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### **To Whom it May Concern: National Alcohol Harm Reduction Strategy**

In response to your request for comments on the Strategy, Alcohol East is pleased to make the following brief submission:-

6. Alcohol Misuse: Defined either a) in terms of physical dependency which is measured by Blood Alcohol Levels and bodies adapting to having alcohol in their systems plus the associated physical symptoms or Psychological Dependency which is identified by a pre-occupation with alcohol, the amount of time spent thinking, planning opportunities to drink and actually drinking or b) in more general terms when alcohol use crosses the line between being pleasurable/sociable to problematic, affecting one or more of many different factors in someone's life from, for example, health, social, financial, relationships, legal or housing.

7. Government should concentrate its efforts in prevention, if resources are limited, on those at risk. Whilst the general public has taken on board the general prevention message about drinking and driving, it doesn't understand 'unit' information. Patterns are not susceptible to change of any significance if the brewers find new ways to counteract these and/or promote new drinks.

8. Yes. Changes in societal structure affect moving and migrating cultures and changes in societal customs affect drinking behaviour. It is likely that any alcohol strategy can only follow not set trends.

9. Yes. New emerging refugee groups, those BME groups not accessing services; gay and lesbian groups; people with mental health and learning disabilities. There are several examples of good practice with these groups which could be used within the strategy.

11. The stereotypical 'English' pub culture is changing fast. The spread of women-friendly and gastropubs makes the pub environment much less of a male domain. A lot of drinking takes place at home. With young people, the way they differentiate between

illegal and legal drugs has changed over the last two decades with alcohol and/or soft/harder drugs being used more interchangeably and for different occasions.

12. In reaching young people, marketing and fashion can be some of the most influential and cost effective tools.

14. See 6.

17. Giving people information would be a good place to start. Public health safe drinking campaigns and training for professionals are about levels of drinking which need to include physical and psychological affects of alcohol. Standard basic assessment tools should be used with all relevant professionals.

19. Yes in a lot of cases. Increasingly less so as funding and treatment trends start to narrowly define and prescribe ways of working or translate treatment into meaningless bureaucratic data searches. Huge amounts of resources have been wasted in Arrest Referral Schemes, for example, which to those at provider level are obviously ineffective but as part of the Government's agenda have been manipulated into being 'successes'.

The options should be more locally led, determined by the needs of particular services and user led rather than blanket treatments which appear to be determined by trends in research, Government Priorities and funds.

20. Over simplified messages don't work. These days the fine line between drugs and alcohol is even finer and so the skewing of services by the amount of drugs funding which has been allocated has not been helpful at services level.

22. Alcohol is a depressant and medicates anxiety. Crossover between mental health and alcohol misuse is high and more workers needed to prevent service users falling through the net of provision.

35. Yes our experience is that the association is high. The current government DV initiatives should help this.

36. Those already identified as 'at risk' through other channels are likely to misuse alcohol in some ways, plus young lesbians and gay men are between 2 and 6 times more likely to commit suicide.

39. Lack of trust between statutory and voluntary services has only patchily improved over the last 2 decades. Until Social Services and GP's see voluntary providers as equal partners, service users will always get a bad deal in terms of treatment. Only a

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minute percentage of Social Services clients get referred to treatment yet social workers will report alcohol misuse featuring in the majority of their caseloads. In addition, the tendering of services and some agencies bidding to create bigger and bigger provision, either for survival or for expansionism, affects delivery at a local level and removes the local knowledge from provision.

40. See above.

43. Not very well. Information on units is confusing and not generally well understood in terms of body weight, measures, gender etc.

I hope this is helpful.

Yours sincerely,

Sue Kenten  
Chief Executive.