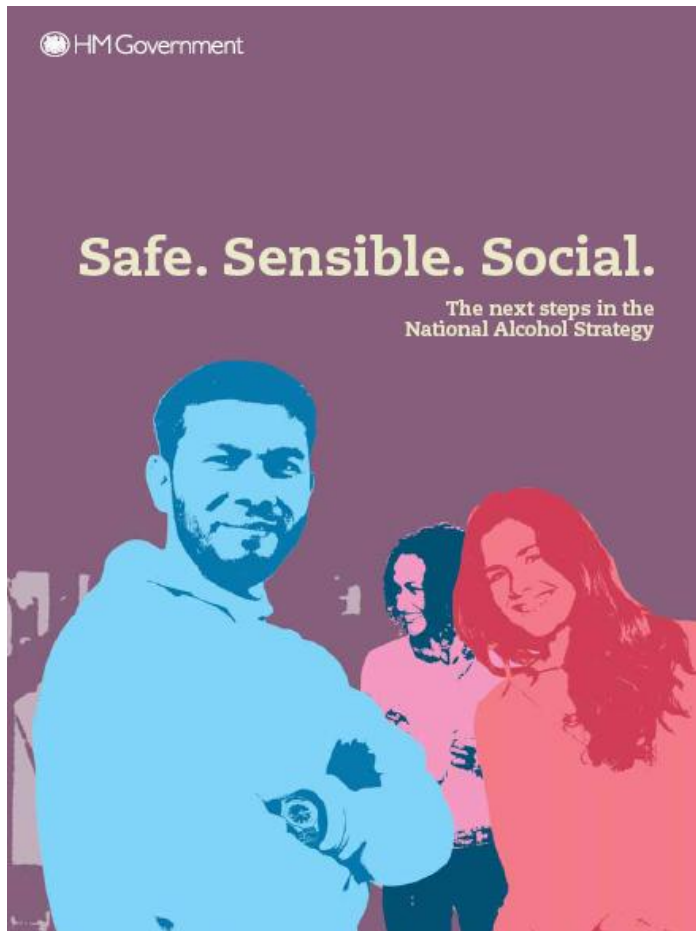


The Direction of Alcohol Policy

Don Lavoie

Alcohol Policy Team

Safe. Sensible. Social.



- **Target Groups**
 - Young people under 18 who drink alcohol
 - 18-24 year old binge drinkers
 - Higher risk drinkers
- **Goal**

“minimise the health harms, violence and antisocial behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly.”

Overall approach to tackling health harms from alcohol



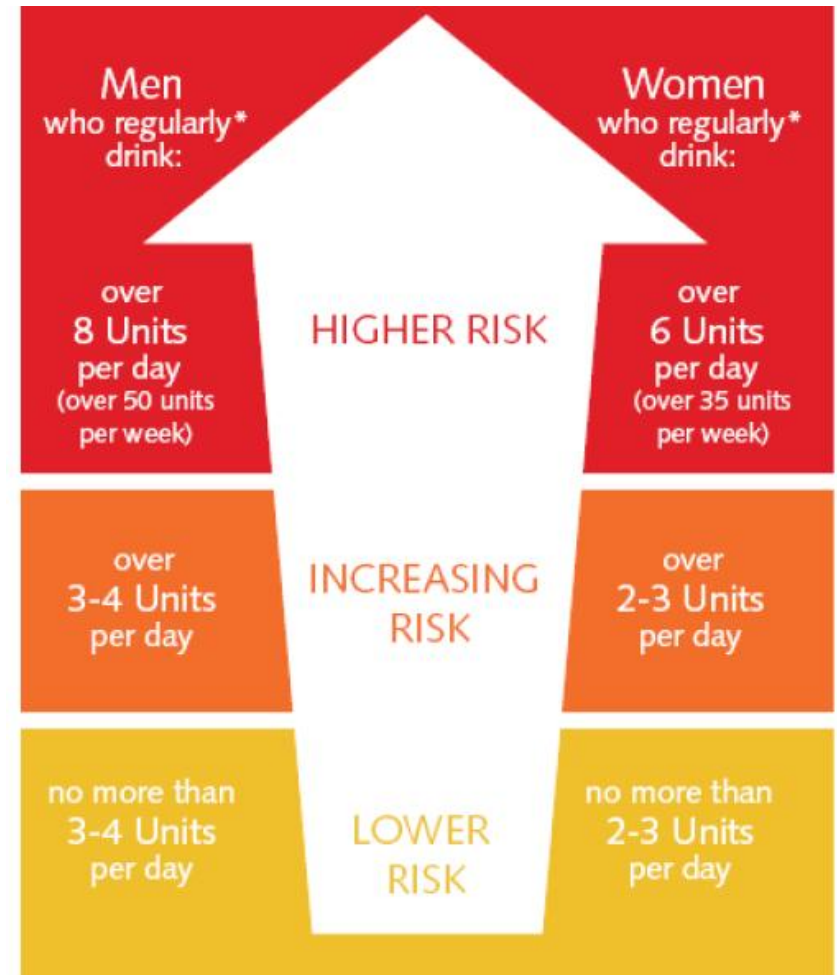
To succeed in tackling health harms from alcohol, we need to support change in behaviour of millions of people in England.

