NATIONAL ALCOHOL HARM REDUCTION STRATEGY

RESPONSE TO THE CONSULTATION DOCUMENT

Questions 1-5

The Government has a responsibility to act on alcohol misuse when the legislation it produces has a direct affect on harm caused by alcohol. For instance, It is recognised that ease of access to alcohol increases the amount consumed, yet no control is put on outlets where alcohol can be purchased. In my own village, which has a population of 700 residents, it can provide 4 on licensed premises and 7 off licensed facilities and little in the way of other facilities including transport, particularly for the young. This leads to boredom, isolation and other social problems. I am sure this is not very different from other villages and towns in the country. With this level of competition it is not surprising that a lenient attitude towards age of customers occurs when selling alcohol.

Why is there no control put on the amount of licensed establishments in city centres catering for the young nightclub culture in an effort to reduce anti social behavior? This is managed in other European cities, which limit the amount of similar establishments licensed to trade in any one area.

Again, why when the government is supporting an anti drink drive campaign, do they allow national chains of roadside restaurants catering for the motorist to sell alcohol?

For years the drinks industry has been allowed to sell soft drinks at vastly inflated prices and alcohol free drinks as if they have a tax levied on them, this does not make sense and discourages people when looking at the guidance for cutting down or moderating their drinking.

It can be argued that drinking is about an individual's freedom but until the general public are more educated about alcohol and get rid of the attitude that alcohol problems only happen to someone else, then the government needs to put in some controls on outlets and availability.

The government had an opportunity to raise the profile of alcohol misuse impacting on health when publishing papers on Health of the Nation, Health Improvement Programme and The National Service Framework etc., but they choose to virtually ignore it.

One aspect of legislation that needs looking at is the anomaly under road traffic legislation and the DVLA that penalises drink misusers who are undergoing treatment and trying to address their problem. They are required to inform the DVLA that they are undergoing treatment which will attract an automatic one-year suspension from driving and have to re-apply for their licence, whilst someone who is unwilling to address their drinking can continue to drive. This invariably has a negative impact on people's difficult decision to seek treatment.

The government needs to put on hold any changes to the licensing laws. The law is changing in a piecemeal fashion without any evidence of strategic planning. As the consultation document highlights, alcohol has an impact on so many aspects of life and society that any changes should be tackled with an aspect of joined up thinking.

Question 6-13

There is increased concern about the growing phenomena of what is often referred to as the 'laddish culture' amongst young women. That is the type of alcohol related behaviour displayed by young women, which has in the past been attributed only to young men. Behaviour which involves excessive use of alcohol with the intent from the outset of achieving high levels of intoxication. The resulting problems associated with this will include disinhibition, often leading to uncharacteristic behaviour of aggression, indulging in casual unsafe sex, vulnerability which leaves them open to being taken advantage of by unscrupulous people.

The reasons for this change in culture appears to me to be related to the equality that has been achieved over the past 30 years, which in politically correct terms means women are no different than men in a social sense. I would not argue for one minute that this should not be the case, but as with most situations which involve positive social change, there are negative elements inherent in the process.

The negative element here is the removal or at least softening of social and moral attitudes toward what is acceptable for young women to do. Gone are the days when women would be considered 'loose' if seen entering pubs alone, never mind getting drunk in a public place. Young women can expect and achieve a level of disposable income equivalent to that of their male counterparts. No longer do the majority of young women feel the need to 'settle down' and start families in their early twenties. Young women rightly want to aspire to long term careers, often in jobs that are stressful and often alongside men who use alcohol as a way to help relieve stress.

We live in an affluent society, which to a large degree is materially driven. Particularly amongst the young, fashion is very important and as with clothes, alcohol has moved into the LABEL arena with drinks that are de re rigueur for those that wish to be part of the fashionable crowd. This undesirable phenomena is further fueled by the advertising campaigns which attribute being attractive, being liked, being part of and being fun, to the type of alcohol you drink. It seems incongruent that advertising of this nature is considered acceptable, when tobacco advertising is not, because of the negative health implications related to smoking. The message here would seem to be that alcohol use does not carry any health risks. If that were only so.

Question 14-22.

