

**Response to National Alcohol Harm Reduction Strategy Consultation Document
from:**

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The questions that were posed in this document that are pertinent to the Gastroenterology services include the section regarding Health: prevention, treatment and impact on the NHS.

This response will reflect the current experiences and views of Gastroenterology services.

Q16. The Royal College of Physicians report "*Alcohol – Can the NHS Afford it?*" (2001) is a very comprehensive document that clearly describes the impact of harmful and hazardous drinking on the NHS. It also provides recommendations for a National approach (strategy) to this problem. This document outlines the educational needs that are required by staff to implement such a strategy and that local Trusts should have a defined hospital policy, mental health service support and further research and development into this whole issue.

Our perspective is from an Acute hospital setting but there are clear links with Primary care, mental Health and social services. These links need to be improved and better resourced.

There are two areas that need to be addressed:

Detection of harmful and hazardous drinking.

Whilst all patients are asked at the time of their admission what their alcohol intake is there is very little action taken or information given at this point. Information is not consistent and resources are scarce. Health care workers are under increased pressure and the time to inform or educate patients is sadly lacking. Many such workers do not feel they have the knowledge or skills to relay such information. There is a need for greater education of both current staff and those in training.

It is generally agreed that detecting hazardous drinking and providing education and information at this point can be beneficial (brief interventions) however the environment in busy hospital wards is often not conducive to discussions involving such personal issues whilst maintaining the privacy and dignity of the patient.

The management of harmful and hazardous drinking:

The patients who present in an acute ward setting (other than trauma etc in A&E and related admissions) and are known to have medical problems relating to their hazardous drinking often pose significant management problems. This is particularly so for the numerous patients who present with Alcohol Withdrawal Syndrome.

Maintaining a safe environment for staff, the patients and other ward patients is a constant challenge. With staffing problems that occur so frequently having to care for

these patients can result in stretching all resources to the limit and relying on help from other areas such as hospital security, the police and mental health and social services.

There are gaps in the service provision and links with the Community based teams, ie community Alcohol services. Alcohol services seem to be left behind after drug services and yet there is a far greater need seen within the hospital setting for close working relationships with such agencies. Patients often express great willingness to address or at least look at their drinking patterns whilst in hospital but due to the pressure upon community services, many people relapse / return to drinking without extra support.

There is a clear need for investment in specialist Alcohol Liaison Nurses / Workers. The *Association for Nurses in Substance Abuse* (ANSA) are to hold a one day conference 14th February 2003 on "Do Hospitals Need Alcohol Liaison Nurses?" A Government / Strategy unit representative may find this helpful.

As the Chief Medical Officer described in his recent report Hepatic Cirrhosis is increasing particularly in younger people and women. Patients who present with Alcohol related Liver damage are often extremely ill and return frequently for in-patient care.

Qu. 18 Brief interventions need to be appropriate and the worker providing this needs appropriate training and supervision. Detection of hazardous drinking is critical.

Qu. 37 Many patients are elderly and present with neurological impairment. Due to a lack of appropriate nursing home placements and the funding and resources, these patients stay for significant periods of time in Acute medical beds. This cannot be a cost effective way of managing resources. Patients who present with Korsakoffs syndrome /neurological impairments who are under the age of 60 present management problems as they do not fall under the remit of elderly care teams / psychiatric services. Again this is an area that needs to be enhanced. There needs to be a more structured approach from Medical / Hospital services and Mental health services, which include psychiatric assessment and Community Alcohol teams.

Other vulnerable groups include the homeless or those who have no permanent address. Social services and Housing services are very over stretched and not always can provide an "out of hours service".