

Families First

An evidence-based approach to protecting UK families from alcohol-related harm



alcohol
& families
alliance

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About the AFA

The Alcohol and Families Alliance exists to reduce the harms experienced by children and families affected by alcohol use. It does this by bringing together organisations and individuals from both the alcohol and children/families sector to examine and formulate new policy positions.

The AFA believes that:

- ▶ Current policy does not sufficiently protect children and families from alcohol-related harms

- ▶ The misuse of alcohol can have serious, and detrimental, effects on the health and wellbeing of children and families
- ▶ The negative effects of alcohol on children and families are not confined to those incurred by drinkers who drink at hazardous, harmful or dependant levels

Families First sets out the key policy positions of the Alcohol and Families Alliance. It was formulated by the Steering Group of the AFA, on behalf of the member organisations:



Section 1: Introduction

Background

Many people in the UK have an unhealthy relationship with alcohol; it is estimated that there are 595,000 adults with alcohol dependence in England.¹ As well as harming individuals, this can also harm children and families. As of 2014/15 it was estimated that in England 189,119 children were living with at least one alcohol-dependent adult and between 14,390 and 32,887 children were living with two alcohol-dependent adults.² It has been estimated that 4% of children live with a parent who is both a problem drinker and a drug user.³ In Scotland, up to 51,000 children are estimated to be living with a parent or carer with an alcohol problem.⁴

The pattern of alcohol consumption is also changing, with 65% of alcohol in England⁵ and 73% of alcohol in Scotland⁶ being sold through the off-trade (supermarkets and other off-licences). The move towards drinking in the home or in other private settings means more

children and other family members are exposed to adults drinking and thus the potential harms discussed below.

Harms to children

The greatest impacts of familial drinking are often experienced by children. There is a growing recognition of the impact of parental drinking due to the work of a number of organisations, including NACOA, Adfam, The Children's Society, the Children's Commissioner,⁷ politicians who have shared their personal experiences in Parliament, and academics. In February 2017, the APPG on Children of Alcoholics published its manifesto for change,⁸ and the Alcohol and Families Alliance is building on this work to set out specific measures to reduce alcohol-related harm experienced by children and families.

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- 1 Pryce, R., Buyk, P., Gray, L., Stone, T., Drummond, C., & Brennan, A. (2017) *Estimates of Alcohol Dependence in England based on APMS 2014, including Estimates of Children Living in a Household with an Adult with Alcohol Dependence. Prevalence, Trends, and Amenability to Treatment*. Public Health England.
 - 2 Pryce, R., Buyk, P., Gray, L., Stone, T., Drummond, C., & Brennan, A. (2017) *Estimates of Alcohol Dependence in England based on APMS 2014, including Estimates of Children Living in a Household with an Adult with Alcohol Dependence. Prevalence, Trends, and Amenability to Treatment*. Public Health England.
 - 3 McGovern, R. et al (2018) *Addressing the impact of non-dependent parental substance misuse upon children: A rapid review of the evidence of prevalence, impact and effective interventions*. Public Health England.
 - 4 Scottish Government (2012) *Final Business And Regulatory Impact Assessment For Minimum Price Per Unit Of Alcohol As Contained In Alcohol (Minimum Pricing) (Scotland) Bill*. Scottish Government.
 - 5 Public Health England (2017) *Alcohol sales in England in 2014: Analysis to assess suitability for inclusion as an indicator in the Local Alcohol Profiles for England*. Public Health England.
 - 6 Giles, L. & Robinson, M. (2017) *Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS): Monitoring Report 2017*. NHS Health Scotland.
 - 7 Adamson, J. & Templeton, L. (2012) *Silent voices: supporting children and young people affected by parental alcohol misuse*. Office of the Children's Commissioner.
 - 8 APPG on Children of Alcoholics (2017) *Children of Alcoholics: A Manifesto for Change*. APPG on Children of Alcoholics.

Alcohol use can affect parents' ability to look after children; more than half of parents receiving treatment and consulted in research said they were unable to provide children with the support they needed due to their alcohol use, with 47% saying that their focus was on alcohol not parenting.⁹ Parents who struggle to control their drinking may become less responsive, more unpredictable and less interactive.¹⁰ Even before birth, parental alcohol use can have an impact on children's development; drinking during pregnancy can impair foetal development leading to Foetal Alcohol Spectrum Disorders.

The Parliamentary Office of Science and Technology notes that parental alcohol misuse can lead to inconsistent and unpredictable parenting, children having to care for their parent or younger siblings, impacts on school attendance and homework, and physical and mental health impacts.¹¹ Other research indicates that compared to other children, children with a parent misusing alcohol are twice as likely to experience difficulties at school, three times more likely to consider suicide, and five times more

likely to develop eating disorders.¹² There is evidence of an association between high risk parental alcohol misuse and externalising difficulties through conduct disorder, oppositional defiant disorder, attention difficulties, and violent and rebellious behaviour.¹³ They may also be more likely to develop their own alcohol problems later in life.¹⁴

More than 4,000 children a year contact ChildLine with concerns about their parents' alcohol use. It is the most common worry that children calling have about their parents.¹⁵

At the extreme end, parental alcohol misuse can lead to abuse and neglect. High risk alcohol misuse by mothers is associated with twofold higher odds of long bone fracture.¹⁶ Alcohol misuse can lead to children being taken into care. Around 61% of care applications in England involve the misuse of alcohol and/or drugs.¹⁷ In Scotland, parental substance misuse was recorded in 39% of child protection conferences.¹⁸ In a survey of grandparent kinship carers, 47% of those who had taken on the care of grandchildren cited parental drug or

9 Turning Point (2011) *Bottling it Up: The Next Generation*. Turning Point.

10 Alcohol Concern & The Children's Society (2010) *Swept under the carpet: Children affected by parental alcohol misuse*. Alcohol Concern & The Children's Society.

11 Hedges, S. & Kenny, C. (2018) *Parental Alcohol Misuse and Children*. Parliamentary Office of Science and Technology.

12 APPG on Children of Alcoholics (2017) *Children of Alcoholics: A Manifesto for Change*. APPG on Children of Alcoholics.

13 McGovern, R. et al (2018) *Addressing the impact of non-dependent parental substance misuse upon children: A rapid review of the evidence of prevalence, impact and effective interventions*. Public Health England.

14 Burton, R. et al (2016) *The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review*. Public Health England.

15 Mariathasan, J. & Hutchinson, D. (2010) *Children talking to ChildLine about parental alcohol and drug misuse*. NSPCC.

16 McGovern, R. et al (2018) *Addressing the impact of non-dependent parental substance misuse upon children: A rapid review of the evidence of prevalence, impact and effective interventions*. Public Health England.

