

To SU/DoH Consultation on:

NATIONAL ALCOHOL HARM REDUCTION STRATEGY

Members of the South Devon Alcohol Team, who form part of the statutory South Devon Drug & Alcohol Service, have formulated this response to the National Alcohol Harm Reduction Strategy consultation. Devon Partnership Trust manages the Service.

The team has been providing specialist, multidisciplinary service provision to alcohol users within South Devon (population 280 000) since 1986 and offers the comments below based on over 70 years of cumulative experience within the field. We have not sought to answer each specific question, choosing rather to provide our more general comment under each section of the document. We offer no opinions on the economics of alcohol use.

The team very much welcomes the government's drive to develop a National Alcohol Harm Reduction Strategy.

The principles that should underpin the strategy **(Questions: 1 – 5)**

We believe there are broadly two principal harmful effects of alcohol use:

1. That associated with long term and/or recurrent heavy use of alcohol – impacting adversely on the physical and mental health of the drinker. This is often, but not necessarily associated with alcohol dependence.
2. That associated with the more immediate intoxicating (and toxic) effects of alcohol – hangovers, a range of anti-social behaviours and accidents.

We propose that Government does have a role in managing the harmful effects of alcohol, without interfering with individual rights or undermining responsibilities. These roles are as follows:

1. To ensure that the public has access to a range of educational resources with respect to the benefits and dangers associated with the use of alcohol.
2. To ensure that the public has access to a range of appropriate treatment services should they require help to moderate or abstain from their use of alcohol.
3. To ensure that the public are protected by law from the anti-social behaviours of others.

It is our opinion that many of these roles have already been, at least partly, adopted by Government, but in an uncoordinated way.

The cultural and behavioural issues around alcohol use and misuse. (Questions: 6 – 13)

In our opinion, there is no benefit to be gained from seeking to define alcohol misuse (see questions 14 – 22 below).

People consume alcohol in a range of circumstances, moods, and environments, and whilst for many its use may be contained at a level unlikely to produce negative affects in either health or behaviour, for others, for an equally wide range of reasons, their use of alcohol becomes in some way damaging to either their health or behaviour – irrespective of any individual differences in the quantity or pattern of consumption.

Health: prevention, treatment and the impact on the NHS.
(Questions 14- 22)

We believe that discerning and assessing in a comprehensive way the direct and specific adverse effects of alcohol remains a highly skilled task, requiring trained practitioners with a wide range of knowledge with respect to other factors that may often be the ‘real’ or primary cause of a persons physical and psychological dysfunction. Alcohol may be a contributory factor in many instances, but to attribute ‘problematic drinking’ as a cause, in itself, of many problems, may act in preventing more appropriate, sometimes life-saving, help being made available.

We believe there is a need for a diversity of alcohol treatment services, tiered to meet the demands of a variety of needs, and to provide choices for those wishing to address their use of alcohol. Services need to be flexible in their approach, and where necessary, able to provide access in rural as well as urban areas. The manner in which rural services are provided, for example, may have to be very different to those of urban services.

Further, we believe that service provision should be strategically planned and coordinated at a local level in order to facilitate co-operation rather than competition between agencies, and that robust protocols should be developed between agencies. We would strongly support the requirement that local health and social services produce alcohol treatment plans perhaps under the aegis of Drug and Alcohol Action Teams. We think that service planning in the past has been hampered by the lack of representation of clinical specialists, and that addressing this should be a priority.

While non-statutory services are important in this field we feel there remains an important role for statutory services, where professionals are responsible

to a professional code of conduct, and are accountable for their clinical decision-making.

Crime, disorder and anti-social behaviour: the effects on our surroundings and community. (Questions 23 – 35).

As inferred above, we believe the relationships between alcohol use and anti-social and criminal behaviours are complex. As a result we suggest that a principle goal of alcohol treatment should not be that of reducing such behaviours.

However, we believe that other factors, such as the design and planning of drinking environments and the availability of alcohol, may impact most heavily on this area of concern.

Implications for vulnerable groups. (Questions 36 – 40)

We very much welcomed the guidance on good practice in dual diagnosis offer in the DoH's 'Mental Health Policy Implementation Guide', and although have encountered problems in 'ownership' by adult mental health services, think this could be a model in working relationships between alcohol teams and other services.

Education and communication. (Questions 41 – 50)

There appears little evidence that alcohol or drug education within schools produces any major, lasting effects in terms of level of usage. However, it remains our belief that education at a wider community level should remain an important ingredient in the strategy to reduce alcohol related harm.

We therefore believe further research is required with respect to educational strategies.

The shape of the market and market-based solutions. (Questions 51 – 55).

Drinks should be priced according to its alcohol content. This is, in our view, particularly important in relation to younger drinkers, many of whom have embraced a binge drinking culture.

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