

Carol Sweetenham
SU Alcohol Project Team
Strategy Unit
Admiralty Arch
The Mall
London SW1A 2WH

Dear Carol,

Strategy Unit Consultation on a National Alcohol Harm Reduction Strategy

ARP welcomes the Strategy Unit's project on Alcohol Misuse and the document published in October 2002, and we are pleased to respond to the questions it contains. However, the document contains no specific policy proposals, and as such it is not really a consultation document! We therefore hope, not only that this exercise will be rapidly followed, as promised, by the publication of the long-awaited national strategy, and that you will allow for consultation on this strategy. It is vital that stakeholders have the opportunity to comment on any policy changes which the Government plans to introduce.

The questions posed in this document are very wide-ranging. Our overall view is that they are too diverse, and that the two most important areas are:

- The means to reduce the overall consumption of alcohol in the whole population and thereby reduce alcohol related harm;
- Investment in treatment and prevention services.

About ARP

Alcohol Recovery Project is a London based charity and Housing Association that has been in existence for 36 years. ARP provides services for 3000 people every year, employs over 100 staff and has a turnover of £4.3m. Our mission is to reduce the damage caused by problem drinking of all types to individuals and society. ARP provides a wide range of services to people who misuse alcohol including:

- 19 supported housing projects
- 7 community based direct access services
- 6 floating support services
- A Family Alcohol Service in partnership with NSPCC
- An intensive programme for employees in the corporate sector.

In common with other similar agencies, and unique to the alcohol sector, many of the services we provide don't just complement those of the statutory sector but have been commissioned explicitly to replace NHS services, illustrating the vital role that the voluntary sector plays not just in rehabilitation but also in treatment of those with an alcohol problem.

It is also interesting to note that although our origins are as an agency established to tackle the drinking problems of homeless people; the wider community has had such a need for these services that they have overcome their usual prejudices in using services designed for the homeless and taken up our services - causing our evolution into an agency which serves the whole community and not just homeless people.

Principles that should underpin the strategy

Q1 Alcohol is a legal drug. It is also the most widely misused drug (legal or otherwise) in Britain. Its misuse can have disastrous direct and indirect consequences on peoples' lives. The consequences can either be obvious or masked by a range of associated problems (medical, personal, financial, emotional, physical or criminal in nature). ARP supports the idea that safer alcohol use is possible and that risky behaviour can be reduced by modifying harmful drinking patterns.

Q5 ARP believes that the core principles underpinning a National Alcohol Harm Reduction Strategy should be based on the European Charter on Alcohol (1995). This states:

- All people have the right to a family, community and working life protected from accidents, violence and other negative consequences of alcohol consumption.
- All people have the right to valid impartial information and education, starting early in life, on the consequences of alcohol consumption on health, family and society.
- All children have the right to grow up in an environment protected from the negative consequences of alcohol consumption, and to the extent possible, from the promotion of alcoholic beverages.
- All people with harmful or hazardous alcohol consumption and members of their family have the right to accessible treatment and care.
- All people who do not wish to consume alcohol or who cannot for health or other reasons have the right to be safeguarded from pressures to drink and be supported in their non drinking behaviour.

It is vital that the NAHDS funds and delivers services that can put all of these principles into practice.

The Cultural and Behavioural issues around alcohol use and misuse

Q6 Alcohol misuse can be defined as the consumption of alcohol that causes adverse effects to the drinker or others. There are a range of factors to be taken into account including medical, personal, financial, legal, emotional and criminal.

Q7 An Alcohol Harm Reduction Strategy must address the fact that while alcohol is a legal drug enjoyed by the majority of the population, it is still a highly potent and damaging drug when misused, it can lead to negative consequences for individuals, families and society. Research shows that alcohol harm in the population reduces only when the overall levels of drinking across the population diminishes;. in this context it is suprising and disappointing that the Government is introducing legislation to change and extend licensing hours and so increase the availability of alcohol. We are aware of the similar experiments in Scotland and the Republic of Ireland, but know anecdotally that these measures have neither reduced drinking nor resolved community safe issues. Furthermore we are not aware of any research evidence to supports the view that extending or liberalising opening hours reduces alcohol consumption – indeed many report the reverse.

