

SURREY HAMPSHIRE BORDERS NHS TRUST

This response to the Department of Health National Alcohol Harm Reduction Strategy Consultation Document focuses mainly on the HEALTH and related VULNERABLE Groups aspects of the consultancy. Surrey Hampshire Borders NSH Trust welcomes this long awaited Alcohol Strategy which acknowledges that the subject of alcohol needs to be taken seriously at a national level.

Moderate, recreational drinking of alcohol is widely accepted in English culture as an acceptable, pleasurable pursuit. Conversely alcohol misuse has constantly proved to be a cause of serious physical illness and can both intensify and be activated by severe mental illness.

Alcohol misuse/harmful drinking can be defined as a style of drinking that is causing or likely to cause harm. Harm can be defined by a variety of factors such as causing a detrimental effect to physical and mental health, employment, finances, life chances and to others including families.

According to Alcohol Concern, current research initiatives within the U.K have not to date reflected the true degree of alcohol related harm caused by alcohol. In 2002 they established the Alcohol Research Forum to develop a co-ordinated approach for alcohol research. The Alcohol Research Forum has reported that there is an urgent need for a co-ordinated, coherent and well-funded alcohol research function within the U.K. Surrey Hampshire Borders NHS Trust feels that where there is a lack of sound evidence, appropriately targeted funding to assist the field, to provide effective intervention is unlikely.

It is difficult to make an informed judgement about the cost of alcohol to the NHS. Recent D.O.H data states that :

• Inpatient costs - direct alcohol diagnosis	£52 million
• Inpatient costs – other alcohol related diagnosis	£152 million
• General Practice costs	£4 million
Total	£208 million

It is noteworthy to add that hospital treatment of patients with alcohol related diagnosis does not reflect the full picture; local choice may favour treatment in outpatient clinics and Community Drug Alcohol Agencies where detailed clinical and cost information is not complete.

In addition the use of Accident and Emergency Departments, alcohol related road traffic accidents, victim of domestic violence and non-accidental injury to children and attendance to incidents by the ambulance service will all add substantially to NHS costs.

As alcohol related deaths and health issues rise, a greater emphasis needs to be placed on education and preventative approaches. In 1999 D.o.H statistics show that in England approximately a fifth (21%) of pupils aged between 11 and 15 years had drunk alcohol during the previous week. Local research shows that that young people in our TRUST area are drinking higher amounts of alcohol than that recommended for adults: this is high risk activity as young people's livers are not fully matured. This indicated that a robust alcohol education programme, with close partnership arrangements between health and education needs to be initiated, targeting children as young as 7 years of age. Good educative material also needs to be available in public places including leisure venues for adults.

Health and social care professionals should have a clear idea of alcohol abuse. Currently there is no compulsory training in alcohol in medical, nursing or social work studies, but health and social work professionals will be expected to be advising and caring for alcohol misusers once qualified. Training establishments need to ensure that health and social care professionals understand the effects of alcohol use and misuse.

Primary Health is the gateway to secondary care services. Brief solution focussed therapy and motivational interviewing ranging from one to six sessions, in our experience, has a positive impact on problem drinkers if available upon demand. Good links between primary and secondary care facilitate speedy referrals for newly diagnosed patients, such can also provide a quick response to those suffering relapse. Where alcohol misuse is symptomatic of deep seated problems for example, childhood sexual abuse, brief intervention will not resolve these issues, longer term intervention will be required. This indicates that there needs to be a higher emphasis placed on the importance of 'harm reduction' techniques.

With regard to the current treatment of alcohol dependency, the difficulty is we do not know what works without research and long term monitoring and evaluation. Treatment needs to take into account the alcohol misusers readiness to change. For those with complex needs such as dual diagnosis, a range of options need to be offered and co-ordinated in line with good multi-disciplinary assessment and review that includes mainstream mental health professionals and substance misuse specialists. In England current service provision is not always appropriate for everyone. The young, under 19 years of age and the elderly are particularly disadvantaged when accessing rehabilitation that is suitable for their needs. In this area funding is complex if a patient requires detoxification, health funding and provision need to be acquired. Detoxification should be followed by a period of rehabilitation, this requires Social Services funding. In England, the Drug Action Teams (DATs) do not fund alcohol treatment thus placing the financial burden entirely on the Primary Care Trusts (PCTs), that currently cannot provide adequate funding for this client group.

