

Replied via email 30/01/03.



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17th January 2003

Paul Greening
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Received
23-1-2003
Janie

Dear Mr Greening

Re: National Alcohol Harm Reduction Strategy

Thank you for inviting the RCN to contribute to the consultation on this important issue.

RCN members in mental health nursing have provided some comments and suggestions on the strategy and these are captured in the attached document. I hope these contributions will be helpful in shaping this valuable initiative.

Yours sincerely

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Response to: *National alcohol harm reduction strategy.*

The RCN welcomes this consultation publication and the positive attention that it brings to issues related to alcohol consumption, in England. A number of RCN members in mental health have responded to the consultation and offered some comments and suggestions, which are set out below.

RCN members have suggested that government intervention is required when alcohol use and misuse become a societal issue and when evidence suggests that it influences increases in crime, unsafe sexual behaviours and leads to pressure on health, social care and voluntary sector organisations. Furthermore, the NHS has a health promotion function and alcohol issues should receive continued attention, particularly in relation to under-age drinking.

Principles

The principles underpinning the strategy might include:

- The promotion of individual responsibility in alcohol consumption
- The provision of information and statistics on alcohol-related harm and deaths for the public
- Regular advertising and specific campaigns, targeted at both high risk groups and consumers more widely, outlining the risks and benefits of alcohol consumption, in a balanced way
- An agreed approach to the portrayal of alcohol use in the media, especially in films and television programmes with high popular appeal.

Cultural and behavioural issues

Research suggests that Sikh men and the Irish community experience disproportionate problems with alcohol. These groups, along with other minority ethnic communities, younger people, older people, the socially excluded and others known to consume alcohol beyond recommended levels may be appropriate for targeting.

RCN members have suggested there may be a correlation between alcohol consumption and the current licensing hours, which may lead to the ingestion of large quantities within short periods of time, particularly at weekends.

The increased availability of alcoholic products, many of which appear to be marketed for the younger consumer, may have affected recent drinking trends.

Health prevention, treatment and the impact on the NHS

RCN members have suggested that it would be helpful to better co-ordinate alcohol-related interventions and those for mental health problems, as the overlap between the two is significant. Alcohol services may exclude people with mental health problems and some staff in mental health services have the perception that they lack the necessary skills and knowledge to work with people who present with this form of dual diagnosis.

RCN members agree that training in recognition, at the point of presentation and assessment, could be improved for a range of health and social care workers.

RCN members have suggested that those in primary care settings would benefit from increased training on issues of early detection and prevention. Education in motivational

interviewing techniques has also been suggested along with more flexible approaches to the problem, rather than adherence to an abstinence model of treatment.

In order to promote sensible drinking, RCN members suggest a new form of measurement should be found, as the current 'units' are not well understood by the public. Furthermore, the RCN has received comments that learning from drug prevention and treatment initiatives may hold some value but that the legal nature of alcohol availability requires that a message of moderation is necessary, rather than the abstention message that attaches to issues and campaigns directed at drug misuse.

Crime, disorder and anti-social behaviour

Town centre disorder related to alcohol consumption may be linked to boredom and a lack of appropriate venues and activities for young people coupled with the easy availability of alcoholic products. RCN members believe that both urban and rural settings expose problems with alcohol use and whilst these may be different in nature they both warrant attention. It would seem sensible to address many of the issues raised in this section of the consultation document through partnerships and collaborative arrangements between many stakeholder organisations.

RCN members have made the observation that the lesson learned from drink-drive policies may be that a combination of the law and media campaigns have brought about improvement but that it has taken some years to instil a cultural change in people's drink-drive behaviours.

Vulnerable groups

RCN members have suggested that vulnerable groups include the following:

- Young people
- Children of those with both poor parenting skills and high alcohol consumption – who may also model inappropriate alcohol use to their children, thus inadvertently encouraging early and inappropriate drinking behaviours in their offspring
- The disabled, the mentally ill and those with personality disorder
- The homeless
- The isolated and lonely
- Some members of the gay and lesbian community - recognised as having high alcohol consumption levels
- Members of minority ethnic groups

These vulnerable people and groups could be assisted through better whole-systems and collaborative working arrangements, between stakeholder organisations, with strong encouragement for such ways of working through clear messages from the centre.

Education and communication

RCN members recognise the importance of educational strategies concerning alcohol consumption and in changing cultures, attitudes and behaviours. These should take a flexible approach with education and programmes of support being shaped specifically towards the needs and experiences of different groups in society.

There should be easy access to education and information within schools and universities. A sharper focus on alcohol-related issues could be provided within school curricula and it should not be assumed that this is best provided only at secondary level. RCN members have suggested that primary level children may be affected by domestic problems that emerge from family attitudes to alcohol and high parental or sibling consumption levels and that, therefore,

it would be helpful to explore such issues with younger children. Thus instilling clear messages and understanding at an early age.

Market-based solutions

RCN members conclude that, based on past experience, the alcohol industry is likely to grow in the next decade and that the industry will continue to extend its product range to draw in new, often young, consumers. The government could work closely with the industry to ensure sensible practice in advertising, the targeting of young people by the industry and making it clear to consumers the content and strength of products which the industry appears to produce specifically for younger people. Government might consider alcohol advertising in the same way that it views the advertising of tobacco, or draw lessons from this.

The economic costs and benefits

A number of RCN members have suggested that greater research and analysis of the costs and benefits of alcohol would be helpful and that government should commission more focused studies in this area. Such studies might address, for example, the questions raised within the consultation document on the links between alcohol use and educational and occupational attainment, decreased productivity and absenteeism.

**Royal College of Nursing.
January 2003.**