# HEREFORDSHIRE ALCOHOL STRATEGY: PROGRESS AND CHALLENGES

**Report By: Brendan Sheehy, Community Alcohol Services Co-ordinator**

## Purpose

1. To inform the Health and Care Partnership of the progress and challenges in alcohol services against the Alcohol Strategy published in March 2004.

## Background

2. Herefordshire has a population of approximately 174,000. Based on national statistics this indicates there are approximately 21,500 heavy / harmful drinkers in the County (0.27% of total population). This figure refers to males drinking between 21 – 50 units a week and women drinking between 14 – 35 units per week. Of that 21,500 approximately 5,200 will be very heavy or dependent drinkers. This means men who are drinking above 50 units a week and for women greater than 35 units a week.

3. It is difficult to provide a true and accurate figure for the cost of alcohol misuse to society, due to the wide implications and effects of its abuse. These include costs to the NHS, Social Care, the workplace, Police and Criminal Justice, Benefits Agency and others. Evidence would suggest that tackling alcohol misuse remains a low priority. Financial allocation for other substance misuse (illicit drugs, tobacco) far outweighs the money directed towards alcohol services. The National Alcohol Strategy (March 2004) was disappointing in that it gave no guidance or commitment to the future development of alcohol services. Public survey suggests alcohol misuse has a detrimental effect on society, and that not enough is being done to raise the awareness around the risks of alcohol and its misuse.

4. National Statistics state that approximately 1 in 25 adult males is physically dependent on alcohol. Nationally, 1 out of 6 attendees at Accident & Emergency has an alcohol related problem or injury. This figure rises at peak times to 8 out of 10. Someone with an alcohol problem occupies 1 in 4 male beds in general hospitals either as a primary or secondary cause of their admission. 1 person in 13 is dependent on alcohol in Britain (twice as many as are dependent on all forms of drugs, including prescribed).

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5. Alcohol is a factor in: 75% of domestic violence, 65% of murders, 50% of child protection cases, 47% of drowning and 20 to 30% of all accidents. Between 1st January and 31st August 2003, 216 people attended Hereford Accident and Emergency with alcohol related causes. This is a minimum figure as the data base coding is incomplete. This would equate to an annual figure of 324 (as a minimum, and with the Christmas period having not yet occurred). The 3 main reasons for attending were Accident, Deliberate Self Harm and Assault.

6. Hereford has higher than the national average for deaths by Suicide. Nationally, 15%- 25% of actual suicides are associated with alcohol. 65% of attempted suicides are linked with alcohol. As part of the local Mental Health Improvement plan Herefordshire has to provide evidence on how its services are planning to reduce this above average suicide number. Herefordshire Police are called to an average of 2,500 incidents a year where alcohol is a factor, leading to some 500 arrests.

## Current Provision

7. Many workers in the Public sector have to deal directly or indirectly with the consequences of someone's drinking. In Herefordshire the Community Alcohol Service is the only organisation working solely and directly with people presenting with alcohol problems. Currently it has 3.5 full time staff employed by the Hereford Primary Care Trust and sits within the Mental Health Services Locality. These staff come from a variety of professional backgrounds with skills and training geared towards working with people with alcohol problems. The team is located in a small building in Gaol Street in Hereford City centre. The team provide assessment and interventions to the whole of the county and receive the majority of their referrals from GP's. The team provide a service to the other community mental health teams providing the opportunity to co-work with mental health service users who have a diagnosis of severe and enduring mental illness and a coexisting alcohol problems, (dual diagnosis). The Team along with Health Promotion provide Alcohol Awareness training to clinical and care staff in the NHS, Social Care and partner organisations.

8. In the period May to August 2003 CAS received 103 new referrals and offered 309 follow up appointments. At present the Team's caseload is 150. As well as providing counselling interventions, the team provide advice / information on alcohol (mis)use, with the purpose of education and harm reduction.

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## Gaps In Current Alcohol Service Provision

9. Comprehensive alcohol service should reflect the wide spectrum of problems and difficulties that can present:

**a) Health promotion / education**. There is limited input into schools and industry and what is in place for under 18's tends to be driven by the drugs agenda. There are plans for CAS to offer Alcohol Awareness Days to local Industry this coming year targeting larger employers in the county. The aim of this training is to raise understanding of alcohol use / misuse and is targeted primarily at Human Resources, Managers, and Occupational Health staff. This is an area for investment and growth under the banners of Health Promotion, Harm Reduction and Early Intervention. Further exploration of alcohol awareness requirements in schools is needed.

**b) Alcohol Counselling Service**. The people of Herefordshire do not have any means of independently accessing information, advice or counselling about their alcohol use. This could be a significant intervention into the "softer end" of the alcohol problem. There are successful models of this throughout the country, where in larger cities, statutory and non-statutory services co-exist. A model for Herefordshire might be to train up existing counsellors to offer a brief intervention model, providing information, advice and counselling. It would be possible to set up such a service with a local provider.