It is the case that since the Government introduced the 10 year drug strategy, Tackling Drugs to Build a Better Britain and supported the strategy by allocating specific targeted funding for drug treatment, the numbers of drug users accessing treatment has increased. Together with increased funding there is now a growing emphasis on quality treatment linked to outcome monitoring. Research also informs policy that for every £1 invested in treatment £3 is saved in terms of criminal activity. It is therefore surprising that alcohol, England's main substance of abuse, has not until now been the subject of a National Strategy. Hopefully this will be appropriately funded and monitored.

In order to minimise the problems that arise from alcohol misuse that present at A & E Departments such as drink drive, and incidence of street and domestic violence, greater emphasis backed by legislation needs to be placed on alcohol producers and providers. A responsible, caring and professional approach needs to be established as a code of conduct for licencees and other alcohol outlets. The development of a basic standard of responsible alcohol provision throughout the industry should be established, with an emphasis on ensuring greater professionalism that increases a sense of responsibility for safer communities and the safety of individuals. Those that consume alcohol also need to be provided with and encourage to seek educational material to assist them to drink at safe levels that do not result in harm to others.

Problematic alcohol consumption is strongly connected with a number of mental health illnesses including depression. More than 30% of depressed women and men attending their G.Ps have drug or alcohol problems. People who are mentally ill may drink to self medicate, either in an attempt to alleviate psychotic symptoms or to relieve the unpleasant effects of prescribed medication. In a study by Schuckit et al (1997) results showed that two trends of alcohol dependant people accessing treatment presented with anxiety, manic like conditions or personality disorder. 32% of patients with a diagnosis of psychosis attending a mental health service also suffer alcohol misuse or dependence.

People who misuse alcohol have a high risk of suicide. 65% of suicides are connected to alcohol (Department of health 1993). The Mental Health National Service Framework states that alcohol problems can exacerbate mental health problems. This group of clients have complex and enduring needs and requires an integrated approach. Their needs are best met by mental health services working together and effectively with specialist substance misuse services. Joint training of these professional groups will promote greater understanding of client need and provide staff support. Investment is required to both train professionals and to provide an appropriate range of services for alcohol misusers; this should involve access to 24 hour intervention. The Care Programme Approach provides a good model by establishing a named care co-ordinator to ensure the clients well-being is regularly reviewed.

Within Surrey Hampshire Borders NHS Trust, a senior member of staff expressed concern that the strategy document lacked discussion about alcohol and its impact upon the family. The psychological distress is enormous within the family; there is an urgent need for appropriate services, including counselling for family members including children. The impact on children could constitute serious neglect. The cyclical aspect should not be ignored in the context of learned behaviour that could result in the children of parents who abuse alcohol growing up to be the next generation of those with severe misuse problems.

Another vulnerable group that has not been highlighted is the need to consider elderly people who misuse alcohol. In 2000 a total of 644,000 elderly men and 372,000 elderly women were drinking more than the D.o.H guidelines for safe consumption. According to Age Concern, elderly people use alcohol to kill pain from arthritis and rheumatism or to help insomnia. They also misuse alcohol to cope with bereavement and some believe the myth that alcohol 'keeps you warm'. Age Concern believes that there is a lack of funding to support elderly people adequately within their own houses.

Whilst the National Alcohol Harm Reduction Strategy consultation document is a welcome first step, it needs to be stated that there are some key action points that requires urgent consideration namely a greater emphasis on establishing co-ordinated research into the extent of alcohol misuse within England and 'what works' by way of treatment. Clearly there is a huge cost both obvious and hidden to the NHS and this requires appropriate targeted funding. There needs to be investment and increased training and educational opportunities for health and social care professionals. Co-ordinated, prevention programmes are required to be delivered within schools and youth services to young people and children from 7 years of age. The alcohol industry needs regulation with a responsible code of practice established and enforced. Mental Health and substance misuse professionals need to implement dual diagnosis good practice guidelines. Specific services need to be established and 'reach out' to vulnerable groups such as families and elderly people.

The Government and the Drinks Industry should recognise the high cost to society of alcohol addiction. Alcohol treatment services, if funded appropriately and adequately could prevent much of the huge cost to society in terms of violent incidents, domestic violence, child abuse and neglect, unwanted pregnancies, use of acute general hospital and psychiatric services, plus reduce suicide rates. In doing so many other targets may well be achieves for other agencies.

Surrey Hampshire Borders NHS Trust has welcomed this opportunity to contribute to the consultation and looks forward to the final report due summer 2003.

Edith Brown
Jane Milton