

Dear Colleagues

I am responding to the above consultation document in my capacity as an individual Consultant in Public Health Medicine working for Cumbria and Lancashire Strategic Health Authority.

In general terms, I welcome the very open approach that has been taken, by asking consultation questions without being constrained by a first draft of a document. However I do note that many of the questions fall into one of two categories.

The first category comprises those questions that ask about research evidence. While these questions may reveal pieces of work that would not otherwise come to light, I would suggest that these questions do not represent an alternative to a formal literature review. I assume that such a review will be commissioned in parallel to the consultation exercise. The importance of this approach to ensuring that the final strategy has a sound evidence base, cannot be overemphasised. You may also wish to refer to the work of the Health Development Agency (www.had-online.org.uk/evidence).

The second category comprises those questions that rely on personal opinions and value judgements. It is impossible to be objective in answering those questions, nor to base one's replies on one's professional expertise. This should be borne in mind when assessing my responses to such questions. However that is not to underestimate the public health importance of the issues.

I will confine my specific comments to five questions or sections:

Questions 4 and 5: I suggest that alcohol use ceases to be a matter of individual rights and choices when it adversely affects others. Ways in which alcohol can adversely affect others (some of which are mentioned in the consultation papers) include:

- Domestic and other violence,
- Traffic accidents,
- Passing on of sexually transmitted diseases and risking unwanted pregnancy when influenced by alcohol,
- Crime to support an alcohol addiction,
- Diversion of scarce disposable income away from family priorities to fuel the habit,
- Alcohol related time off work adversely affecting the economy,
- Alcohol related ill health consuming healthcare resources,
- An alcohol using culture being self-perpetuating.

Question 15 (and 59): There are two types of health benefit from alcohol. The first is the biological benefit (e.g. in relation to heart disease) that has recently, and convincingly, been attributed to regular but moderate consumption of alcoholic drinks. However it may not be the alcohol,

but rather some other component of the beverage that confers such benefits. Further research is required to make those benefits available more widely without them having to be associated with the disbenefits of the alcohol.

The second type of benefit is the economic and social one. The social networks generated by drinking patterns, and the economic benefits of the alcohol industry, are positive, and have public health benefits. These are not specific to the alcohol that is consumed (social networks could exist without alcohol, disposable income could be channelled to support other leisure industries). However a sudden change in drinking culture would be disruptive in these respects.

Questions 16 and 37 (see also question 45): It is easy to overlook the effects of alcohol in older people, who may quietly suffer the risks of depression and accidents, without anybody really attributing these effects to an underlying alcohol problem. The need for professionals to consider alcohol use in their interactions with elderly people should not be overlooked.

Question 19: A change in thinking is required to regard a person who is seeking help for an early drinking problem as a medical emergency. A delay in offering treatment may take the person out of a phase whether they are motivated to address their drink problem, and may further establish their addiction.

Question 46: Education is of great importance. It is young people who are developing drinking patterns that will be irreversible. However education needs to be evidence based, and this means that young people themselves will almost certainly have to be involved in planning their interventions.

My focus on these questions takes nothing away from the importance of other parts of the strategy. Unless the consultation exercise provides persuasive arguments to the contrary, the strategy should address the whole range of issues covered by the questions.

Anthony Sudell

Consultant in Public Health Medicine