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National Alcohol Harm Reduction Strategy

Principles to Underpin Strategy

1) The government should get involved in managing the harmful effects of alcohol misuse because:
a) Underage drinkers are prevalent on a National basis there is barely any power anyone has to prevent. The consequences of their drinking and its effects on society and other young people communities frightened of tackling young people because of the loss of power and authority elders had in the not to recent past. (Police Officers have begun to ignore unacceptable drinking patterns or have slow responses to people who request intervention-shops local residents). Threats by young people to those challenging them, accusations of abuse via children act-too powerful a tool, dis-empowers older members of the community and law enforcers to be able to lay down rules or codes of conduct.
b) Children openly accessing alcohol and acting aggressively in the street in inner-city and also in rural areas.
c) Alcohol related violence, theft and vandalism everywhere related to yobbish behaviour going unchallenged following bouts of off-licence drinking.
d) Young people being able to access alcohol easily from shops. Its cheap.
Alcohol and Driving
Road Deaths up
Hit and Run up
Taking without owners consent up.
Too many cars unlicensed and no road tax. Young people and other individuals have access to vehicles and also use mind altering substances such as alcohol and cannabis, there is not enough power to stop and search or enquire by police. Alcohol related deaths and accidents not highlighted as such on “Death Certificates”, the real picture is not coming through. Details on certificates are “RTA” or specific actual injuries to the parties.
There is a need to monitor and evaluate these issues and see the reality.
Need to emphasise Alcohol as main precipitating factor in the fatal or near fatal event.
Need to make clear that if an individual hadn’t been intoxicated there wouldn’t have been an accident.
Alcohol related violence in the home
Children placed in care as a result. Implications on long-term emotional trauma of the children with the effects of breakdown of the family, separation, abandonment. This can cause hatred of authorities, cycle of violence and potential for increased pre-disposition to their own dependency.
Massive costs to Central and Local government. In the short term and long term.
Alcohol related deaths.
Alcohol intoxication or dependency needs to be emphasised on “Death Certificates”.
LVF, (left ventricular failure) MCI (Myocardial Infuriation) may not describe the cause of death sufficient to see the morbidity rate of alcohol related deaths.

Is “Organ Failure” actually related to Chronic Alcoholism-dependency to alcohol.
“Pancreatitis” – Alcohol dependency
“Pneumonia” – due to alcohol dependency.
This needs to be emphasised on the “Death Certificate” so it can be seen not hidden in stats.
We are not getting a clear picture of the level of dependency in this country. Hospital Interventions.
Increased hospital admissions because of symptoms blurred by brain damage vs. alcohol stupor.
Time wasted in A&E Departments. Futile interventions by Health Care Professionals.
Lack of treatment for abstinence options. Violence towards professional teams.
Cost of interventions in terms of human resources and time.
Chronic alcohol dependency not recognised as such. Endoscopes units, Liver units not enough interventions by full-time day programmes to stop dependent drinkers relying on the substance. Too much “Harm Reduction” and not enough Abstinence Treatment Intervention.

2) Alcohol misuse is every individuals responsibility, all people who drink know they are going to become mood altered and that’s alright as a means of relaxation and fun in the right environment.
However it is when it costs more than money. Government has a duty to protect young people and the general public. Police have a duty to check people driving cars if they have a suspicion some one is intoxicated. When alcohol misuse hurts innocent children, individuals going about their business in life government have a duty of care to prevent and give the right type of support, not to just put a bum on a seat “Best Value” but give the option of structured professional treatment when an individual has lost control of using alcohol and needs to be treated fully. It isn’t about cheap and cheerful.
_ Education should be more centred on young people of seven being informed about Addictive personality.
_ Legislation – loss of licence to shop keepers who persist in selling alcohol to young people.
_ Abstinence treatment – as the option for alcoholic people who can’t control their alcohol use.

3) By firming up rules and regulations for every one, so that the individual who wants to drink and is able to enjoy a few drinks does so but there has to be a balance in provision of suitable outlets for young people, there is nothing of value for them to do in the community. No good Youth Services or structured functions. Young peoples rights aren’t funded and provided for. Older peoples boundaries are compromised and they are frightened of saying anything for fear of retaliation. Police need to be more em-powered in setting down their expectations around the community.