The comments I am making come from a background of 32 years as a nurse in the alcohol field. My experience spans many changes in the field, particularly towards treatment philosophies. I started working in a regional alcohol treatment unit that used a medical approach towards treatment with the AA 12 step philosophy in a residential setting. My current work is in a community-based service, specialising in dual diagnosis that uses an eclectic approach with an emphasis on a cognitive behavioural approach (CBT), this seems to be the norm for most community based services. The benefits of this approach are that it fits into the current thinking that alcohol abuse is a learned behaviour and as such can be unlearned, it also offers the following -:

- Avoids labeling.
- Enables a flexible approach to clients needs. Particularly important in Dual Diagnosis.
- It allows people to make choices about their drinking.
- It gives them the responsibility to change and the insight and means to make changes
- Allows lapse to be used as a learning opportunity to continue the process of change.

There is a lot of published evidence to support the behavioural approach to treatment and fits into the overall picture of reducing harm in the general population, with an emphasis on individual responsibility. We should not take responsibility for another persons drinking behaviour. If we do we collude with them in their abdication of personal responsibility and the consequences of their actions, in the process losing an opportunity to learn.

The public perception is that substance misuse means drugs, and that alcohol is not a drug.

Alcohol misuse services have in the last few years been the poor relation to drug misuse services, with the drug strategy shaping how alcohol services are provided.

Many alcohol agencies because of the funding provided by central government to tackle drug misuse services, took on a dual role to access this funding. This in my view has had a detrimental effect on alcohol services. This has left many services for alcohol unsure of their future re funding and unable to plan in any meaningful way.

Fundamentally, the treatment philosophies and agenda are different, with drugs following a much more medical approach with an emphasis on harm minimisation/reduction, whilst alcohol has a much more social model/client centred approach with the emphasis on the individual's responsibility to make changes.

The client group themselves also see services very differently with drinkers not seeing services identified with drugs as relevant to them and vice versa. This unfortunately has the effect of making people reluctant to approach services and seek help.

Question 18

In Norfolk for many years we have successfully run brief assessment and brief interventions in the local Gastro-enterology Unit and the highest referring General Practices. This appears to have been very successful in changing people's perception, attitudes and behavior regarding drinking. The success has resulted in the extended provision of a full-time specialist substance misuse nurse providing help, training and education in various departments in the local acute hospital trust.

Work needs to be done in developing skills in screening for alcohol misuse and brief interventions, particularly at primary care level.

Specialist services need to offer support to non-specialists and help in identifying those at risk and intervene appropriately.

Services need to be aligned more closely with primary care services to help with the above and allow for team working.

Question 19

A common view of alcohol treatment facilities, particularly with the general public and clients, is that rehabilitation treatment facilities are the only method of successful treatment. This tends to be encouraged by media representation, exacerbated by high profile personalities who wear their misuse problem like the latest designer label. On one hand this can be positive in allowing people to admit to a problem, but it also gives out the message that it is not affordable for the average person and in most cases is instantly available, unfortunately if not self-funded takes time to organise. This could leave the individual feeling that anything else on offer is second rate and the help they require as not being available. It ignores the other treatment options, particularly community based services which must do the majority of work in the alcohol field. Experience also questions the quality of care given in some establishments, emphasising the need for standards to be adopted in the alcohol treatment field.

The research I have seen and been involved with comes to the conclusion that what is most important to the client is not what type of treatment they have had but the fact that the worker has given them the time and being willing to listen.

In order to provide effective services, the area of funding needs to be addressed. There is a misconception that statutory agencies "have it made", when in reality there is no ring fenced funding and alcohol services struggle to meet demand. The general perception is

that problem drinkers suffer a condition that is self inflicted and difficult to manage making it low on the agenda of funders. The non-statutory agencies have access to a range of grants and charitable donations that are not open to statutory services. This leads to services being planned piecemeal with no co-ordinated strategy, with charitable services chasing funding to survive. Alcohol misuse will always lose out to more glamorous health and welfare issues.

The Drug Action Teams (DAT) have the role of planning and coordinating drug services and have taken on alcohol into their remit, but in effect this is a token gesture. No funding follows this and the DAT have been given clear instructions through the Drug Prevention Advisory Service (DPAS) that any funds provided to the DAT cannot be used for alcohol services, despite the wide acknowledgement that alcohol cost and health wise is a far greater problem than drugs. The provision of funds particularly aimed at alcohol misuse and managed by the DAT would allow for a co-ordinated response.

Question 20

What alcohol services can learn from drug prevention and treatment is that with better resources (Drugs Annual treatment spend £91.5 million Alcohol £1.1 million) higher profile innovative, effective services and treatment pathways could be developed.