17 Hedges, S. & Kenny, C. (2018) *Parental Alcohol Misuse and Children*. Parliamentary Office of Science and Technology.

18 NSPCC Scotland (2017) *How safe are our children? 2017, Report Briefing: Scotland Context*. NSPCC Scotland.

alcohol use as a reason.¹⁹

Harms to families

Families are also affected by a loved one's drinking, including through financial problems, relationship issues, mental ill health, bereavement, and domestic abuse:

Financial - Having a loved one with an alcohol problem can affect family members' performance at work; research found that 19% of family members were fired or suspended from work when their loved one was in active addiction (compared to 8% when their loved one was in recovery), and only 59% of family members received a good performance evaluation when their loved one was in active addiction (compared to 90% when their loved one was in recovery).²⁰

Relationships - A survey of couples with a loved one misusing alcohol and/or drugs revealed that 95% said that their loved one's substance use had affected their relationship and 50% said it caused arguments between them and family members.²¹

Mental health - Evidence indicates that family members living with someone misusing substances suffer stress-related physical and psychological symptoms that can be severe and long-lasting, and are at a similar or higher risk of disease, emotional issues, and behavioural problems to families with a relative suffering from a chronic health condition.²²

Bereavement - In 2016, there were 7,327 alcohol-specific deaths in the UK.²³ Family members bereaved due to alcohol often experience stigma and disenfranchised grief, whereby the grief they experience is not acknowledged or validated by society.²⁴ Family members may also have felt that they have already 'lost' their loved one to alcohol, and so when they die they have to cope with the 'double-death'.²⁵ There is a close relationship between alcohol and adult male suicide.²⁶

19 Lawson, D. and Raine, J. (2013) *The Kinship Care Guide for England*. Second Edition. Grandparents Plus.

20 Andersson, C., Best, D., Irving, J., Edwards, M., Banks, J., Mama-Rudd, A. & Hamer, R. (2018) *Understanding recovery from a family perspective: A survey of life in recovery for families*. Alcohol Research UK.

21 Adfam & OnePlusOne (2017) *Relationship Realities: A summary of findings from a survey on the effects of drug and alcohol misuse on relationships*. Adfam & OnePlusOne.

22 Mertens, J., Thomas Ray, G. & Weisner, C. (2009) *Family members of people with alcohol or drug dependence: health problems and medical cost compared to family members of people with diabetes and asthma*. *Addiction*. 2009 Feb; 104(2): 203-214.

23 Bennett, M. (2018) *Alcohol-specific deaths in the UK*. Office for National Statistics.

24 Adfam & Cruse (2015) *Bereaved through Alcohol and Drugs (BEAD) Project Consultation Findings*. Adfam & Cruse.

25 Valentine, C., Bauld, L. & Walter, T. (2016) *Bereavement following substance misuse: A disenfranchised grief*. *Omega: The Journal of Death and Dying*, 72 (4), pp. 283-301.

26 Caan, W. (2009) *Unemployment and suicide: is alcohol the missing link?* *Lancet* 2009;374:1241-2.

Domestic abuse - There is a strong relationship between alcohol consumption and domestic abuse.²⁷ Domestic abuse is gendered, disproportionately affecting women, and is a criminal offence. The Family Life in Recovery survey indicated that 32% of family members were victims of family violence when their loved one was in active addiction, decreasing to 11% when their loved one entered recovery.²⁸ As recognised by the Government, domestic abuse can include psychological, financial, and emotional abuse, and coercive control.²⁹ The instances of domestic abuse are therefore likely to be higher than reported by the Family Life in Recovery survey which only referred to violence. Domestic abuse does not just occur between partners; research by Adfam and AVA revealed that parents often experience abusive behaviour from their drug or alcohol using son or daughter.³⁰

A new Alcohol Strategy

In May 2018, the Government announced plans to refresh the Alcohol Strategy. Alcohol is key to many of the Government's priority areas under Theresa May's pledge to tackle the "burning injustices" in society. For example:

Unemployment - In April 2017, the Department for Work and Pensions published a paper on workless families, which acknowledged the problem of alcohol dependency amongst parents.³¹

Domestic Abuse - The Government is taking measures to tackle domestic abuse, recognising the complex relationship it has with alcohol.³²

Mental health and suicide - The Government has re-iterated its ambition to reduce the suicide rate by 10% by 2020/21, recognising the close links between alcohol and mental health, with 80% of people in treatment for alcohol use conditions thought to have a co-existing mental health problem.³³

Safeguarding - There has been increased attention in recent years on the importance of safeguarding children and supporting vulnerable families, for example through integrated working in Multi Agency Safeguarding Hubs

27 Burton, R. et al (2016) *The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review*. Public Health England.

28 Andersson, C., Best, D., Irving, J., Edwards, M., Banks, J., Mama-Rudd, A. & Hamer, R. (2018) *Understanding recovery from a family perspective: A survey of life in recovery for families*. Alcohol Research UK.

29 Home Office (2018) *Domestic violence and abuse*. [online] Available at: <https://www.gov.uk/guidance/domestic-violence-and-abuse> [accessed 07/06/2018]

30 Adfam & AVA (2012) *"Between a rock and a hard place" How parents deal with children who use substances and perpetrate abuse. Project Report*. Adfam & AVA.

31 Department for Work & Pensions (2017) *Improving Lives: Helping Workless Families*. Department for Work & Pensions.

32 Home Office & Ministry of Justice (2018) *Government takes action to tackle domestic abuse*. [online] Available at: <https://www.gov.uk/government/news/government-takes-action-to-tackle-domestic-abuse> [accessed 07/06/2018]

33 HM Government (2017) *Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives*. Department of Health.

(MASHs)³⁴ and through seeing the whole family as a unit in early help services.³⁵

A strategy is key to bringing these policy strands together. The Government must take action to address the harms. The last Alcohol Strategy was published in 2012³⁶ and is now in need of updating, and so a new strategy is welcome. We set out below the areas which the Government should include in the new strategy.

A focus on children and families

Alcohol policy can be focused on health harms and alcohol as a driver of crime. The new strategy must include a focus on harms to children and families, as recommended by the Children's Commissioner.³⁷ It is encouraging that, following calls from the APPG on Children of Alcoholics,³⁸ the government has also committed to publishing a strategy for children of dependent drinkers.³⁹ Addressing the needs of these children is also included in PHE's 2018 to 2019 remit,⁴⁰ and the Parliamentary Under Secretary of State for Public Health and Primary Care has been given ministerial responsibility for children of alcohol-dependent parents.⁴¹ However, alcohol harms are experienced by the whole family, and it would be a missed opportunity to exclusively focus on harms to children. Instead, the Alcohol Strategy

should focus on reducing all harms to families. This should include concrete measures to support families including:

1. Commissioning and provision of support for families including through training of practitioners
2. Recognition of the caring role of families and greater support for carers
3. Better information for parents on the impact of alcohol on families
4. Measures to address the wider role of alcohol in society through tackling stigma and policies on affordability, availability and promotion.