To do this, government has a consistent approach, which underlies its whole approach to improving health through behaviour change:

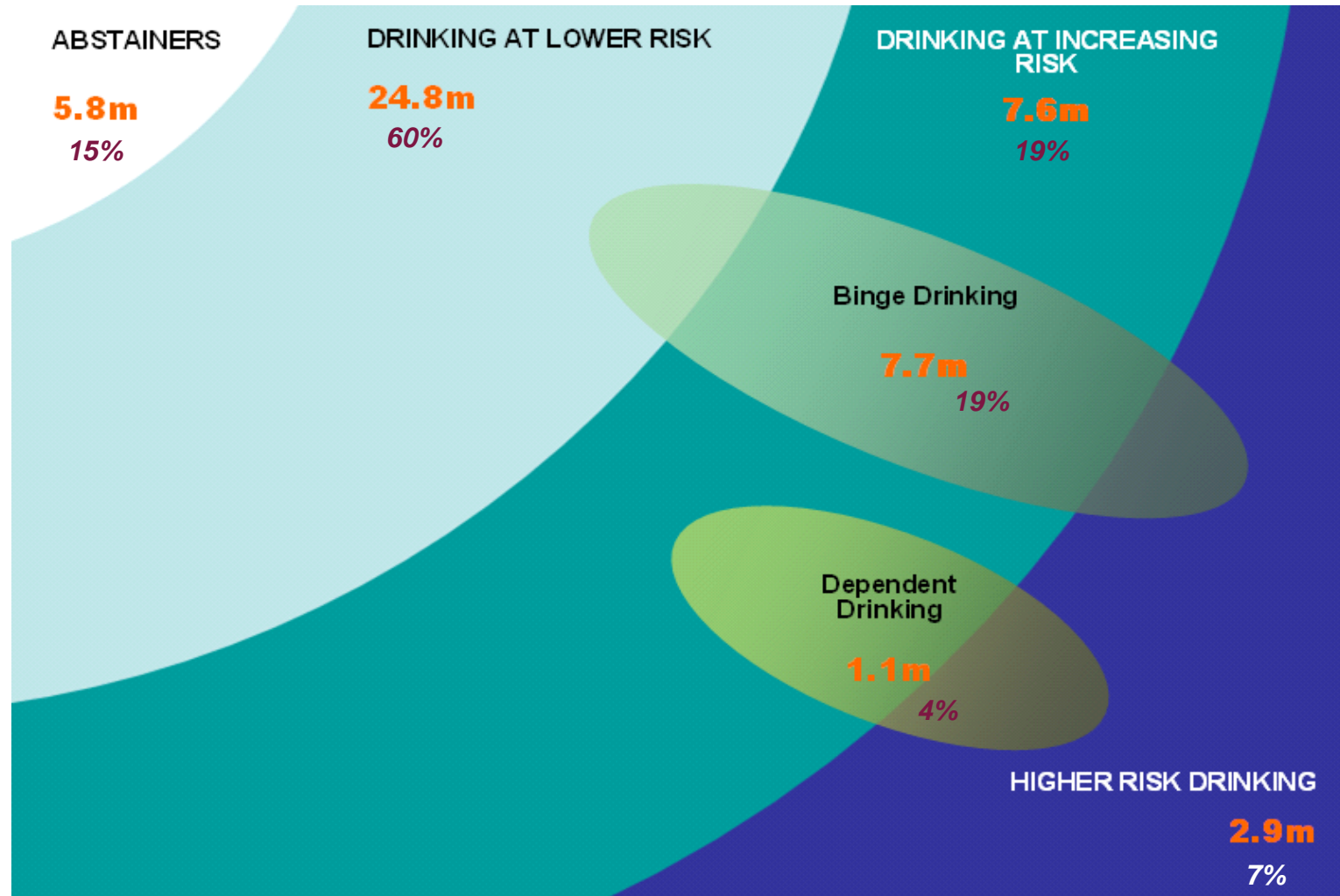
- Give individuals the advice and support they need to make healthy choices
- Create an environment in which the healthy choice is the easier choice
- Identify, advise and treat rapidly and effectively those at risk
- Ensure proper prioritisation and alignment of government to tackle harm

