

## **NCH Response to the consultation document - National Alcohol Harm Reduction Strategy**

NCH welcomes the opportunity to respond to the consultation document 'National Alcohol Harm Reduction Strategy'. NCH is one of the UK's leading children's charities. Through more than 480 projects we work with over 98,000 vulnerable children, young people and their families to ensure they reach their full potential. Many of our projects work with socially excluded young people and their families, who may be at risk of alcohol and/or drug problems. Unfortunately we do not have time to answer the large number of questions asked in the consultation document. However, we hope you will find this short response helpful.

NCH supports the development of the National Alcohol Harm Reduction Strategy and feel it is long overdue. We feel it is critical that this strategy is closely linked into and developed alongside the Drugs Strategy. For children and young people, in particular, alcohol and drug use is closely inter-related and many young people will use illegal drugs along with alcohol. Alcohol has not received as much attention as drugs (nor as much funding) and unfortunately it has become marginalised and isolated from the approach to drug misuse and ideally it should be incorporated into an overall substance misuse strategy.

Alcohol use amongst children and young people is a serious public health and social exclusion issue. Young people are drinking more and drinking more often and NCH projects have identified that children are starting to drink alcohol at a younger age. This is worrying not only due to the harm alcohol itself causes but also that alcohol is a gateway drug to further drug use. We should never forget that it is the legal drugs such as cigarettes and alcohol which lead to most deaths and illnesses in this country. The numbers of young people drinking in a dangerous way has increased substantially over the past 10 years.

There are groups of children and young people who are at "high risk" of developing problems with substance use, including alcohol. We agree with the vulnerable groups identified by the Health Advisory Service, and these are:

- Truanting/excluded children
- "Looked after" children and young people
- Young homeless
- Young Offenders
- Young prostitutes
- Children who have suffered physical/mental abuse
- Young people with conduct or depressive disorders.

(Source: Health Advisory Service, 1996, Children and Young People, Substance Misuse Services – The Substance of Young Needs)

More needs to be done to ensure that resources, services and are targeted at these groups.

It is also critical that the links between mental health and alcohol use are prioritised and given more focus. This issue highlights the urgent need for new types of services that can meet the needs of individuals with complex needs. NCH projects stress the importance of not seeing problems with alcohol and/or drugs in isolation from other issues and that these were often symptomatic of other more deep-seated problems.

NCH projects adopt an integrated holistic approach to young people and their wide ranging needs. They will link into specialist services where appropriate and available.

The disparity of funding for alcohol services and prevention compared to drugs needs to be addressed. Addiction to alcohol is twice as common as addiction to illegal or prescription drugs, one in 13 is dependent on alcohol compared to one person in 26 dependent on drugs. Little more than £1m spent each year on alcohol prevention and treatment compared with around £91m spent on combating drugs.

There is a serious need for treatment services for children and young people especially services that recognise young people are often poly-drug and alcohol users. As mentioned above, there is an urgent need for the development of integrated services geared at meeting the complex needs of vulnerable young people rather than them having to go to different services for their different needs.

Underage drinking is not merely an urban problem and research conducted by NCH for the Countryside Agency (Challenging the Rural Idyll, 2001) found this to be a very serious problem in rural areas. These areas are the least likely to have services and support available and the needs of rural communities need to be recognised and met.

A positive step forward would be for the National Treatment Agency to include alcohol misuse along with drug misuse. This would help ensure an integrated approach to alcohol and drugs and hopefully ensure resources and services for both drugs and alcohol.

Information, education and prevention work on alcohol and its risks are not given sufficient priority or funding compared to drugs. This needs to be prioritised and targeted at children and young people both within and outside school settings. One way forward would be to ensure that the risks of alcohol are included in all drug education programmes.

A major gap in our knowledge is whether teenagers who drink heavily become problem drinking adults. Very little is known about the longer-term impact of regular drinking on children and young people. Prolonged heavy drinking potentially places young people at risk of dependency but we do not know to what extent and this is an area requiring further investigation.

Another area of concern to NCH is the impact on children of parental alcohol problems and the availability of support for these parents and children. While not all parents with alcohol problems have difficulty parenting, there is concern about the potential child protection issues raised by abuse of alcohol including risk of violence and neglect. Many child protection professionals are not fully informed or aware of the risks of alcohol and the support required by parents and children and this needs to be addressed. In addition the psychological impact on children needs to be recognised and in many cases these children develop alcohol and other problems later in their life. Appropriate support and preventive services need to be made available for these children and young people.

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