

Please find below my comments on the National Alcohol Harm Reduction Strategy Consultation which are mainly health focussed upon questions 14-22.

Colleagues elsewhere in Oxfordshire, working in other agencies will be sending comments about other sections of the consultation document.

14. The difficulty here is how to determine when heavy drinking becomes problem drinking as there are different types of heavy and problem drinking with different effects and different treatment options. So perhaps need to consult on how different professionals classify drinkers, diagnose physical and mental harm from alcohol and how helpful this is in engaging in therapy.

15 & 16 Would think that there is already significant national and international evidence available on the health costs and benefits of alcohol. However the problem here is how such evidence is publicised/presented in the media and the conflicting messages sent out to the public.

In my view there are significant 'hidden' costs for the NHS caused by alcohol ie delayed hospital discharges from hospital due to alcohol related problems, violence in A&E etc. all of which are difficult to measure and cost.

17. A structured tiered service for dealing with alcohol dependence/problems similar to the Models of Care for drug users would be most helpful, starting with primary care providing prevention/early intervention services etc. Therefore training/education/support for staff across the different levels of health care. In primary care many staff already work with people with alcohol problems, however within my PCT we recognise that this could be more systematic/co-ordinated and supported. Also need to share good practice, use of 'beacon' sites.

18. Have received positive feedback about use of brief interventions, but need to think seriously about who will do this in primary care. Given time pressures/demands upon GPs and primary care staff with all their other responsibilities need to demonstrate that brief interventions is effective both in terms of impact and for resources.

19. & 20. DoH guidance on commissioning of full range of alcohol services would be most welcome. Any alcohol strategy needs to be strongly linked in

with current work and partnerships ie DAATs, Crime and Disorder Reduction Partnerships, but with funding earmarked specifically for alcohol dependance services, otherwise drugs will always dominate. See also point 17.

22. Very strong links between alcohol and mental health. Any national strategy needs to link in with national suicide strategy and DoH guidance on Dual Diagnosis. Locally we have already started work here where dual diagnosis is a significant problem but mainly focussed on drug misuse and mental health.

36. We have a good range of local agencies providing education/support to young people re drugs but less of a focus on alcohol which is more widespread (but probably less obvious) problem. Particular need to out reach to children in care, with mental health problems, young offenders, asylum seekers/refugees.

37. Need to ensure that services are sensitive and accessible to black and minority ethnic sections of the community including asylum seekers and refugees.

39. Use existing partnerships/working and build upon DAATs, CDRPs etc. A national strategy would help give a higher profile to alcohol on the agenda.

Hope these are helpful.

Yours sincerely
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