Question 22

The Department of Health very clearly in their report, Dual Diagnosis Good Practice Guide, makes the link between alcohol and mental health issues. The complexities presented by this client group underline the importance that all the agencies that are accessed by this group work together to provide a seamless service, thus avoiding the risk of the individual falling through the net. It is also important because of this that psychiatric services are included as a key element in any specialist alcohol provision. Services should be provided in a flexible way to accommodate the complexities of the clients presentation and needs.

Questions 23 –35

In Norwich, an initiative was launched in response to the tragic death of a young man who drowned after being refused entry to a nightclub because of being drunk. This was followed shortly afterwards by a similar incident, which again ended in tragedy. In response to these incidents led by a media campaign, an SOS bus was set up so that people who needed assistance could get help, rather than wandering the city centre in a vulnerable state. This initiative also included a boat patrolling the river in proximity to the nightclubs to rescue people who have fallen in. I mention this and question what kind of message it gives out. In my opinion, who is taking responsibility for behaviour? Is it acceptable to get drunk and rely on someone else to take responsibility? This is not taking into account the health implications of this culture of binge drinking. There has now developed a sport of people leaving the clubs, jumping in the river to be rescued as part of the night out, also targeting the rescue boat with beer bottles. Have the offences

relating to drunkenness in public places been abandoned? Are we losing an opportunity to change people's behavior by removing the consequences and skewing the perception of what is acceptable behavior?

While these deaths warranted banner headlines in the local press, the deaths of two homeless drinkers who had fallen in the river and died hardly achieved a paragraph.
The point I am making is that because the SOS bus was a media led campaign it has resulted in an inequitable service that doesn't help to address alcohol misuse in its many guises and tackling the problem needs to be coordinated.

Question 32

One of the motivating factors in changing behavior is the consequence of one's actions and if people are protected from the consequences of their drinking, what reason is there to change?

Regarding street drinking controls and powers, without a coordinated managed response to the problem with an infrastructure that addresses the underlying problems, you will only create another problem moving it on to a new area. We need to be careful of not creating double standards with one for the homeless street drinker and another for the club frequenter in designer cloths.

Question 37

One vulnerable group at risk is the elderly. This group is at risk of having their alcohol misuse dismissed. "At their age does it matter?"

Because of the effect of ageing, the elderly are more at risk of:

- Physical damage from alcohol at lower levels.
- Not identifying alcohol in their daily lives (drinking for medicinal purposes).
- Taking medication that may interact with alcohol or be counter indicated.
- Falls/accidents.
- Alcohol withdrawal symptoms may be misdiagnosed as confusion, dementia, parkinsonism or depression. There also may be a risk of unnecessary medication being prescribed for sleep disturbance or loss of appetite, etc.

Question 38

The main contributing factors needing to be addressed are:

- Poor compliance with medication.
- Medication may be contra-indicated in combination with alcohol.
- Reduction in effectiveness of medication.
- Increased risk of exacerbating mental health problems.

- Increased use of hospital services.
- Increased risk of infection.
- Homelessness/debt.
- Involvement in the criminal justice system.
- Contributing factor in the development of mental health in the young.
- Significant differences have been found between men and women in their patterns of alcohol misuse and mental health.
- Women present at primary care with psychological problems rather than alcohol abuse.
- A significantly high proportion of women who abuse alcohol will have experienced sexual, physical and emotional abuse as children.
- Child protection issues may make a parent reluctant to access help.
- Heavy drinking parents can lead to heavy drinking children.
- Children are at greater risk of physical, psychological and sexual abuse.
- Behavioral problems in children may be due to drinking at all stages of development by their parents

Question 39

One of the main problems of trying to provide alcohol treatment services under the premise of one model fits all is the likelihood of people falling through the net. I would recommend the model for the provision of integrated services provided in Norfolk, which has been shaped over a number of years and researched. Services are provided by a number of agencies, both statutory and non statutory, each concentrating on their individual area of expertise, having good working protocols and networks to provide fully integrated services, avoiding the problem of people not being able to access appropriate services

Questions 51- 55

As long as the drinks industry continues to market alcohol on the same basis as baked beans, e.g. pile them high and sell them cheap, the problem is going to continue. There needs to be a much more responsible attitude towards the marketing of drink, governed by legislation and not just by a code of conduct. Taxation has always been a factor in reducing alcohol consumption. This principle, plus banning advertising, has worked very effectively with the issue of reducing the harm caused by smoking.