



Response from the Children's Commissioner to the consultation on delivering the Government's policies to cut alcohol fuelled crime and anti-social behaviour

Alcohol Consultation
Drugs and Alcohol Unit
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Dear Colleagues,

Office of the Children's Commissioner's response to the consultation on delivering the Government's policies to cut alcohol fuelled crime and anti-social behaviour

1. The Office of the Children's Commissioner takes a strong interest in the Alcohol Strategy in the light of our work concerning the impact on children and young people of parental alcohol misuse. We are supportive of the Government's determination to tackle the problems which relate to alcohol misuse and would like to see further developments in the wider policy context, beyond issues which are the focus of this current consultation, which address the impact on children. We are responding in this form, rather than to the whole consultation document as we wish to focus on only some of the issues raised. The personal, social, and financial consequences of alcohol misuse are extremely serious for children, their families and the community.
2. Our recent literature review, which focussed on the experiences of children and young people living with parents who misuse alcohol, made several recommendations concerning policy and practice developments which are needed to address their needs.¹ In particular, we recommended that parental alcohol misuse and its impact on children be given as much attention in policy as is drug misuse, and that this is pursued through a broad range of interconnected policy programmes. A greater focus on parental alcohol misuse is needed not least because of the greater number of children affected but also because there are particular aspects to the experiences of children so affected which must be taken into account. This review was concerned to raise issues relating to the risks to these children but also addressed the needs of the wider group of children who are not considered in need of protection but who may well be considered children in need. In addition to addressing what is known about children's experiences and the services which are provided, we were also aware of what is not known. This includes the impact on children of different levels of alcohol consumption by their parent/s: it cannot be assumed that greater harm is equated with higher levels of consumption or less harm with lower consumption. It is, however, crucial to address the level of consumption, given what is known about the very serious health and other risks to parents and their children. We do know about the denial and secrecy, the losses and the violence which is experienced by children as a result of parental alcohol misuse.

¹ 'Silent Voices' published by OCC September 2012

3. The evidence indicates that minimum pricing has a likelihood of success in reducing intake and average consumption, at least among some groups in the population, and we would support this and other financial measures which can discourage excess. There are concerns about drinking among more affluent groups with which other approaches are needed. We note that the BMA and Alcohol Health Alliance (AHA) consider that a minimum price of 50pence would bring more benefits in harm reduction and that this is supported by research at the University of Sheffield. This level has also been agreed in Scotland. It will be important to take this evidence into account when setting the price and to keep any minimum price under review.

4. Children and young people who live with parents who misuse alcohol have told us that the public portrayal of alcohol consumption, through media and advertising, is a problem for them and reinforces the denial they live with. The public perception and social acceptance of alcohol use as fun and part of a positive lifestyle can be a barrier to children getting help and support. If it were possible, therefore, through licensing and other approaches and through voluntary agreements concerning advertising to address this, and promote alternatives, that would be helpful. This could include the promotion of lower priced soft drinks.

5. There is a need to take seriously through these measures the alcohol-related health harms and the value of a public health approach. It is suggested that consideration be given as to how the measurement of these harms could include the emotional, psychological and physical harms to children as a consequence of parental alcohol misuse. We have already suggested that local Health and Wellbeing Boards need to consider the needs of children in their Joint Strategic Needs Assessments. Protecting children from harm is already a licensing objective which places certain responsibilities upon LSCBs. Further than this, making public health a licensing objective, and not just for consideration at a local level, would recognise the complexity of consumption patterns and constitute a clear message about the Government's concerns.

Yours sincerely

