

CAN Drug, Alcohol & Homelessness Voluntary Sector, Northamptonshire

Comments on National Alcohol Harm Reduction Strategy Consultation Documents

- Q.1. The Government is currently involved in actively promoting the use of alcohol e.g. the increase in licensing hours.
- The effects of alcohol misuse are not just on the individual and often impacts on vulnerable groups who are unable to protect themselves e.g. children.
- Alcohol is a drug. The Government sees a role and legislates for illegal drugs, so why the difference.
- Q.2. Alcohol misuse stops being an individual responsibility when it impacts on others and the wider community. It becomes a drain on national resources e.g. lost workforce capacity through lost hours to industry, cost to NHS, impact on criminal justice system, deaths and serious injury due to drink driving.
- Individuals often cannot take full responsibility because they do not have the correct information on which to base choices.
- Q.3. Individuals can make more appropriate choices when given all the relevant choices. Access to relevant services quickly e.g. the availability of detoxification, structured counselling etc. also allows people to change if difficulties arise they are therefore acting responsibly in seeking help to change but funding needs to be available to allow this process to happen. Drink drive rehab courses clearly demonstrate that people do not understand what they are drinking, the effects, health issues, and the length of time alcohol stays in the system or the interaction with other medication.
- Q.4. Everyone has a responsibility – this is society's issue not an individual one.
- Q.5. As above. A recognition by Government, backed by appropriate legislation and ongoing publicity and information that both informs and helps protect individuals, the family and communities from harm.
- Q.6. Problematic use that gives the individual social, domestic, financial, criminal, health or employment difficulties and where use impacts on others, causing them a range of similar problems and impacting on the quality of life for families and communities.
- Q.7. Binge drinking
Women's drinking
Family patterns of drinking
- Education should be widespread and must start with adults (possibly young adults and parents of young children) and professionals.
- Q.9. Denial of drinking in some ethnic groups is an issue as appropriate help is not sought or individuals are ostracised from communities.
- Males age 17-30 where patterns tend to be binge drinking and are associated with risk taking behaviour.
- The elderly, particularly those taking medication.
- Q.10 Regular, happy social events, gatherings with friends, celebrations and commiserations.
- Q.11 Pub culture – regular meeting place for social interaction.
Drunkenness culture – binge drinking, pubs/clubs, mostly at weekends to get drunk.

Social, at home drinking wine etc. with meal
Sports events, football, rugby etc.
Teenagers drinking in parks, public places.

Q.12 Fashion and marketing, education, family role models.

Influenced by pressure on brewing industry, balance in terms of positive image in advertising, why doesn't alcohol carry health warnings, just like cigarettes. Legislation to change perception of effects of alcohol e.g. football is used to advertise alcohol whilst it is not promoted that alcohol impairs footballing skills.

Q.13. I think it is the other way round i.e. alcohol use leads to risky behaviour. Experimenting with alcohol is normal in our society; therefore using alcohol is not in itself a major risk taking behaviour.

Q.18 Brief interventions tend, in our experience, to be part of the process for change. For those whose habit is not so well established, physically or psychologically, an educative piece of work with goal setting can be effective in its own right. Other brief interventions are about motivation and are important as part of a larger term process of change. Brief intervention in primary health care is useful.

Q.20 There is considerable transferable learning from the drugs field but there are other issues because of the acceptability and availability of alcohol in our culture. Messages that do not work are "just say 'no' campaigns".

Q.34 If drink drive policies are deemed successful, why are there 540 drink drive deaths per year compared with 570 homicides?

Drink drive campaigns are poor, not widely viewed and do not focus on alcohol information.

Q.36. Children whose parents misuse alcohol or who grew up in an abusive family. A large % of clients we see, particularly female clients, have been sexually abused. Young people 'looked after' and rebased from institutions e.g. custody.

Q.37. Substance using parents.
People with learning disabilities.

Q.38. Social exclusion, homelessness, lack of opportunity, poverty, trauma/abuse, domestic violence, children with disabilities. A holistic approach which assesses all the factors. Support needs to address their priority needs.

Q.39. Training could help mainstream agencies but the depth of specialist knowledge is important and individual packages of care are needed. Models of Care and Tier 1-4 approach could be a useful approach to be adopted from drugs field.

Q.41. Give people information – this may be the start to challenging attitude individually and maybe eventually in society as a whole. It needs to be high quality and distributed in targeted areas e.g. magazines, sports, computer etc.

Q.41. Look at TRL study of drink drive rehab course and probation drink related group.

Q.46. Need to provide accurate information in every possible setting. Need experienced workers and confidentiality available.

Q.50. The existing regulation on advertising alcohol is not adhered to. Alcohol is promoted as a necessary life enhancement and is associated with sport, sexual behaviour and attractiveness, glamour, a fun lifestyle and even intellectual prowess.

Q.52. There is a trend of increasing the strength of drinks; often those drinks are promoted or associated with a glamorous night scene etc. People do not know the strength of what they are drinking. Changing the belief systems may well affect the trend and fashion for drunkenness.