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Enhancing Services! Transforming Lives!

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Submission to Alcohol Consultation Process:

1) Definition of "Harmful Drinking":

I respond to comments from the platform requesting definitions of harmful drinking:

The Diagnostic and Statistical Manual, 4 th edition, published by the American Psychiatric Association and more generally referred to as DSM-IV gives the following diagnostic criteria for alcohol abuse:

> A. A maladaptive pattern of alcohol use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:
>
> (1) Recurrent alcohol use resulting in a failure to fulfil major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to alcohol use; alcohol-related absences, suspensions, or expulsions from school; neglect of children or household)
> (2) Recurrent alcohol use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by alcohol use)
> (3) Recurrent alcohol-related legal problems (e.g., arrests for alcohol-related disorderly conduct) (4) Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol (e.g., arguments with spouse about consequences of Intoxication, physical fights)
>
> B. The symptoms have never met the criteria for alcohol dependence.

It then proceeds to define alcohol dependence in terms of the more general criteria for substance dependence, however I suggest that for your purposes the 4 symptoms of alcohol abuse listed above could form the basis of a pretty good definition of what constitutes harmful drinking.

The World Health Organisation has another set of criteria, known as ICD 10, and these could also be used as the basis of a working definition.

In view of the fact that both the DSM-IV and ICD 10 diagnostic criteria are already well known and widely accepted worldwide, having been refined over a considerable period of time, I cannot see why anyone would need to come up with a definition of “harmful drinking” that was not based on them.

My suggestion would be that you might wish to exclude the word “Recurrent” from 1 to 3 and that (4) could read “Alcohol use leading to persistent social or interpersonal problems. You would then have a list of criteria used to define harmful drinking which if they then persisted would become symptomatic of alcohol abuse.

2). Foetal Alcohol Syndrome and Pregnant Women:

I believe that the current “sensible drinking” guidelines for women are totally inappropriate for pregnant women. Current US practice is to suggest that ANY drinking whatsoever during pregnancy carries a risk.

In my experience of working in a treatment unit for women with young children aged 0 to 5 and pregnant women I found that many professionals, including midwives and other primary healthcare professionals, were frequently uninformed about Foetal Alcohol Syndrome, (FAS) Certainly a trip to any doctors surgery reveals posters and leaflets about smoking during pregnancy yet so far as I know there are no officially produced materials about alcohol and pregnancy.

A recent search of the Department of Health Website using the keywords alcohol and drugs threw up no relevant results in terms of public documents. Advice to professionals seemed minimal with only a passing reference to FAS in a document for health visitors that suggested that only “serious” drinkers were liable to be at risk.

As Foetal Alcohol Syndrome, or FAS, is frequently stated to be the leading known cause of mental retardation on the North American Continent I am lost to understand why it seems to be considered to be fairly rare here in the UK.

This apparent contradiction suggests that there is a need for more research regarding it's prevalence here in the UK.

A relatively small investment into research and training for healthcare professionals has the potential to produce massive savings in terms of both human suffering and the financial investment in healthcare, special needs education and other resources necessary to support FAS children throughout their lifetime.

If we want to seriously talk about simple and cost effective measures that would reduce alcohol related harm and produce financial savings then this would be a good place to start.

3). Alcohol and Crime:

My clinical experience has shown me that there is indeed a link between alcohol and crime, and if I can refer back to my comments regarding a definition of "harmful" drinking I would remind you that alcohol related offending is in fact used to diagnose alcohol abuse, i.e. it is a symptom.

I was somewhat disturbed to note that most of the discussion on alcohol and crime focused on prevention and "safer communities" while the implications for treatment/offending behaviour programmes were largely ignored.

It has been my experience that alcohol dependent offenders experience greater difficulty in accessing effective treatment programmes when compared to drug users. In the course of my work in prisons I found that prisoners, including life sentence prisoners, have rarely been properly assessed for alcohol dependency despite it being known that their offences were alcohol related.

In view of the fact that up to 70% of life sentence prisoners convicted of murder are believed to have alcohol identified as a risk factor I suggest that a small model programme to assess and treat these offenders, where appropriate, for alcohol dependency would have the potential to save millions of pounds annually. It costs some £25,000 per year to keep a man in prison and that 1 incident of drinking while on life licence can, and frequently does, lead to a 5-year prison recall.

In addition many other life sentence prisoners fail at the end of their sentences when they reach open conditions because of the increased possibilities of access to alcohol. I myself came across many cases of men who had been recalled to prison several times due to what I believe was untreated alcohol dependency – i.e. they were just not capable of not drinking once access to alcohol was available.

I suggest that when screening offenders for alcohol dependency it is essential that a "blind" screening instrument be used. Most of the standard ones are easy to fool if you do not wish to be diagnosed as suffering from alcohol abuse or dependency. Obviously somebody has a vested interest in not being diagnosed as alcohol dependent if his or her release from prison depends upon it.

In addition I believe that a similar screening would be beneficial in all alcohol related cases at the pre trial stage and that the results of this screening should inform the courts decision. In many cases of drunk driving coming before the courts some form of alcohol/driving awareness course is mandated. This will inevitably not prove sufficient for alcohol dependent drivers. I therefore suggest that a thorough alcohol screening be carried out and that if the diagnosis is alcohol dependency then the driving license should be permanently revoked until treatment is completed.

It is perhaps worth noting that there is research that shows that 2 drunken driving convictions are an 80% reliable indicator of alcohol dependency! I have had to deal with individuals with 3, 4 or in one case 19 drink driving convictions. Let us not be under any illusions that punishment or education will change this behaviour. Medical conditions cannot be effectively treated with fines or even imprisonment!

4). Separation of Alcohol and Drug Strategies:

Finally I am deeply disturbed that we are even having a separate debate about alcohol. Alcohol abuse is one case of substance abuse and the separation into alcohol and drugs is not realistic. Most clients use both. Those who "only" drink are becoming increasingly rare and the trend is for more poly substance use.

In treatment terms the legal status of a substance is not that important – many if not most of my clients who have initially presented to me with alcohol problems turn out on closer examination to be using several substances. If one considers dependency to, and abuse of, prescribed drugs such as benzodiazepines this picture becomes even clearer. The real problem is dependency per se.

For this reason and because I believe that it will enhance the effectiveness of both fields it is essential that we regard alcohol as a drug, albeit a socially acceptable legally obtainable one! It is a chemical, if you put it in your body it will change the way you feel and think and it will alter many bodily functions. That makes it a drug.

For as long as we separate the two fields drug addicts will continue to die of overdoses when they drink with their drugs and drinkers will continue to take "accidental" drug overdoses. Not only that but clients will leave drug services with an alcohol problem and vice versa! There is plenty of research to show that this happens.

I therefore have no hesitation in stating that alcohol services fall under the remit of the National Treatment Agency for Substance Misuse! I personally think that we need to adopt the attitude inherent in the American use of the term "Alcohol and other Drugs" In my submission I have concentrated on areas that I believe others will not touch upon and yet which are areas where I believe a relatively small investment in resources could produce significant reductions in alcohol related harm as well as long-term financial savings.

Please do not hesitate to contact us if we can be of any further assistance.

John Chamberlain - Managing Director.