

National Alcohol Harm Reduction Strategy
Consultation Document
Response from North Essex Mental health Partnership NHS Trust

INTRODUCTION

The North Essex Mental Health Partnership Trust provides treatment and rehabilitation services for people with substance misuse difficulties over a large part of Essex. We serve a population of a million who live in towns and rural communities over an area from the M25 to the borders of Cambridge and from the M11 corridor to Harwich in the East. The Trust undertakes health and social care responsibilities for the NHS and Essex County Council. Services are run from three large multi disciplinary community drug and alcohol teams employing more than 60 therapeutic staff, who operate from more than twelve different centres across North Essex. The Trust also provides Mental Health Services over this area.

As the principal provider of specialist health and social care services to people with substance misuse difficulties in North Essex, the Trust welcomes the publication of the consultation document, recognising it is long overdue.

This response will focus mainly on the sections of the consultation document relating to Underpinning Principles; Health, particularly Treatment and Implications for Vulnerable Groups in relation to Essex.

Principles that should underpin the strategy

Alcohol Concern is the leading national body who collate and disseminate information regarding alcohol use and misuse in all its manifestations. This response will not attempt to cover ground which will be covered by their response.

Question 1

There are a number of reasons why government should get involved in managing the harmful effects of alcohol.

- 1) Alcohol is a cause of ill health, in the same way that tobacco and to a lesser degree illicit drugs cause ill health. The underlying principle of our national health service and social care services is to meet clinical and social need as it impacts peoples' lives. Alcohol misuse is a significant direct cause of fatality both through overdose and chronic organ disease. It is also a major indirect cause of harm and death through domestic, industrial and road traffic accidents, and falls.
- 2) Government should display consistency in its policies. The disparity between the energy behind the national anti drugs strategy as compared with efforts in relation to alcohol has been a cause of concern nationally and is not in proportion to the relative harms.
- 3) The long association between crime and disorder and alcohol is a further justification for a national harm reduction strategy.

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Question 2.

All individuals have responsibility for their own health and conduct, but government has a responsibility to intervene where substantial collective harm occurs, as is demonstrably the case with alcohol misuse. There is a further duty to intervene where harm is suffered by other citizens, including vulnerable people such as children.

Questions 3 and 4

Both these questions need to be debated. The overall scale of harm caused, however, is so large as to require that government take a central role.

Question 5

One of the key principles underpinning the national alcohol harm reduction strategy should be to increase the availability and range of treatment services to begin to adequately meet demand.

Health prevention and treatment

It is a matter of concern that the questions relating to health prevention and treatment appear to focus more upon prevention than upon the continued and growing need for rehabilitation and treatment for those with existing severe difficulties.

The treatment strategy best fitted to meet this need in the community is one which addresses the severity of impact upon the health and well being of the individual.

Essex has operated a need led assessment and care management service for people with serious substance misuse difficulties for the last four years. The adoption of an inclusive approach at first instance, which does not require service users to opt for "alcohol" or "drug" routes has allowed services to meet highest risk needs first. This concentrates scarce resources upon those at highest risk, rather than focusing upon diagnostic criteria.

Despite National policy favouring the provision of services to people with drug misuse problems, especially those involved in the criminal justice service, a needs led approach continues to identify substantial numbers of people at very high risk of serious harm or death from alcohol.

To address the specific questions in this section

Question 14

Drinking becomes harmful when it causes identifiable physical harm to the individuals health, or disruption to a persons social position or disruption to the

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society in which they live. There are a number of concise screening tools, which allow a rapid basic assessment of this.

Question 15

The evidence of costs to the NHS of alcohol misuse both directly and indirectly is substantial and will be presented to you in general terms by Alcohol Concern. The most obvious direct costs relate to alcohol induced disease of the major organs, psychological and mental health difficulties, and the cost of treating people injured as a result of alcohol influenced assault and social disorder and road traffic accidents.

