

National Alcohol Harm Reduction Strategy

Consultation Document

WHY THE GOVERNMENT SHOULD PLAY A ROLE:

Government needs to fund the delivery of services specialising in treating misuse of alcohol and also the education around alcohol. Given it is a high source of revenue for the country as a highly taxed product, there needs to be recognition of responsibility from Government in regards to offering specialised services to those who have got into difficulty with their use of what is an addictive and yet a highly integrated cultural activity. Alcohol is heavily publicised, encouraged and traded throughout the country.

By looking at the statistics connected to alcohol related deaths and the amount of admissions to A&E as a result of alcohol misuse, by studying the link from alcohol to violent and disruptive behaviour, by asking all services, police, paramedics, nurses, et al, the evidence is there that alcohol has a massive negative impact on any given community on a daily basis.

Change in communities is a long process with no quick solutions and involves a process of education, which I believe some schools are taking on board. It requires the media in general to understand the shame aspect of alcohol misuse and there needs to be a broader picture painted by the media.

It seems to hit the public eye when a well-known figure in the media suffers an alcohol related death or disease, but it doesn't filter through that 'A. n. Other' is affected as badly on a daily basis.

There needs to be an umbrella of responsibility from those who use it, who legalise it, who gain income by taxing it and who gain income by manufacturing and selling it.

Regarding rights there also come responsibilities. This comes from all directions. The retailer has the right to sell, yet there should also be responsibilities alongside the sale of it which reflect the recognition that it is a highly dangerous and toxic drug that can have fatal outcomes **when misused**.

There needs to be a balance struck where people do not shy away from telling the hard facts alongside the reality that the majority of the population drink sensibly and it is enjoyed by many. There need to be courageous decisions concerning the trading of it in areas where there is alcohol related violence and disruption, and there needs to be dedicated money for the services that are offering therapeutic interventions and frequently turning lives round at critical moments. Having the correct funds for fully qualified counselors is essential in order to retain staff and build up a body of knowledge that can be applied in other aspects of the situation such as town planning advice etc.

The Cultural and behavioural issues around alcohol use and misuse.

6.

When home, family, job and health are affected by alcohol misuse, either in all combinations or singly. If all affected then the situation is chronic, if one or two then it may be acute or a crisis

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Any patterns that are causing harm. Patterns can and do change from client to client. They can also remain the same. By funding training for front line services: (paramedics, A&E staff police) and ensuring they are sign posters to specialist agencies such as NORCAS.

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Like the drug, alcohol's effect knows no boundaries. People drink in groups they drink in isolation, so whatever wider social changes have occurred, alcohol adapts to fit in. The fact it is more easily available through supermarkets small shops and longer opening hours means there are less practical barriers for people when they are developing a problem. It seems this question is pointing towards a change in sexual behaviour and alcohol is certainly something that adds to that change and it may be that a stronger link needs to be made between the use of alcohol and H.I.V.

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Yes I believe minority groups with specific issues around admitting to alcohol problems need addressing in a particularly skilled way. I believe there is a gap in the education market for all age groups including 25-45 year olds.

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I do not know. Personal freedom is crucial. it needs to be informed however..

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The media and Europe says there is. The regional differences seem to be more in the lines of the availability of services for people who are struggling with issues around alcohol. The elderly and the young are excluded by N.H.S. in respect of treatment already.

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I think the one factor excluded in this list is Emotional Intelligence and I believe that is the most powerful thing that influences behaviour. People say they drink to help anxiety and to gain confidence. By accessing the feelings behind those (and many other) issues they discover the need for alcohol reduces.

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Attitudes to risk are affected by alcohol.

HEALTH: PREVENTION, TREATMENT AND THE IMPACT ON THE N.H.S.

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Impact on home, health family and finance. (as answer for Q6) When home, family, job and health are affected by alcohol misuse, either in all combinations or singly. If all affected then the situation is chronic, if one or two then it may be acute or a crisis.

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The evidence on health cost is clear, health benefits are unclear. There are some research documents carried out by U.E.A students over the years that we hold at P. Square Norwich. I am sure Andrew Jeffries could tell you the benefits.