Q9 We are also concerned at the increase in drinking among young people, and the explicit marketing of many alcoholic products to this group. Research substantiates the view that the earlier younger peoples' drinking career commences the more likely they are to develop alcohol

problems and that these will surface earlier in life we can confirm that the average age of ARP's clients has been falling for a number of years.

Black and minority ethnic groups are still under represented in alcohol treatment services and much of the alcohol misuse within these communities remains hidden. There are few agencies that target services at these groups. Consequently the issue of alcohol misuse within black and minority ethnic communities remains largely invisible and under reported. ARP operates a specific service for minority ethnic communities in Brixton, South London. This forms part of a wider configuration of community alcohol services in Lambeth, Southwark and Lewisham and is essential in ensuring access to services for people from minority ethnic communities. But this service remains seriously under resourced to meet the needs of the communities it serves.

Q11 There is a recognisable English drinking culture which is rooted in a Northern European drinking culture. One of the main facets of this culture is binge drinking, particularly at weekends with the consequent issues of drunkenness, violence and disorder, accidents and social problems. There is no quick or easy way to change or influence this culture. A National Alcohol Harm Reduction Strategy should take a long term view, ten years or more, and seek to educate and inform the public about the dangers and risks inherent in heavy binge drinking and look to reduce the consumption of alcohol in the population overall. (See Q7 above)

Health: prevention, treatment and impact on the NHS

Q14 ARP defines harmful drinking as drinking behaviour which adversely impacts on the life of the drinker, members of the drinkers' family, friends, colleagues, workplace or society.

Q15 There is considerable evidence and research on the costs of alcohol misuse to the NHS. Some studies have costed this at £3bn annually. The health gain from drinking alcohol is considerably overplayed by the media and the drinks industry as it benefits only a tiny percentage of the population.

The National Alcohol Harm Reduction Strategy needs to be linked to and complement other key health strategies: drug strategy, cancer strategy and coronary heart disease strategy as well as the emerging National Service Frameworks. Unless it is truly joined with these other strategies the addressing of alcohol problems will continue to occur in a vacuum and waste scarce resources.

Q16 The strategy needs to recognise that once people have become alcohol dependent they have a chronic and recurring problem and that rationing treatment is unhelpful in this situation as relapse is an integral part of the condition. Diabetes is a good analogy.

Q18 Research by Nick Heather and others has conclusively established the case for brief interventions as a treatment strategy **when such an approach takes place at an appropriate stage in a drinking career**, i.e. before the development of alcohol dependence. Brief interventions are not effective in individuals with a history of chronic heavy drinking or alcohol dependence..

Q19 There need to be a range of accessible pathways into treatment for anyone with an alcohol problem. People may first present with their problems at GP surgeries or other primary care venues, A&E departments, community alcohol agencies; police cells; to youth workers, social services or mental health services. It follows that a wide range of professionals need to understand what constitutes an alcohol problem and know the referral mechanisms that can lead to treatment. Professional training for these groups must include courses in understanding and assessing alcohol problems.

There also needs to be a range of approaches available to a person seeking help with their problem including; 12 step, motivational interviewing and cognitive behavioural approaches. It needs to be recognised that unlike most treatments, a substantial percentage are provided by voluntary sector organisations and charities operating outside the NHS. Some of these services are commissioned by health purchasers, others are procured by DAT teams that operate outside a directly health purchasing environment. Many are seriously underfunded and have to resort to charitable fundraising to support the treatment they are providing.

Q20 There is little evidence to substantiate the view that generalised alcohol education or public awareness campaigns have success in reducing drinking levels, any more than anti-drugs campaigns have reduced the consumption of illegal drugs. The only effective way to make use of advertising to reduce alcohol consumption and alcohol harm is to restrict or ban the advertising of alcohol (Q51)

One of the primary strands of the Drugs Strategy is addressing availability. The availability of alcohol has an influence on general levels of consumption and we believe that addressing availability should be a core aim of the National Alcohol Harm Reduction Strategy.

The availability of treatment services and their funding is central to the drug strategy and it would seem self-evident that this must form a plank of the National Alcohol Harm Reduction Strategy.

