbal abuse and vandalism.

Youth offending

There is a strong link between alcohol and youth offending, with 18 the peak age for arrests for drunkenness (Home Office 1995). In one study of the associations between alcohol and deviancy in young people, 25% of weekly drinkers had a criminal record compared with 6 to 7% of occasional drinkers and non-drinkers, with criminal damage, disorderly behaviour and shoplifting being the commonest offences (Newcombe 1995). A report by the Chief Inspector of Prisons found that a quarter of young prisoners had been drinking when they committed their crime (Ramsbottom 1997).

The Government has issued guidance to Youth Offending Teams on tackling drug problems. While the guidance recognises the role of alcohol in youth offending, it does not adequately deal with alcohol issues. Some initiatives have been successful in

creating overlapping responses to young people's alcohol and drug use and misuse, but it is essential that the differences in legal status of, as well as societal attitudes to, the different substances are directly addressed in developing appropriate approaches.

Crime and anti-social behaviour

Crime and anti-social behaviour both contribute to, and arise as a result of, social exclusion. The Government's Crime Reduction Strategy focuses on a number of key themes, including: working with families, children and schools to prevent young people becoming offenders; tackling crime in the community; more effective sentencing practices; and working with offenders to ensure they do not re-offend.

Tackling crime in communities

One of the main social implications of alcohol misuse relates to its effect on people's behaviour towards others and there is well established recognition of the association between alcohol and crime. The relationship is complex: while alcohol does not always directly cause crime, it can be a significant factor. Alcohol has a recognised role in anti-social behaviour: behaviour ranging from drunkenness, noise and public nuisance to vandalism can contribute significantly to fear of crime, with, for example, residents avoiding towns and city centres at pub closing times due to feelings of intimidation.

Alcohol's link to aggression and violent crime is of particular concern. Around 13,000 violent incidents per week take place in or near licensed premises each week (Home Office 1999a). In 41% of contact crime, including assaults and muggings, the offender has been drinking (Home Office 1996).

The report of the Government's Policy Action Team on Anti-Social Behaviour has identified alcohol misuse as a contributory factor to the incidence of anti-social behaviour in certain areas, highlighting the fact that poor neighbourhoods have a disproportionate number of alcohol-fuelled problems, and that very young frequent drinkers are more likely to damage property and be poorly supervised by their parents (Social Exclusion Unit 2000b). Problems of youth offending are outlined in an earlier section.

Effective sentencing and preventing reoffending

A large proportion of those within the criminal justice system have an alcohol problem. A survey of probation officers found that nearly 30% of their clients and 58% of remand and sentenced prisoners had severe alcohol problems (NAPO 1994). A more recent study found that among male prisoners 58% of remand and 63% of sentenced prisoners were drinking hazardously in the year before coming to prison. In particular this study showed there is a strong link between alcohol misuse and reoffending for women prisoners with 81% of female remand offenders and 61% of female sentenced offenders who engaged in hazardous drinking having previous criminal convictions (ONS 1999b).

Entering the criminal justice service offers the opportunity for addressing an alcohol problem, but these opportunities are being missed due to lack of appropriate assessment to identify alcohol problems, together with a lack of specialist services within prison.

Effective sentencing of offenders with alcohol problems should include automatic assessment of their problem together with referral, through sentencing requirements, for appropriate support and treatment. It has been suggested that Drug Treatment and Testing Orders available to courts, should be extended to include alcohol; particularly for those offenders with alcohol problems who are at serious risk of reoffending.

Specialist alcohol services, providing a range of interventions to meet individual needs, should be made consistently available across the prison service. This would provide an opportunity for changing attitudes towards alcohol use before offenders return to the community.

In recognition of the complex nature of the issue, the Government has stated that alcohol-related crime is a significant social problem requiring joined up action from key agencies including government, law enforcement bodies, the licensed trade and voluntary organisations.

Unemployment

Problem drinking inevitably impacts on an individual's ability to work productively and to hold down a job. With 1 in 25 adults dependent on alcohol (OPCS 1994) and 1.7 million men and 0.6 million women drinking at very risky levels (ONS 2000), alcohol problems contribute to problems at work and levels of unemployment. A census of alcohol services found that, of the 10,000 people receiving help for their drinking problems each day, 36% were unemployed (Alcohol Concern 1997).

Among young people, alcohol misuse has been specifically identified by the Government as a barrier to working within the New Deal for Young People programme, with attempts made to direct those with alcohol problems towards specialist support. The Government's report, *New Opportunities for 16-18 Year Olds Not in Education, Employment or Training*, has identified among the groups of young people particularly at risk from non-participation in education and employment those misusing alcohol, and draws on evidence that 13% of 16 to 18 year old non-participants in education and employment are dependent on alcohol, compared with 5% of participants (Social Exclusion Unit 1999b).