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Regular accidents in home and in public areas, RTA's, self harm, attempted suicide,

Accidents that are the result of passing out due to alcohol, injuries incurred as a result of fighting due to alcohol both for the person drinking and someone not drinking, accidents incurred as a result of the loss of inhibitions or taking more risks. Unwanted pregnancies, contraction of H.I.V. Health affects as a result of chronic use, liver, pancreas, and kidneys, mental health problems that would otherwise not occur. O.D as a result of mixing medication.

Misdiagnosis of a problem as a result of lack of information given by patient.

Misdiagnosis of a problem because the specialist has an alcohol problem themselves.

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Having access to an agency such as P. Sq, for free confidential advice and in depth counselling. This can catch issues as they arise, if staffing levels were higher we could cut waiting lists and offer interventions at critical moments.

Gaining a post graduate or post qualification diploma in counselling studying a key theoretical model such as person centred counselling, psychodynamic counselling gestalt therapy. The counsellor can then use their understanding of therapy to enable the client to move through a process of change and has an informed understanding of that process of change as well as a thorough underpinning of the knowledge required about alcohol.

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I feel there is some progress with link nurses being employed who are in a hospital and able to refer clients on for further help. In other contexts it may be that alcohol is not seen to be the issue and so has not been identified. It could be a simple additional question for a person to have in their inventory, whether they will receive an accurate answer will depend on how willing a person is to admit they have a problem. If the brief intervention is offered by someone who has competence around the issues of alcohol use then this would be a helpful intervention. Many who do offer brief interventions have a lack of knowledge or understanding and may give misleading or bad advice to people based on ignorance. I do not think there are any quick fixes however, within the context of this agency when a person attends assessment that in itself may be enough for some people and they alter their habits dramatically after the initial assessment. Those assessments however are carried out by professional and highly skilled counsellors. It also requires that the person attending is ready for change. I feel the model used here in Central Norfolk by Norcas is a very good model. It involves assessment, counselling, acupuncture group work with other aspects developing as well. The problem has been more to do with lack of funding to employ more counselling staff and to have more property from which to operate.

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I feel the learning needs to go the other way. The alcohol services in Norwich have been around for 25 years. There is much that could be learned by drugs treatment from alcohol services. The only learning that I can think of is that drugs attract more funding. It also needs to be noted that interventions and planning require time as well as money, that chronic problems can not be changed quickly

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This requires awareness raising and education for current generations going through the education system as well as awareness raising of retailers and their responsibilities. There needs to be reflection by them in regards to whom they chose to sell their products ~~to~~ and over what periods of time. If publicans in City centers where there are known high-risk spots adopted some strategies involving new ways of buying drinks, then situations could be prevented from evolving. One idea that may or may not be useful is to have a swipe card being issued to each group of customers when buying their first round, the card has to be presented each time a drink is bought and for there to be a way of creating a cut off point if the amount of alcohol consumed over all is reaching high limits in ratio to number of people in group and amount of time taken in consumption. Eg: if a group of 5 people have reached 20 drinks (1 drink equalling 2 units max per drink) in three hours, o.k.. 5 people having 20 alcohol drinks in two hours this is edging towards excessive. 5 people reaching 20 drinks in one hour very excessive if the card is swiped when order is taken and it shows that they are reaching the 20 drinks in one hour level customer can be informed that they will serve a lower % brand if they wish otherwise they will be unable to continue to serve them. This can mean they get to a point before potential aggressive behaviour has been reached.

Even if the customer chooses to move on to a different pub, at least there is the time element involved, delaying the point of utter intoxication. If pubs/ clubs adopt these policies, it can be made known to the public. Families etc will know these policies are in place and it may encourage custom as people feel safer in those environments. Could be something like Weatherspoons adopts a safer drinking policy, something like that and then there can be awards for the forward thinking publicans etc etc. This could well reduce City Center violence and if it is seen to work in one place then other pubs/ clubs may adopt it as they do not want violence in their establishments either. It could be that other organisations become involved in promoting the pubs, entertainment licenses being granted on provision that these policies are adopted or that plans to change use of building to a licensed premises hold this provision over them. I suggest this is a strategy for areas known for difficulties, where there are clubs etc as well and an area where young people tend to congregate. It may be a very bad idea, but it's the only one I can think of right now.

In terms of work place then there needs to be guidance for employers regarding having an alcohol policy and for that to be made known to workers and that support and encouragement and time will be made to assist workers to access support of agencies such as Norcas.

