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Dear Paul Greening

National Alcohol Harm Reduction Strategy

We are pleased to have the opportunity of commenting on this consultation document. **Rethink**, formerly known as the National Schizophrenia Fellowship, is the charity for people who experience severe mental illness and for those who care for them. We are both a campaigning membership charity, with a network of mutual support groups around the country, and a large voluntary sector provider in mental health, helping 7000 people each day. Through all its work, **Rethink** aims to help people who experience severe mental illness to achieve a meaningful and fulfilling life and to press for their families and friends to obtain the support they need.

Our particular interest lies in people with a severe mental illness who also abuse alcohol (and/or drugs).

Here are the answers to the questions where we feel best able to contribute:

- 1 Why should Government get involved in managing the harmful effects of alcohol misuse? At what point should Government intervention become justified?*

There are two key issues – public order and health. We believe in a preventable approach to health care. Steps need to be taken to promote sensible drinking and to help people overcome addiction to alcohol, which can cause distress to the person and to their family, friends and colleagues at work. The role of Government is to promote sensible drinking and to provide or fund services to overcome addiction to alcohol.

- 2 How far is alcohol misuse a matter of individual responsibility and when does the Government have a responsibility to intervene?*

It is a matter of individual responsibility but alcohol misuse affects the lives of others and it can be beyond the person to limit their drinking when it becomes addictive. The Government has a responsibility in terms of public order, promoting sensible drinking and in helping people deal with their addiction.

3 *How can we strike a balance between individual and community rights and choices?*

People should have the opportunity to make decisions for themselves, but they should not adversely affect the lives of others.

4 *What are the respective roles and responsibilities of consumers, voluntary groups, commercial interests and others?*

- Consumers should drink sensibly
- Voluntary groups should promote sensible drinking and provide services to help overcome addiction
- Commercial interests should act responsibly in promoting alcoholic drinks, particularly to young people; in advertising drinking should not be equated to personal attractiveness
- Health services need to be available to deal with alcohol misuse; according to the department of Health publication, *Dual Diagnosis Good Practice Guide (April 2002)*, responsibility for people who have a severe mental illness and who abuse substances has been assigned to mental health services.

5 *What principles should underpin a national alcohol harm reduction strategy?*

- It is preferable and cheaper to prevent alcohol misuse than to deal with the consequences of alcohol addiction
- It is important to intervene as early as possible to deal with alcohol addiction
- The consequences of alcohol misuse should be made widely known, particularly in schools, eg alcohol leading to depression, the high suicide rates of people who abuse alcohol.

6 *How do you define alcohol misuse?*

We see alcohol misuse in terms of a person's capacity to cope with their drinking.

14 *How do you define harmful drinking/*

Drinking is harmful when it substantially adversely affects the person, eg in terms of their performance at work, or others, including their family, friends and colleagues.

18 *Brief interventions*

Particular account needs to be taken of people with a severe mental illness where interventions need to take account of all their needs. That is why it is helpful that the Department of Health has assigned responsibility to one service.

22 *What are the links between alcohol misuse and mental health problems?*

Although not thought to be a primary cause, schizophrenia for some people predisposed to it may have been triggered by use of some street drugs or abuse of alcohol; other people may develop the illness and use street drugs or alcohol to relieve symptoms or the side-effects of medication. Either way, use of some street drugs or abuse of alcohol by people with schizophrenia can:

- make the symptoms of schizophrenia worse
- lead to relapse and more frequent spells in hospital care
- cause social and behavioural problems
- result in exclusion from services, eg drop-ins, sheltered employment
- introduce associated health risks, eg poor eating habits, liver damage
- make people more vulnerable to suicide
- lead to much higher levels of violence or unsociable behaviour in people with schizophrenia
- lead to difficulties in receiving treatment, eg some professionals are reluctant to treat people with schizophrenia who also use street drugs or alcohol.

People with schizophrenia who have an associated street drugs or alcohol problem have a range of complex, long-term needs. They need support from psychiatric, psychological and social services and from drugs or alcohol agencies; in practice, most agencies deal with one problem, not both. They need:

- a structured but flexible programme of multi-agency care jointly addressing the problems of mental illness and substance abuse, co-ordinated by an experienced key worker or care manager
- regular monitoring and appropriate treatment
- protection from offers of street drugs and alcohol
- assertive outreach services to prevent them slipping through the net
- education to raise awareness about the effects of using street drugs and/or alcohol on physical and mental health
- help to develop coping and life skills to help people recognise the symptoms, cope with the anxiety of withdrawal and prevent relapse
- cognitive behaviour therapy and other psychological interventions
- support for their family, especially partners and parents.

38 *Those who are vulnerable to the consequences of alcohol misuse often have complex problems to address. what key factors need to be understood?*

It is critical that a person receives help from one source both in terms of their health and social needs. In practice community services are fragmented and are not well co-ordinated.

39 *How can the services provided by the state and others to vulnerable groups with complex problems be joined up most effectively?*

One agency needs to be responsible for assessing needs, planning care and overseeing its delivery. With mental illness and substance abuse that responsibility rests with mental health services. Voluntary organisations can be helpful in the delivery of services as the cut across the health and social care divide and are more likely than statutory organisations to employ people who have experiences thae problems themselves.

40 *How realistically can these vulnerable groups be dealt with by mainstream services?*

In the past, people with a severe mental illness who abuse substances have tended to be excluded by both services, eg because mental illness gets in the way of reducing alcohol and alcohol misuse adversely affects other people who use mental health services. Assigning responsibility for both to mental health services is still fairly new but by now there should be some examples of good practice.

47 *What role is there for families/parents as role models?*

Using role models is a helpful approach but this calls for families to set an example over their own drinking, to deny ready access to alcohol at home and to monitor the social life of the young person. It is likely that good role models do this already and those who are not are unwilling or unable to become good role models.

I hope that you find this contribution helpful. we should be interested in any feedback.

Yours sincerely

Mike Took
Policy Officer