

Our Ref: JG/TC/NAHRS
Date: 15th January 2003

Dear Colleague,

Re: National Alcohol Harm Reduction Strategy – Consultation Document

Thank you for sending us a copy of the National Alcohol Harm Reduction Strategy – Consultation Document, which I have shared with clinical colleagues and managers at Wirral Hospital NHS Trust.

My reply is made up of comments from the consultant medical staff, senior nursing staff and managers within the Trust. I do hope you will be able to use our comments to form the basis of the National Alcohol Strategy.

1. The government needs to be involved in managing the harmful effects of alcohol misuse, because the cost to the society, including the health services, is considerable. Alcoholic liver disease is increasing in younger people due to them drinking earlier in their lives and the type of alcohol consumed. This has a detrimental effect on society when they become ill and have to receive treatment and are also unable to work.

We would like to suggest that the government need to intervene to provide resources to detoxify patients out of hospital, and the resources for suitably train professionals to come in from the community to hospitals to take patients out of the hospital environment who do not require “medical care” for their alcohol problems. We would also suggest that the government should provide some rapid transfer facility for the habitual NHS bed users who do not need immediate medical care but require frequent detoxification.

We would suggest that the savings to NHS beds may be costing neutral if such programme was implemented as it seems apparent from figures that have been co-ordinated through wards within our hospital that if the strategy were effective, we would not need any expansion in medical beds and there would be less pressure on trolley waits within Accident and Emergency.

2. The staff who commented on this point felt that the government should have responsibility to intervene when innocent individuals or family members are at risk of harm from those who abuse alcohol.
3. We believe we would be able to strike a balance between individual and community rights and choices if individuals were educated regarding the benefits and harm of alcohol use and abuse.
4. Concern was expressed by the staff that the strategy of the last government to take alcohol services to “the lowest cost bidder in the community” has led to a deleterious effect on our alcohol support services. The staff agreed that we need to restore a service, professionally advised by a consultant with a major interest (gastroenterologists, psychiatrists and A&E consultants). The body could span Hospital Trust and PCT boundaries and effectively co-ordinate services. The other roles and responsibilities of these groups would be to educate alcohol users of the benefits and harm of the substance.

5. We would suggest that the following principles should underpin the strategy:
 - the provision of information to enable individuals to take a balanced view on the benefits and harm of consuming alcohol
 - to prevent serious illness occurring as a result of alcohol abuse (physical or psychiatric)
 - to prevent self-harm or harm to others by individuals who abuse alcohol
 - to ensure the effective management of individuals who are withdrawing from alcohol, in the most suitable environment for their care
 - to provide timely and effective rehabilitation coupled with ongoing support within the community for individuals who have withdrawn from alcohol.

6. Within the hospital setting we use a number of assessment tools to define alcohol misuse, for example, FAST and CAGE

7. The government should concentrate its efforts in prevention in the community specifically in universities, schools (particularly with primary school children)

12. We believe the key factors that influence behaviour are:
 - 1) marketing, for example, alco-pops
 - 2) family, for example, if alcohol is freely used or abused within the family
 - 3) education
 - 4) peer group, in particular younger men
 - 5) the media, for example, television and films.

16. We would comment that the financial costs to the NHS are probably difficult to quantify, we have carried out audits of bed occupants who were within the hospital to try and identify the influence alcohol abuse has had either directly or indirectly. The type of costs for the NHS (directly and indirectly) due to alcohol that we have experienced are:
 - patients who are admitted to hospital with a primary diagnosis involving alcohol abuse
 - patients admitted to hospital with diagnosis which is secondary to alcohol abuse
 - the financial, physical and emotional costs to the NHS and its staff when patients who are intoxicated assault or abuse the staff
 - the cost of time taken up in comforting, re-assuring and dealing with patients or relatives who are offended or injured by patients with alcohol abuse
 - the costs of repairs to capital or equipment which is damaged by patients who are intoxicated or are withdrawing from alcohol
 - the cost of sick leave taken by NHS staff who either abuse or are dependent upon alcohol.

