

Comments on the National Alcohol Harm Reduction Strategy

Sunderland Drugs Action Team

This document incorporates comments and suggestions from a wide range of partner agencies. These are brought together in detail in section two. However, in summary, the trends of the responses follow similar patterns:

- Cultural issues would benefit more study. This is necessary to enable the design of appropriate interventions and prevention and education packages and to develop appropriate targets and outcome measures
- Treatment of alcohol related physical and mental illness and of dependency is has a growing impact on the NHS and on communities. Alcohol treatment must be adequately resourced financially and in terms of staff numbers, staff competence, organisational policy and partnership capacity.
 - Early response to adult problem drinking is important. Brief intervention responses in primary care and at other health service points of contact needs to be promoted and developed. Referral arrangements need to be robust.
 - It is essential that there be appropriate responses for young people with alcohol related problems. Much emphasis is given to the illegal drug issues, and alcohol is often regarded with less concern.
- The role played by alcohol in crime must be recognised. Drug misuse, especially the use of Class A drugs is now clearly recognised as a contributor to acquisitive crime. The role of alcohol in the incidence of disorder and violent crime needs to be similarly recognised and taken into account.
- The impact of parental alcohol use on children and young people needs to be taken into account and resources made available for work in this area.
- Organisational arrangements, resources (financial, human and intellectual) and coordination are all fundamental to effective delivery and should be given high priority

Responses received from partners: Collated in line with the areas of enquiry set out in the consultation document

1. Cultural and behavioural issues

- The shift from drinking on licensed premises to drinking at home is not reflected many initiatives around alcohol education and the prevention of alcohol misuse. More attention should be paid to this.
- There has been qualitative research in the Tyne and Wear HAZ area which gives revealing insights into the motivations for and patterns of young peoples drinking. This highlights aspects of binge drinking and would be useful to inform alcohol education work

2. Health, prevention, treatment and the impact on the NHS

- Brief intervention approaches in primary care have been shown to be effective in reducing alcohol consumption. Similar approaches should be investigated in the criminal justice field, perhaps using a similar model to the Arrest Referral schemes operating for drug misuse. Screening by 'point of contact' workers in a variety of settings could have a significant benefit. Measures to expand this provision should be considered
- There is a need for non specialists such as Social Services or primary care staff to be able to call on specialist advice, which could be provided through training to cover early signs of alcohol abuse, inter-agency referral protocols, joint assessments, the available variety of treatment regimes, access to child psychiatry and psychology services, and other specialist medical services.
- A large gap in services is the inability to provide specialist support for alcohol related dementia's (i.e. within the Younger People with Dementia Team).
- There is a need for a general comprehensive alcohol harm reduction training strategy for users of service and for staff, possibly supported by new guidance based on the Substance Misuse Models of Care (and receiving extra resources) from the central government or through the National Treatment Agency. This would provide for a comprehensive multi – agency approach, which could be overseen locally by the combined leadership of the Local Strategic Partnership, the Children and Young People's Strategic Partnership, and the Drugs Action Team.
- There need to be a choice of services both in the statutory and independent sectors for people both in the local community and outside of the area for those who wish to go away for treatment.
- There needs to be a fast track optimum time for individual rehabilitation and recovery; adequate provision is required in order to avoid long waiting lists.

3. Crime, disorder and anti-social behaviour

- Some research has shown that over 60% of incidents of domestic violence occur when the perpetrator has NOT used / misused alcohol. Other research shows that half of all facial injuries sustained by women occur in the home and that in half of these assaults either the victim or the perpetrator had consumed alcohol. It is clear that this is a complex area requiring considered responses
- Some victims will use / misuse alcohol as an escape route.
- Some incidents occur because there has been misuse of alcohol or the perpetrator is an alcoholic which exacerbates the problem. Alcohol may fuel an already volatile situation.
- There needs to be much closer multi and interagency work in this area; with the sharing of information being at the heart of offering advice and help, to both victims and perpetrators. If alcohol misuse is seen as the major factor, rather than as a contributory factor to domestic and other violence, than the violence may continue even if the alcohol misuse is tackled.
- There is a wide body of research evidence that there is often a false connection between alcohol abuse and domestic violence as a causal factor. However evidence suggests a wider multi-agency partnership and whole family approach is required which assesses the effects on and the needs of the

child, as well as the victim and the perpetrator of domestic violence, where chemical dependency is a factor (see Appendix 1).

