

# National Alcohol Harm Reduction Strategy

I would firstly like to introduce myself and the position in which I send this feedback. I am the chair of Nottinghamshire county women and drugs forum. The forum has approximately 100 members from different disciplinary, both the statutory and non statutory agencies, i.e. police, health, social services, probation, DAAT, treatment services, family services. All members are female, as the forum is gender specific. We meet on a quarterly basis to discuss different issues that affect women substance users/misusers. For the last 4 years the forum has been very focused on illicit drug use, we have recently however put alcohol on the agenda. We have active members of our local alcohol treatment service attending the forum, who have highlighted the needs of women in relation to alcohol.

The consultation document was brought to the attention of the forum by our DAAT co-ordinator Kate Davies. The forum felt we should send a reply. We have made comments on some of the document but not all, as some areas we didn't feel we had the experience or knowledge to make comments.

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## **5. The principles that should underpin the strategy**

The government should take more responsibility as a legislator of the alcohol industry i.e. marketing/advertising and as a health promoter. Education needs to be at the forefront especially those young people.

More community based resources.

Brief interventions.

Finally education and promotion of the safe drinking message to be everyone's responsibility.

## **The cultural and behavioural issues around alcohol use and misuse**

6. We would define alcohol abuse as physical, psychological harm to themselves or risk behaviour to others i.e. violence, drink driving and harm towards the child through the parent drinking.

7. A harm reduction strategy should concentrate on the binge drinking culture that seems to be so predominant in our society. The government needs to concentrate its efforts on the young in schools, giving comprehensive education that can be understood and interpreted.

9. Statistics show there has been an increase in consumption in both young men and young women, however general consumption in women has gone up? Most adverts are now targeted at women; the focus in pubs has become more women focused. With comfy chairs, coffee tables etc. alcohol is more accessible than ever before, with supermarkets selling in vast quantities, always with special offers on etc.

11. The culture of English drinking in our experience is one of binge, get drunk quick and fast. There are greater expectations on women to drink to excess, party harder than the men, and drink as much as men. Women are in better-paid jobs than ever before and have more control over their lives than ever before, it seems this has caused a role reversal. The messages about alcohol consumption in relation to units is very unclear and evasive, bottles not always clearly labelled

Fashion, marketing, family background, education and information all the factors listed in the consultation document are influential on the way people drink. If you have uneducated parents they will not be able to educate children about the positive and negatives of alcohol. If you look at the marketing of drinks campaigns over the last few years, all mainly targeted at women then marry that with the rise in alcohol consumption by women, the statement speaks for itself

The unseen risks by an uneducated public affect the use of alcohol.

### **Health: prevention, treatment and the impact on the NHS**

14. The government already has a good picture of this, it's well documented but not well published.

15. The health benefits has been wrongly interpreted by the mass media, which has had significant effects on treatment services, having to deal with people who are convinced their consumption is good for them. The damage that alcohol can do is not as well published.

17. Prevention

Better education for everyone especially young people, the alcohol consumers of the future.

Agencies should take on responsibility as well as treatment services. In our experience alcohol abuse is always seen as someone else's problem or that a specialist agency is needed.

18. Brief interventions are shown to work well but there just aren't the community resources to back them up.

19. At the moment treatment of alcohol abuse is very medicalised. Alcoholism is a chronic relapsing condition, and there should be a range of community services commissioned to meet this need. As there has been with illicit drug services. Treating a person with an alcohol problem should be done in a holistic way and not just as one brief medical intervention. Not only should harm minimisation be considered, but family services, parenting, social support, peer support, out of hours advice and information and relapse prevention programmes.

20. There should be a 5-tier strategy adopted for alcohol, and should either be incorporated into existing drug reference group structure or set up alongside drug's. The strategy should include, harm reduction, treatment, young people, communities, crime.

21. Here have been policies in place for sometime that can prevent injuries i.e. plastic glass, but they are not enforced or consistent.

22. The links between alcohol and suicide are starting to be addressed, but often alcohol in a death is not documented thoroughly. There should be one team to deal with a dual problem of depression and mental health brought on by excessive use of alcohol. The physical side effects of alcohol are often mentioned in health campaigns or the media but the psychological and cognitive harm appears to have less importance and focus.

### **Crime, disorder and anti social behaviour: the effects on our surroundings and community**

24. Yes particularly violence and domestic violence

26. Other factors involved in crime and disorder are more community policing i.e. high visibility policing also local council allowing pubs and clubs to be developed and built in already densely populated areas.

34. High impact advertising and plenty of it plus the general public is aware of the consequences and impact on others.

### **The implications for vulnerable groups**

36. Children and young people vulnerable in deprived areas but all children and young people are vulnerable, class barriers are narrowing.

37. Women, young men, the elderly and also the mentally ill.

39. Lack of money, lack of staff and prejudiced attitudes by different groups being unwilling to share information and resources.

40. Vulnerable groups need to be offered a quick, easily accessible service with a range of treatment options.

### **Education and communication**

42. The sensible drinking message is not reaching its audience and is not clear.

The advice is ignored or not felt to be relevant to the individual.

The effect on behaviour is seen in a positive not negative way i.e. alcohol makes you confident, increases your sex appeal, is fun and exciting i.e. Lambrini adverts and slogans – 'Lambrini girls just want to have fun' – Baileys & Archers adverts.

49. Teach children young, documentation and information child friendly, enable them to make choices and reduce risks rather than say no or being dictated to.

### **The shape of the market and market based solutions**

51. Need to move away from producing and marketing higher alcohol drinks in which the taste of alcohol is diagnosed and made more appealing i.e. Alco pops.

Also the production of strong white cheap ciders and high alcohol i.e. 9%, 10% largers in cans clearly aimed at the problematic dependant drinker.

52. The markets are clearly aimed and targeted at young people and women the two fastest rising groups for alcohol related harm.

55. Yes, as already stated, in my personal experience with the client group I work for, cheap, accessible high strength drinks are clearly influencing young individuals and those on low incomes.

### **The economic costs and benefits of alcohol**

In response to these last questions I feel the section is heavily biased towards the benefits of alcohol. Yes it brings in tax revenue and constitutes to the GDP but surely this is off set by the negative impact on the NHS, Industry and the Police.

Question 60 is worrying, naive, in it the author implies that it is acceptable for alcohol to be used as a way of reducing stress and tension a trap many problem drinkers fall into and also another so called health benefit of alcohol to be wrongly interpreted.