34 Home Office (2014) *Working together to safeguard children: Multi-Agency Safeguarding Hubs*. [online] Available at: <http://bit.ly/2ljmJYQ> [accessed 07/06/2018]

35 Ofsted (2015) *Early help services: how well are they meeting children's needs?* [online] Available at: <https://www.gov.uk/government/publications/early-help-whose-responsibility> [accessed 07/06/2018]

36 HM Government (2012) *The Government's Alcohol Strategy*. Home Office.

37 Adamson, J. & Templeton, L. (2012) *Silent voices: supporting children and young people affected by parental alcohol misuse*. Office of the Children's Commissioner.

38 APPG on Children of Alcoholics (2017) *Children of Alcoholics: A Manifesto for Change*. APPG on Children of Alcoholics.

39 Asthana, A. (2018) *Hunt plans helpline for children of alcoholics after Labour MP's story*. [online] The Guardian. Available at: <http://bit.ly/2JSq5Rh> [accessed 07/06/2018]

40 Brine, S. (2018) *Public Health England Remit Letter – March 2018*. Department of Health & Social Care.

41 Department of Health & Social Care (2018) *New support to help children living with alcohol-dependent parents*. [online] Available at: <http://bit.ly/2liLXHO> [accessed 07/06/2018]

Our recommendations

Support for families

1. Evidence-based support for families affected by alcohol available according to local need, driven by a new national minimum standard.
2. Better training for universal service practitioners to identify parental drinking problems and signpost families to specialist support where appropriate.
3. Inter-agency commissioning and delivery of family support.
4. Develop the drug and alcohol workforce to better support families.

Support for carers

5. Public Health England should update the National Treatment Agency's 2008 guidance on supporting and involving carers.
6. Those caring for someone with an alcohol problem should be informed about carers' rights and benefits.
7. The Government should increase Carer's Allowance to ensure carers do not suffer financial hardship due to their role.
8. Kinship carers should receive the same rights, support, and benefits as foster carers.

Better information for parents

9. The Government should publish evidence-based guidance on parental and family member drinking and its effect on children, including at low levels.
10. The Government should support the effective communication of the Chief Medical Officers' alcohol guidelines, in particular the guidance on drinking in pregnancy and alcohol consumption by children.

Addressing the wider role of alcohol in society

11. The Government should start a national conversation about our relationship with alcohol through a mass media campaign to challenge stigma.
12. Policies should be implemented to tackle the three main drivers of alcohol harm: affordability, availability and promotion.

Section 2: Support for families



Section 2: Support for families

Background

To reduce harms to children and families, the Government should ensure support for families is available, that problems are identified earlier, and that practitioners working with families are fully trained and better supported to work together.

Where the families of a loved one with alcohol problems are supported, there are significant benefits: improvements in personal relationships, greater participation in society, productivity at work, and health and wellbeing.⁴² For children, there are improvements in their aspirations for the future, self confidence and esteem, ability to deal with change, and educational attainment.

Positive family relationships build valuable recovery capital, helping people recover from drug or alcohol problems.⁴³ The Government's 2017 Drug Strategy⁴⁴ and the UK clinical guidelines for drug misuse and dependence⁴⁵ both recognise the role families can play in recovery. When family members are supported,

the drug or alcohol user is more likely to enter and remain engaged in treatment and has a higher chance of recovery.⁴⁶ Family support is cost-effective; every £1 invested in family support returns £4.70 in value for family members, people with substance use problems, and the state.⁴⁷ Evidence exists that family-level interventions, particularly those with an intensive case management element, have shown promise in reducing parental dependent substance misuse.⁴⁸

Provision of targeted support for families affected by alcohol is patchy around the country.⁴⁹ Where family support is available, it is increasingly being provided by drug and alcohol treatment providers.⁵⁰

Adfam considers the essential components of family support to be one-to-one support from a practitioner, provision of information, and peer support.⁵¹ This can include the use of specific programmes such as 5-Step, CRAFT, and SMART Family and Friends which have a robust, academic evidence-

42 Adfam (2017) *Support for families and carers affected by someone else's drug or alcohol use: Making It Happen*. Adfam.

43 The Recovery Partnership (2016) *Building Recovery Capital: Recovery & Relationships*. Adfam.

44 HM Government (2017) *2017 Drug Strategy*. Home Office.

45 Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017) *Drug misuse and dependence: UK guidelines on clinical management*. Department of Health.

46 Meyers, R., Miller, W., Hill, D. & Tonigan, J. (1998) *Community reinforcement and family training (CRAFT): engaging unmotivated drug users in treatment*. *Journal of Substance Abuse*, 10(3), pp.291-308.

47 Rattenbury, E. & Kempton, O. (2012) *The Social Return on Investment of Drug and Alcohol Family Support Services: Assessing Adfam's contribution*. Adfam.

48 McGovern, R. et al (2018) *Addressing the impact of non-dependent parental substance misuse upon children: A rapid review of the evidence of prevalence, impact and effective interventions*. Public Health England.

49 The Recovery Partnership (2017) *State of the Sector 2017: Beyond the tipping point*. Adfam.

50 The Recovery Partnership (2017) *State of the Sector 2017: Beyond the tipping point*. Adfam.

51 Adfam (2017) *Support for families and carers affected by someone else's drug or alcohol use: Making It Happen*. Adfam.

base, but also wider, less formal interventions and caseworking based on anecdotal evidence from service users.

Support should be available in all local authorities, according to need. Support for children and families affected by alcohol is variable around the UK, and there continues to be a lack of consistency in identifying needs and commissioning appropriate support. Bodies such as local authorities and NHS boards are not obliged to report on the quality and consistency of support for families affected by alcohol in their own right. This should be remedied in the new Alcohol Strategy.

The support needs of some children and families affected by alcohol are severe enough to merit statutory intervention; social care and other agencies should be particularly well-funded in these areas to support these families and prevent any escalation of further harms.

The Government should therefore set out a national minimum standard of support for children and families affected by alcohol, which should be complemented with services designed according to local need.