“Risk Based” categories of drinking

WHO Term	DH Term
Harmful	Higher Risk
Hazardous	Increasing Risk
Safe or Sensible	Lower Risk



Drinking categories



Sources: General Household Survey 2006 and mid-2006 population estimates (ONS). dependent drinking fig - ANARP 2005 (DH)

Cost and impact to the nation and NHS



- 6% of all hospital admissions are alcohol related
 - In total, there were 863,000 alcohol-related hospital admissions in 2007/08
 - Rising by around 70,000 admissions a year
- Up to 35% of all A&E attendance and ambulance costs may be alcohol-related.
- Alcohol misuse is calculated to cost the health service £2.7bn per annum.
- A fifth of all violent incidents in 2005/06 were committed in or around pubs.
- 63% of 18 – 24 year old drinkers admit to committing criminal or disorderly behaviour while drinking.
- Around half of all violent incidents take place on a Friday or Saturday, between the hours of midnight and 6am.

Figure 1: Trend in the number of hospital admissions related to alcohol in England



A large, solid green wave-shaped graphic element that starts from the left edge of the slide and curves downwards towards the right, occupying the middle and lower portions of the page.

Alcohol Improvement Programme and High Impact Changes

Signs for improvement

Commissioning
interventions to
reduce alcohol-
related harm



High Impact Changes



1. Work in partnership
2. Develop activities to control alcohol misuse
3. Influence change through advocacy
4. Improve the effectiveness and capacity of specialist treatment
5. Appoint an Alcohol Health Worker
6. IBA - Provide more help to encourage people to drink less
7. Amplify national social marketing priorities

Improve the effectiveness and capacity of specialist treatment



- **What does this mean?**
 - Dependent drinkers represent a very high-risk group for alcohol-related hospital admissions. Providing evidenced based, effective treatment as well as increasing treatment opportunities for dependent drinkers may offer the most immediate opportunity to reduce alcohol-related admissions. Reviewing care pathways, access times and blockages into treatment offer opportunities to improve the local treatment system.

Improve the effectiveness and capacity of specialist treatment



- **What is the evidence that this works?**
 - *Models of Care for Alcohol Misusers (MoCAM)*
 - *The Review of the Effectiveness of Treatment for Alcohol Problems*
 - The UK Alcohol Treatment Trial (UKATT) showed:
 - treatment saved nearly £1138 per dependent drinker treated and reduce hospital stays.
 - 25% of patients reported no continuing alcohol-related problems at follow-up
 - 40% of patients reported being much improved, reducing their alcohol problems by 66%

(UKATT Research Team, 2005)

MoCAM



- Mutual aid and self-help groups are often a useful local resource, particularly for aftercare

Effectiveness Review



- Unassisted or natural recovery is often mediated through self-help, family and friends, and mutual aid groups
- Mutual aid groups are an effective means of getting support both during treatment and as aftercare.
- SMART Recovery (Self Management and Recovery Training) originated in 1994 and is essentially a mutual aid version of rational-emotive behaviour therapy (Ellis and Velten, 1992)

Local Routes

Guidance for developing alcohol treatment pathways

Local Routes

Guidance for developing
alcohol treatment pathways



Local Routes



- departure planning, aftercare and support
- discharge to aftercare support and attendance at mutual aid groups that would be agreed in the discharge care plan

Useful Links



- Alcohol Learning Centre

<http://www.alcohollearningcentre.org.uk/>

- Department of Health

<http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Acoholmisuse/index.htm>