4) If you drink and drink socially that’s O.K. you don’t hurt anyone.
Voluntary groups need funding, government cannot keep using these services as they do.
_ Commercially there is a lot of money to be made by government whilst the supply and demand is high. Maybe this is why it is ignored taxes.

5) Children's Safety.
Community Safety.
Costs to Health Authority/Social Services.
Choices in treatment, fair representation Motivation Reduction Abstinence
Cultural Behavioural.

6) Alcohol Misuse:
There is a fine line between heavy drinking and Alcoholism.
Heavy drinkers can learn to control their drinking. Alcoholics or people who have a pre-disposition to dependency (as indicated by a SASSI Indicator) cannot control their misuse are mentally physically and spiritually diseased.
Chronic Alcoholism
Factors related to dependency are: Alcohol related illness – cirrhosis, peripheral neuropathy, oesophagi varies etc.
Alcoholism
Child abuse, Family Violence, Marital breakdown, Debt, Depravation,
Accidents, Loss of employment, Total disconnection from family, friends, society and themselves, Apathy ,Depression and Death.

7) Harm Reduction
Seems to affect those who for one reason or another are drinking to much, too help them reduce and drink safely.
Abstinence Treatment
Reduction and Motivation should be available. Effective diagnosis through intervention by Abstinence trained professionals reduction therapy and full therapy once detoxed. A full time programme, Group therapy, 1-1 therapy and back to life initiatives.
Government should fund more Reduction/Motivation to stop instead of the emphasis on Harm Reduction. There is however a relationship between drinking and social charges.

8) We can only influence behaviour by education from an early age. Showing the cycle of dependency (addiction) to very young children (7yrs) in primary schools.
Drinking is O.K. but not for a person or child who are pre-disposed to the "Addictive personality". They need to know this a lot of them know the consequences through their parents problems. It is only through learning this that we can change our behaviour.

9) There are a higher proportion of female sufferers. Alcoholism implications of Foetal Alcohol Syndrome are under stated and ignored by government and educational authorities. Advertising stereotypes etc.
More and more Moslem young people are using, struggling with problems they cannot disclose, their dependency is viewed as a sin. They are dually oppressed
First by virtue of their cultural expectations, secondly by their dependency.

10) It would be a boring and painful life without an outlet.
It isn't a realistic prospect.

11) Yes to both questions.

12) Fashion and all other factors in relation to drinking and behaviour is very powerful to under age drinkers but these cannot be abolished.
13) Sometimes it makes using substances look attractive, heightens the excitement and the buzz by taking the risk. Health: Prevention, treatment and the Impact on the NHS.

14) Harmful drinking is when a person hurts themselves or others on a mental, physical or emotional level, because the effects on the behaviour and actions become detrimental to themselves or others with negative consequences.

15) There are health costs but as mentioned before the way of measuring the true costs is not true. So the reality is not showing through to society of the detrimental effects of alcohol dependency. The benefits of using alcohol are quite clear if you can take seriously the marketing and promotion of the products for sale – sexy, lucrative, powerful.

16) Costs. Very high
Safety to Health Care Professionals.
Time – money spent on ineffective interventions.
Chronic nursing care etc.
GP practices full of alcohol related illnesses. Waiting times increased at A&E.
Bed blocking, chronically ill, acute admissions, head injuries.

17) Structured Abstinence Day Care Programme
Following Reduction – Motivation – Detox. When discharged from a detox it is paramount for continuity of recovery that the individual has four groups a day five and a half days per week of group therapy and a 1-1 counselling for a set treatment time with up to one year full support to avoid repeated Detox and Relapse.
Training, Counselling Courses such as
Reality Therapy (Degree level)
R.E.T. (Degree level)
Person Centred Counselling Diploma
Gestalt
Cognitive Behavioural Therapy.
An integrative model is best with a multi-model approach to address the behaviour and consequences and also to be trained in Addiction Counselling
(Abstinence), as a base line with further training up to Diploma/Degree level to enable counsellors to draw up treatment plans and carry case loads.

18) Brief Interventions can be effective if the worker has a multiple choice of options for treatment. Harm Reduction has been the only one on offer, so a lot of time is spent briefly intervening but this is ineffective because the clients needs are not being met. A full treatment programme would be necessary to effect change. The Interventionist needs to point them into the right direction and in many cases this isn't happening, the result is nil.