Local need should be taken into account in all stages of service design and commissioning. This first requires an understanding of the scale of the problem. Local authorities should build on existing datasets to assess the scale of alcohol misuse in their area and the number of family members who will be affected, recognising that in many cases prevalence data may underestimate the scale of the problem. While alcohol misuse cuts across all sections of society, alcohol harm is often most acute among lower socio-economic groups,⁵² and so

the bedrock issue of poverty should also be taken into account.

There is a complex relationship between alcohol misuse and domestic abuse, so specialist, gender-informed support should be available for individuals and families affected by both of these issues wherever it is required. This should recognise that domestic abuse is a criminal offence and can occur in any family relationship, and can take a variety of forms, including psychological, physical, emotional, and financial abuse, and coercive control. Services should take a trauma-informed approach to supporting individuals and families affected by these issues.

It is encouraging that the Government is making funding available to support children of alcohol-dependent parents.⁵³ There should also be funding available for the whole family, as the negative impacts of alcohol on families do not just affect children. Family support should be allocated separate funds, and should have the flexibility either to be:

1. Built into contracts for drug and alcohol treatment and recovery services, and monitored routinely in keeping with other data for individuals accessing services.
2. Made available for local grassroots organisations, recognising that 80% of problem drinkers are not in contact with alcohol treatment services. There are good examples of innovation in this area, for example the Scottish Government funding the Family Recovery Initiative Fund in Scotland.⁵⁴

52 Smith, K. & Foster, J. (2014) *Alcohol, health inequalities and the harm paradox*. Institute of Alcohol Studies.

53 Department of Health & Social Care (2018) *New support to help children living with alcohol-dependent parents*. [online] Available at: <http://bit.ly/2liLXHO> [accessed 07/06/2018]

54 Scottish Families Affected by Alcohol and Drugs (2018). *Family Recovery Initiative Fund - SFAD*. [online] Available at: <http://www.sfad.org.uk/recovery-stories/family-recovery-initiative-fund> [accessed 07/06/2018]

- 3. Made available to generic carers' centres as they can also provide family support.

With the planned changes to funding of local government,⁵⁵ the Government should make sure that services for families affected by alcohol are protected and not neglected.

Recommendation 1: Evidence-based support for families affected by alcohol available according to local need, driven by a new national minimum standard

Identifying families in need of support

Families in need of support can slip through the net if their needs are not identified by those working in the services with which they come into contact. The principle that child protection is now “everybody’s business” and not limited to those working in children’s services is now widely accepted. This ethos should be expanded to cover wider harms to children such as those arising from alcohol.

All practitioners in contact with families should receive training on spotting the signs of alcohol problems and how to signpost and refer to family support services, especially services such as schools, GPs, health visitors, social services, children’s centres and carers’ services. Schools and early years services have a particularly important role in identifying and supporting children and young people affected

by parental drinking, as teachers see children regularly and are trained to pick up signs of neglect or changes in a child’s behaviour.⁵⁶ The Department for Education should develop training resources to equip teachers to recognise, support, and refer children and young people affected by parental drinking. However, it is important to emphasise that this expectation should not sit with schools alone, and all services should play their role.

Training should enable practitioners to identify parental drinking and to feel comfortable offering support and advice to parents and other family members, including around lower-level drinking. “Like Sugar for Adults”⁵⁷ recommends that resources for practitioners should focus on the *impact* of parental drinking on children and families, rather than on the amount and pattern of parental drinking. This can help practitioners take a holistic view of what is happening in the family, taking into account factors which could exacerbate or mitigate the impact of parental drinking.

Routine inquiry for alcohol screening can identify emerging problems before they get worse, and pick up on the impacts of low-level parental drinking which might not meet the threshold for more intensive interventions. This can allow practitioners to monitor the situation and provide information and advice to prevent problems escalating. The Alcohol Brief Intervention (ABI) model provides a useful tool for practitioners which is evidence-based and positively evaluated.⁵⁸

55 MHCLG (2017) *Provisional local government finance settlement 2018 to 2019: statement*. [online] Available at: <http://bit.ly/2M80SPo> [accessed 07/06/2018]

56 Foster, J., Bryant, L. & Brown, K. (2017) “Like sugar for adults” - *The Effect of Non-Dependent Parental Drinking on Children and Families*. Institute of Alcohol Studies, Alcohol and Families Alliance & Alcohol Focus Scotland.

57 Foster, J., Bryant, L. & Brown, K. (2017) “Like sugar for adults” - *The Effect of Non-Dependent Parental Drinking on Children and Families*. Institute of Alcohol Studies, Alcohol and Families Alliance & Alcohol Focus Scotland.

58 NHS Health Scotland (2017) *Alcohol Brief Intervention resources*. [online] Available at: <http://bit.ly/2yCfSn9> [accessed 07/06/2018]

Training should include, where relevant, guidance to help universal service practitioners refer to more specialist support. The development by Public Health England of a toolkit for local authorities to support local responses to parental substance misuse is welcome;⁵⁹ this will be a useful resource to ensure that children and families get the support needed, and it should be disseminated to all local authorities.

Recommendation 2: Better training for universal service practitioners to identify parental drinking problems and signpost families to specialist support where appropriate.

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Joint-working

The impacts of serious challenges such as substance use, mental ill health, and domestic abuse are well recognised⁶⁰ and serious case reviews have stressed the importance of multi-agency working to address these complex issues.⁶¹ Alcohol problems often do not sit in isolation and families affected by alcohol may have contact with drug and alcohol treatment services, mental health services, social care, primary care, carers' services, criminal justice services, and domestic abuse services.

These services are commissioned in different systems, by different agencies, using different funding streams. This results in difficulties with joint-working and those who need services falling between gaps.

Services working with families affected by alcohol misuse need to work together to support families holistically. Services must be planned and commissioned jointly with coordinated outcomes.

The Office of the Children's Commissioner recommended that "all local areas seek to develop and build on existing effective approaches to inter-agency and partnership work and find ways to reach those children and young people not known to services."⁶² Similarly, the 2017 Drug Strategy recognised the need for "close collaboration and effective partnership working to deliver the full range of end-to-end support for those with drug and alcohol problems."⁶³ This should be echoed in the new Alcohol Strategy, alongside a recognition that collaboration is essential to children and families as well as to the individual with the alcohol problem.

Policies in the Drug Strategy which encourage joint-working should be mirrored in the Alcohol Strategy, including:

- ▶ Inclusion of a range of local partners on Health and Wellbeing Boards.
- ▶ Joint Strategic Needs Assessments to provide Health and Wellbeing Boards with an understanding of public need and demands on local services.
- ▶ Guidance and shared best practice on effective, joined-up commissioning.
- ▶ Public Health England support for local areas to ensure joined-up delivery.

59 Public Health England (2018) *Problem parental drug and alcohol use: a toolkit for local authorities*. Public Health England.

