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Ymchwiliad i'r Adolygiad Blaenoriaethau ar gyfer y Pwyllgor Iechyd, Gofal
Cymdeithasol a Chwaraeon

Inquiry into the Priorities for the Health, Social Care and Sport Committee

Ymateb gan: Alcohol Concern Cymru

Response from: Alcohol Concern Cymru

Thank you for the opportunity to contribute to this process. Of the subjects that have already been suggested, there are three that we think are particularly appropriate. Our comments on them can be seen below, in the order of priority to us.

Gambling addiction

The Committee's list of possible topics refers to our report "A Losing Bet?", on the overlap between alcohol and gambling. Although alcohol is the main interest to us as a charity, we recognize that alcohol problems often coincide with other forms of dependency. Many people who gamble excessively also abuse alcohol, and many people who are dependent on alcohol also turn to gambling as a means of escape at times. Since the publication of "A Losing Bet?" we have worked with the University of South Wales and the University of Roehampton in order to better understand the relationship between drinking and gambling, especially in the context of online gambling (which is the area where the gambling industry is growing fastest). As a result of this collaboration, we have a great deal of useful evidence that we can present to the Committee.

To conclude, I would say that we, and many others working in the field, believe that it is high time that we discuss gambling as a public health issue, rather than as a regulatory issue only. An investigation into reliance on gambling by the Assembly Health Committee would show that this is an idea which is accepted in Wales.

Loneliness and isolation among older people

We currently have a community development project in Pembrokeshire, which aims to reduce alcohol problems by strengthening social bonds. Interestingly, when the project began in 2014, we asked local people what were the priority issues for them in terms of alcohol. There was a strong consensus that isolation amongst older people contributed greatly to alcohol abuse among the older generation. Consequently, a number of our project activities have focused on bringing together young people and older people to socialize and share experiences, rather than dealing directly with alcohol as a subject. In essence, we are dealing with the underlying causes of poor health rather than its symptoms. We believe that, here, we have a good model for health promotion for older people, and we would be very happy to present evidence on that to the Committee.

Sport and public health

We agree that participation in various sports (especially through local community clubs) is very beneficial to people's physical and mental health, and also helps to strengthen social bonds. We consulted with a large amount of such clubs, and one thing we have seen is that they often have a paradoxical role. On the one hand, sports clubs and fitness centres promote fitness and excellence on the playing field. On the other, they are often also places to drink heavily and places where it seems that alcohol is part of the culture. In a survey that we held, spokespeople on behalf of 90% of clubs told us that they thought it was important that clubs sell alcohol responsibly; but 66% said that club members regularly binge drink.

As well as the negative effects of excessive drinking on the health and performance of a team, if people know that the club is noted for heavy drinking, they may stay away. More specifically, such clubs are unlikely to appeal to families with children (the future of the club) or to people from ethnic communities where alcohol is not usually drunk or is not acceptable. It is also possible that the 'machismo' culture of heavy drinking is not attractive to women. We believe, therefore, for sports clubs to be centres for the promotion of good health and centres that promote a community spirit,

they must ensure that alcohol is sold and drunk sensibly in the club. We have many examples of ways to do that, which we could submit to the Committee.

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