

IMPACT Alcohol Advisory Services Response to request from Strategy Unit Project on Tackling the Harm associated with Alcohol Misuse

IMPACT is a small non-statutory alcohol service based in Telford (Shropshire) but service the whole of the county. We offer advice, information, counselling, groupwork, specialist services for BME communities and other interventions for anyone concerned about their own or someone else's drinking. We are also a training and placement agency for volunteer counsellors and offer external training in alcohol issues to other professionals.

The organisation is in the final year of 3yr core funded grant from the Community Fund - until May 2003 and also has several short-term external contracts/partnerships with statutory and other sectors. (most expire March 31st 2003 but some may be renewed if we can prove the service is sustainable!) IMPACT operates with 4 full-time (core) staff supported by 15 volunteer counsellors and 6 volunteers from The Asian Community.

Points for consideration from the perspective of a small alcohol service with a large remit and unstable/limited funding:

Alcohol treatment services have become the 'poor relation' of drug treatment services and are frequently subsidised by drug money where joint services exist

Alcohol only and drugs only services work well. (There are some good examples of joint services also working well but these are generally statutory funded.)

Alcohol is a legal, mind altering depressant drug and yet has not been included as such in the National Drug Strategy

Non-statutory alcohol services have many examples of good practice and excellence in the field. On-going training is encouraged so as to ensure high level provision for clients (Alcohol Concern will give details if required plus evidence, research and statistics to back up information)

Treatment services should not have to 'reinvent the wheel' in order to receive funding for their projects but should be encouraged to continue with what works best and draw from good practice elsewhere (as above)

Alcohol only services are mainly non-statutory and being operated on shoe string budgets by small staff teams supported frequently by a larger group of volunteer workers

Funding for alcohol only services is generally unstable and mostly relies on ad hoc monies from a variety of different sources eg The Community Fund, local charities/trusts/grant making bodies - projects are usually time-limited ie 1year contracts. Services cannot recruit or retain a high level of qualified staff on these terms. Funding needs to be secure and long term eg at least 3yrs and be on Service Level Agreement arrangements

There is a need for a range of interventions for different client groups eg Black and Minority Ethnic, Women, Young People, Mental Health and alcohol problems, Older People, People with Disabilities etc.

There is a need for service to be provided at locations to suit the clients eg rurally isolated with no transport

There is already much evidence to answer the key questions and issues posed by the Strategy Unit and time should not be wasted on issues such as 'what factors cause people to misuse alcohol'. (Again contact Alcohol Concern)

Examples of what works can be found in many studies eg Project Match. (Contact Professor Nick Heather)

Alcohol clients are not all 'alcoholics' or 'down and outs' with no jobs and chaotic lifestyles. The age range is wide as is the social status of drinkers. However the majority of people seeking help for problematic drinking are in the 35 - 55 age group. Younger clients/drinkers have different sets of problems, usually behavioural eg. arguments, fights, criminal damage, anti-social behaviour, unwanted teenage pregnancies, STD's etc. Often binge drinking is the problem and young people with more disposable income tend to do this on a regular basis.

Alcohol problems should NOT be linked solely to crime and disorder and should not just be funded through those funding streams, although this is one source of funding for specific types of intervention. Currently there are gaps in services eg Under 18's often end up in adult services that are not appropriate to them, Chronic 'revolving door' drinkers, people who are physically and mentally damaged by alcohol (especially Wernicke-Korsakoff Syndrome) are often left between or without services as no one wants to take 'ownership' of the problems.

Services need a more 'joined up' approach. GP's/Primary Care, treatment and community services and hospitals etc.

Some questions and suggestions

DAT's who have alcohol in their remit currently have no money to put into alcohol treatment services
How will this be resolved and when?

Will government take money from the drugs budget to put into alcohol? If not where is the money going to come from to implement the Alcohol Strategy? If yes, how will this affect current service provision? Are we going to be 'robbing Peter to pay Paul'?

There are many experts in the alcohol field who need to be consulted and/or involved in the process.

These include:

Professor Nick Heather	Pip Mason
Dr Doug Cameron	Dr Andrew McBride
Dr Martin Plant	Ron McKechnie
Dr Moira Plant	Sheila Raby
Zaibby Shaikh	and many others... (contact Alcohol Concern for a longer list)
Professor John Davies	
Rosemary Kent	
Richard Vellerman	
Tim Kidger	
Marilyn Christie	

These are a few comments, questions and suggestions on the various points mentioned in the Strategy Unit paper.

As the Director of IMPACT and after being in this field for 14 yrs, I would be happy to answer any questions or queries you might have on the above communication or expand on specific areas if that is required.

Good luck with the task you have ahead.

Yours truly

ENID SMITH - Director IMPACT Alcohol Advisory services