

National Alcohol Harm Reduction Strategy – consultation document

My name is Dr Annabelle Bundle and these are my views and have not been discussed with my employers. I am an associate specialist community paediatrician and have a specialist interest in alcohol issues and teenagers. I also work one session per week as clinical assistant with a community alcohol team working with alcohol dependent adults.

I provide a service for teenagers who have attended A&E or been admitted to the adolescent ward with alcohol intoxication and I also see other teenagers where there is professional concern about alcohol use. I have data on numbers of teenagers identified, response to offers of appointments and numbers pretending A&E. I could provide you with this information if it were felt to be helpful.

Consultation Questions

6. Includes dependence, but also recurrent intoxication, binge drinking, and harmful use, use that has resulted in legal issues or social harm.
7. Must aim to address teenagers as well as adults. It should also seek to reduce the harm to families where a parent has an alcohol problem.
12. For teenagers in particular its fashion & marketing, peer pressure and changing patterns of what is perceived as “normal”
13. For some teenagers, the intention is to get drunk on a regular basis.

14. Harmful drinking is that which produces physical or mental harm (ICD 10 code). However, it could be widened to include the potential to produce harm and this should encompass social, legal and family issues, education/employment.
17. Brief interventions are an evidence-based method of reducing alcohol consumption in the earlier stages of drinking. It is vital to raise professional awareness of the need to ask about alcohol, in a non-judgmental way. This is particularly important if we are to reduce foetal alcohol exposure.
21. We need to target education at schools and make alcohol education have as high a priority as drugs education.
22. Alcohol is a depressant drug, a fact that is often not known by young people.

36. Teenagers in residential care are a particularly vulnerable group (Bundle A. Arch Dis Child. 2001; 84: 10-14). Teenagers disaffected with school, those where there is a family history of alcohol misuse, those with fetal alcohol syndrome/fetal alcohol effects.
37. Victims of child abuse.
38. Factors which maintain alcohol misuse in some teenagers and adults are child abuse, the lack of effective therapeutic interventions, the feeling that if so many awful things have happened to you it doesn't matter if you drink to blot it out.
39. Lack of resources & division of responsibility both get in the way of joined up services.
40. For children looked after, services tailored to their needs are essential.

43. I feel the message about sensible drinking is extremely confused and from the teaching sessions I have given to a variety of health professionals the confusion exists among them as well as the general public.
45. Targeting a clear message about abstinence peri-conceptually and throughout pregnancy. The current confused message is potentially dangerous, I feel, as research shows we don't know what, if any, level of drinking is safe.
46. School should give alcohol education a higher priority.
47. Parents and families are important, but I find that with some teenagers I see, it is a family member who has initiated the unwise drinking. There is also reluctance on the part of some parents to take up the offer of an appointment for their teenager to discuss alcohol issues. Ways of engaging them need to be identified.

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