60 Brandon et al (2010) *Building on the learning from serious case reviews: A two-year analysis of child protection database notifications 2007-2009*. Department for Education.

61 Bracknell Forest Local Safeguarding Children Board (2016) *Serious case review using the significant incident learning process, Child C (Born 2013), Child C Sibling (Born 2010)*. Bracknell Forest Local Safeguarding Children Board.

62 Adamson, J. & Templeton, L. (2012) *Silent voices: supporting children and young people affected by parental alcohol misuse*. Office of the Children's Commissioner.

63 HM Government (2017) *2017 Drug Strategy*. Home Office.

The new Minister of Children of Alcohol-Dependent Parents is ideally placed to issue guidance to local areas on joint-working and joint-commissioning.

Recommendation 3: *Inter-agency commissioning and delivery of family support.*

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Workforce development

Workforce development of practitioners in drug and alcohol services is key to ensuring that families affected by alcohol are supported as well as possible. Support services for families affected by alcohol are increasingly delivered by drug and alcohol treatment providers. The drug and alcohol treatment sector is a varied field with no standard route in for practitioners and a lack of uniform qualifications. There is considerable workforce churn, meaning that learning and skills can be lost.⁶⁴ In some instances, funding constraints lead to drug and alcohol practitioners having family work added to their jobs without adequate training.

All drug and alcohol practitioners should receive training in supporting families, as they are likely to come into contact with them in the course of their work. Evidence-based interventions for family engagement should be promoted and encouraged as best practice for any services offering family support, to embed standard expectations, quality, and consistency of family support across the UK.

We support the proposal of a Drug and Alcohol Practitioner Apprenticeship which incorporates working with families and carers. Substance Misuse Management Good Practice (SMMGP), a membership organisation for a wide selection of people working in the substance misuse field, is leading

a Trailblazer Group to take forward ideas for such an apprenticeship,⁶⁵ and the Government should support the development and roll out of this apprenticeship in England.

As mentioned elsewhere, the wider workforce of practitioners in a range of services have a role to play and so should also have access to training and resources to help them identify and support families affected by alcohol.

Recommendation 4: *Develop the drug and alcohol workforce to better support families.*

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64 The Recovery Partnership (2017) *State of the Sector 2017: Beyond the tipping point*. Adfam.

65 SMMGP (2017) *Apprenticeships: an opportunity for change*. [online] Available at: <https://smmgp.org.uk/news-events/2017/apprenticeships/> [accessed 07/06/2018]



Section 3: Support for carers

Section 3: Support for carers

Background

The clinical guidelines on drug misuse and dependence recognise that “the families and other carers of drug-misusing patients are a valuable resource in drug treatment and can be involved wherever possible and agreed by the patient. However, they are often in need of information and support for themselves, and their needs should not be overlooked.”⁶⁶ This is also true of family members and other carers of people misusing alcohol. Carers play an important role and should be involved in the treatment of their loved one where possible.

People with alcohol problems often have high levels of need,⁶⁷ and the burden of caring for them often falls to family members. If someone has misused alcohol for a number of years, long-term health problems can occur such as alcohol-related brain damage, leaving people increasingly reliant on their family. Research by Carers UK reveals the burden that caring can place on carers,⁶⁸ and this can often be coupled with a loss of identity as family members see themselves as “just a carer”.⁶⁹ Carers of family members with alcohol problems should get the same support as other carers to help them carry out the essential work that they do.

If the person with the alcohol problem has caring responsibilities of their own – for example for children – physical and mental health problems from their alcohol misuse can impair their ability to care. This may lead to an alternative carer having to step in, such as a grandparent. Grandparent carers and other kinship carers should be given the same support as foster and adoptive parents.

Sufficient guidance to support and involve carers in treatment

In 2008, the National Treatment Agency published guidance on supporting and involving family members of drug users in treatment,⁷⁰ a well-informed document of substantial use to the sector.

However, this guidance is now ten years old and needs updating; funding and commissioning for drug and alcohol treatment changed dramatically following the Health and Social Care Act 2012, which has had a major impact on the experiences of carers and the mechanisms for local agencies working together. The recent update to the UK clinical guidelines on drug misuse and dependence stressed the importance

66 Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017) *Drug misuse and dependence: UK guidelines on clinical management*. Department of Health.

67 Burton, R. et al (2016) *The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review*. Public Health England.

68 Carers UK (2017) *State of Caring 2017*. Carers UK.

69 Carers UK & partners (2012) *In Sickness and in Health: A survey of 3,400 UK carers about their health and well-being*. Carers UK.

70 Velleman, R. & Bradbury, C. (2008) *Supporting and involving carers: A guide for commissioners and providers*. National Treatment Agency for Substance Misuse.

of supporting and involving carers⁷¹ and the Government should reflect this by asking Public Health England to update the relevant guidance for commissioners and providers. The update should explicitly include families and carers and be applicable to alcohol as well as drug treatment.

There have also been developments in the understanding of domestic abuse since the 2008 guidance, with the Government publishing a new definition in 2013 which recognises that domestic abuse can occur in any family relationship (not just between partners) and take a variety of forms (not only physical violence).⁷² An updated version of this definition will be enshrined in law, alongside other measures to tackle domestic abuse, in the new Domestic Abuse Bill.⁷³ An update to the guidance on supporting and involving carers should therefore incorporate this change and expand the domestic violence sections of the 2008 guidance.

Recommendation 5: *Public Health England should update the national treatment agency's 2008 guidance on supporting and involving carers.*

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Sufficient information for carers

The Government defines a carer as “someone who helps another person, usually a relative or friend, in their day-to-day life.”⁷⁴ This would cover someone caring for a family member with an alcohol problem, especially if the loved one has developed other health conditions such as alcohol-related dementia.

However, often family members do not identify themselves as carers and thus do not access the support to which they are entitled.⁷⁵ Family members in community groups report experiencing stigma when accessing carers’ services, and a lack of parity of esteem with carers of people with other physical or mental health problems.⁷⁶ When having contact with services, anyone caring for someone with an alcohol problem should be informed about their rights as a carer and signposted to appropriate support. They should be routinely referred to their local carers’ centre for assistance in assessing their eligibility for support. To raise awareness of the role of carers for people with alcohol misuse, the Government should explicitly highlight alcohol problems as a reason for people becoming carers in relevant guidelines.

Children affected by parental alcohol misuse can also be young carers. The

71 Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017) *Drug misuse and dependence: UK guidelines on clinical management*. Department of Health.

