

The principles that should underpin the strategy.

1. Government has access to information about cost to society. Needs to lead, be involved, to guide, and set targets as with the drugs agenda. Funding and DAAT inclusion needs consideration. Need to take the problem as seriously as the drug issue.
2. Should intervene when drinking is making demand on public spending and due to the negative effects on society and particularly vulnerable groups, communities and young people etc
3. By maintaining the flow of public information and education at all levels as well as responding firmly against anti-social consequences of alcohol.
4. Commercial interests should ensure risks are identified and highlighted to consumers and should recognise the benefits of giving 'responsible use' messages. Consumers have to take personal responsibility for using alcohol in an appropriate and safe way. Voluntary groups can provide appropriate social support and counselling
5. Promotion of safe use. Realistic in its attempt to address major issues.

The cultural and behavioural issues around alcohol use and misuse.

6. Any use of alcohol that results in problems for the user, family or society. Someone who drinks in excess of the governments recommendations for safe drinking?
7. Young People. Binge drinking and regular excessive use, the future dependent drinkers. Identifying the real extent of the problem (screening). The Government should focus on education particularly primary school children. Aim to educate before experimentation begins.
8. Change in women's roles creating added stress and easier access to alcohol. Young people have more money freedom and access to cheap alcohol.
9. Drug users, many of whom have developed serious alcohol problems whilst either on Methadone treatment or on giving up drugs.
Unemployed, Victims of Domestic Violence, Elderly
10. Enjoyable, social interaction, lawful, family events/ celebrations.
11. Majority of drinkers do so harmlessly v those who are habitually heavy, hazardous,

harmful dependent drinkers who appear indifferent to the risks they take.
Young 'binge' drinkers who frequent pubs and clubs, drinking to get drunk and older regular excessive drinkers who drink at home.

12. Local cultures. Poor role models. It's 'cool' to get drunk. Lack of education. Social factors, deprivation. Lack of alternatives. Advertising. Alcohol is cheap.
13. It won't happen to me attitudes. Many who are already drinking in a harmful manner are indifferent to risk. Take a chance.

Health: prevention, treatment and the impact on the NHS

14. Regular heavy drinking beyond recommended guidelines for safe drinking. Inability to stop. Significant effect on health, physical and psychological, social, relationship, finances employment etc.

Problem drinking means different things to different people.

Presenting with symptoms of dependency, withdrawal and denial.

Drinking that leads to domestic violence, community disorder and criminal activity.

15. Unclear - Most research studies conducted overseas.

Alcohol Concern, Royal College of Physicians, Public Health figures, cost to industry etc would support the damaging effects of heavy drinking.

There needs to be more research evidence of the benefits of alcohol to health and that information should be delivered with clear guidance.

Gaps may relate to how evidence is recorded, or not. General Practice and other areas of health care do not routinely ask patients about drinking practises.

16. Financial? £3 billion a year. A+E attendance, recurring admissions, increase in beds occupied by young people, GP visits, Violence towards staff, staff sickness and turnover.

17. Health and Alcohol Education from a young age before experimentation begins.

Clearer safe drinking messages

Role modelling and peer response at home, school and work.

Training for all Health and Social Care Professionals based on Motivational Counselling within the 'Cycle of Change'. (Prochaska and Dic-Clementi model)

Challenging prejudices.

Evidence based Brief Interventions.

Screening in Primary Care settings.

Rapid access to specialist services

18. We understand Brief Interventions can be effective, however there needs to be general clarification about what the intervention should be, for whom and what questions should be asked, advice given etc and whether they are being delivered by adequately trained staff. Screening needs to be developed to identify those who brief interventions are suitable for.

19. Different approaches work for different individuals.

The needs of dependent daily drinkers differ from 'binge drinkers'

Lack of resources in specialist services means that treatment cannot always be tailored to meet client need.

Treatment should be accessed through health, alcohol affects both physical and mental health.

People with alcohol dependence and hazardous drinking patterns frequently present with symptoms of mild to moderate, through to severe mental illness. This requires agencies to work together to ensure more effective treatment and outcomes.

Best access to services should be according to individual need and ability eg Via GP, specialist service and home visit and timely.

Need facilities to accommodate mothers and babies/children.

Commissioners need to be aware of the extent of local need and local issues.

20. Work in partnership.

Drugs and Alcohol often co-exist. Adequate resources needed to support strategy

Need to be pro active rather than reactive. Rapid access to treatment

Treatment and Testing orders are effective

Alcohol is a drug and should be referred to as such.

Just say no is not enough! We need to educate people.

21. Display the Christmas type adverts all the year round. People do not just drink and drive and assault people at certain times of the year!

Free late night transport from busy places.

