

**MANCHESTER CITY COUNCIL
SOCIAL SERVICES DEPARTMENT**

**CARE MANAGEMENT RESPONSE TO THE NATIONAL ALCOHOL HARM
REDUCTION STRATEGY CONSULTATION DOCUMENT**

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1. Introduction

Manchester has a range of effective and innovative health and social care services in place to meet the needs of people who drink to problem levels. These include community based services with a focus upon the provision of information and advice and brief interventions, community based and residential detoxification and rehabilitation programmes and supported accommodation for men who have achieved and wish to maintain abstinence from alcohol. A specialist Alcohol Care Management service is provided by Manchester Social Services for adult residents of the city and their carers and supported accommodation is available for men and women who drink heavily and require assistance to maintain tenancies and live in the community.

Commissioning agencies in the City have worked in partnership for many years to develop a network of services that is capable of meeting a wide variety of local alcohol related need and making best use of available resources. However there is considerable scope to develop existing and new services and it is hoped that the implementation of a National Alcohol Strategy will be supported by resources that can be used to further develop the local system of alcohol treatment and care services available to adult residents of Manchester.

The following information has been prepared in response to the National Alcohol Harm Reduction Strategy document that is currently out for consultation. The information is provided in the context of work undertaken by Manchester's Alcohol Care Management Service. Care Managers are employed by the City Council's Social Services Department and work to assess and meet the identified needs of adults who drink to problem levels, or who have alcohol related needs such as a need for social care or support related to their alcohol use. The service works to promote harm reduction and to support people in achieving and sustaining their aims to control their drinking or achieve abstinence from alcohol.

The Care Management Service works very effectively with a wide range of specialist and generic agencies to meet local need and also works with the carers of people who drink to problematic levels or who have needs related to alcohol misuse.

Each section of the following response is, as requested referenced with the number of the corresponding question in the consultation document. I have only addressed those questions most relevant to the work of the Care Management Service most of which relate to the treatment of people who drink to problem levels.

2. Health: prevention, treatment and the impact on the NHS

Q14. There are numerous definitions of harmful drinking. Staff working within Manchester Social Services Alcohol Care Management Service will assess drinking as being harmful if it is having, has had or is likely to have an adverse impact upon an individual's physical or mental health, social or employment status (this may be evidenced by an impact upon the individual's ability to develop and sustain valued relationships or to gain and maintain employment) and legal status. The latter point may be evidenced by offending behaviour (and subsequent involvement in the criminal justice system) that is related to use of alcohol.

Care Managers take into account the views of the individual and where relevant their carer or others involved in the case when assessing need and recognize that the quantity of alcohol consumed is only one factor in determining whether an individual's drinking has become, or is at risk of becoming problematic.

Q15. Clear evidence is available to indicate that alcohol consumption and particularly its misuse have a profound and adverse impact upon the health of individuals and communities with all the attendant costs relating to treatment and care that may be expected. Information and research findings relating to the North West of England are available via John Moores University, Liverpool.

I am not aware of any conclusive evidence that consuming alcohol is beneficial to the health of individual's or communities although there may be social benefits to be derived for individuals from drinking to safe levels.

Q16. I do not have detailed information on the direct and indirect costs to the NHS of alcohol misuse however I am aware that estimates of the costs have been prepared in the past at regional and national levels. Organisations such as Alcohol Concern and NHS agencies are most likely to have ready access to such information.

Q17. Brief interventions are referred to in more detail below but if appropriately delivered can greatly reduce the risk of alcohol misuse and the problems that accompany it. A key factor in addressing problem drinking at an early stage is the ability of workers and professionals in alcohol specific and more generic services to use screening and assessment techniques that will identify if alcohol misuse is a problem and assist in determining an appropriate course of action, such as referral to higher threshold or specialist services.

Staff in many generic as well as more specialized services, including those focusing upon primary and secondary health care, mental health and social need, such as accommodation and housing, may benefit from training in screening and assessment techniques and their application. More general training to raise awareness about issues that are associated with alcohol misuse and what local services are available to meet alcohol related need may also be useful in many areas of the country.

Such initiatives may require additional investment if they are to be sustainable.

Q18. Brief interventions are used to good effect by care managers, staff of the Community Alcohol Team and other agencies in Manchester. As stated above their effectiveness is in part dependent upon the ability of many other agencies, or members of the public etc. to refer individuals for assessment and/or treatment at an early stage, before their drinking becomes entrenched and they have developed a dependence upon alcohol.

