

**NATIONAL HARM REDUCTION STRATEGY
RESPONSE TO CONSULTATION DOCUMENT FROM WAKEFIELD EDUCATION
DEPARTMENT**

1. In the Introduction it mentions the key role that organisations can play in tackling the problem and local authorities are mentioned, but not teachers directly.
2. There is a lack of reference to linking in with Primary Care
3. There needs to be clarity in terminology for mentioning young people in any document that is produced. In the introduction they are called teenagers, In - What do we want to know point 4 they are called children and on page 6, question 9, they are called young people.
4. Will the strategy have a similar status to the drug strategy and is it called harm reduction as opposed to Alcohol Strategy (like the National Drug Strategy) to keep the breweries and drinks industry happy ?
5. What is the budget for delivering this Harm Reduction Strategy ?
6. Point 2 – Due to the binge drinking culture today there will be a greater strain on the NHS in years to come. This is a Government responsibility to intervene now in order to be able to save unnecessary healthcare under funding to deal with this matter in the future.
7. Point 4 – page 6 teachers and educational establishments should be mentioned directly here in any document that is produced as opposed to 'others'
8. Point 7 & 11 – There needs to be concentration on the levels and acceptability of binge drinking that has become current culture. The weekend seems to start on Wednesday – knock on costs to sickness records, NHS budgets etc
9. Point 11 – Depends how this is viewed, when and by whom. English drinking culture in a quiet village is different to English drinking culture of Brits abroad in Magaluf for example.
10. Point 13 – there is education in schools around risk taking and alcohol and this needs to have a greater emphasis on the school curriculum. If PSHE had been made a statutory subject then this would happen automatically. There also need to be strategies around risk taking that can be used in Drama, PSHE, English, RE etc

11. General points on the health section for young people – there need to be more time allocated in schools for this to be delivered – expecting young people to pick up and read a leaflet from the doctor surgery will not happen due to parents / carers being around.
12. Point 21 – Strategies for avoiding and how to handle confrontational situations are taught in drama. These need to be developed further so that responses become automatic.
13. Point 26 – Drug use and drug related crime
14. Point 28 – University official parties have plastic drinking glasses. Pubs with children's play areas have plastic drinking glasses
15. Point 30 – Depends what your definition is for young people – this needs to be clear – Do you class 18 – 24 year olds as young people? If so, this would be one of your target groups. If the definition is for school age young people, then again, strategies for teachers within schools need to be developed, specialist teams of teachers in school to deliver drug and alcohol education. Parents need to be role models and they also need educating on drinking levels. It is often parents that buy their children alcopops and other drinks and think that this is acceptable.
16. Point 34 – High publicity – there needs to be severe penalties in place and put across that it is a privilege to drive. It is a culturally expected norm now for young people to drive, but also a rite of passage that they binge drink – the two do not go together.
17. Point 36 –as well as all the usual vulnerable groups that are listed it is important not to forget those young people with parents / carers that purchase alcohol for them
18. Point 41 – Yes to all. Challenge behaviour may be better phrase to use from a teaching perspective rather than to say change behaviour. Any inputs that involve parents would be successful. We do this in Wakefield – have specific awareness raising sessions for parents on drugs and alcohol.
19. Point 42 – These will be dependant on effectiveness in delivery and will surely be longer term.
20. Point 43 – There is not enough emphasis on sensible drinking. You only need to go into your supermarket to find shelves full of double strength this and extra strength that and then a small area for low or non-alcoholic drinks.

21. Point 44 – research is ok – but there need to be shorter sound bytes that can be incorporated into a busy drug education programme.
22. Point 45 – Yes – information to parents – they know less about the dangers 0 hence buying alcopops and such like for their children.
23. Point 46 – Strategies are beginning but there is still not enough priority given to the areas that deal with this. PSHE and Healthy Schools Programme should become statutory so tat schools have enough time and specialism to work on this.
24. Point 47 – Awareness sessions for parents should be encouraged. We do this in Wakefield as a wider drug awareness session and alcohol has a heavy emphasis.
25. Point 49 – they need to be more longer term strategies, not just an added responsibility for people in school who already have too much to deliver. PSHE programme and PSHE Co-ordinators should have a higher status I school if you want these strategies to work.
26. Point 52 – the way that supermarkets stack their shelves with double strength / extra strength and then just a small area for alcohol free / low alcohol needs to be addressed.