72 Home Office (2018) *Domestic violence and abuse*. [online] Available at: <https://www.gov.uk/guidance/domestic-violence-and-abuse> [accessed 07/06/2018]

73 Home Office and Ministry of Justice (2018) *Government takes action to tackle domestic abuse*. [online] Available at: <https://www.gov.uk/government/news/government-takes-action-to-tackle-domestic-abuse> [accessed 07/06/2018]

74 Department for Health & Social Care (2016) *Care Act factsheets*. [online] Available at: www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets [accessed 07/06/2018]

75 Adfam (2017) “No-one judges you here” *Voices of older people affected by a loved one’s substance use*. Adfam.

76 Adfam (2012) *Challenging Stigma: Tackling the prejudice experienced by the families of drug and alcohol users*. Adfam.

Children Society’s Good Childhood Report 2017⁷⁷ found that 23% of children who lived with a parent or carer who misused alcohol fitted this description. Young carers may undertake tasks such as household chores, managing bills, nursing a parent suffering from alcohol withdrawal, as well as providing emotional support. The combination of being a young carer and having a parent or carer who misuses alcohol is associated with lower wellbeing. Children affected by parental alcohol misuse should therefore be signposted to appropriate support for young carers.

Carers bring huge benefits to society, including financial savings by providing care which would otherwise be provided by the state. However, caring can place a financial burden on families; Carers UK found that nearly 4 out of 10 carers described themselves as struggling to make ends meet.⁷⁸ Carer’s Allowance is the lowest benefit of its kind, at £64.60 a week in 2018, and Carers UK recommends raising this to the level of Jobseeker’s Allowance (£73.10), with equivalent increases to the carer premium. We support this recommendation and believe the Government should make this change as soon as possible.

Recommendation 6: *Those caring for someone with an alcohol problem should be informed about carers’ rights and benefits.*

Recommendation 7: *The government should increase carer’s allowance to ensure carers do not suffer financial hardship due to their role.*

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Kinship carers

In families with parental alcohol misuse, other family members sometimes step in to take care of children. Anyone over 18 can become a kinship carer, somebody who cares for the child of a relative or friend on a full-time basis. This can be an informal arrangement or can involve legal orders. There are an estimated 200,000-300,000 children living with kinship carers in the UK.⁷⁹

It is often grandparents who take on caring responsibilities. Parental drug or alcohol use is the most common reason for children to be looked after by a grandparent, cited by 47% of grandparents surveyed by Grandparents Plus.⁸⁰

Kinship carers provide a cheaper and better alternative to independent fostering.⁸¹ They give love, stability and the support children need, and can mitigate some of the negative impacts of parental alcohol misuse.

However, taking on the job of raising young children is demanding, especially for someone dealing with a loved one’s alcohol misuse at the same time. Many kinship carers suffer severe financial hardship due to their caring role⁸² and neither they nor the children in their care are entitled to the same rights and benefits as independent foster carers or

77 The Children’s Society (2017) *Good Childhood Report 2017*. The Children’s Society.

78 Carers UK (2017) *State of Caring 2017*. Carers UK.

79 Lawson, D. & Raine, J. (2013) *The Kinship Care Guide for England*. Second Edition. Grandparents Plus.

80 Wellard, S. & Wheatley, B. (2010) *Family and Friends Care – “What if we said no?”*. Grandparents Plus.

81 Selwyn, J. et al (2013) *The Poor Relations? Children & Informal Kinship Carers Speak Out*. University of Bristol.

82 Hunt, J. & Waterhouse, S. (2012) *Understanding family and friends care: the relationship between need, support and legal status*. University of Oxford & Family Rights Group.

adopters. The Government should build on the good work in Scotland to rectify this.⁸³

Recommendation 8: *Kinship carers should receive the same rights, support, and benefits as foster carers by:*

- ▶ *Giving all children in kinship care for more than 28 days the same rights as children who were adopted from care, i.e. priority school admissions, Pupil Premium Plus, free childcare for two years, and a designated member of school staff to promote their educational attainment.*
- ▶ *Supporting kinship carers to remain in work by giving them the same rights to unpaid adjustment leave and paid employment leave as adopters.*
- ▶ *A national financial allowance for kinship carers raising children who would otherwise be in the care system.*
- ▶ *An entitlement to free legal advice for kinship carers.*
- ▶ *An exemption from spare room subsidy, benefits cap, changes to pension credit, and the limiting of child tax credit to two children for kinship carers.*

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83 The Kinship Care Assistance (Scotland) Order 2016 [online] Available at: <http://www.legislation.gov.uk/ssi/2016/153/contents/made> [accessed 07/06/2018]



Section 4: Better information
for parents

Section 4: Better information for parents

Background

Though alcohol is a potent psychoactive substance, there is a widespread acceptance of heavy drinking in parts of British culture. For many people drinking can be social, safe and enjoyable. Unlike illegal drugs, alcohol plays a role in many social practices and rituals, and pervades many areas of society, including those involving children such as holidays, weddings, and even school events. The legal status of alcohol and its pervasiveness in culture can make it hard to identify when drinking becomes harmful. Research indicates that families routinely struggle to identify what constitutes an alcohol problem, and therefore when to intervene or look for help.⁸⁴ The Government should help families by working to change drinking culture and reduce alcohol-related harms across the population.

The most acute harms to children and families from alcohol misuse are associated with dependent and harmful drinking. However, there is a growing body of evidence that lower level drinking also affects families.⁸⁵ The Alcohol Strategy must acknowledge that harms to others can occur at different drinking

intensity levels.

The development of evidence-based information and guidance around alcohol should be free from alcohol industry involvement.

Drinking and parenting

It is possible that there is a lack of awareness amongst parents about potential harms posed to families by parental drinking, especially at lower levels. As the Children's Commissioner noted: "different levels of consumption (not just parents who are dependent drinkers) and particular styles of drinking (such as binge drinking) may affect children and it cannot be assumed that higher levels of consumption equates to greater harm."⁸⁶

The impacts of parental drinking are not just experienced by children whose parents drink to harmful levels; there are also impacts of low-level parental drinking.⁸⁷ A study found that as a result of their parent's drinking: 18% of children had felt embarrassed, 11% had felt worried, 12% said their parents paid them less attention, and 15% said that their bedtime routine had been disrupted.⁸⁸

84 Adfam (2013) *Out of Focus: How families are affected by problem drinking, and how they look for help*. Adfam.

85 Foster, J., Bryant, L. & Brown, K. (2017) *"Like sugar for adults" - The Effect of Non-Dependent Parental Drinking on Children and Families*. Institute of Alcohol Studies, Alcohol and Families Alliance & Alcohol Focus Scotland.; Adamson, J., Thompson, L. & Clifton, J. (2012) *Silent voices: supporting children and young people affected by parental alcohol misuse*. Office of the Children's Commissioner.