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The links are very high and services seem to work currently that if alcohol is in the picture then clients will be referred to the alcohol agency. Mental health Trusts will not assess people for treatment until the alcohol is sorted out. This frequently means that as a result of this the alcohol agency is seeing people with very complex problems and once the alcohol is out of the picture the other issues diminish as the underlying issues have been looked at throughout the course of counselling. This means that many people are receiving the benefits of professional counselling who do not get access to it through the mental health trust. This is not recognised financially however and it means the waiting lists for our agencies are twice as long as we are taking on clients who would generally be seen by mental health trusts if they were not using alcohol.

Crime and disorder

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Education, encouragement of emotional intelligence, generating a culture of goodwill, addressing issues of poverty and homelessness. All of these things impact on the questions asked.

25...The loss of inhibitions associated with alcohol would indicate that recklessness and bravado increase and also the likelihood of accidental disorder, loss of judgment of distances of danger and of capability.

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Sharing information is difficult if it is something that becomes the norm. People's trust is very important in this context and services may be avoided if it is thought there are strong links between various agencies, especially those connected to law and order. In the main I feel open access services are preferable for many reasons, motivation to change being the most powerful one.

35. Break down of relationship, co-dependency that has ballooned out of control, fear, lack of anger management, financial dependency, and number of internal and external problems.

THE IMPLICATIONS FOR VULNERABLE GROUPS

36. Those with one or two parents who drink.

37. People who are dependent on one person with power over them financially /emotionally/ physically.

38 Before any real work on the alcohol can be done the person requires the basics in place.
Having a homelessness team attached to an alcohol agency seems to make sense.

39 I feel the agency we have which involves working with various different groups (eg homeless) as well as having a training officer and a team of counsellors is an effective combination. With more funding a broader service could be developed.

EDUCATION

There needs to be a many armed approach engaging schools with age appropriate education, media campaigns, writers of T.V soaps . I feel that all ages within the population require educating around alcohol use and emotional literacy. I do not think it is something that can happen in short bursts, it needs to come from an overall awareness by funding services so they can function fully and well then substantial change will eventually occur.

1999 Questionnaire Parsonage Square Norwich

50% clients returned their questionnaire

PART ONE

How long did you have to wait for an initial appointment?

91 % responded to this question

21% felt they had waited a long time.

50% felt they had waited an acceptable length of time

29% indicated they did not have to wait.

Did this cause you any difficulty? 98% clients responded to this question

Yes [21%] Not really [49%] No [30%]

Did you find the staff generally caring and helpful? 100%

Yes [100%] No []

Have we helped you to stop/control your drinking? 100% answered

Yes [57%] Possibly [38%] No [5%]

Would you use us again if appropriate? 100% answered

Yes [92%] Possibly [8%] No []

Would you recommend other people to use our centre? 100% answered

Yes [95%] Possibly [5%] No []

PART TWO

Please complete this section if you are willing to go into more detail about your experience.

72% filled in this section

What were the effects, if any, of having to wait for a regular counselling slot?

62% responded

48% no adverse effects

17% some difficulties

35% definite problem waiting

Do you have any thoughts or feelings about your counsellor that you would like to remark on?

81% responded to this question

3% unsure of some aspect

6% critical of counsellor

91% very positive remarks to make

Do you feel you have changed at all as a result of your counselling and if so, how?

81% responded

20% unsure if they had changed

80% definitely changed

Is there anything else you wish to add?

64% clients responded to this question

17% had suggestions : expand services, consider a fee, employ Black counsellors

83% made very affirming statements about their counsellor, about the service as a whole, about Norcas..

Out of all written responses clients expressed most anxiety over waiting for De Tox or counselling. Clients also expressed a high level of awareness of funding and staffing being a major part in this issue. Overall express enormous support for our services

Clients who experienced difficulty whilst waiting, continue to express very positive feelings about their counselling relationship.

QUOTES

It is a good service. Perhaps I was expecting the counsellor to tell me to stop drinking without realising only I could do that.

My counsellor has been a tower of strength for me, very caring, very helpful and very understanding

I can now face my problems instead of hiding them in a bottle

I found it very hard to talk when I first started but over a period of time I have found things easier and feel a trust and respect for my counsellor

Waiting caused anxiety, frustration, increased drinking. It made it harder to attend the first appointment.