Plastic bottles. Better control of sales, distribution and public use of alcohol.

Staggered closing times. Cameras in pubs. Heavier penalties

Education of public who may be bystanders

Licensing initiatives – to promote safer drinking – tightening of laws around serving 'obvious drunks'

Messages to parents who drink excessively at home when responsible for children – adverts awareness raising. Media campaigns in general.

Appropriate Alcohol Policies in the workplace should be a requirement of all employers.

Raising an employees awareness of alcohol and safety in the work place also.

22. Clear links – significant data to support

Joint/ Partnership working with support and understanding not competitive working or working in isolation!

Address the links in Primary Care. Alcohol is a depressant and it's impact on mood disorder is grossly underestimated.

Training of professionals and changing attitudes and prejudices

Continuing Model of Care – Avril Haydock / Val McGee 2001 (available from Cheshire and Wirral Partnership NHS Trust)

Crime, disorder and anti –social behaviour: the effects on our surroundings and communities.

23. Accident and Emergency departments. Police statistics. Probation statistics.

Much anecdotal information needs pulling together.

People who repeatedly commit crime under the influence of alcohol would not necessarily consider they have a problem. Some use alcohol to enable them to commit crime.

- 24.** Shoplifting, fighting, domestic violence, drink driving
- 25.** Police statistics, A+E statistics,? victim support
- 26.** Longer licensing laws, flexibility, free transport late at night
- 27.** Different cultures – Urban nightlife drink all night, lively atmosphere – Rural Pub, quieter, closes earlier, carry on drinking at home.
- 28.** More police, security, cameras, limit numbers in bars, harsher punishment
- 29.** Legality of alcohol. Civil Liberties. Problems difficult to define.
- 30.** Not just young people.
- 31.** Yes. More public houses should sell food. We need to develop more of a family culture where alcohol has a small part to play rather than going out without children to the pub to get drunk.
- 32.** CCTV seems to have helped. No drinking Zones can push people to other less populated areas to drink, therefore not necessarily reducing the anti-social problem.
- 33.**
- 34.** Social pressure works. Sufficient punishment
- 35.** Alcohol can act as a trigger for any violent incident. Needs to be more support for victims. Tendency is for families of problem drinkers to hide and drinking becomes secret, domestic violence is also hidden. Alcohol can make detecting domestic violence much more difficult.
- 36.** Children of problem drinking parents. Looked after children. Children who come into contact with alcohol misusers regularly. Children in a poor social, domestic and parental environment. Children with money to buy drink and freedom to hang around the streets.
- 37.** Elderly as a consequence of their own drinking or victims of crime. People with a mental illness or learning disability. General public from crime, street violence etc. Homeless and street drinkers.
- 38.** Services should be multi-disciplinary and be able to respond to the complex needs of drinkers. It is no use trying to tackle the alcohol problem if the person has got other more pressing issues or their basic needs are not being met. Treatment should be timely and appropriate.
- 39.** Needs someone to take responsibility for 'joining up' services. It can work but difficulties can arise as a result of different working practices, pay scales, policies and procedures, legislation and governing bodies etc. Prejudice also a problem. Attitudes need to change.

40. Can be difficult for this client group to access mainstream services. Training needs to be addressed in mainstream services for effective care to be delivered. Services should be tailored to meet diverse client need.

Education and Communication

41. Education in schools at an earlier age prior to experimentation. Get parents involved in the education/ drinking messages. Media campaigns, people need to have an informed choice around drinking.

42.

43. Sensible drinking messages are not getting through! binge drinking continues to rise, people are starting their drinking career from an increasingly younger age. All health and social care professionals need to be able to deliver brief interventions. Safe drinking message needs to be much clearer.

44. Positive effects of drinking are generally acknowledged but the negative tends to be emphasised in isolation from the problem. Some research could be criticised as giving mixed messages.

45. General population in need of drinking messages. Target the right, and evidence based messages, to certain groups such as; pregnant women, elderly, young, mentally ill.

46. Should provide on site education and counselling. Much heavy drinking is done in university bars, not conducive to learning and makes it more accessible and affordable for the students – raise prices, ban happy hours.

47. Raise alcohol awareness in parents so they can identify problematic drinking and associated behaviours. Involve parents and pupils in providing alcohol education in schools. Educate parents to develop themselves as positive role models for their children.

48.

49. Balance needs to be achieved between education, choice and severe “shock” tactics.

50. All alcohol advertising should be banned. It gives out messages that alcohol is trendy, sexy, glamorous and manly etc.

Obviously alcohol advertising in sport brings in a lot of revenue, however alcohol is a drug and the link with sport is misleading in health promotion terms.

Ruth Hamilton, Clinical Services Manager, Wirral and West Cheshire Locality
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