86 Adamson, J. & Templeton, L. (2012) *Silent voices: supporting children and young people affected by parental alcohol misuse*. Office of the Children's Commissioner.

87 Foster, J., Bryant, L. & Brown, K. (2017) *"Like sugar for adults" - The Effect of Non-Dependent Parental Drinking on Children and Families*. Institute of Alcohol Studies, Alcohol and Families Alliance & Alcohol Focus Scotland.

88 Foster, J., Bryant, L. & Brown, K. (2017) *"Like sugar for adults" - The Effect of Non-Dependent*

Children often have a better grasp of their parent's drinking than is recognised, with 11 and 12 year olds describing parents drinking to "solve their problems".⁸⁹

Additionally, parents play a key role in shaping the future drinking patterns of their children. Evidence indicates that young people are more likely to drink, more likely to drink frequently and to drink to excess if they are exposed to a close family member, especially a parent, drinking or getting drunk.⁹⁰ Research from Demos concluded that "alcohol misuse is potentially hampering [parents'] ability to be the most effective, 'tough love' type of parent, which in turn increases the risk of their children developing character traits which could expose them to problematic drinking behaviour."⁹¹ Further, although the evidence base is smaller, research does also report children being negatively affected by sibling drinking.⁹²

The Government offers no official guidance on the potential emotional, developmental or educational impacts of family drinking on children – only the influence this may have on children's future drinking.⁹³ There is an urgent need for guidance for parents. This guidance should complement the current guidelines to help parents to identify whether they are drinking alcohol problematically.

Recommendation 9: *The government should publish evidence-based guidance on parental and family member drinking and its effects on children, including low levels.*

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Pregnancy

In 2016, following an evidence review, the UK Chief Medical Officers published a guideline on drinking during pregnancy,⁹⁴ advising that if pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all.

However, a number of factors combined have led to continued confusion amongst the public. There has been a lack of government promotion of the guidelines which, together with sometimes conflicting messages from the media, and the absence of mandatory pregnancy warning labels on alcohol products and advertising, have prevented the CMOs' guidelines from getting through to pregnant women. It is estimated that 41% of pregnant women in the UK drink during pregnancy, which puts the UK in the top five European countries in terms of alcohol use during pregnancy.⁹⁵

The risks caused by high levels of consumption during pregnancy are

Parental Drinking on Children and Families. Institute of Alcohol Studies, Alcohol and Families Alliance & Alcohol Focus Scotland.

89 Foster, J., Bryant, L. & Brown, K. (2017) *"Like sugar for adults" - The Effect of Non-Dependent Parental Drinking on Children and Families.* Institute of Alcohol Studies, Alcohol and Families Alliance & Alcohol Focus Scotland.

90 Bremner, P. et al (2011) *Young people, alcohol and influences.* Joseph Rowntree Foundation.

91 Birdwell, J., Vandore, E. & Hahn, B. (2012) *Feeling the Effects.* Demos.

92 Laslett, A. et al (2010) *The Range and Magnitude of Alcohol's Harm to Others.* Alcohol Education and Rehabilitation Foundation.

93 Donaldson, L. (2009) *Guidance on the Consumption of Alcohol by Children and Young People.* Department of Health.

94 Department of Health (2016) *UK Chief Medical Officers' Low Risk Drinking Guidelines.* Department of Health.

95 Popova S., Lange S., Probst C., Gmel G. & Rehm J. (2017) *Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: A systematic review and meta-analysis.* Lancet Global Health. 5: e290-99.

undisputed.⁹⁶ The harms caused by higher levels of consumption are covered by the umbrella term Foetal Alcohol Spectrum Disorders (FASD). Foetal alcohol syndrome (FAS) is the most severe form and leads to restricted growth, facial abnormalities, and learning and behavioural disorders.⁹⁷ In 2014/15, there were 276 diagnoses of FAS in England, two in Wales and none in Scotland or Northern Ireland.⁹⁸ The number of children affected by the full range of FASD is likely to be much greater as it is less likely to be diagnosed due to its lesser severity.⁹⁹

Children's drinking

Many parents give small amounts of alcohol to their children as a way of teaching them about alcohol in a safe environment.¹⁰⁰ A UK survey in 2009 of over 2,000 parents found most respondents were happy for children to have a weak or watered-down drink from the age of 14, and a full strength alcoholic

drink from the age of 16.¹⁰¹ Research by UCL and Pennsylvania State University indicates that 1 in 6 parents gives children alcohol before the age of 14.¹⁰²

However, the sociological research increasingly suggests that there is no protective effect from early exposure to alcohol.¹⁰³ Moreover, during adolescence, the brain is still growing, and heavy drinking could prevent proper growth, affecting learning skills and long-term memory.¹⁰⁴

Risks also arise from parental endorsement of alcohol consumption. Research from Australia¹⁰⁵ found that adolescents who have all their alcohol supplied by their parents had a higher risk of subsequent binge consumption, alcohol-related harm, and symptoms of alcohol use disorder than those whose parents did not supply them.

In 2009, the English Chief Medical Officer published guidance that an alcohol-free childhood is the healthiest and

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- 96 Patra, J., Bakker, R., Irving, H., Jaddoe, V.W., Malini, S. & Rehm, J. (2011) *Dose response relationship between alcohol consumption before and during pregnancy and the risks of low birth weight, preterm birth and small for gestational age (SGA)—a systematic review and meta-analyses*. *BJOG: an international journal of obstetrics and gynaecology*. 118 (12), pp. 1411–1421.
- 97 Burton, R. et al (2016) *The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review*. Public Health England.
- 98 Minister of State (Department of Health) (2016) *Written answer to parliamentary question C48845. 20 October 2016. Citing data from NHS Hospital Episode Statistics*.
- 99 Hedges, S. & Kenny, C. (2018) *Parental Alcohol Misuse and Children*. Parliamentary Office of Science and Technology.
- 100 For a detailed analysis of parental attitudes, see Valentine, G. et al (2010) *Alcohol Consumption and Family Life*. Joseph Rowntree Foundation.
- 101 Valentine, G. et al (2012) *Do as I say, not as I do: the affective space of family life and generational transmission of drinking cultures*. *Environment and Planning*, 44:776-792.
- 102 Maggs, J. & Staff, J. (2018) *Parents Who Allow Early Adolescents to Drink*. *Journal of Adolescent Health*, 62(2), pp.245-247.
- 103 Ward, B., Snow, P., & Aroni, R. (2010) Children's alcohol initiation: An analytic overview. *Drugs: Education, Prevention, and Policy*. 17(3), pp 270–277.
- 104 Scottish Health Action on Alcohol Problems (2014) *Alcohol and the Developing Adolescent Brain: Evidence Review*. SHAAP.; Welsh Government (2010) *You, Your Child and Alcohol*. Welsh Government.
- 105 Mattick, P. et al (2018) *Association of parental supply of alcohol with adolescent drinking, alcohol-related harms, and alcohol use disorder symptoms: a prospective cohort study*. *The Lancet*, Volume 3, No. 2, e64-e71.

best option.¹⁰⁶ The Government should promote this guidance to help parents make informed choices about their children's alcohol consumption.