- Efforts need to be made to engage local licensees. There should be more involvement of the Local Authority in planning decisions e.g. covering how many public houses in an area have extended hours yet do not take responsibility for alcohol related crime on or outside of their premises.

4. Implications for vulnerable groups including children

- Specific groups considered to be vulnerable and at risk are: older people; people living alone; and children of parents who have alcohol problems, services should be geared to meet the associated needs.
- There is an identified gap in services for homeless people and transient populations
- There is evidence that more and more older people have alcohol problems, particularly those who are socially isolated. These problems in turn can be associated with mental health problems.
- Mental Health service users who have severe and enduring mental health problems can also have an alcohol dependency problem. This is included in the overall cost of Social Services Mental Health Services.
- Consideration should be given to inclusion of national guidance on monitoring use and harm reduction programmes for Children Looked after. This should be part of the DAT training and IT development budget.
- Accommodation for young people is generally thought to be a priority issue especially in relation to accessing detoxification residential accommodation
- There is a need for more co-ordinated multi – agency responses to the needs of children in situations of domestic violence where alcohol abuse is a factor. Examples would be links with Domestic Violence Strategies and initiatives aimed at childhood development (e.g. Sure Start and Children’s Fund activity).
- Children who grow up in a violent household are more likely to misuse alcohol and drugs than children who do not witness violence, so in the context of domestic violence, not only is work needed with perpetrators and victims, but also with their children.

5. Education and communication

- Alcohol messages in the community and in alcohol education are mixed and too low key.
- Effective education and campaigning should focus upon tightly focused messages based on nationally agreed guidelines. There is need for this to be supported and resourced nationally and built in to local mechanisms for implementing other national strategies for young people
- High profile national campaigning and media activity supported by local promotional activity and integrated with mainstream service messages are recognised as effective in raising public awareness. This should be a national priority

6. Market and market based solutions

- Self regulation of alcohol advertising, like self regulation of tobacco advertising, is of limited effectiveness and should be more tightly controlled
- Consultation with license holders and representatives of the licensed trade in Sunderland as part of the Crime and Disorder consultation process identified a perception that strong competition among licensed premises drives down prices, increases the frequency of promotional activity like ‘Happy Hour’ and significantly contributes to increased levels of consumption with increased likelihood of disorder. Those contributing to that consultation favoured better control/restriction of the number of licensed premises in any given area, and of better monitoring of those holding licenses to ensure ‘good’ practice.

7. Economic costs and benefits

- With regard to local workforces, there is a need to have mechanisms in place whereby occupational health and other support mechanisms can play a full part in supporting staff. Personnel policies should be family friendly and provide carer support where required.
- Although the extent of problematic use of alcohol among staff is not known, information on access to confidential support services could be beneficial to those seeking help.
- Alcohol related problems (mortality, morbidity, social costs, criminal justice costs, road traffic costs etc) at least match if not exceed the problems and associated costs from illegal drugs. It would be prudent to attach similar priority to alcohol harm reduction as is attached to drug misuse.

8. Other issues

- There is a need for specialist guidance on alcohol harm reduction research programmes to facilitate development of evidence - based outcomes.
- There is a need to develop a national partnership approach to data collection and performance monitoring on alcohol service issues.
- Needs to be a focus on partnership arrangements / agreements within the strategy which are not solely health related. Consideration should be given to putting partnership arrangements on a statutory footing, unlike the current situation for DAT's where decisions are not binding and strategy can become incoherent. Combined partnerships require power, resources, staffing capacity and support to function efficiently, these factors should be considered.