

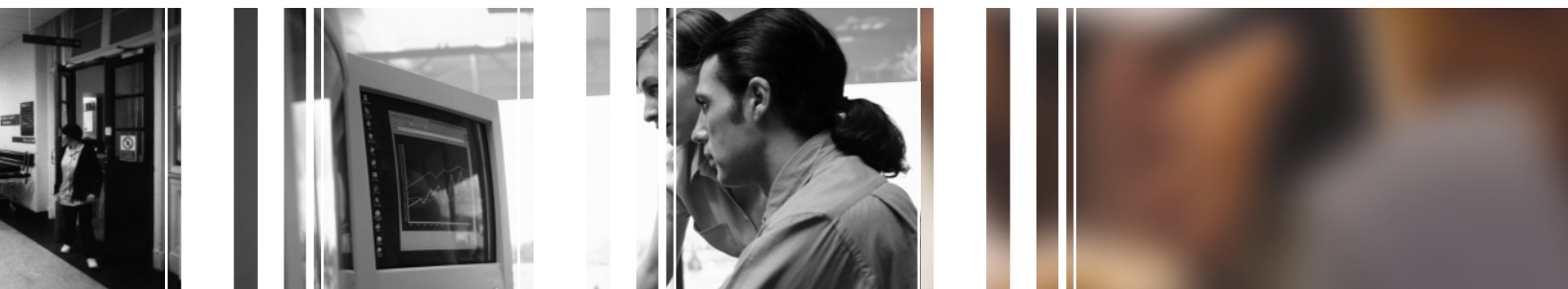


chapter five

provision of services



Plan for Action on alcohol problems



introduction

5.1 The aim of action on provision of support and treatment services identified in chapter 2 is:

- To provide equitable, accessible and inclusive services to address the needs of those who experience problems with alcohol and those affected by others' alcohol problems.

Current services

5.2 Evidence gathered for the Plan has highlighted examples of effective services across Scotland. These include services provided by a range of health and other professions. GPs are often the first source of advice about alcohol problems. They play a vital role in identifying and tackling such problems and referring patients for appropriate help.

5.3 Services may be in the statutory, voluntary or independent sectors and include:

- counselling;
- specific psychological interventions;
- self-help groups;
- alcohol problems clinics;
- alcohol liaison nurses in acute hospital settings;
- community addiction services;
- home detoxification services;
- specific pharmacological interventions;
- residential services;
- rehabilitation services;
- support groups for families of people with alcohol problems.

Need for development

5.4 The consultation has, however, identified the need to improve services for people with alcohol problems and those close to them. The general perception is that service coverage in Scotland is patchy and fragmented and there is disparity in support and treatment available across the country.

5.5 Many perceived gaps in services were identified. These include specialist psychiatric services, counselling services for those with alcohol problems and their families, respite and rehabilitation services and services for people with alcohol-related brain damage. The need for helplines was also raised.

5.6 Some groups will need specialist services, or mainstream services may require to be more sensitive to their particular circumstances. For example:

- children and young people;
- women;
- older people;
- minority ethnic groups;
- disabled people;
- people with mental health problems;
- lesbian, gay, bisexual and transgender groups.

5.7 In addition, services in areas of deprivation may need to be improved to match the particular health consequences of alcohol problems in such areas that are highlighted in Appendix 1.



Core principles

5.8 The System Three study of views of people with alcohol problems and their families suggests a number of core principles for services:

- confidentiality;
- accessibility (geographically, temporally, and financially);
- ongoing rather than time limited;
- holistic – encompassing the context and causes of the alcohol problem;
- understanding;
- supportive with a non-judgemental attitude;
- take a positive approach;
- be tailored to the needs of the individual.

5.9 In addition, the Executive considers that services should:

- be properly co-ordinated where they are provided by different agencies;
- link up with those that tackle drugs, mental health and wellbeing, homelessness and with maternity services, children's services, community care and the criminal justice system;
- be designed with input from service users, carers and communities;
- address the needs of other family members.

What works?

5.10 The provision of services should be guided by evidence of best practice and effectiveness. The HERU study reviews what is known about screening and detection, brief interventions, detoxification and relapse prevention techniques. It notes, for example, evidence that brief interventions by GPs, nurses, health visitors and other health care professionals are effective in changing drinking behaviour and reducing the alcohol consumption of certain groups.