Recommendation 10: *The government should support the effective communication of the Chief Medical Officers' alcohol guidelines, in particular the guidance on drinking in pregnancy and alcohol consumption by children.*

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¹⁰⁶ Donaldson, L. (2009) *Guidance on the Consumption of Alcohol by Children and Young People*. Department of Health.



Section 5: Addressing the wider role of alcohol in society

Section 5: Addressing the wider role of alcohol in society

Background

Public awareness

Despite the prevalence of alcohol in society, alcohol dependence is heavily stigmatised.¹⁰⁷ Stigma has been found¹⁰⁸ to play a damaging role in preventing those who have a drinking problem coming forward and asking for help.

Research from Adfam¹⁰⁹ has found stigma to be a powerful block to seeking support, and that “some families effectively stigmatise themselves through feelings of guilt and low self-worth”. One family member said “stigma is a big issue – prevents children and families from speaking out and accessing support”. It can make the experience of having a loved one with an alcohol problem even more challenging, as one person said “it’s hard enough without judgement from others”.¹¹⁰ Stigma can also make people affected by a loved one’s substance use become socially isolated.¹¹¹

The recent focus on mental health in mass media campaigns has successfully encouraged public debate on this topic, making it easier for people to reach out for help. A similar change in public attitudes to people with alcohol problems would be beneficial for families.

Recommendation 11: *The government should start a national conversation about our relationship with alcohol through a mass media campaign to challenge stigma.*

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Affordability, availability and promotion

Policies addressing the affordability, availability and promotion of alcohol are all supported by the World Health Organisation as effective measures to reduce alcohol-related harm across populations.¹¹² Policies of this nature would have a positive effect on families.

Alcohol is 60% more affordable than it was in 1980.¹¹³ Strong alcohol products are being sold for pocket money

107 Schomerus, G., Lucht, M., Holzinger, A., Matschinger, H., Carta, M. & Angermeyer, M. (2010) *The Stigma of Alcohol Dependence Compared with Other Mental Disorders: A Review of Population Studies*. Alcohol and Alcoholism, 46(2), pp.105-112.

108 Naughton, F. et al (2008) *Assessing treatment for problem alcohol users: Why the delay?* Gloucestershire Community Research Unit.

109 Adfam (2012) *Challenging Stigma: Tackling the prejudice experienced by the families of drug and alcohol users*. Adfam.

110 Adfam (2013) *Out of Focus: How families are affected by problem drinking, and how they look for help*. Adfam.

111 Orford, J. et al (2013) *Addiction in the family is a major but neglected contributor to the global burden of adult ill-health*. Social Science & Medicine 78/Feb 2013, pp. 70-77.

112 World Health Organisation (2010) *Global strategy to reduce the harmful use of alcohol*. World Health Organisation.

113 NHS Digital (2017) *Statistics on Alcohol, England, 2017*. NHS Digital.

prices up and down the UK. This is most pronounced in the off-trade – supermarket own-brand vodkas and high-strength ciders are typically the cheapest alcohol on offer. Off-trade beer is 188% more affordable than it was in 1987, while off-trade wine and spirits are 131% more affordable.¹¹⁴ Affordability has been shown to be closely linked to consumption.¹¹⁵ A policy of minimum unit pricing, as introduced in Scotland from 1 May 2018 and currently under consideration in Wales, Northern Ireland, and the Republic of Ireland, as well as measures to ensure that the tax on every alcohol product is proportionate to the volume of alcohol it contains, would tackle this extreme affordability.

In recent decades, sales of alcohol have shifted predominantly to the off-trade, with 65% of alcohol in England¹¹⁶ and 73% of alcohol in Scotland¹¹⁷ being sold through the off-trade (supermarkets and other off-licences). Consequently, alcohol-related harms to families and children are most likely to occur within the home, rather than on licensed premises. Policies to address the availability of alcohol, and consequently reduce home drinking, are therefore central to reducing this harm. While the Licensing Act 2003¹¹⁸ contains a licensing objective of protecting children from harm in licensing decisions, this could be used to greater effect.

Alcohol advertising is common across television, print and street advertising. Many high-profile events broadcast in

the UK are sponsored by alcohol brands, including the FA and World Cup, UEFA Champions' League, Rugby World Cup, and Formula 1, and concerns have been raised about the high number of children this advertising may reach.¹¹⁹ The British Medical Association and the Alcohol Health Alliance have called for a blanket ban on alcoholic advertising in the sporting industry in much the same way as the ban on tobacco advertising. Statutory marketing regulation, including a specific inquiry into social media marketing and online sales of alcohol, is required to address these harms to families.

Recommendation 12: Policies should be implemented to tackle the three main drivers of alcohol harm: affordability, availability and promotion.

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114 Institute of Alcohol Studies (2018) *The rising affordability of alcohol*. Institute of Alcohol Studies.

115 Rabinovich, L. et al (2009) *The link between alcohol affordability, consumption and harms in the EU*. RAND Europe.

116 Public Health England (2017) *Alcohol sales in England in 2014: Analysis to assess suitability for inclusion as an indicator in the Local Alcohol Profiles for England*. Public Health England.

117 Giles, L. & Robinson, M. (2017) *Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS): Monitoring Report 2017*. NHS Health Scotland.

118 Licensing Act 2003 [online] Available at: <https://www.legislation.gov.uk/ukpga/2003/17> [Accessed 07/06/2018]

119 Letter in The Guardian (2014) *Protect children – stop alcohol sponsorship of sport*. [online] The Guardian. Available at: <https://www.theguardian.com/society/2014/dec/25/protect-children-stop-alcohol-sponsorship> [accessed 07/06/2018]

Appendix

Intended audience

The policy recommendations in this document are aimed at the UK Government. However, it should be noted that some areas of policy covered in this document are devolved to the Scottish Government, the Welsh Assembly, and the Northern Ireland Assembly. In these instances, the recommendations may still be applicable, but it should be recognised that the policy context may be different and some of the changes proposed in this document may already be planned or have been implemented.

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July 2018

alcohol
& families
alliance