19) Some do as described previously depends on the type of drinker.
Harm reduction works for some.
Structured abstinence works for others. Options need to be available for both, fairly proportioned and funded. Individuals should have the choice of structured treatment straight away when the problem is identified.

20) That it works.

21) Put alcohol in plastic bottles and drink out of the same type of vessels.
Breathalyse employees if you suspect they have been drinking.

22) Very high – no stats.
There is always depression in the cycle of drinking. Alcohol causes dehydration in the brain which causes low mood. Clients who suffer from dependency have high suicide ideation that is why structured treatment works. The client gains an awareness of why they feel the way they do. In group they are put through scenarios of behaviour and consequences of these that can cause relapse.
Sustained treatment is necessary to alleviate high-risk factors.
Work all together, voluntary sector, Health Authority, Treatment centres and Community based projects on "Risk Assessment" to ensure safety and continuity of care.

23) Crime, disorder and anti-social behaviour.
Abstinence treatment programmes such as residential (Private Priory etc) and structured day care from an abstinence perspective has not been available to the general public for very long in this country. Research into alcohol related crime is quite a new concept. In the USA for years the "Minnesota Model", which is essentially abstinence based has been offering treatment via the Courts and Criminal Justice agencies for drink related driving, theft etc. In England we have just commenced offering treatment knowing by our stats nationally that Alcohol and Crime and Social behaviour are related. But the government is not funding sufficient the structured abstinence programmes available. The one I represent is the first of its kind in the North West and we struggle like mad to access contracts in Greater Manchester, as they insist on this "Harm Reduction" treatment which is not sufficient for chronic users who have years of dry drink related recidivism.
Its no good recruiting more and more people to assess these clients, you need to find and expand existing services that can prove themselves already.

24) Alcohol is a major factor in both drug addicts and alcoholic offenders. One appointment or a couple of groups a week at a CAT is not going to work. If the client doesn't understand they won't change. "If you keep on doing what you have always done you'll always get what you always got". The cycle of addiction and denial of the problem has to be smashed.

25) The evidence is in all the research that local authorities have done at A&E departments, The Crime and Disorder work has shown the extent of how much alcohol is a factor in nearly (80%) of domestic violence. Also of driving offences, we don't have to

keep regurgitating the same script. We do however have to grow and change, adapt what works to a problem that is escalating.

26) Many factors like more leisure time. Changes in policing. Relaxation of laws and policing.
Blurred parental boundaries.
Community breakdown.
Race and Ethnicity, Ignorance.
We are all individually responsible and collectively as a society.

27) Much the same, in terms of dependency. Its more open and in your face in the inner city. Rural areas are better off, it is behind the door, net curtain drinking.

28) No.

29) Very much so. There needs to be more collaboration and communication between all agencies, it has been made difficult for workers in the field because of insufficient funding, CAT have had little enough money to meet the needs of the vast numbers of people with drink problems let alone referring on for treatment. Treatment external to the alcohol teams has been based on "Risk
Assessment" in other words you have to be basically:
Losing children into local authority
Going to prison
Or dying, to meet the criteria for structured treatment programmes.
This lack of funding has caused lots of dishonesty and dysfunction in the field.

30) Yes but also for the dependent drinkers treatment programmes.

31) Yes with clients who can control their use. It is hopeless to teach an alcoholic to control his/her drinking.

32) No the police approaches are insufficient nobody takes these seriously. The police are frustrated because they need support and services so that they can channel their offenders into it to make a difference.

33) It's a huge question and cannot be embraced sufficient in this questionnaire.

34) Put people who have repeated drink-driving offences through treatment for up to one years support. This should be requested by the probation at "Pre- Sentence Report" stage. If the client is ready Assessment will show whether they are or not.

35) Look at the "Ruluth" project in America. They are the most successful organisation dealing with perpetrators of Domestic Violence. The people are put through abstinence treatment programmes to deal with their dependency to alcohol.
Family programmes also to reconstitute the family.

