

## **Response to the National Alcohol Harm Reduction Strategy Consultation Document**

The following points are a summary of a consultation meeting organised by the Alcohol Group of Sheffield Drug Action Team. The participants came from a range of settings – a GP who is also a member of a PCT, a social services Mental Health Commissioning Officer, several people who work directly with street drinkers and other vulnerable people in day centre, outreach, supported accommodation and medical settings, a specialist nurse from the substance misuse team, the manager of a local drug and alcohol project and the DAT co-ordinator, the director of a voluntary sector alcohol service.

We have not attempted to address all the questions in the consultation document but rather to raise the key issues as we see them.

### **The cultural and behavioural issues around alcohol use and misuse - drinking culture in Sheffield.**

Over the past few years participants observed a number of changes, which were relevant to the consultation exercise:

- Alcohol is more widely available with an increase in the number of outlets and a move towards Sheffield becoming a 24 hour city.
- Children are exposed to alcohol earlier. Some of this may be positive e.g. family friendly pubs, if children and young people do learn to drink sensibly under supervision in this kind of environment. It was felt that any measures that fostered a more responsible attitude, where alcohol is enjoyed with meals as a part of family life, as exists in some European countries, should be encouraged.
- However there is concern about other young people in their early teens drinking strong cider or other alcohol unsupervised and being at short term and long term risk.
- Binge drinking is the usual pattern for young people; for many the aim of drinking is to get drunk. Indeed this is seen as an essential part of having a good night out.
- Current trends in marketing encourage binge drinking with special offers e.g. doubles for little more than the price of singles, a flat rate payment for unlimited drinks.
- Many young people appear unaware or unconcerned about the risks of alcohol and, in particular, of binge drinking. Alcohol and its effects should be part of education for all young people and for the general public, and given equal emphasis to illegal drugs which are currently presented as far more harmful.

### **Health: prevention, treatment and the impact on the NHS**

The GP reported that people with alcohol problems form a large part of a GP's workload; those with severe problems take up a lot of time and energy from the whole practice, e.g. some are disruptive in the waiting room. The experience from the local drug and alcohol project was that more GPs are willing to work with alcohol than with drugs but the reality is that alcohol users often present with more complex and difficult physical and mental health problems.

Because alcohol is a legal drug its harmful effects often appear to be minimized. The meeting felt that the most effective way of preventing alcohol dependence and serious alcohol misuse is to increase the awareness, skills and knowledge of front line staff e.g. in health, social services, probation, housing and other settings so that alcohol problems are detected at an early stage. This would help to:

- Change attitudes towards people with alcohol problems - many professionals still appear to consider them 'undeserving' because their problems are viewed as 'self inflicted'.
- Raise awareness of the impact of alcohol problems on individuals and families and the links with mental health, child protection and domestic abuse, all of which are high on the agenda of health and social services. Alcohol use should be seen as a routine part of assessment.
- Prevent people going on to develop more severe problems – the 'domino effect' in which individuals may lose their job, relationships, home, or health one after the other.
- Acknowledge links with other government health targets: cancer, heart disease, suicide, and drug misuse.
- This will only happen if training is available for a wide range of different groups e.g. primary care staff, social workers, probation staff, accommodation providers.
- Such training should include information about alcohol, support and treatment available and routes of referral. It should also include approaches for dealing with life crises/difficulties – the kinds of skills people need to develop if they are to reduce their dependence on alcohol. Such training would best be provided by local alcohol services but they would need increased capacity to meet the needs of all relevant front line services.

### **How should individuals best access treatment services**

The meeting felt there was a need for:

- A range of services to meet the needs of different groups, geared to severity of alcohol problem and whether people have co-existing problems in other areas, e.g. medical services, structured counselling, specialist nurses, floating support, day and residential care. There should also be clear referral pathways between services.
- Specialist alcohol staff located in places such as A&E, other hospital settings, primary care, arrest referral, supported accommodation. They would be able to make contact with people at the time when alcohol emerges as a problem – they are often more receptive when the negative consequences of their drinking become apparent.

- Improved liaison to make better use of the opportunities that occur when people have an unplanned detox e.g. in prison or on a medical ward. People should be offered ongoing support to maintain the changes they have made. In prisons there should be CARATS workers for alcohol as well as drugs.
- Alcohol services with open access and sufficient capacity to respond quickly, to make use of the window of opportunity that occurs when an individual seeks help. Long waiting lists result in people 'going off the boil' and missing appointments. This is a waste of an opportunity and a waste of time for all concerned.
- An increase in partnership working with alcohol workers located within primary care, probation, hospital, social services, and other settings.
- Discussions with key hospital and social services staff indicate that alcohol liaison staff would be valued in social services (children and families), A&E and other hospital settings.
- Specialist services to meet the needs of particular groups: vulnerable people, those with complex needs, dual diagnosis, women, parents, gay and lesbian people, and black and minority ethnic groups.

### **The needs of vulnerable groups**

Those who worked directly with street drinkers, rough sleepers and other vulnerable people felt their needs were often overlooked. They raised the following issues:

- The nurse working with this client group estimated around half her case – load have alcohol problems, some of these being poly drug users. Many also have mental health problems.
- A small group of people were barred from most services and ended up in Ben's Place, a day centre for street drinkers that is struggling to remain open through lack of secure funding.
- This group ideally needs wet provision with a harm reduction approach and services such as showers, cheap food, and health support on offer.
- Many vulnerable people will need long-term support around a wide variety of issues. The service needs to adapt to their more chaotic lifestyles.

### **The links between alcohol misuse and mental health problems, including depression and suicide. How best to co-ordinate services for this client group.**

All those present at the meeting acknowledged the large proportion of clients with co-existing alcohol and mental health problems presenting to their service. They raised the following points:

- Many people with anxiety and depression self-medicate with alcohol and need help to resolve underlying issues, e.g. eating disorders, history of abuse, PTSD, at the same time as they work on their drinking.

- There therefore needs to be sufficient capacity in the services that work with these issues so that alcohol services can refer on.
- Joint working between alcohol services and mental health teams should be encouraged. For such joint working to be effective both services need sufficient capacity and training.
- Current emphasis is on throughput, brief interventions, structured and time limited counselling. The meeting felt there was a need to accept that for some people longer-term support is needed as they have chronic problems.

## **Conclusion**

The meeting welcomed the opportunity to contribute to the consultation process. However there was a very strong feeling that the work of the Strategy Unit must produce a National Alcohol Strategy that gives treatment services the attention and resources they need to work with people presenting with alcohol problems and to begin to address the training needs outlined above. Resources must be sufficient to recruit and train the numbers of staff required; salary scales must be high enough to attract and retain them. Alcohol has been neglected for far too long.

Nicola Smith, Director, Sheffield Alcohol Advisory Service  
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