

14 January 2003

Alcohol Harm Reduction Strategy Unit/DoH consultation  
Room 4.6  
Admiralty Arch  
The Mall  
LONDON  
SW1A 2WH

Dear Sir/Madam

### **Alcohol Harm Reduction Strategy**

I write on behalf of the North East Assembly and the Association of North East Councils to comment on the outline strategy on which you are consulting. The Assembly and the Association are strongly of the view that the Government should produce a strategy, as the deleterious effects of excess alcohol in terms of health, crime and disorder and economics (costs to employers) are considerable. Excess alcohol consumption is defined here as binge drinking, regular excessive drinking and dependency. Levels of drinking and consequent harm are greater in the North East on most parameters than in any other English region except the North West. One statistic of particular concern is the proportion of young children (11-14) regularly consuming alcohol on which this region has the higher rates in England. The problem of alcohol harm is not confined to the young; problem drinking is an issue at all other ages including the over 50s.

Government Office for the North East and the Regional Director of Public Health organised a workshop event to consider the response to the outline strategy on the 19 November. The Assembly supported this event and was represented there. We endorse the report that captures the extensive output from the workshops and commend it to you. The strength of the workshop, and consequently the report, was the large number and range of stakeholders represented. These included regional agencies, local authorities, the health sector, the police, the voluntary sector and individuals with a specialist knowledge. There is also a need to involve representatives of associated industries, including those who produce and sell alcohol.

We believe that action is needed at government, regional and local level to develop and implement strategies that can reduce alcohol harm. At local level, local authorities have a

key role with their responsibilities for licensing and planning, which needs to be recognised. Health organisations, in particular Primary Care Trusts have a key role in providing a range of services from educational input, to interventions at primary care level and commissioning treatment services. Like drug action, reduction of alcohol harm requires a well co-ordinated multi-agency approach at local level. At regional level, the regional workshop was a good example of an appropriate activity. Many examples of successful action at local authority level, in the North East and elsewhere (Cardiff, Manchester) were shared at the workshop. A high-level drug and alcohol framework for the region, agreed by all relevant parties, would be a development that we would support. Policy areas such as transport and environment policy need to recognise the alcohol harm issue so that it can be reduced through measures in these areas.

The issues highlighted below are ones that we consider important and which require action at Government level.

### **Advertising, education and the media**

We would like to see controls introduced on advertising and on labelling of products so that alcohol contents are clear and health advice is included. As with controls on tobacco advertising, this needs to be well thought out and broad or one media, for example websites, will simply be used to compensate for another. Educational channels and the media need to educate people and to change the culture to be more aware of potential harm from alcohol and the acceptability of certain behaviours. Some education needs to be targeted to particular groups. Prevention strategies need to include messages about the risks of mixing alcohol with other substances. Regional surveys of young people have shown that a substantial proportion does mix alcohol with illicit substances. There is also the mixing of alcohol with prescription drugs.

### **Controls**

One valuable control would be to make it illegal for under 18s to be in possession of alcohol and to allow the police to seize it. Greater or mandatory use of identification documents may help with issues of under age sales, possession etc. Price control to contain 'happy hour' drinking is supported.

### **Resources**

The actions needed to support an holistic alcohol harm strategy require resources. These cover education, media, treatment, and containing supply areas. In connection with the last area, it is very important that the Customs and Excise resources are adequate. These have been reduced in recent years, whereas a good case can be made for extension. There is evidence of a substantial black market in alcohol in the North East. The level of resources for drug treatment, the 'pooled treatment allocation' is determined according to a formula, which recognises deprivation as a factor (York formula). We suggest that it would be appropriate to treat resources for reduction of

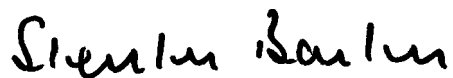
alcohol harm similarly. Various methods of raising money specifically to use for support of alcohol harm reduction have been suggested including increasing tax revenue on alcohol and through use of the licence fee.

## **Research**

This is a national issue in that resources need to be made available, in some cases research will be needed on a wide geographical basis and the results disseminated nationally. Research is needed on large societal change such as why are young people drinking more and also on which interventions are most likely to be effective. For example no research is known on what interventions are most successful in influencing young people against harmful alcohol use.

We hope these comments are helpful and look forward to seeing the draft of a full strategy in the near future.

Yours sincerely

A handwritten signature in black ink that reads "Stephen Barber". The signature is written in a cursive, slightly slanted style.

Stephen Barber  
Director