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EAST CHESHIRE ALCOHOL SERVICE

RESPONSE TO:

NATIONAL ALCOHOL HARM REDUCTION STRATEGY CONSULTATION DOCUMENT

The Staff Team met on several occasions to discuss the proposed Alcohol Strategy. The Team are enthusiastically awaiting the final strategy and value the opportunity to be involved in the consultation process.

Rather than respond to all questions we have concentrated on those which are specific to alcohol treatment. On behalf of the Priory Unit, I attended the Consultation Conference that was held in Manchester.

(Page 6) The principles that should underpin the strategy

1. We believe that the Government should be involved in managing the harmful effects of alcohol misuse, as they are responsible for all public services including hospitals, probation etc.
2. Whilst alcohol misuse is a matter of individual responsibility, the Government has a responsibility to intervene through services, legislation and possibly persuasion when the negative effects of alcohol misuse impinge on the health of the individual and the safety or comfort of the wider society

(Page 7) Health: prevention, treatment and the impact on the NHS

14. Problematic drinking is not necessarily heavy drinking and heavy drinking is not necessarily problematic. It becomes problematic when it starts to impinge on a person's ability to function and/or affecting significant others. Problems may be physical, psychological and/or social.
15. Health costs far exceed health benefits as acknowledged in Hazel Blear's speech to the Regional Consultation Conferences. There are gaps in service particularly relating to the elderly, women, young people and people with Learning Disabilities

16. There is an unknown cost to Accident and Emergency Departments, Medical /Orthopaedic/ GUM Clinics / Surgical /Mental Health wards / clinics and a more identifiable cost to Alcohol Treatment Services. Not all Alcohol Treatment Services adequately respond to the group listed in No. 15 (above)
17. Education / Information should be provided in Schools, Well Women Clinics, Primary Care and via Outreach Clinics. The establishment of routine screening procedures in Primary Care is paramount as is the development and use of appropriate valid tools for specific targets and introduced in GP training, Project 2000 curriculum and Social Work training.
18. Brief interventions would work well in the Primary Care setting – more training needs to be implemented to make it more readily available. Motivational Interviewing and Cognitive Behavioural Therapy are also useful to enable people to take responsibility for their own positive change in behaviour.
19. Whilst current treatments for alcohol dependence and hazardous drinking do work they are not resourced enough to meet all those in need. Commissioners of local treatment services need to have full working knowledge of what is provided locally and information of the local population. An open referral system enables people to access services quickly. Treatment outcomes are dependent on personal motivation. Complimentary therapies can be useful as can AA. Services need to consider provision on a residential and community basis. The use of ‘dry’ and ‘wet’ houses should also be considered.
20. The first lesson to learn from drugs prevention and treatment is one of greater financial investment. More education needs to take place on the issues of substituting one drug for another. For individuals to take responsibility in making independent choices more information needs to be made available and harm minimization/reduction should be an option with people working informed choices. Treating drug/alcohol use as a disease or illness could be detrimental to recovery/positive changes. Providing sick notes and paying Disability Living Allowance ‘traps’ people in the ‘disease model’ as they may be financially better off than when working or seeking work. Regular ‘progress’ checks and assessments would help to encourage personal responsibility by setting ‘time limits’ for change.
21. To minimise and prevent injuries and accidents advertisements advising of risks and dangers of intoxication could be implemented nationally. Use thickened glass or plastic glasses and ban bottles in public places. Introduce workplace policies on drinking with stricter controls to prevent accidents.
22. There are well-documented links between alcohol misuse and mental health problems including depression and suicide. Dual diagnosis services to be implemented with much more co-ordination between existing mental health and alcohol services with stronger links to Primary Care. GP’s to be encouraged not to prescribe anti-depressants to known heavy alcohol users. Each service to have a named link person for dual diagnosis. Improved screening within mental health for alcohol problems and improved screening within alcohol services for mental health problems. Clear referral pathways to be introduced.

(Page 9) The implication for vulnerable groups

36. Children and young people who do not have a stable home life or who may be in care and/or those who have parents with an alcohol problem may be more vulnerable
37. People with Learning Disabilities and/or mental health problems, elderly people who may be on medication and women who may be pregnant or considering pregnancy are more at risk and vulnerable to the harmful effects of alcohol.
38. To be more aware of vulnerability, dual diagnosis services and working co-operation between services is crucial.
39. Services provided by the state and others to vulnerable groups, with complex problems can be joined –up most effectively by steering groups and staff secondments between services to encourage good working practices and an increased knowledge base.
40. Mainstream services could realistically deal with vulnerable groups if all clients/people are dealt with holistically as individuals and there are good inter-agency working practices. This would help eliminate duplicate services being provided and/or contradictory messages being given.

In conclusion

There needs to be greater recognition of all services that are currently provided with groups identified, and with commitment to all these groups. Improved inter-agency working will help but there also needs to be greater financial investment particularly within prevention and treatment. If screening tools for increasing the recognition of those with alcohol problems are implemented successfully there will have to be a subsequent increase in the range of treatment services on offer as more referrals are made.

Thank you for offering the opportunity to take part in this consultation process. We eagerly await your project's report in Summer 2003 and look forward to the Government meeting its target for the National Alcohol Harm Reduction Strategy to be implemented by 2004.

Yours sincerely

Linda Barton
Clinical Manager – Alcohol Services