I feel more balanced more in tune with my feelings and clearer in outlook

I wish that access to detoxification could be streamlined and speeded up.

I appreciate the help and urge you to continue to help people

I felt my counsellor was not really understanding me fully...but I do have hope

My counsellor is extremely supportive, empathetic and professional

(My counsellor) engaged me at precisely the right level for effect: She made me counsel myself to stop drinking

August 2000

PART ONE 100% filled in

How long did you have to wait for an initial appointment? 94% answered

Few days:15% 1 Week 12% 2 Weeks 15% 3 Weeks 17.5% 1Month 17.5%
Over a month 23%

Did this cause you any difficulty? 100% answered

Yes [11%] Not much [36%] No [53%]

Did you have to wait for a regular counselling slot?100% answered

Yes [39%] No [61%]

If yes, did this cause you difficulty? 100% answered who replied yes

Yes [43%] Not really [43%] No [14%]

Did you find the staff generally caring and helpful? 100% answered

Yes [100%] No []

Have we helped you to stop/control your drinking? 100% answered

Yes [42%] To a certain extent [52%], No [13%] N/A [3%]

Would you use us again if appropriate? 100% answered

Yes [94%] Possibly [6%] No []

August 2000

Is there anything else you wish to add?

86% answered

Affirming statements 81%

Suggestion 4%

No 15%

Below are quotes taken from what was said in this section

My counsellor is trying very hard to unlock my mind to think positively. I realise this has to come from within myself and I feel eventually this will be achieved.

I believe there would be value in your counsellors attending one or two AA meetings. AA is very successful and your counsellors should see what goes on ie: how it works.

Your service avoids "crusading" elements and draws a nice balance between self help and practical advice

Acupuncture has helped both in itself and as a group activity

I was surprised it took so long although I was very grateful for the time allocated to me as I obviously needed it.

When I was having counselling with N.H.S. only the issues that happened last year were spoken about. (my counsellor) has gone or taken me further back to underlying issuesand am facing things for the first time and looking ahead more positively and extremely grateful

Norcas is a brilliant place for people like me to go

I feel my counsellor deserves a medal for her patience and understanding

To all at the centre keep up the good work you are all just great

For 2002 we have changed our approach to the survey and rather than a random selection of clients we have sent feedback forms to all people who have been closed. This means this survey is not complete for the year as we started in April 2002.

In Norwich over a period of seven months in 2002, 93 clients were sent feedback forms. 25% of those contacted returned their forms. This is the result of the survey where people could answer in a tick box format with additional information from some remarks in particular concerning their counsellor and counselling .

CLIENT SURVEY 2002

Part One

How long did you wait for an initial appointment? 100% answered

Days 4%	1 week 8%	2 weeks 25%	3 weeks 8%	1 month 20%	Over 1 month 33%
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How long did you wait for a regular counselling appointment? 100% answered

Less than 2 weeks 37.5%	3 weeks 12.5%	4 weeks 16%	6 weeks 12.5%	Over 2 months 20%
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Did waiting cause a problem? 100% answered

Yes 4%	Not much 62.5%	No 37.5%
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Did you find the staff: 100% answered

A – caring and helpful 91%	B – okay 8%	C - difficult
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Do you feel NORCAS has helped you address your alcohol problem? 100% answered

Yes 66.5%	Unsure 20%	No 16%
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Did you attend any of these groups? 62% clients did attend a group.

Acupuncture	Support Group	Creativity Group	Confidence Group
37.5%	4%	4%	16%

**If yes, did attending a group help you with your alcohol problem?
60% answered**

Yes	Unsure	No
27%	20%	13%

Would you recommend NORCAS to others? 100% answered

Yes 87.5%	Possibly 12.5%	No
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Part 2

1. What were the effects, if any, of having to wait for a regular appointment? 66% answered Rest stated it was not applicable.

None 33%
Some 16%
Difficult 16%

2. Do you have any thoughts or feelings about your counsellor you would like to remark on? 79% answered

Positive 95%
Negative 5%

**3. Do you feel you have changed as a result of attending counselling?
91% answered**

Yes 82%
No 18%