

Dear Jane

Please find listed below the West Sussex Health Promotion Network response to three areas of the National Alcohol harm Reduction Strategy Consultation Document. The three areas are as follows:

- Health: prevention, treatment and the impact on the NHS
- Crime, disorder and anti-social behaviour: the effects on our surroundings and community
- Education and Communication

Health: prevention, treatment and the impact on the NHS

This section seems to define direct health costs as coming from dependent drinkers only, but they make up only a proportion of the direct health costs around alcohol misuse. For example: hazardous/harmful drinkers visit their GP's twice as often and A&E is dealing with large numbers of alcohol induced or related incidents at peak times.

There is a need for clear definitions to be agreed and publicised in this area.

Question 14

Hazardous drinking can be defined as anything exceeding the recommended daily and weekly limits. This does not always constitute harmful drinking and harmful drinking can occur without heavy drinking or exceeding the set limits e.g. older people and those on certain medications.

Problematic drinking can be defined as when drinking is affecting an individual's well being (e.g. short and long term health, relationship, financial, work, legal problems). In addition when drinking causes an increase in risk taking behaviour (e.g. unwanted pregnancy) it has become problematic. The social reasons for drinking can also result in problematic drinking, for example, if it is used to provide relief from boredom or isolation or if an individual is dependent on alcohol for social contact.

Problematic drinking also includes that which has a negative impact on others.

In summary problematic drinking does include most heavy drinking but is composed of many other factors alongside the simple amount of alcohol being consumed.

Question 16

Costs to the NHS include: treating dependence, GP time, falls in the elderly, increased accidents and injuries, prescription costs, Foetal Alcohol Syndrome treatment, dealing with unwanted pregnancies and STI's and A&E costs.

Question 17

The most appropriate means of prevention of alcohol dependence and serious alcohol misuse include:

- Early intervention
- Building into education programmes in schools and in community settings
- Intervention in the family setting
- Community initiatives to build social support and capital, such as toddler groups.
- Addressing the reasons for alcohol misuse such as loneliness and isolation.
- Control of availability to children/young people
- Addressing the alcohol culture including legislation around the sale of alcohol for example in clubs to young people.
- Control of commercialism e.g. designer drinks
- Restrictions on public drinking
- Adequate screening in relevant settings such as primary health care and the provision of early interventions and support to all those found to be drinking problematically as defined above.
- Adequate treatment and support made available to those diagnosed as having a serious alcohol problem.
- Acknowledging risk taking behaviour and allowing for other risks
- Acknowledging the higher spending power of young people
- Clear labelling of alcoholic drinks with the number of units they contain and publicising of unit values and limits in pubs and pharmacies.

Forms of training most appropriate for professionals in health and social care, as well as those in other fields who play a role in prevention include:

- Training on recognition of at risk groups/behaviour early on in professional training.
- Giving professionals the facility to "do", know other options such as diversionary activities and where to go for drug and alcohol services.
- Comprehensive directories of local services
- Training from fellow professionals who emphasise the risks associated with alcohol.
- Acknowledging the importance of all agencies in risk prevention.

- Training for all professionals with a health remit, including an update on basic information such as safer limits and how to work out units plus skills based training on how to raise the issue and work on attitudes of staff.

Question 18

Often those identified are at the "heavier" end of alcohol problems. More emphasis and support needs to be placed on screening and early identification. Settings suitable for this include appointments with General Practitioners and Practice Nurses, new patient checks, over 75's health checks, clinics run in primary care such as young people's clinics. If brief interventions are applied effectively they have shown good results. To ensure broader implementation there may be a need to take more account of the realities of working in Primary Health Care.

Training needs to be provided, particularly around increasing the confidence and skills of staff and the whole practice should be included in this. This needs to be backed up by an effective support system in place for staff and specialist treatment must be available for onward referral if necessary. Alcohol counsellors based in primary care should be considered to provide support to staff and a place to refer "in-house" to an easily accessible and non-stigmatising setting for patients.

Question 19

Different treatment approaches work for different people. Often treatment is not sufficiently tailored with little choice about whether group work or one-to-one approach is taken and whether the programme is abstinence-based or also provides support in cutting down. Women, younger people and older people as well as BME groups are often not catered for. There may be a need for more targeted services and facilities like childcare to be provided as well as interventions in different languages. Support should be available post-detox to help to prevent relapse. There is a gap in treatment provision for those who are drinking at harmful levels but do not yet show signs of physical dependence. Access systems should aim to decrease inequalities and could include both professional and self-referral but with an element of individual motivation required.

Question 20

Drugs prevention and treatment has demonstrated, amongst other things, the need to work across agencies and the need to invest heavily in service provision and prevention. Any alcohol strategy must be accompanied by specific and substantial funding to allow it to be implemented.

Question 21

Injuries presented to A&E departments might be minimised through the use of safety glass in all pubs and bars and legislation to encourage the use of

plastic bottles. Also providing safer city centre environments including cameras linked to rapid response teams, public transport late into the night, safe places to wait for transport with supervision and special bins for glass. In rural areas provision of safer places for young people to spend free time should be considered.

