

**John W Bradbury 5 Chestnut Avenue Mapperley Nottingham NG3 6FU**

**Submission to DOH re: Alcohol Strategy**

Having spent many years working with clients suffering from the effects of their excessive alcohol usage I have a number of suggestions that might go some way towards addressing the problems at the grass roots level in the community.

Many of the problems at present are related to over usage of alcohol by the young leading to anti social behaviour including violence and the continued usage of this substance by long term drinkers who obtain high ABV beverages through numerous licensed outlets. Some long term drinkers are now quite young having developed an extensive drinking career and repertoire from an early age. Since the mid 1980s the advent of laddish (male) or ladette (female) behaviour and the greater accessibility of ever higher ABV drinks is taking its toll and presently I am dealing with people in their early 30s suffering from the effects of their drinking. This year I have seen a single young woman of 28 die leaving a child to be cared for by grandparents and I am seeing two people under 35 years of age who are close to death due to their drinking exploits. These people have and are absorbing vast amounts of NHS time and money as well as creating numerous problems for other members of the family and society as a whole. Evidence of the increase in damage occurring, particularly with females, is available. I have recently seen research presented by Martin Plant that shows that the years between 1985 and 2000 saw a significant increase in the damage to young people with females now very much on a par with their male counterparts. It does appear that something has changed between these years to account for this increase. I certainly feel that the drinking culture has changed and this may have been driven by equality issues, availability, and higher ABVs, and society's acceptance of these changes have been insidious therefore not noticed until crisis looms, as now.

A number of years ago I was dealing with a number of street drinkers who obtained and consumed industrial spirits (methanol) which was consumed as a mixer with other products to decrease the very unpleasant taste of this potent and sometimes lethal substance. I have worked with some extremely damaged individuals who regularly consumed these mixtures and a number died of the affects of methanol.

The type of 'heavy end' drinker we see today seldom use methanol as they purchase high ABV ethanol based products at reasonable prices from many large stores and local licensed retailers. There have developed specialised 'booze' outlets selling extremely cheap and very potent high ABV products. One must assume that there are good profits via the licensed trade as there has been a proliferation of these specialist alcohol outlets in the UK.

A number of years ago ABV, by today's standard, were quite low but with clever marketing and more advanced brewing techniques and flavourings it has become the norm for the public to purchase and consume higher and ever higher ABV products as they have become available. Aggressive marketing techniques are employed, targeted mainly at the young, to ensure that the brewer's latest higher ABV product finds a group willing to try something new and intoxicating.

Young people, I feel, are attracted by advertising for high ABV products and it has become a part of youth culture to consume high ABV products contained within lower volumes, commonly known as alcopops, therefore the young are consuming an ever increasing amount of alcohol. This situation, should it continue, could lead to the increasing probability that problems will occur later in life, for the vulnerable, and this increase may be related purely to the hazardous levels of alcohol consumed during their younger years.

There is also the acute problems experienced when young, and sometimes the older drinkers, consume too much alcohol with the outcome of their drinking impacting on other services such as the police and health who are usually left to clear up the debris of someone else's good night out.

I have concentrated on ABVs for one particular reason only as I firmly believe policies could be devised to reduce the availability of certain high ABV drinks. Given the will and a desire we could bring about a change to some of the hazardous drinking patterns observed and reported among people of all ages. Higher ABV beers and ciders have been with us for a very few years but these have now become the norm in our drinking society. These changes appear to be by design with the move to higher ABVs being driven by a drinks market ever in the pursuit of larger profits for the brewers.

I believe changes could be introduced to reduce ABV and these combined with other measures could reduce harm. The introduction of some quite straightforward measures could achieve significant changes in drinking behaviours and I include a number for discussion:

- Any beers or ciders purchased from licensed premises for consumption later should not exceed 4% ABV. (off licenses or supermarkets)
- Any beers or ciders to be purchased from licensed premises and consumed on the premises (clubs or pubs) not to exceed 5% ABV.
- Alternatively beers or ciders exceeding 4% ABV to be taxed at a very much higher level than the 4% ABV to reduce consumption. (off licenses or supermarkets)
- Beers, ciders or other bottled drinks to be sold in plastic bottles in off licenses and pubs.
- A reduction in the costs of soft drinks and alcohol free beers in clubs and public houses might encourage greater consumption of these items.
- The greater use of IDs to reduce the sales of alcohol to under age drinkers.

I have noted that many of my clients purchase white cider with ABVs above 7% and strong lager with ABVs in excess of 9%. The prices paid for these high ABV drinks are quite low therefore these people are consuming these products in greater quantity. It has been noted that there are many more of these strong lagers and ciders available and the numbers are growing. Much of this high ABV cider and strong lager is bought at local outlets or supermarkets and consumed on the streets. Young people have access to these high ABV products and purchase them to achieve the desired effect quickly. Drinking for effect appears to be the driving force behind consumption by my clients. This behaviour, unfortunately, has been observed among the young novice drinker and this does not bode well for the future. By reducing the availability of the

high ABV beers and cider through higher taxation or by limiting the maximum ABV available possible harm will have been reduced and the costs for services in years to come reduced accordingly. It is a fact that a person has a limit to the amount of fluid that can be comfortably consumed, therefore a lower ABV in a greater volume can prove a self limiting device to be used for the benefit of the consumer and society as a whole. The profits for the brewer should not be too badly affected by such a change to a lower ABV as more of the product would be sold. The brewer might be encouraged to produce a bigger range of lower ABV products should the profits from the higher ABV beers and cider be hit by significantly higher taxes.

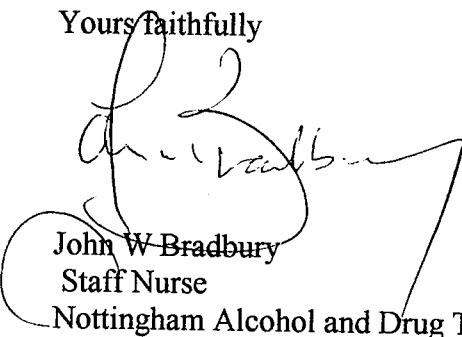
Fiscal policy may be the most effective way of reducing the cheap high ABV products available for purchase on the high street but admit that my preference is for the high ABV product to be removed from the market.

In the pub or club higher ABV products should be available and most pub beers vary up to about 5% ABV but must be consumed on the premises therefore tighter controls are available and the effects of consumption are easily identified and dealt with on site.

I lastly feel that bottles should be made of plastic to avoid them being used as weapons or ending up smashed on the streets and thereby proving to be a danger to pedestrians, road users, and animals including household pets.

My major concern has obviously targeted ABVs as the gradual drift upwards and increased availability I feel has taken a heavy toll on society in so many ways and has directly led to increased costs in lives and on our limited resources.

Yours faithfully



John W Bradbury

Staff Nurse

Nottingham Alcohol and Drug Team