The effectiveness of brief interventions in Manchester is in part due to a commitment by key agencies that provide alcohol services to work in partnership therefore maximizing the value of available resources across low and high threshold services. Effective referral processes play a key part in reducing the time that people wait for a service.

The provision of brief interventions is an area of work that will benefit from increased resources being made available for staff training, information, advice, publicity and awareness raising amongst agencies and the public about service availability. This will help to ensure that a wider range of agencies are able to screen, assess and identify the alcohol related needs of individuals and/or refer them on to appropriate provision without undue delay.

Improvements in screening, assessment and referral processes may generate increased demand for both brief interventions and higher threshold services and require that more resources are made available to build the capacity of those services.

Brief interventions have the advantages of targeting those at risk of drinking to problem levels so reducing the longer-term demand upon higher threshold and more costly provision such as detoxification and rehabilitation programmes. If effective they will also reduce the other costs to communities, agencies and individuals that are associated with problem drinking.

Q19. In order for treatment of alcohol dependence and hazardous drinking to work each intervention should be viewed as a component of an integrated system of treatment and care. The National Treatment Agency has made progress in developing this approach to the commissioning and provision of drug services at national, regional and local levels.

The development of integrated systems of treatment and care that are tailored to meet local and individual need is likely to require investment of resources to make sure that sufficient capacity exists in low and high threshold services for people to have quick access to appropriate provision regardless of the level of their need.

It may also be necessary to invest resources specifically in developing the capacity and ability of alcohol services across the country to identify and address the alcohol related needs of women, parents and under served groups such as Black and minority ethnic communities.

This principle of investing resources to ensure appropriate levels and quality of service provision should also be extended to ensure that provision for people with complex needs, such as those relating to dual diagnosis and groups likely to be at higher risk of substance and alcohol misuse, for example homeless people and rough sleepers are catered for by a range of alcohol services at a local level.

An integral part of this approach must be the linking of relevant strategies and initiatives at national and local levels, this approach has been taken in Manchester and will help in making sure that resources are used to best effect and a variety of funding streams are accessed as appropriate. However if it is decided to develop systems of treatment and care capable of fully responding to diverse local need and circumstance additional financial investment will be needed.

The provision of systems of treatment and care are important to address factors such as relapse and also to ensure that options of support exist that help people to maintain controlled drinking or abstinence and get into education, training and employment.

Social Care interventions have an invaluable role to play in the recovery of people who drink to problem levels and recognition of the role that local

authorities and the voluntary sector play in addressing alcohol misuse should be reflected in future policy, guidance and the resources that are made available to support the implementation of a National Alcohol Strategy.

Q20. The implementation of Models of Care (Department of Health 2002) and the 'QuADS' Standards (Scoda and Alcohol Concern 1999) in the drugs field will provide valuable lessons for alcohol services. It may also be the case that the commissioning of drug services is more advanced across the country than that of alcohol services due to the responsibility of commissioners to support the implementation of the national drugs strategy and meet national targets. The work undertaken by the National Treatment Agency to develop the commissioning of services based upon evidence of what works best should also be considered when formulating an approach to the commissioning and provision of alcohol services.

It is the case that many people who drink to problem levels also misuse drugs and so there will be a commonality of service users and issues to be addressed in both fields. Alcohol services may learn a lot from the recent experience of drug services, at all 'Tiers' of provision and the developments in their commissioning.

3. Conclusion

The information set out above is most relevant to the treatment and care of adults who misuse or are at risk of misusing alcohol. The consultation document appears, in terms of treatment, to focus upon issues and costs that alcohol misuse presents to the National Health Service and doubtless those issues and costs are very significant.

It must also be remembered however that much of the work done to complement and sustain the progress made by individuals who engage with Health Services is undertaken by agencies that provide social care. Many people require intensive input in community or residential settings over weeks or months to maintain their sobriety after detoxification, which although costly is a relatively brief intervention.

If alcohol treatment and care services are to achieve their full potential in addressing the major social problem of alcohol misuse additional financial resources will be needed but it will also be helpful to link the alcohol strategy and its implementation to relevant sections of the drug and other relevant strategies at a national level.

This approach may also be extended to work at a local level but may again warrant additional investment in infrastructure to make sure that sufficient capacity exists to plan, coordinate and deliver the National Alcohol Strategy in

such a way that it responds to the wide variety of local need and circumstance that exists across the country.

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