Q22 There need to be links between services which enable people to move between treatment of alcohol problems and other related conditions. Despite current awareness of the complex needs of those with mental health and a co-incident alcohol problems it is still difficult for people with “dual diagnosis” to obtain satisfactory treatment and they often find themselves passed back and forth between alcohol and mental health services. ARP has led the field in the establishment of ‘floating support’ services to assist people with on-going problems with substance misuse to maintain their accommodation. (In 1998 this scheme won the National Housing Federation’s Sir Roy Griffiths Award for innovation in supported housing.) Many of the clients of this service also have acute mental health problems. In some instances other agencies, including mental health agencies, are refusing to engage with them on the basis that their needs are too high for the service offered and in some cases that the clients present too great a risk to staff. It seems extraordinary that the higher the support need of a dual diagnosis client living in the community, the more likely it is that they will not be receiving adequate support.

Crime, disorder and anti- social behaviour

Q23 National statistics offer a poor evidence base for any discussion of alcohol-related crime due to the inconsistencies in the records The definition of alcohol-related crime varies from region to region. Meaningful comparisons between regions cannot be made

Q24 In our work with homeless people we have found that they frequently have long records of offending, in particular, multiple convictions for Drunk and Disorderly. It is our view that such convictions do little to help either the offender, the public or the cause of justice.

Q32 ARP would welcome the expansion of drug arrest referral schemes to include alcohol and provide pathways into treatment for those arrested for alcohol related offences.

Q34 Research shows that the success of drink-driving campaigns is directly related to whether people believe that there is a realistic likelihood of being caught. There is clear evidence that the effectiveness of such campaigns is substantially reduced when drink-driving laws are not enforced.

The implications for vulnerable groups

Q36 There are many groups of young people and children who are vulnerable to the consequences of alcohol misuse. These include those excluded from school, on the at risk register, truants, runaways, children in institutions, children who have been emotionally, physically or sexually abused, children in homes where parents have alcohol problems, students and children in homes where there is domestic violence. ARP has set up, in partnership with the NSPCC, the Family Alcohol Service to work with families where alcohol is a problem. The need for the project was established through a review of available research and a feasibility study and the project has been funded for an initial one year period by the Camelot Foundation. As we near the end of this pilot year, despite local purchasers recognising the valuable role it is fulfilling, to date, we have not been able to secure any statutory funding.

Q37 The strategy needs to be explicit about what it means by the term 'vulnerable'. The accessibility of alcohol and the drinking culture in which most of us live makes a substantial proportion of the population 'vulnerable' to alcohol problems. ARP's clients come from all walks of life: they are frequently skilled or professional people who drank socially and found, to their surprise, that alcohol had become a problem for them which overtook their life, ruined their family relationships and caused a host of other problems such as poor physical health; homelessness or debt.

ARP's experience would suggest that there are particular groups who are at risk from developing alcohol problems. These include older people, homeless people, people with mental health problems and drug users. ARP provides services to 3000 plus clients per year across London. A typical profile of a person entering one of our services is male (70%), between 31-65 years (80%), unemployed (96%) and not an owner occupier (94%). 15% of clients are homeless and 35-40% have a drug problem. The client profile emphasises the link between alcohol problems and social exclusion.

We believe the issue of older people and alcohol will become increasingly significant over the next few years and will increasingly have an impact on health and social care systems. This problem needs to be recognised and understood in all its dimensions e.g. the impact of drinking on the older frame, the consequences of heavy drinking in terms of exacerbation of pre-existing and underlying medical conditions which may have a knock-on and as yet unrecognised impact e.g. diabetes; CHD/stroke; cancer; mental health; depression; fractures and falls. The links between these conditions and at risk or problematic drinking behaviour in older people need attention firstly through research and then service provision.

Q39 ARP's view is that if the National Treatment Agency includes alcohol within its remit, it must ensure that it is given a priority equal to that given to drugs – perhaps by the creation of a separate directorate. The planning and commissioning structures and mechanisms already in place for drug treatment services can be used to plan and commission alcohol treatment services but again alcohol must be accorded the same priority by ensuring that a similar level of resources are made available to run services. Local Drug Action Teams should be the key body at a local level for the co-ordination and commissioning of alcohol services. However, there are major differences between drug treatment and alcohol treatment services and it is essential that staff both at national and local level have practical experience in the field.

