

I have worked in the field for 16 years and currently manage some 200 staff working with Drugs and alcohol. Rather than developing a co-ordinated response (which work pressures militate against) I am responding directly, leaving out questions that are uncontentious or outside my area of expertise. Other key members in my services will also be responding directly, some as services rather than individuals, and we have asked our User Groups to respond directly also. My last point is probably the key one I would like to make that may not be repeated by hundreds of other people. This is my area of research, and I feel has much potential.

Anthony Hewitt

General Manager

AWP Specialist Drug & Alcohol Services & Prison Mental Health

1/2. We should not have compulsory treatment like in Norway, but should have alcohol equivalent of DTTOs. Abstinence orders would be setting people up to fail in many cases.

7. Heavy episodic (binge) drinking as much a problem as addiction and needs addressing

10 Vital to recognise and acknowledge 'benefits' of alcohol

11 Binge drinking, unfortunately, at least among young people. A lot of people now drink with the aim of getting drunk, rather than drinking as a method to accomplish other aims, such as sociability and confidence and happiness.

12 Alcopops are quite obviously increasing drinking amongst the young

15 Not enough research, particularly related to what works

18 Brief Interventions can be effective, but they are not the Holy Grail, which they are often seen as.

19 there is not enough alcohol treatment of all kinds (proactive) work with hospitals where serious alcohol issues often show up on medical wards work with the dual diagnosis population, co-ordination with dual addiction management of alcohol problems in people being treated for drugs (including stimulant users) work in prison with alcohol (like CARATs and the rehab programmes) willingness for some alcohol services to work with the most difficult and/or 'recalcitrant' drinkers

22 Mental health services should lead on dual diagnosis, though in more extreme cases partnership is appropriate, though again with mainstream mental health as CPA lead

7/44 Approximately 80% of people with alcohol problems get on top of them without specialist help. various refs in other parts of book cited below) This is a key fact that should be made publicly known, as this then supports/allows such change. There should be public health campaigns similar to those in Switzerland (e.g. Klingemann, H. et al (eds.): Promoting Self - Change From Problem Substance Use: Practical Implications For Policy, Prevention and Treatment 2001 Kluwer Academic Publishers pp.91ff) that are

based on the research into self-change, and do not necessarily involve treatment services at all. these have been shown to be highly cost-effective, and are now happening in other parts of the world, e.g. Canada. U.S.A. and Netherlands.

Alcohol should be included in the work of DATs rather than separate or parallel structures