Rough sleepers

The Government's Rough Sleepers Unit has highlighted the fact that 50% of the rough sleeper population are alcohol reliant (as opposed to 20% who are drug users), and that between 30% and 50% of rough sleepers have a serious mental health problem (Rough Sleepers Unit 1999). A high proportion, around a third, are estimated to have multiple needs, where a mental health problem is combined with an alcohol or drug problem (Social

Exclusion Unit 1998a). In order to meet the complex mental and physical health needs of those on the streets, considered central to helping them to come inside, the Rough Sleepers Unit is focusing on the provision of specialist workers to help rough sleepers at all stages during their move off the streets, and recommending the creation of 'wet centres' where people can drink inside, as well as greater provision of 'home' detox in hostels delivered by GPs.

Family problems

The adverse impact of alcohol misuse on families, and its role in family break-up, are additional factors when considering the contribution of alcohol to social exclusion. Heavy drinking is a common factor in family break-up, and marriages where one or both partners have an alcohol problem are twice as likely to end in divorce as marriages where alcohol problems are absent (Velleman 1993). As outlined earlier, large numbers of children are living in a home where one or both parents misuse alcohol, and alcohol misuse features heavily in cases of child protection.

Children of problem drinkers have higher levels of behavioural difficulty, school-related problems and emotional disturbance than children of non-problem drinking parents, and higher levels of dysfunction than children whose parents have other mental or physical problems (Barber 1994, Simpson 1993, Zeitlin 1994). These adverse consequences of parental alcohol misuse are all factors which contribute towards social exclusion.

Conclusion

If Government priorities on social exclusion are to be met, the role of alcohol cannot be ignored. A Government strategy on alcohol is important for drawing together public health, education and law enforcement issues into one coherent strategy to reduce the physical, psychological and social issues that relate to alcohol consumption.

*This extract has been edited from Alcohol Concern's report **Britain's Ruin?** Single copies of the report are available from the Information Unit at Alcohol Concern.*

Acheson, D (chairman) (1998) *Independent inquiry into inequalities in health*. Report of the inquiry, Stationery Office, London.

Alcohol Concern (1997) *First national census of UK alcohol treatment agencies*, London.

Alcohol Concern (1999) *Proposals for a national strategy for England*, Alcohol Concern, London.

Alcohol Concern (2000) *Survey of specialist alcohol services*, (unpublished).

Barber, J G and Crisp, B R (1994) *The effects of alcohol abuse on children and the partner's capacity to initiate change*, Drug and Alcohol Review, vol 13, no 4 pp409-416

Department of Health (1993) *Health of the nation key area handbook: Mental health*, HMSO, London

Department of Health (1999a) *Statistical bulletin: Statistics on alcohol: 1976 onwards*, Bulletin 1999, 24, London

Harrison, L and Gardiner, E (1999) *Do the rich really die young? Alcohol-related mortality and social class in Great Britain, 1988-94*, Addiction, 94, 12, pp1871-1880

Home Office (1995) *Aspects of crime: Drunkenness 1995*, Home Office, London.

Lynksey, M T, Fergusson, D M, and Horwood, J L (1994) *The effect of parental alcohol problems on rates of adolescent psychiatric disorders*, Addiction, vol 89, pp1277-1286

National Association for the Children of Alcoholics (NACOA) (2000) *Preliminary survey findings*, Bristol.

National Society for the Prevention of Cruelty to Children (NSPCC) (1997) *Press release dated 30 December 1997: NSPCC calls for New Year's resolution on drinking*, London

Newcombe, R, Measham, F and Parker, H (1995) *A survey of drinking and deviant behaviour among 14/15 year olds in North West England*, Addiction Research, vol 2, no 4, pp319-341

Office for National Statistics (ONS) (2000) *Living in Britain: Results from the 1998 General Household Survey*, the Stationery Office, London

Office of Population Censuses and Surveys (OPCS) (1994) *The prevalence of psychiatric morbidity among adults 16-64, living in private households, in Great Britain*, London.

Ramsbottom, D (1997) *Young prisoners: A thematic review*, Home Office, London

Rough Sleepers Unit (1999) *Coming in from the cold: The government's strategy on rough sleeping*, DETR, London.

Royal College of Physicians and the British Paediatric Association (1995) *Alcohol and the young*, Royal College of Physicians, London.

Simpson, M, Williams, B, and Kendrick, A (1993) *Social responses to the misuse of alcohol: A literature review*, Scottish Office, London

Social Exclusion Unit (1998a) *Rough sleeping report*, Stationery Office, London

Social Exclusion Unit (1998b) *Truancy and school exclusion*, Stationery Office, London

Social Exclusion Unit (1999b) *Bridging the gap: New opportunities for 16-18 year olds not in education, employment or training*, Stationery Office, London

Social Exclusion Unit (2000a) *Bringing Britain together: A national strategy for neighbourhood renewal*, Stationery Office, London

Social Exclusion Unit Policy Action Team on Anti-Social Behaviour (2000b) *Anti-social behaviour*, report no 8, Stationery Office, London

Velleman, R (1993) *Alcohol and the family*, Institute of Alcohol Studies, London

Wight, D et al (2000) *Extent of regretted sexual intercourse among young teenagers in Scotland: A cross sectional survey*, British Medical Journal, no 7244, pp1243-1244

Youth Justice Board (2000) *MORI poll findings on young people*, News March 2000, London

Zeitlin, H (1994) *Children with alcohol misusing parents*, British Medical Bulletin 50, 1, pp139-151