

# All Party Parliamentary Group on Alcohol Misuse Submission to the Strategy Unit Consultation On a National Harm Reduction Strategy

## **Making Alcohol Misuse a Priority**

The first question in the Strategy Unit consultation asks whether this a suitable area for Government to get involved and we would answer overwhelmingly yes.

Alcohol is a part of our culture in the UK, it has some health and social benefits and we recognise that the alcohol industry employs significant numbers of workers and makes an important contribution to the economy. However there are negative consequences of alcohol misuse for individuals, families and society and these affect a number of priority public policy areas such as crime, homelessness and health.

Alcohol misuse means more than just the health and social impacts of long term heavy drinking. Those who drink heavily and for a prolonged period may be more at risk from alcoholic liver disease, cancer and coronary heart disease, but there are also short term consequences of drinking, particularly binge drinking - 13 000 violent incidents are committed in and around licensed premises each week; 40% of violent crime is committed by offenders under the influence of alcohol<sup>1</sup> and alcohol misuse costs the NHS up to £3 billion a year<sup>2</sup>. The impacts of alcohol misuse extend to families of problem drinkers too. Just under one million children grow up in a family where there is alcohol misuse and parental alcohol misuse was cited as a factor in 23% of child neglect cases<sup>3</sup>. Alcohol is also a significant contributory factor to incidents of anti-social behaviour, an area which has seen a number of important Government initiatives over the last few years<sup>4</sup>. For all these reasons we believe that there is and must be a role for Government in tackling alcohol misuse.

Preventing and reducing the harms caused by alcohol misuse will not be easy but there needs to be a coherent national lead. Government departments from the Department of Health to the Home Office, from the Department of Culture Media and Sport to the Treasury all have an interest in alcohol policy. If we are to tackle this issue successfully, a holistic and wide-ranging approach must be taken so that policy is not created in a vacuum and thought must be given to developing a body which is able to draw together these diverse strands across Government and to provide clear leadership and direction for policy on alcohol misuse.

The new strategy will need to learn from the experiences of the drugs strategy and will need to be supported by baseline data, by realistic targets and monitoring and evaluation.

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<sup>1</sup> *British Crime Survey 2001*

<sup>2</sup> *Royal College of Physicians 2001*

<sup>3</sup> *Analysis of NSPCC helpline Calls reported in "Britain's Ruin" Alcohol Concern 2000*

<sup>4</sup> *Policy Action Team Report on Anti Social Behaviour, Social Exclusion Unit 2000*

Key priorities for the National Strategy which have come out of our discussions as an All Party Parliamentary Group include:

**1. Preventing Harm**

The drinks trade currently spends £227 million a year to advertise its products whilst only around £1 million is spent on prevention and treatment of alcohol misuse. The Group believes it is vital that more information is provided which highlights the risks and costs of alcohol and focuses on enjoying alcohol without the harm. Education on alcohol for young people needs to be given the same emphasis as that for other drugs and parents need to know more about talking to young people about alcohol and how their own behaviour impacts on their children's drinking. Part of the cost of this must be borne by the Industry.

**2. Improving Early Intervention**

The symptoms of alcohol misuse are evident in a range of different sectors of society and means that the involvement of non-specialists in tackling alcohol misuse remains essential.

For example, 1 in 6 people attending accident and emergency departments have alcohol related problems; 15% of pupils excluded from school are suspended for drinking alcohol<sup>5</sup> and 60% of employers say they experience problems due to employees' drinking<sup>6</sup>. All of these represent opportunities for identifying and treating problems which need to be taken.

However many front line staff in healthcare, teaching and social services are not equipped to identify or deal with alcohol misuse. Only a minority of accident and emergency units and primary care clinics have access to specialist alcohol care staff which means that these opportunities are often missed. To improve early intervention, non-specialist staff will need support and training so that they are confident in identifying individuals who may benefit from this type of intervention and need to have increased access to specialist staff, improving their ability to "signpost" people on to help where appropriate.

At the moment, even within a healthcare environment, evidence suggests up to 98% of the excessive drinkers presenting in primary health care are being missed, despite the fact that problem drinkers consult their GPs around twice as often as other patients<sup>7</sup>. Improving this pick up rate needs to be a key part of any Government Strategy and evidence supports brief interventions delivered in a primary care setting as being effective and cost efficient<sup>9</sup>. However, it is vital that already overstretched primary care professionals are

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<sup>5</sup> *Youth Justice Board figures 2000*

<sup>6</sup> *Alcohol Concern State of the Nation Report 2002*

<sup>7</sup> *Deehan, 1998*

<sup>9</sup> *Freymentle 1993*

not simply burdened with an additional target in this area but instead given the training and support necessary to effectively deliver a high quality service.

### **3. More Resources For Treatment Services**

The lack of treatment services has been an issue the APPG has raised on a number of occasions and remains a serious cause for concern. In 1997, a census carried out by Alcohol Concern identified 517 agencies providing services in England, but a 2001 survey found that the number had shrunk to around 475. The most serious problems of availability and access are in rural areas, but across the country as a whole, need is rarely met by provision.

In particular, investment in the sector should include improving services which tackle the needs of specific populations such as the elderly, young people and those from black and minority ethnic communities. Families also need access to services as around 1 million children currently live with a parent who is a problem drinker, and support services are at present few and far between.

The Alcohol services sector is also suffering from a skills shortage as workers are moving to the better resourced drugs sector. In both the short and long term it is vital that more resources are put into developing the infrastructure of the sector and the capacity and skills of the workforce.

### **4. Improving the Research base**

The need for a “[co-ordinated, coherent and well-funded alcohol research function within the UK](#)” was highlighted in a recent Alcohol Concern report *100% Proof* which showed that despite some pockets of innovative and exciting research, it [often falls short of the needs of policy makers and planners](#). [Estimating the real size and scale of the problem and finding answers to key policy questions such as why people drink to excess and how to successfully prevent misuse are hampered by the lack of knowledge in this area](#). In addition to short term solutions such as improving treatment services and identifying problems early, we believe it is vital to invest in the development of a solid evidence base to guide policy in the future.

We are delighted that the Government has started this long awaited process of consultation and look forward to seeing a more detailed strategy in the near future. However, if this is to work in the long run it is vital for this to be backed up by adequate resources, by high-level ministerial support and for specific targets to be set for each department.

Yours sincerely

Ross Cranston

**Chair**

**On behalf of the All Party Parliamentary Group on Alcohol Misuse**