

## Tackling alcohol misuse: Should abstinence be our preferred approach?

*Commentary by Andrew Langford, Chief Executive of the British Liver Trust*

In the House of Lords on Thursday 2 February 2012 Peers will be debating how we should reduce harm from alcohol. The picture of alcohol harm in this country is stark; the death toll from alcohol misuse is the equivalent of a passenger filled jumbo jet crashing every 17 days. Furthermore, 70% of alcohol-related deaths are from liver disease, which is the fifth most common cause of death in England and is set to overtake stroke and coronary heart disease as a killer within the next 10 years.

The question is how do we arrest this worrying epidemic? The British Liver Trust and senior hepatologists argued last month that rather than 'futile' one off DIY detox programmes followed by a return to old habits, a sensible approach to reducing all future alcohol consumption is necessary in order to sustain a healthy liver. This was echoed by the House of Commons Science and Technology Committee - which proposed that the Government's recommended limits should be reviewed and people should be advised to have at least 'two drink-free days a week'

The Government is expected to publish an alcohol strategy in the coming months, which will be an important, hopefully historic opportunity to tackle the health harm from alcohol. No doubt when the strategy is launched, the focus will be on the headline grabbing policies, with the Prime Minister recently hinting at the possibility of a minimum unit price on alcohol. However, whilst we strongly support initiatives on pricing, promotion and availability to curb alcohol misuse, they will not work alone. We also need interventions at an individual level that provide problem drinkers with the help and treatment they need.

The British Liver Trust is launching a new report today (insert link to report) which argues that people with alcohol problems must be offered effective support and treatment to meet their individual needs, an 'individual person-centred journey' as the Government's drug strategy would describe it. There has been much talk about 'recovery' and 'abstinence-based approaches' for those with alcohol dependence. Our report suggests that it is vital that people who misuse alcohol are not treated by a one-size fits all abstinence approach; but, to be as successful as possible, healthcare professionals must work with patients to understand their preferences in setting goals to reduce their alcohol harm. Problem drinkers are after all a mixed bag of people with a range of mild, moderate and severe alcohol dependence.

The core focus of alcohol policy debates should be on preventing liver disease. This means that GPs, nurses and other health professionals should screen for alcohol misuse more widely, to ensure that those drinking at harmful levels are identified and offered appropriate support, advice and treatment.

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As Peers turn their attention to alcohol tomorrow, we urge them to appeal to the Government that alcohol harm is at crisis point in this country. Until we take strong coherent action at a national, local and health service level, we will not stem the tide of damage to our health and wellbeing from alcohol misuse.

**Andrew Langford**

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