**c) Arrest and A&E Referral Workers**. This role has been identified as needed for people between the ages of 17 – 40 who come into contact with Police or A & E as a result of their alcohol use. This is an area of unmet need presently, and the role could provide early intervention to reduce heavy and dependant drinking patterns as well as reduction in repeat offending, diversion from the criminal justice system and reduction in repeat A&E presentations. These workers would need to be of a sufficient clinical grade to offer assessment, to provide brief interventions on alcohol use and maintain a caseload. One important aspect of the work would be liaison, advice and support for Police and A & E services with referral on to other areas as necessary. Front line workers often feel frustrated confused, unskilled and unsupported with difficult and demanding clients. The role could also support developments within mental health with the development of a crisis resolution service, which aims to achieve quick access to services and appropriate treatment (in the least restrictive environment). There is local evidence to support this type of post, with the successful appointment of a Drug Arrest Referral worker based within the FAC Team and a Deliberate Self Harm liaison service

based in A&E. For this service to be effective it would be important to have clearly defined boundaries and relationships with mental health services, criminal justice and Hereford Hospital.

**d) Staffing of Community Alcohol Service (CAS)**. An increase in the staffing within CAS could be used to improve the links and services offered to general hospitals for assessments of inpatients with alcohol problems, advice on management and general education. Increased staffing would enable CAS to raise its profile and work with C.M.H.T's and the inpatient unit. Clients with a dual diagnosis can sometimes be passed between services. Developing dual diagnosis training or identifying dual diagnosis workers would improve the management of this difficult client group. Dual diagnosis is usually applied to clients with a psychosis and alcohol or drug problem. However many clients in mental health use alcohol to medicate their symptoms and many clients with primarily an alcohol problem complain of anxiety states and low-grade depression. This suggests that the term dual diagnosis could have a far wider remit.

## Probation

10. Currently the CAS provides pre-sentence reports and follow up and treatment. This amounts to one day a week at present. Given the amount of alcohol related crime, this is a potential growth area. Probation have to be selective about who they can refer to CAS due to the limited capacity.

## Addiction Beds

11. It is sometimes not safe for clients to withdraw from a physical dependency on alcohol in the community. A general psychiatric bed is not always the most appropriate venue. Alternative venues need to be found for safe and dignified inpatient alcohol treatment.

## Rehabilitation

12. There are no rehabilitation units in the County and occasionally clients are sent out of county to have rehabilitation. This is an expensive process and requires intensive follow up to improve chances of success. There are plans and finances allocated to set up a **Dry House** in Herefordshire but there are problems in finding a suitable venue.

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## Housing

13. There is a need to develop specific housing for clients with alcohol problems. This needs to be staffed housing for clients who are still drinking but thinking about change (**a Wet House**). From there, clients could then move on to a dry house when they have made that commitment to change, then moving on to longer term supported housing. If run by a non-statutory service then there might be potential income from clients through the supporting people initiative and their benefits. If this facility had an addiction bed it would have to register as a nursing home, which would incur extra costs.

## Developing Social And Emotional Competencies

14. In alcohol work, stopping drinking is not enough; clients who decide to change their relationship with alcohol will need to replace it with other activities and behaviours. When drinking at harmful levels, there are other problems caused by their drinking and they are the reasons why people drink. Both these issues need to be addressed in order to prevent or reduce relapse. If clients have been drinking at significant levels for a long time, their abilities to manage the practical day-to-day issues of life and their emotions may be severely limited. Clients with these needs may need a significant degree of training and support to master or re-learn these techniques in order to integrate with society.

## Support Workers

15. From January 2003, the Community Alcohol Service has had two support workers under the Supporting People initiative. Their brief is to help people maintain their tenancies and help them with problems with their accommodation, budgeting and to re-develop alternatives to drinking. This project is going well and the role has increased to 3 workers since January 2004.

## Therapeutic Input

16. Some of the services clients may have had traumatic or abusive experiences in early life which have been the trigger for their drinking now. For clients who have embarked on a period of sobriety or reduced drinking It may be appropriate to provide counselling or psychotherapy to encourage longer-term change. The NHS availability of appropriate counselling is severely limited and private therapy can be expensive.

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## User Survey

17. In September 2003 CAS launched a Service User survey and subsequent focus group. The results of this identified that user's felt they would greatly benefit from being able to directly access the service.

## The Cost Of Alcohol Misuse

18. The true cost of alcohol misuse to the nation is the subject of ongoing debate as it has far reaching implications in all areas of life, having direct effects on the user but also indirect effects on others such as spouses, children, employers etc.

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| Alcohol Concern considers the cost at present to be: | **£10.6 Billion** |
| With a cost to the NHS of: | **£3 Billion** |
| | |
| National population | 65,000,000 |
| Herefordshire population | 174,000 |
| Herefordshire population as % of national | 0.27% |
| | |
| Alcohol misuse cost to Herefordshire | **£28,619,730** |
| Cost to Herefordshire NHS (Acute Trust, Primary Care Trust, Ambulance Trust) | **£8,100,000** |

Bulmers indicate that they may own 3.17% of cost

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| Current CAS Budget | £165,360 |
| Current Budget for Drug and Alcohol placements (rehab) | £169,160. |

Income generated from tax Revenue of alcohol sales **£11.5 Billion**

**RECOMMENDATION: That the report be noted.**

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