

Alcohol strategy: fizzy or flat?

Governments often use Friday afternoons to push through initiatives when fewer MPs are in the House. Presumably, the alcohol strategy qualified because of the controversial decision to introduce minimum pricing for alcohol. What isn't debatable however, is that the UK has an unhealthy relationship with alcohol. A 25% increase in alcohol-related deaths since 2001 is just one of the more shocking statistics that means that according to a recent YouGov poll, 40% of us associate Britain with the word 'drunk'. So what about the strategy itself? *Druglink* sought the responses to the strategy of interested organisations, and identified four key themes. By **David Ader**



MINIMUM PRICING

Dr Vivienne Nathanson, *Head of Science and Ethics, British Medical Association*

It is encouraging that ministers have put forward a national strategy designed to tackle the serious problem of alcohol abuse that wrecks thousands of lives and costs the NHS millions of pounds each year.

The decision to tackle the affordability of cheap alcohol and the availability of multi-buy discount deals is a step in the right direction.

Dr Peter Rice, *Royal College of Psychiatrists lead on the Alcohol Strategy, Scottish Health Action on Alcohol Problems*

The acknowledgement of the link between price, consumption and harm is very important. This was not

previously as well acknowledged by the Government as it was by health professionals, and this change is very welcome.

Price is the most important factor for long-term health harm, and minimum pricing is thus the most important aspect of the strategy.

Emily Robinson, *Director of Campaigns, Alcohol Concern*

It's great to see the Government's commitment to minimum pricing. The government has kicked the discussion off at 40p – though it has been made clear that price per unit is open for discussion. We would see this set at 50p per unit to be the most effective at bringing change, and it is to be expected that there will be vigorous lobbying by the drinks industry for a lesser figure, as well as a likely legal challenge under EU competition law.

Sainsbury's official statement

We do not support minimum pricing. It would unfairly affect the vast majority of our customers who buy alcohol as part of their grocery shopping and drink responsibly.

We do not believe it will tackle alcohol misuse. There is no simple link between price, consumption and alcohol misuse. Countries that have the highest alcohol taxes and highest prices are also ones where alcohol misuse is a problem.

ALCOHOL AND THE COMMUNITY/ COMMUNITY SAFETY

Chief Constable Jon Stoddart, *ACPO lead on alcohol and licensing*

The growing trend for 'pre-loading' means that young people are often drunk before they even enter a bar. By the time they hit the streets at closing time they are more likely to get involved in crime and disorder or injure themselves or others. I welcome any new approach that will help reduce the availability of cheap alcohol, give communities a greater say over licensing in their area and reduce pressure on the police.

Jeremy Swain, *Chief Executive, Thames Reach*

In my view there is a real danger of services supporting people with substance misuse problems giving the impression that we are extremely concerned about the care and rehabilitation aspect of addressing alcohol misuse but much less bothered about the impact on local communities caused by drink-related violence and other disorder.

Emphasising responsibilities towards local communities is the best way of heading off the watering down of this strategy by the drinks industry which

will seek to return us to a failed strategy based on labelling of products and education on the impact of alcohol. These contributions are important, but nothing is as important as the shift in behaviour which will be achieved through delivering on changes in pricing based on unit cost.

Vivienne Evans, *Chief Executive, Adfam*

The strategy doesn't address the needs of all family members affected by problematic alcohol use and the devastating impact this can have on spouses, partners, parents, siblings and adult children. We will be looking for further opportunities to draw attention to these family members' needs, and how alcohol recovery services could go some way to support whole family recovery.

ALCOHOL DEPENDENCY AND TREATMENT

Simon Antrobus, *Chief Executive of Addaction*

The strategy includes information on the forthcoming ring-fenced Public Health Grants, but within these, there is no dedicated funding for alcohol treatment. There needs to be.

It is estimated that there are over 1.5 million dependent drinkers in the UK who require specialist support. But without this dedicated funding, services such as ours will struggle to deliver that support.

Karen Biggs, *Chief Executive of Phoenix Futures*

This isn't a strategy that aspires to address addiction and it would be dangerous to think it did. Of the 32 pages of strategy, 3 paragraphs are concerned with recovery.

The strategy for me highlights the major risk for the sector in the coming years. That the transfer to public health will divert funding from services delivering specialist recovery to the most vulnerable groups, to services that address broader lower intensity public health messages. It is difficult for me to see how this strategy will touch the

lives of those entrenched chaotic alcohol users that we take into our services every day.

Selina Douglas, *Director of Substance Misuse Services, Turning Point*

In particular, the Government should be focusing on reducing alcohol-related harm by identifying those who need help. This can be achieved for example by putting trained specialists in hospital A &Es. Around 1.6 million people in the UK are dependent on alcohol but only 8 per cent of this figure - 140,000 people - are in some form of treatment.

We would like to have seen the strategy include more advice around which treatment approaches are considered to be the most effective, including advice around innovative integrated approaches across all the different tiers of treatment, as well as greater integration with drug treatment.

Dr Peter Rice, *Royal College of Psychiatrists lead on the Alcohol Strategy, Scottish Health Action on Alcohol Problems*

There is little mention in the strategy of treatment services, and the number of early interventions needs to increase. Priority for interventions ought to be on a par with other major public health interventions such as breast cancer screening and vaccinations.

Only 1 in 18 of people with alcohol dependency are in treatment, so there is a huge unmet need. A change of gear is needed in the scope of alcohol services, and these services need to be rolled out at a national not merely a local level. Whilst pricing is the correct place to start, the second phase must be treatment.

'HIDDEN DRINKING'

Chris Sorek, *Chief Executive of Drinkaware*

We are concerned that while young adults sprawled on pavements after a night out on the town grabs headlines, the Alcohol Strategy does not include measures to tackle the worrying trend of Britain's hidden binge drinkers. Recent ONS statistics confirm Drinkaware's evidence that 25-44 year old working professionals are drinking more heavily

and more regularly than young adults.

Sandy Jerrim, *Project Manager, QIPP Alcohol, NHS Southampton*

The strategy points at dealing with night-time drinking, and it points at retail and industry, but it doesn't look enough at the country's general drinking culture. There is a lot of focus on 'bad guys' - binge drinkers associated with violence and aggression, using valuable A&E time - and little attention to other areas such as drinking levels among different socio-economic groups, including higher economic groups who drink more regularly than lower socio-economic groups. There is a risk of demonising certain groups and failing to address the bigger, but less visible issue around professionals.

Mike Pattinson, *Director of Operations, Crime Reduction Initiatives*

The strategy places great emphasis on 'young people's' drinking and much of it is based around controlling their behaviour. It is not until Section 5.12 that any reference is made to adult misusers of alcohol - with the alarming projection that 70,000 people will die over the next 20 years of alcohol related illnesses. The media-driven focus on young people and alcohol seems to have led the strategy to being somewhat unbalanced in this respect.

James Morris, *Alcohol Academy, and editor of Alcohol Policy UK (www.alcoholpolicy.net)*

I don't think the strategy entirely ignores the issue of more hidden drinkers and alcohol dependency, but it certainly could have been given further exploration and commitment. We still need to significantly increase overall treatment capacity, and in particular improve its effectiveness in meeting different levels of needs. A big issue I feel is really about reaching less severely or non-dependent drinkers who require less intensive treatment or very brief psychosocial treatment. There are many people out there who are highly functioning, with families and jobs, but because of this they won't see themselves as dependent or needing "treatment".

■ **David Ader** is a DrugScope intern