Question 22

There are links between alcohol misuse and mental health problems but these are not straightforward. Alcohol is a CNS depressant. This is not a simple message however as there is a tension between its use for stress relief in the short term and its longer term depressant effects. There is a need for further research to consider the underlying reasons why people drink alcohol and match messages/services/approaches to these. The role of alcohol in negating the effectiveness of anti-depressants should also be highlighted to health professionals involved in prescribing, managing and dispensing these medications.

The co-ordination of services for this group should take note of the approach taken in nutrition and smoking and include:

- Training people to cascade information
- Ring-fenced funding to improve and develop services
- Placing an emphasis on equipping individuals to deal with life's problems in ways that do not resort to alcohol e.g. stress management training, assertiveness training and anger management courses.

Crime, disorder and anti-social behaviour: the effects on our surroundings and community

Question 35

Research has shown that there can be a correlation between alcohol misuse and Domestic Violence/Abuse, but it is not necessary causal. In some situations the perpetrator may only become violent when they have consumed alcohol, but in many situations of Domestic Violence/Abuse the violence is perpetrated with or without the consumption of alcohol.

Alcohol can, therefore, be an exacerbating factor in Domestic Violence/Abuse, but alcohol abuse does not cause Domestic Violence/Abuse. To tackle a person's alcohol problem does not mean that they automatically become a non-perpetrator of Domestic Violence/Abuse, and it is essential that a causal link is not automatically assumed.

We would see it as important to approach the relationship between Domestic Violence/Abuse and alcohol misuse as non-assumptive of an interrelationship. Clearly more research and practice needs to be done both on tackling problematic alcohol use and in developing successful programmes for perpetrators of Domestic Violence/Abuse.

Victims of Domestic Violence/Abuse can and often do use alcohol as a coping strategy to deal with the effects of violence. Being subjected to violence physically and/or sexually and/or emotionally and/or mentally commonly

causes symptoms of post traumatic stress disorder. These symptoms can include fear, shame, panic attacks, fear of going out, nightmares, depression, suicide, self-harm, extreme hyper arousal.

There needs to be more education and awareness raising about the prevalence and effects of domestic violence/abuse so that those in contact with the victim i.e., friends, families and professionals are more alert to it as a cause for certain signs/signals being displayed by her/him.

In conclusion the misuse of alcohol in terms of the interrelationship with Domestic Violence/Abuse needs to recognise the potential separateness of the two issues. It is also essential to place prime importance on raising awareness of the causes and effects of both, through education in schools. Effective services also need to be in place for those already mis-using alcohol and/or perpetrating violence, and for those who are experiencing Domestic Violence/Abuse.

Education and Communication

Question 41

There is a need to raise levels of awareness through messages that appeal to specific target groups. There is a need to inform certain groups more specifically and creatively e.g. harm reduction information to young people and practical information for primary health care staff. Successful examples of ways to influence young people's behaviour in the drug and alcohol field include; theatre in education, peer education, participatory learning, ongoing interventions integrated into curriculums, involving parents in interventions and taking a harm-reduction approach.

Question 43

The sensible drinking message is complicated and confused at present. Confusion particularly exists around: units (what they are, what the safer limits are), the differences for men and women, alcohol free days, the harm/hazards nb. for young people. Those working with young people are not clear on what the message is and the young do not relate to messages about harm and health. The message does not get across due to:

- people not wanting to hear the message
- people not being convinced by the message often due to inconsistencies in it
- cultural issues particularly for the UK where binge drinking and drinking to get drunk are a part of popular culture
- alcohol being seen as "OK"

Messages around effects and consequences should take priority over those around 'units'.

Question 45

Specific groups should be targeted including vulnerable young people e.g. school excludees, older people and different ethnic groups. This allows different approaches to be used for different groups. Young people do need to be targeted before they start drinking but parents need to be targeted at the same time. The marketing of 'new' alcohols such as jellies and shots is another area, which needs targeting by the government.

There is also a need for population-based approaches in order to shift the social acceptability of drinking and change attitudes to alcohol. A population approach might also help to reduce stigma associated with alcohol problems, for example by making it routine for dentists, nurses and doctors to ask about it in conjunction with such things as oral cancer and interaction with prescribed drugs. The UK could look to other cultures, which experience fewer problems with alcohol for ideas on influences on cultural acceptability.

Important target groups aside from young people include: certain professions such as barmen/women, doctors and teachers as well as those groups who receive little intervention or support at present.

Question 48

Effective means of getting messages across include:

- Television programmes targeted at young people at appropriate times
- Teenage magazines
- Initiatives linked to whatever is going on locally
- National media campaigns linked to local initiatives

Health Promotion departments need to know in advance how they can link in with national campaigns and have time to plan local initiatives around them.

Question 50

If tobacco advertising has been banned why not alcohol? Removing alcohol advertising would help to provide a supportive environment to those who are working to reduce hazardous and harmful drinking.

We hope these comments are helpful and look forward to the launch of the Strategy.

Yours sincerely,

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Chair of the West Sussex Health Promotion Network

Membership of the Network Listed Below:

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