5.11 Two current exercises will add in the next year or two to our understanding of how best to address the whole range of alcohol problems, including chronic heavy drinking. These are work by the Scottish Intercollegiate Guidelines Network (SIGN) on the management of alcohol problems by primary care professionals and by the Health Technology Board for Scotland (HTBS) on relapse prevention. More research and better evaluation of services are needed, not just in the health field, and chapter 7 sets out action required.

Quality standards

- 5.12** Services should also be expected to comply with quality standards. Existing sets of standards include the draft National Care Standards for Care of People with Drug and Alcohol Misuse Problems, Quality in Alcohol and Drug Services (QUADS) and European Quality Standards.

Services framework and development

- 5.13** Providing effective services that meet needs is central to local strategies and plans.

> **The Executive will develop a framework for alcohol problems support and treatment services and consult on this early in 2002.**

The framework will assist those who plan and commission services to assess local needs, identify service gaps and develop plans to fill these. The framework will include guidance on core principles, assessment of individual needs, provision of services for specific groups, working across organisational boundaries, effectiveness and quality standards. It will cover a range of services that may be run by statutory, voluntary or independent providers: whichever can do the best job.

- 5.14** The framework will adopt a tiered approach to services: from the community level to the most specialised forms of services, such as residential detoxification or rehabilitation. It will show how treatment, services and prevention should link up, as in chapter 4 of this Plan. It will also draw on emerging experience within the drugs strategy of the value of an integrated spectrum of services. People should be able to get access to services at any point on the spectrum. Their subsequent journey through the possible range of services should be tailored to their individual needs.
- 5.15** The framework will address the needs of people who have problems with alcohol and illegal drugs. Their needs may be different to those whose difficulties are with alcohol only.
- 5.16** Many services will be provided or commissioned by local authorities and NHS boards. The Executive will support further developments in joint working between these agencies, including through the implementation of the Joint Future Group recommendations on joint resourcing and management of community care services and on single shared assessment.
- 5.17** In order to locate NHS alcohol services within core NHSScotland standards:
- > **The Clinical Standards Board for Scotland (CSBS) will consider including a standard for alcohol services in their work programme for 2002-03.**
- 5.18** As in chapter 2, the Executive will assess the need for new resources for services provided by a whole range of agencies, as better local information about gaps emerges across Scotland.



- > **The Executive will consider the need for additional statutory resources for all types of action on alcohol problems including support and treatment services.**

The Executive will indicate in due course how any additional resources will be phased in, what types of services will be prioritised and how funds will be distributed to agencies and across the country.

- 5.19 > The Executive will consider whether a Scottish alcohol problems helpline is needed.**

A helpline might provide advice for people with alcohol problems and their families, friends and carers.

- 5.20** The rest of this chapter describes some groups of people with particular needs for services, that will be set out in more detail in the framework.

Children and young people

- 5.21** The evidence summary identified particular gaps in services suitable for children and young people. This includes services tackling young people's own drinking and supporting children who are affected by other people's alcohol problems.

- 5.22** The difficulties of children whose parents have alcohol problems were highlighted in public consultation by organisations such as ChildLine Scotland and Children 1st. For example, more than 1 in 14 of all young callers to ChildLine Scotland identify their parents' drinking as contributing to their problems. The Catalyst study of trends and costs found that most social work services costs of alcohol problems arose from work with children and families where a parent had a history of such problems, rather than the child.

- 5.23** Children living with alcohol problems within the family are more likely than others to experience:

- physical and sexual abuse;
- family relationship problems;
- truancy;
- other school problems such as under-achieving and bullying;
- loss of security and trust in adults.

The framework for services will highlight these children's need for support, which is largely unmet at the moment.

- 5.24** As in chapter 4, the Changing Children's Services Fund will make children affected by alcohol problems one of the priority groups for action against which bids for funding will be considered from April 2002.

- 5.25** The Executive is currently consulting on the *Getting our priorities right* draft guidance on working with children and families affected by problem drug use. Although the focus of the guidance is on the impact of drug use, some aspects may be useful in work with parents who have problems with alcohol. The consultation asks whether enough advice has been provided to agencies working with parents with alcohol problems or whether the Executive should produce separate guidance on this.

Rural communities

- 5.26** The consultation evidence identified a range of specific issues relating to rural communities including the difficulties in providing services for people with problems with alcohol whilst retaining privacy.