Q40 The case for providing separate services for women and people from Black and Ethnic Minority Communities has been made repeatedly over the last 10 – 15 years. ARP was the first alcohol agency in the country to introduce separate provision for each of these groups following a variety of initiatives aimed at increasing the use of our generic services by these sections of the community and research which categorically demonstrated that there was a need for the services within these groups. Choices, our BEM project and the Women's Alcohol Centre (WAC) are successful services with a high level of demand, and yet we repeatedly have a problem in ensuring continuing

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finding. Moreover, despite the success of these services; as yet we have been unable to increase the take-up of our generalist services amongst these groups and they remain desperately needed.

Education and Communication

Q 41 The evidence from education and preventative work on illegal drugs shows that public health campaigns have not been effective. Equally, campaigns to promote “sensible” drinking have not been successful. Part of the problem with promoting “sensible” drinking is that the vast majority of young people do not want to be “sensible” but may respond better to terms like smart or safe. Any educational or preventative strategy for alcohol must include :

Messages delivered by peers (particularly for young people)

Learn from other major public health campaigns particularly drink driving and AIDs/ HIV.

Information on its own is not effective; people need the tools to make decisions about safe alcohol use.

Q43 There is inconsistent advice on the health costs of using alcohol and an over emphasis on the health benefits of drinking which only apply to a tiny segment of the population. Since the change by the government in recommended levels of consumption (1995), there has been confusion in the minds of the general public as to what represents risky levels of drinking. It would be grateful to return to the pre-1995 recommended levels of 14 units for women and 21 units for men, with the proviso that they are spread out over the week, preferably with 1-2 drink-free days per week.

The Shape of the Market and Market Based Solutions

Q51 The alcohol industry, in common with any other industry, is driven primarily by increasing shareholder value, ie maximising profits. There is therefore an inherent contradiction for the government in increasing revenue from the production and sale of alcohol and a national strategy that seeks to reduce the harm caused by alcohol. Any harm reduction strategy must by definition seek to influence those who misuse alcohol to reduce their consumption. Such a strategy, if successful, would reduce the profits of companies who produce and sell alcohol and also reduce government taxation revenues.

The alcohol industry has over the past 10-15 years introduced products and marketing campaigns that specifically target certain drinkers. The marketing of super strength lagers and ciders has been targeted at very heavy drinkers. The development and marketing of “alco-pops” has been aimed very specifically at younger drinkers. A recent campaign aimed at young people has been for a product named “cannabis vodka” that clearly makes the link between alcohol and an illegal drug.

ARP’s view is that all advertising for alcohol products should be banned as it is for tobacco. There is no compelling reason to allow companies to advertise a legal drug which has such adverse effects on individuals and society.

The economic costs and benefits of alcohol

Q56 The costs of alcohol misuse are not easily quantified. Various studies have estimated the costs of alcohol in particular areas, eg the NHS or. There is clearly a need to establish a methodology to calculate the costs of the misuse of alcohol to society as a whole that would include health, crime and disorder, costs to industry, family breakdown and effects on children.

Response from Alcohol Recovery Project

Some of the economic benefits are easy to calculate, particularly the £7b annual taxation revenue. Other large economic benefits are employment provided in the manufacture and sale of alcohol.

Q61 British employers are very slow to identify and recognise alcohol problems among employees. Alcohol related problems cost British industry an estimated £2b annually due to absenteeism and poor performance, yet few employers are willing to confront their employees and support them to access treatment at an early stage. ARP is piloting a service aimed at the corporate sector with a view to ensuring employees are referred into treatment at an early stage thereby maximising the opportunity to remain in employment. Initial feedback from employers that we have contacted (including government departments, local authorities, the Police, Fire Service and private sector companies) is that they are interested in the service but do not have the procedures for challenging employees with alcohol problems and referring them for appropriate treatment .

Conclusion

ARP believes a national alcohol strategy is long overdue and welcomes the beginning of the process to create it. We hope that the opportunity will be seized to create a strategy which will make a real difference to drinking levels across the country. At ARP we are depressingly used to the problems which blight the lives of those who have alcohol problems and their families. There is clear research evidence available to government which points to the way forward some of which is listed below. It would be a tragedy for this opportunity to be lost. ARP's 36 years' experience is at the 'sharp end' of alcohol services and we would be pleased to make more of this experience available to your team through hosting visits, attending meetings or providing further information, please do not hesitate to get in touch if we can be of assistance.

Yours sincerely

Sue Millman
Chief Executive, ARP

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