



## **Response to Consultation**

### **National Alcohol Harm Reduction Strategy**

Phoenix House welcomes the formation of this strategy and the opportunity to comment on it via this consultation exercise.

#### **Who we are:**

Phoenix House is the foremost UK independent sector agency working with substance misusers. We have over 6000 clients each year. The majority of them are referred to us as a result of illicit drug use, however a significant number of them quote alcohol as their primary drug of abuse and many will say that alcohol plays a part in their “polydrug use”.

Our clients are almost all in social exclusion.

More information about our organisation is available on our website [www.phoenixhouse.org.uk](http://www.phoenixhouse.org.uk).

#### **Our approach to this consultation:**

As a treatment provider we wish to give our impressions of the areas for improvement that we believe are evident in treatment and support services to those who are dependent on alcohol.

There is substantial and necessary investment being made in the increased availability of treatment for illicit substance misusers at present. We believe that this needs to be matched by investment in treatment for alcohol misusers.

#### **Treatment services:**

This largely refers to questions 19 and 20 in the consultation document.

Emerging evidence following the implementation of the National Drug Strategy indicates that drug treatment works. Our own figures show the same.

The commissioning of a network of services of different levels of intensity is key in each area's response to problematic drug misuse. Improvements are expected, as a result of this, in the areas of public health, social inclusion and criminality.

Many of these services, especially those with lower thresholds of entry, are likely to work with people whose drug of choice is alcohol or for whom alcohol

represents a considerable part of their substance misuse. (A straw poll of the major independent sector providers of services to drug misusers showed that almost all of them work with a significant number of people who use alcohol as drug of choice.) Alongside them, however, there are other services, separately commissioned through separate budgets, specifically for alcohol users.

We acknowledge that there are many reasons why there should be bespoke services for both groups. These would include the difference in criminality relating to the two kinds of substance misuse and the stigmatisation that both client groups may feel in the presence of the other. This is rarely put together as a coherent commissioning strategy, however, because the planning is often under different roofs and with different statutory leaders.

The Drug Action Team is an obvious place for this strategy to come from and, indeed, many DATs have become DAATs, including alcohol in their brief.

It seems clear to us that the issue of treatment of addiction needs to be taken in the round. The problems of dependence on alcohol and illicit drugs are closely allied and have many remedies in common. The distinctions between the two relate largely to societal and legal issues, which can be taken into account in a co-ordinated response.

The concentration on interventions for illicit drug users, especially those through the criminal justice system, has not been accompanied by an investment in services for alcohol users. This has led to an imbalance in availability of services, according to our colleagues working primarily in this field. This seems likely considering the scale of problematic alcohol use, which far exceeds that of illicit drugs.

We would, therefore, suggest that any strategy is fully integrated with the one currently being managed by the NTA and is accompanied by a fully costed investment programme with treatment targets similar to those within the revised drug treatment strategy.

**Further consultation:**

We hope that the above will be helpful. If we can be of assistance in future consultation exercises please do not hesitate to contact us. Details are below.

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Chief Executive