



## **Alcohol Focus Scotland's Response to Better Health, Better Care Discussion Document**

Alcohol Focus Scotland is pleased to have the opportunity to respond to the discussion document about the priorities for health and wellbeing in Scotland.

Alcohol is one of the biggest health problems that this country is facing and with the continuous increase in alcohol related harm in health, social and criminal justice areas any developments to reverse these trends is to be welcomed.

The care of a person with alcohol problems can be challenging and requires to be set in a holistic response to ensure that other problems that they may have are being dealt with.

AFS believes that a higher focus should be put on the importance of **preventative working** in the context of alcohol to reduce the need for more intensive interventions and **brief interventions** that can be undertaken for example by practice nurses or dental nurses.

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### **The Challenge for Health & Wellbeing**

#### **Page 3 – New challenges and opportunities**

Bullet point 1 – Chronic liver disease attributed to alcohol and subsequent deaths are at an all time high in Scotland and show no sign of slowing down. Hazardous drinking and drinking over recommended limits must be tackled amongst the general public. There is the 'silent problem' where it is known that people are presenting with liver disease who have not been known to alcohol services as drinking was not considered to be problematic.

Although figures may currently be higher amongst young men, it should be noted that the figures for female liver disease and deaths is consistently rising every year.

### **Page 3 – Our Approach**

Number 1 – Improving care to be delivered as locally as possible - local residential units within hospitals for people requiring supervised detoxification have gradually been closed over time, leaving some regions in Scotland completely devoid of residential care.

Alcohol Focus Scotland would welcome improvements in developing care at local level. The voluntary sector plays an important part in local delivery as demonstrated in *“Enhanced Local Alcohol Services – a window of opportunity”* Oct 2007 by Alcohol Focus Scotland.

### **Best Value**

#### **Page 7 - Framework for discussion (sustainability of services)**

Bullet point 5 – Alcohol Focus Scotland would support proposals to challenge the traditional boundaries that exist between public sector organisations. Sharing premises and resources does of course bring added value to services and raises public awareness of agencies.

People may be attending hospital or A & E depts., which provide a perfect opportunity for local alcohol agencies to offer services to people who are either unaware of them or haven't been able to take the first step towards help with their alcohol problem.

Currently, there is a perceived reluctance for real partnership working especially between the public and voluntary sectors.

### **Page 8 –**

Bullet point 1 – Alcohol Focus Scotland would endorse an investment strategy that builds public sector services that incorporated the use of the use of the voluntary sector. Joined-up initiatives between the voluntary sector and public services exist, but many are inadequately funded and therefore face problems of their sustainability.

Bullet point 4 – “Develop incentives to shift the balance of care from hospital to community based services”. In the case of treatment for alcohol problems this has happened in many regions through the closure of detoxification units and dedicated hospital beds. However it has resulted in no other choice for the patient but to remain in the home (which is not always a good option as the triggers and pressures to drink are still around) and receive detox via local health care team.

In the case of treatment of people with alcohol problems there is still a need for both hospital and community based services. Careful consideration needs to be given to the balance.

## **Taking Responsibility**

Alcohol Focus Scotland would agree with the principle of individual responsibility.

### **Page 9** - Framework for discussion

Bullet point 1 - Alcohol Focus Scotland would support the suggested new look at an action on alcohol problems as to-date the action plan has not been radical enough to bring about the much needed change in the drinking patterns of the people of Scotland.

Bullet point 2 - Alcohol Focus Scotland would support the delivery of effective services such as brief interventions on harmful and hazardous drinking, as this could be delivered in conjunction with local alcohol agencies that can provide follow-up services if required.

## **Tackling Health Inequalities**

### **Page 11** - Framework for discussion

Bullet point 3 - Alcohol problems are not confined to any particular social class, but death rates amongst problem drinkers from deprived backgrounds are four times higher than for those from affluent backgrounds. (64% of alcohol related deaths are amongst the most deprived members of society). This indicates that lifestyle and diet are aggravating factors when drinking problematically.

Alcohol Focus Scotland would support action on the underlying problems that compound alcohol problems.

Bullet point 4 - Alcohol Focus Scotland would strongly agree with this as, in terms of alcohol, past communication campaigns have focused on one particular group (middle-class, younger age groups). Communication campaigns aimed at other groups e.g. young males and females from deprived communities or older males are examples of groups that are often completely missed.

### Page 12

Bullet point 1 – There is a strong link between mental health & suicide & alcohol. Alcohol Focus Scotland would endorse better training of NHS staff, not only in Choose Life, but in alcohol and mental health problems generally.

## **Anticipatory Care and Long Term Conditions**

### **Page 13** - Framework for discussion

Bullet point 5 – This would be a very welcomed development as the agencies from the voluntary sector have indeed developed many new initiatives that are suggested by Service User Groups. Service User Groups ensure that their views are incorporated into service delivery. However, there are certain barriers in terms of effective mainstreaming that requires to be overcome.

## **Page 14**

Bullet point 4 – Cognitive therapies and psychological therapies are already used by many local alcohol agencies and were recommended in SIGN guidelines No 74. Partnership working with the voluntary sector in this area requires to be further developed.

Development of cognitive and psychological therapies would not only build upon SIGN No 74 but would enhance local services and ensure better health and better care for people with alcohol problems.

## **The Best Possible Start**

### **Page 15** - Framework for discussion

Bullet point 3 - Providing support and assistance to help pregnant women stop drinking and educating them on sensible drinking after birth has been recommended by the Chief Medical Officer. Practical support requires to be offer to mothers-to-be at every opportunity within ante-natal care.

Bullet point 4 – It is stated that “drug misusing parents” are identified and supported from birth, yet there is no mention of support for parents with alcohol problems. It has been documented that children of problem drinking parents are also at risk from the same physical and emotional neglect, yet there seems to be reluctance by professionals/workers to address it in the same way. (See: *A Matter of Substance?* Aberlour Child Care Trust).

We would support all the points regarding providing support to parents via promoting good early parent child interactions and parenting skills work.

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5<sup>th</sup> November 2007