- 5.27** In its recent report, the Rural Poverty and Inclusion Working Group notes that families and neighbours in rural areas are more likely to support someone with alcohol dependency and will refuse professional help to avoid the stigma of alcohol problems within communities. The Working Group recommended that AMCCs should work closely with rural communities, NHS boards, local authorities, local alcohol projects, GPs and pharmacists to plan confidential and accessible services in all rural communities, providing outreach services where necessary.

- > AMCCs in rural areas should ensure that local strategies take into account the particular difficulties that their service users may experience.**

Housing support services

- 5.28** From 1 April 2003 local authorities will take on responsibility for providing housing support services. These include general counselling and support to enable vulnerable people, including those with current or previous alcohol problems, to live independently in the community. Under the new arrangements, financial assistance for housing support will be available to a wide range of people, including owner-occupiers. The support offered will be tailored to the assessed needs of the individual. The Community Care and Health (Scotland) Bill currently before the Parliament will provide for direct payments to clients so that those who wish to do so can arrange and purchase their own housing support services.

Homeless people

- 5.29** Alcohol problems often underlie or exacerbate homelessness. This has been recognised through aspects of the Executive's Rough Sleepers Initiative which has funded accommodation and support for people whose problems with alcohol contribute to their inability to sustain accommodation. There is also a need to recognise and address alcohol problems before they lead to homelessness.
- 5.30** Local authorities have new statutory obligations to develop homelessness strategies by March 2003, in consultation with relevant voluntary and statutory partners. Authorities will need to work in partnership with NHS boards on these strategies.



- > **Local authority homelessness strategies, to be developed by March 2003, should indicate how homeless people, and people at risk of becoming homeless because of problems with alcohol, will be supported and helped out of homelessness.**

- 5.31** In Glasgow, the problems of large homeless hostels where residents have little access to co-ordinated support are being tackled. Large hostels will be decommissioned and residents' needs assessed to identify more appropriate accommodation and support. This will include support to address the alcohol problems of some of the residents.
- 5.32** The Homelessness Task Force, which is due to report shortly, will be making recommendations to prevent homelessness and to address it where it does occur. The Task Force is considering the specific support needs of people whose homelessness is exacerbated by substance misuse.
- 5.33** The new Health and Homelessness Co-ordinator has issued guidance to NHSScotland on the development of health and homelessness action plans. Each NHS board's action plan will be linked to local authority homelessness strategies and to community plans.

People with mental health and alcohol problems

- 5.34** Appendix 1 says that 15% of people admitted to psychiatric hospital have a primary alcohol-related diagnosis. Surveys show that about a third of acute psychiatric in-patients with severe and enduring mental health problems also have an alcohol problem. Such a dual diagnosis adds to an individual's difficulties, complicates their treatment and may well delay their recovery. People with alcohol problems are at high risk of deliberate self harm, or even suicide; the Executive has recently issued a framework for suicide prevention.
- 5.35** The current framework for mental health services in Scotland includes provision of services for people with both mental health and alcohol problems. The framework for alcohol problems services will reinforce this. The Mental Health and Well Being Support Group is paying particular attention to alcohol problems services in its current round of visits. The CSBS schizophrenia standards include a provision that treatment of a co-existing alcohol problem will be given due attention in the care plan for people with a diagnosis of schizophrenia.

People with alcohol-related brain damage

- 5.36** The public consultation identified a need to review services for people with alcohol-related brain damage. A particular concern is the current low level of service provision for quite young adults with acquired brain injury, identified in a recent SNAP report.
- > **The Executive will set up an expert group to review models and approaches to providing services for people with alcohol-related brain damage.**



Prisons

- 5.37** Many people in prison have alcohol problems. In the 2001 Prison Survey, 34% of prisoners stated that alcohol had been a problem for them before incarceration. 39% stated that they had been drunk whilst committing many of their crimes. 29% acknowledged a history of violent behaviour related to alcohol. 28% thought that drinking had affected family relationships.
- 5.38** The Scottish Prison Service addictions service provides a single entry point for all prisoners who present with alcohol or drugs problems. The first stage of the process involves full assessment and individualised care planning. Depending on the results of the assessment (which also looks at other needs, such as accommodation, employment and training, education, personal finance and health matters) the prisoner will work through the care plan with a key worker during their time in custody. This may include a range of treatment options. Before release, transitional care will be offered which takes the care plan forward into the community. Short-term mentoring support for up to 12 weeks is provided after release. Where necessary, this links people to services that address their longer-term needs.

