

Tyne and Wear Health Action Zone

Response to Consultation Document on National Alcohol Harm Reduction Strategy

This response to consultation is based on the combined experience of people working on the issues in Tyne and Wear, focused through a HAZ Steering Group originally brought together to develop an Alcohol Misuse Demonstration Project in 2001. We have not sought to answer all the questions posed in the consultation paper, but to draw attention to the evidence for those issues where we have particular expertise/experience.

The Culture and Behavioural Issues around Alcohol Use and Misuse

- The factors to take on board include levels of domestic violence, drinking in the home perhaps greater than in public outlets.
- There is the need for clearer guidelines for young people. Local evidence is that excessive consumption is higher in young women. Many young people are recorded drinking in their own home, but need positive role models so drunk and disorderly behaviour is not seen as the norm.
- There definitely seems to be an adult drinking culture where the norm is to drink to excess, unlike other countries. This is perpetuated locally through: 2 for 1 drinks, pub crawls, happy hours, "Shooters" and products which encourage mixing and bingeing.
- Behaviour of young people locally is very much influenced by easy access and majority drink in the home with their parents knowledge. There is an immortality attitude of young people, influenced by media images, such as soap operas, which heavily show alcohol.

Health : Prevention, Treatment and the Impact on the NHS

Evidence

- The evidence for the health costs and benefits of alcohol are clear. Beyond 10-20g per day any cardio-protective effect of alcohol diminishes and there is a clear dose-response relationship between levels of alcohol consumed and the relative risk of a wide range of physical health problems, particularly cancers of the gastrointestinal tract (Anderson 1993). The presentation of the evidence is well stated in the 1995 report from the joint working group of the three Royal colleges of Physicians, Psychiatrists and General Practitioners - entitled: "Alcohol and the Heart in Perspective - Sensible limits reaffirmed". In addition, the World Health Organisation also produced a short report in 1999, which looked at both the risks and the potential for health gain of different lifestyle behaviour including alcohol.

- Regarding gaps in the evidence base, much of the evidence on the coronary protective effect of alcohol has been conducted on older men and post-menopausal women. There is a need for better evidence related to other groups in the population. Also need research into possible benefits for heart disease, and negative benefits for cancer. At the moment, mixed messages abound e.g. red wine for heart is good, but any wine is bad for breast cancer.

Means of Prevention

- The most appropriate means of preventing severe alcohol-related problems is to identify problems at an early stage, when consumption behaviour is most responsive to change, in order to prevent more serious difficulties arising later. The preventive paradox points to the fact that most alcohol-related problems in the population are attributed to by the large number of hazardous drinkers rather than the relatively small group of dependent drinkers (Kreitman). Thus the focus of preventive work should be on hazardous and harmful drinkers rather than 'alcoholics'. However, it has also been shown that if mean consumption levels in the population fall then so too does the number of people who fall into the most severe end of the alcohol-related problem spectrum.

Training

- There is a need for proper training for professionals to know how to deliver brief interventions, backed up by local support easily available for those patients who want extra help. Health professionals need to be kept updated and motivated in their role. The most important training for health care professionals is to recognise that they currently miss the majority of people with alcohol-related problems (Kaner et al. 1999) and that such drinkers come from across the social classes. GPs and nurses have been found to selectively provide brief interventions to particular sections of the population (Kaner et al. 2000). Health professionals currently perceive a number of barriers to alcohol-related intervention and these should be addressed by any training interventions (Lock et al. 2001). Implementation studies have shown that outreach training can positively influence uptake and use of brief interventions in practice (Lock, Kaner) although the cost-effectiveness of such strategies varies between professional groups (Kaner et al. in press). Retailer training would also be helpful to recognise signs of excess alcohol, how to refuse further alcohol etc

Screening and Brief Interventions

- Screening and brief interventions against excessive alcohol consumption among patients in a variety of medical settings have been clearly shown to be effective in reducing hazardous and harmful drinking, and their widespread and consistent implementation would

have a large beneficial effect on public health and welfare. The National Alcohol Harm Reduction Strategy should include measures to ensure that medical practitioners, nurses and other health professionals have the necessary time, resources, training and support to encourage and enable them to deliver screening and brief alcohol intervention routinely in practice.

- There is a wide range of screening tools to detect risky drinking via simple questioning which has been found to be more effective and efficient than physiological testing (Wallace). In particular, the Alcohol Use Disorders Identification Test has been developed to detect hazardous and harmful drinking in primary care and validation work has shown that this instrument has a high sensitivity and specificity (Saunders 1992). There are now many publications that have investigated the properties of the AUDIT questionnaire and its shortened versions and these consistently report positive effects in terms of identifying 'at risk' drinkers.
- There have been a number of systematic reviews on the effects of brief alcohol intervention, particularly in primary care and these report consistently positive effects of brief intervention with small to moderate effects. The two most influential reviews are by Freemantle et al. 1993 and Moyer et al. 2002. However, when one studies the applicability of brief intervention research, it is clear that specific groups have been under represented in earlier trials (e.g. young people, ethnic minorities etc).
- A recent systematic review by Dr Malathi Natarajan has looked at the evidence related to brief intervention to reduce risky drinking in young people. This review shows that the small number of trials that have been carried out are from the US and have focused on college students, particularly caucasians, and usually males. Although this review found that 7 out of 8 trials reported positive outcomes, these studies were of variable methodological quality, they included a disparate group of interventions (labelled brief) and they measured a wide range of different outcomes over a number of different time points.

Treatment

- Advertising of alcohol products should be more effectively regulated, particularly those that are obviously designed to appeal to young drinkers. In a country with the highest teenage pregnancy rate in Europe, the constant association of alcohol intoxication and sexual adventure in these advertisements is harmful and unethical. Self-regulation by the advertising and alcohol industries has clearly failed and Government intervention is required.

- Alcohol causes more harm (mortality, morbidity, social and economic negative consequences) than all illicit drugs combined, yet delivery of treatment for alcohol-related problems in England is patchy, unco-ordinated and poorly resourced in comparison with treatment for illicit drug problems. Treatment for alcohol problems in specialist agencies is effective but reaches only a small proportion of those in need. It is vital that the National Alcohol Harm Reduction Strategy includes measures to redress the imbalance between the provision of treatment for alcohol and for other drug problems.

The Implications for Vulnerable Groups

- Groups at particular risk are Children in need – looked after children, youth offenders, homeless, children leaving care, children whose parents misuse alcohol, children excluded from general education; also women and children in their own homes subject to domestic violence. The services most likely to make a difference are the tiered services such as Drug Action Teams and Child and Adolescent Mental Health Services.

Education and Communication

- The messages are presently not sufficiently clear especially over not bingeing and spreading drinks out over a session. Guidelines for young people are needed.
- There is a need for clarification around the evidence in relation to cancer and coronary heart disease.
- There is a role for the National Healthy School Standard, continuing professional development for teachers, access to good resources and services for young people.
- There is a need for positive role models in the home and knowing safe limits for home drinking.
- Most effective campaigns are through national media backed up by local campaigns with a range of media and local public relations. National campaigns should be developed with multi-agency task groups, including regional input and should acknowledge international experience.
- There is a need to reduce targeting of adverts and product placement at young people, which is very noticeable in British media. The Government should look at alcohol advertising bans for sponsoring sports events as in the Tobacco Advertising and Promotion Bill.