36) Vulnerable Groups
Children of alcohol dependent parents they are usually more susceptible to perpetuation of the cycle of Addiction and are less likely to be able to achieve.
Some are robbed of their childhoods and have had to take responsibility very early on. They can also end up being attracted to dependant drinkers when they find partners because they feel fulfilled by their co-dependency. But the illness is progressive for these children of alcohol dependent parents and their lives are lived fulfilling the needs of others rather than fulfilling themselves. That is why treatment programmes should be available to the children.

37) People who have pre-disposition to Mental illness such as Bi-polar and Schizophrenia alcohol exacerbates these conditions as indeed physical debilitating illness like Diabetes and Epilepsy to name a few.

38) With addiction, treatment should be the first port of call assessment for treatment is key to determine if client is fit to mentally process treatment, if not psychiatric treatment should be stabilised first then treatment for "Addictive personality". This answer is not sufficient for this question if you require more details get in touch.
Dual-Diagnosis is complicated issue.

39) The Governments narrow view of joined up services.
The policy makers and people in beauratractic roles do not see what is happening at Grass Root level. Voluntary-Professional organisations are not suitably funded to ensure provision of services is maintained at a comfortable level. Social Services struggle to provide services outside statutory government, sees charitable organisations as free unprofessional and minimise their usefulness. The government has to look outside of its self and statutory ideologies such as "Harm Reduction" solely as a model to tackle these issues. "Bums on Seats" is not "best value" with Relapse of Alcoholism.
It is a waste of money to keep giving less effective least expensive treatment. Its like putting a plaster on a wide wound. It does not work.

40) Each case is different. Where are the "Equal Opportunities" the government advocates. Each individual should have treatment plans/care plans CAT and other organisations need to merge these plans to ensure client receives effective assessment, treatment and Aftercare. There also has to be a Holistic approach and aims and actions to ensure growth stability and change. Life chances, social/economic factors, education and job searches, housing, every aspect has to be worked with. Education and Communication

41) Objectives are to raise awareness and to inform individuals about harm reduction, but for those clients who are alcohol dependent this is not sufficient to bring about "change in behaviour". So that the cycle of addition is broken, denial reduced and a programme of living sober is put in place so that relapse is less likely. For this the client needs an abstinence model of therapy that is consistent and continuous on a daily, weekly basis, with up to a years support. One group or one day is not enough to bring about these changes.

42) In America 12-step models are the preferred way of working with alcohol dependent people. They have been running "drink driving" treatment centres by order of the court. They actually achieve by their outcomes of the drop in alcohol related driving offences recidivism. It is the same with the drug courts who at the stage of pre-sentence report the client is recommended to attend structured day-care treatment programmes. Right across the States these facilities are successfully treating addicts and alcoholics.

43) I think the scientific research is incorporated into education. It is based on sound research. However its emphasis on Alcoholism as a disease isn't emphasised and I believe the disease concept of addiction has to be acknowledged and accepted so that real treatment is applied.

44) The latest information I received was that schools were not going to use powerful images so as to frighten the children. However education is important and a strong vehicle to drive the message home. Showing the consequences of drunk-driving or explaining the effects of alcohol poisoning is important,, never mind how many units its safe to drink, children need to know it can kill or cause death through inhalation of vomit.

45) I believe one of the most vulnerable groups is the Asian fraternity, there is a massive assumption that Moslem people don't use alcohol. There is a high prevalence of alcohol abuse and Domestic Violence, these people need more access to services and treatment.

46) Abstinence treatment as an option needs to be put in place at all colleges and universities, social work, Doctors, Nurses training schools. As Harm Reduction is taught so to should Abstinence treatment.

47) Families can just do what they are already doing, explain ,warn and support their children through adolescence.

48) Government needs to see the benefits of Abstinence and the waste of money that "Harm Reduction" can be for those individuals who cant control their drinking.

49) That minimisation of the problem does not work.

50) No the shape of the market and market-based views.

51) With opening times being extended alcohol is becoming more accessible.
52) Don't know.
53) Research needs to be focused on the prevalence of the D2 Receptor gene that is inherent in people with a pre-disposition to addiction, so that there can be no doubt that treatment addressing this condition can be accepted and funded by the government.
54) Don't know.
55) No.
56) Already been discussed.
57) Already been discussed.
58) Falls to education, health, the government!

59) No comment.
60) No comment.
61) No.
Any further enquiries please do not hesitate to get in touch.