Question 17

The provision of accurate and credible information on the healthy use of alcohol and the means of obtaining help where alcohol exceeds these boundaries is the most appropriate means of preventing dependence. Basic awareness of alcohol use and misuse, and the impact this has on health and social circumstances should be a core competency for all professional groups.

Question 18

Essex has used brief intervention processes, involving motivational interviewing techniques linked to "cycle of change" theories for some years in its substance misuse services. These have proved very successful with people who have less acute substance misuse difficulties as well as drawing those with more serious difficulties into treatment.

Question 19

The terminology in this question is unhelpful, since it presupposes that the addiction model is the only one that relates to alcohol difficulties. Our experience in providing treatment services for people with serious substance misuse difficulties of all kinds suggest that the addiction model can be helpful in certain circumstances. It can also be unhelpful to those whose difficulties do not conform to the model

Policies for the provision of rehabilitation and treatment need to look more widely than the medical model if they are to maximise effectiveness.

Services in Essex have been jointly commissioned within the structures recommended in the National Ten-Year Anti Drugs Strategy, but have embraced the commissioning of alcohol services also. The Models of Care framework laid down by the National Treatment Agency, although heavily influenced by the medical

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model, offers the most useful existing basis for the development of drug and alcohol treatment and rehabilitation services.

Question 20

The primary lesson to learn from drug treatment activities over the last five years is the error of just focusing on a single group of substances in isolation for the broader use of intoxicants and their impact on peoples health and social well being. Targetting new resources on drug related needs alone has at times created artificial boundaries preventing services meeting peoples needs.. Most people with drug problems are also using alcohol, and interventions focusing on just one kind of substance have limited effectiveness.

Question 22

There is a widespread literature on the linkage between alcohol use and misuse and mental health difficulties, and work in Essex looking at dual diagnosis has repeatedly identified that the attempt to distinguish between the coexistence of mental health problems and drug misuse as opposed to coexistence of mental health problems with alcohol misuse is an artificial one. It is increasingly acknowledged that the most effective approach is a holistic needs led one rather than attempting to define peoples problems by substance use in isolation.

In order to effectively meet the needs of communities where there is serious alcohol misuse, a holistic needs led approach needs to be taken; the NTA currently advocates a model akin to the care programme approach, and this model has been found to be effective across Essex for drug or alcohol users.

Research suggests that no single model of treatment is likely to be effective in all cases, since alcohol misuse has a range of causations and scenarios. Effective treatment options need to include;

- Community based motivation, counselling and structured programmes

- Purposeful activity and diversion schemes,

- Group work (both psychotherapeutic and empowering)

- The availability of residential rehabilitation for those at greatest risk.

- There will continue to be a need for inpatient detoxification for those with particularly complex or urgent needs, or those at high physical risk, although the experience in Essex is that 80% of all alcohol detoxifications can be conducted in the community.

Implications for vulnerable groups

One of the major issues confronted by our specialist substance misuse services is the different attitude of community services to alcohol difficulties as opposed to drug

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related difficulties. This is most noticeable in dealing with young children whose parents have substance misuse problems. There is a tendency to be tolerant of quite high risk levels of alcohol related neglect and other problematic behaviour, whilst reacting at times inappropriately to drug related activities of similar or lesser nature.

Research is under way at Goldsmiths College, the University of London, to explore this dichotomy.

Providing services for people with complex problems in a most effectively joined up way, is best achieved by adopting a needs led approach as mentioned above, which again looks at the individual in their social situation rather than to the provision of a fixed menu of services.

All workers in mainstream health and social care settings need basic awareness of substance misuse and its problems among their core competencies. Specialist substance misuse teams will always have a key role to address the needs of those with highest risks and most chaotic situations.

Whilst some particular ethnic and other groups may value specifically identified services, these will be difficult to effectively provide outside urban areas without very substantial additional investment.

The key is again a systematic provision of help and assessment for those who come forward with problems.