17. It was felt that the most appropriate means of prevention of alcohol dependency and serious misuse lies in effective primary care services leading into specific alcohol units and an active policy of removing patients from the District General Hospital environment where they are subject to the wrong acute model of care. The professionals involved in primary care need to be professional alcohol counsellors, trained by other alcohol professionals, advised by gastroenterologists, A&E consultants and psychiatrists. There needs to be an increased awareness amongst professionals of alcohol limits, the effects of alcohol, alcohol assessment, the effects of prolonged chlordiazepoxide on withdrawal programmes. Medical staff felt that brief interventions can be effective but can also be devolved from doctors and nurses to trained alcohol workers. Nursing staff felt that brief interventions were not effective in identifying patients at risk and that longer follow up and support is required to help the patient and their family.
18. The Trust has devised an alcohol pathway where chlordiazepoxide for withdrawal is tailored to individual needs. However, there is concern that this pathway does not work locally, because of lack of co-ordination between local alcohol services and professionals within the hospital. There is one alcohol liaison nurse for the whole of the Trust, but who is based in Primary Care. It is felt that an alcohol liaison nurse per Directorate, for example, Medicine or Accident and Emergency is required, and that closer working relationships with Primary Care and the Voluntary Sector are essential.
20. Medical staff commented that drug prevention and treatment is an entirely different problem. Patients who abuse alcohol regard themselves as totally different from the drug population, and attempt to combine the two services have had a deleterious effect on the treatment of alcohol. Other staff commented that we can learn that individuals who give up abusing a substance, need to want to, they need support, and they have to be with people who no longer use drugs/alcohol. It was felt that going back to the same environment as before is not effective but programmes, which have regular meetings and provide support, are those that work best.
21. Our Accident and Emergency services have recently obtained funding which enables it to locate police officers within the department on a Friday and Saturday night. This has had a very positive effect on minimising and preventing injuries, which are often caused by individuals who present to the department in an inebriated state. Anybody attending the department who requires treatment can be seen, but it is often the case that they are young men who bring a gang of friends with them, and the police presence ensures that the gang disperse whilst the patient is able to access treatment.
Staff also commented that expanding public house opening hours to prevent binge drinking would be effective and also strict to sentencing for assaults, and offers of help to reduce alcohol abuse should be given as part of the sentence.
- 23-35. – Crime, disorder and anti-social behaviour
Staff commented that there is an active local group co-ordinated through the magistracy focussing on the mentally disorder defender, informed by scientific research and taking in alcohol. It is suggested that we should draw attention to this rather than suggesting a health related solution.

36-40. – Vulnerable groups

Staff would identify the following: children and young people as most vulnerable. – children of parents who misuse alcohol; - teenagers who are not in school; - teenagers who run in the streets in groups at night.

It was also felt that youngsters who were influenced by peers of the same age as well as teenagers with learning disabilities may be vulnerable groups.

41-50. – Education and Communication

It was felt that education and alcohol should be totally divorced from education and drugs. It was suggested that it should be facilitated by specific governmental investment in the alcohol services in the community with labelled budgeting dedicated to education.

56-61. – The economic costs and benefits of alcohol

The cost of alcohol should have some measure of inclusion of the cost of major interventions in alcohol related problems, including the cost of major pancreatic surgery, the cost of liver transplantation for subsequently abstinent alcoholics and the cost of many other alcohol related medical problems. It should also include the cost of inappropriate occupation of hospital beds simply for alcohol withdrawal.

All the staff I spoke to were delighted that the government is planning to address this very serious issue. We would welcome a strategy that in the first instance leads to the prevention of alcohol abuse but when this is inevitable, there need to be protocols and facilities to ensure that patients receive the correct treatment in the correct place, delivered by the correct professionals, in a timely manner, with on-going support to sustain their continued rehabilitation. These individuals, their families, friends and members of the public need to be protected from harm and fear. Significant funding would need to be identified to backup these major initiatives.

Yours sincerely,

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