

Aquarius

**The Aquarius Experience –
25 Years of Delivering
Local Alcohol Services:
Examples of Good Practice**

**Second Submission to Cabinet
Office Strategy Unit on Alcohol
Harm Reduction Strategy**

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The Aquarius Experience – 25 Years of Delivering Alcohol Services: Examples of Good Practice

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Second Submission to Cabinet Office Strategy Unit on Alcohol Harm Reduction Strategy

Introduction

This second submission to the Cabinet Office Strategy Unit on the National Alcohol Harm Reduction Strategy concentrates on areas of Aquarius practice which we believe to be of significance for a National Alcohol Strategy.

Aquarius provides a range of local district-based services across the Midlands. Our aim has been to develop comprehensive local services tackling identified alcohol related harms and using interventions of proven effectiveness. Where services have not previously been evaluated, it is our aim to build in project evaluation.

Aquarius operates to a set of values and beliefs:

- (i) Aquarius respects people's freedom to make choices, and to be responsible for those choices and their consequences.
- (ii) We believe that people have the ability and capacity to change, and the right to be empowered to do so.
- (iii) We value differences and diversity and the right of all people to make their own choices about how they use Aquarius' services.
- (iv) We recognise the significance of social factors in influencing behaviour and choices, and our responsibility to support and enable those experiencing disadvantage and/or discrimination.
- (v) We believe that our methods should have an evidence base and should be subject to continuing review.

Aquarius also has the following working principles:

- (i) People have needs and use substances to meet some of those needs.
- (ii) Addictive behaviours are learned processes and not a disease process.
- (iii) Change is a complex process which occurs in stages. Learning takes place from both positive and negative experiences.
- (iv) Aquarius works with individuals to identify alternatives.

- (v) Aquarius will inform and educate people of the harmful effects of alcohol and other addictive substances and behaviours, with the aim of enabling them to make informed choices.
- (vi) Aquarius will work in partnership with its service users and will actively seek and respect their views.

These submissions are written as summaries of our services and more detailed information is available if required.

This submission also contains thematic issues including a suggested model for local service planning.

A concern for local specialist services is the commissioning of local services. Our experience is that commissioning remains a post code lottery dependent on:

- The time, commitment and priority given by local commissioners.
- Whether budgets are identified for alcohol services.
- Whether there is a local alcohol services “product champion”.
- The effectiveness of local planning mechanisms.

Levels of investment in alcohol services vary hugely from 60p per head per year in one district to £1.27 per head or higher in another.

Our key message to the Cabinet Office team, based on 25 years experience in delivering local alcohol services is:

- Services need to be planned and delivered in response to the scale of need.
- Interventions are effective when targeted at identified behaviours.
- Where services are accessible they are used.
- A spirit of ambition and challenge is required so that public services, the trade, government and the general public can both change the way they use alcohol, reduce the harm resulting and support those individuals who need help in changing their alcohol use.

Section 1: Good Practice in Local Alcohol Service Delivery

1 Good Practice in Co-ordination and Commissioning Alcohol Services

Aquarius Dudley Community Alcohol Service

The development of alcohol services in Dudley shows how good planning and commissioning can lead to the development of effective services. The Aquarius Dudley Community Alcohol Team is an example of a multi-disciplinary, multi-tasked community alcohol service.

The Aquarius Community Alcohol Service has developed from a small voluntary sector service to operate as a comprehensive community alcohol service over a number of years. It now comprises the following service elements delivered by a staff team of 9.5 practitioners supported by a Manager with appropriate administrative support.

- Home detoxification - Taking referrals from GPs and other community services, delivered by two community nurses seconded from the local Mental Health Trust.
- Alcohol counselling - Taking referrals from self-referrals, agency referrals and CPNs for post-detoxification counselling and providing a tier two and three service delivered by Aquarius alcohol counsellors.
- Family alcohol counselling - This is targeted at repeat referrers to the home detoxification service and works with the whole family to provide support for family members, identify opportunities for change and provide long-term support for change.
- Asian community alcohol counsellor - Based in primary care in GP practices with a significant Asian community.
- Alcohol and accommodation work - Taking referrals from a housing association project specialising in providing accommodation for vulnerable men and women with a high risk of alcohol and mental health problems. The worker takes a care programme approach promoting support from a range of agencies.

- Hospital alcohol worker - Based in Russells Hall General Hospital, this worker is tasked to train staff, raise awareness, deliver alcohol counselling and link service users to community based agencies. (This service is operated through the local Mental Health Trust).
- Alcohol arrest referral service - Taking referrals from the police and delivers two sessions of alcohol education, using critical incident analysis with the aim of producing an action plan for Court (see more detailed section).
- Alcohol and offending partnership with National Probation Service - Taking referrals from the National Probation Service, those referred attend one of three structured alcohol programmes with the aim of reducing alcohol related re-offending. (See more detailed section).
- Drink Driver Education - Taking referrals from the Courts as part of the Department of Transport Drink Driver Scheme, participants attend 16 hours of group tuition aimed at preventing re-offending. (See more detailed section).

Advantages of the integrated team approach

- The service reaches out into key target groups of 'at risk' drinkers including:
 - Families.
 - Homeless people.
 - Offenders.
 - Drink drivers.
- Once in the service, users experience a seamless service including detoxification, family support and counselling from a staff team working to a common approach.
- The team integrates social care, criminal justice and health responses while retaining the core Aquarius understanding of an alcohol problem.

How this approach developed

Key factors in the development of the Aquarius Dudley Service have been:

- Long-standing commitment by health, social care, criminal justice and voluntary sector agencies to joint planning through inter-agency groups. This was previously the Dudley Alcohol Liaison Committee and is now a function of the Drug and Alcohol Action Team.
- An active joint-commissioning group of the Drug and Alcohol Action Team.
- Determination, commitment and energy by commissioners and agencies to identify funds to develop services.
- Active review and monitoring of services by commissioners.

Barriers to service development

- A lack of ring-fenced money.
- Priority given to the development of drugs services.

Current service gaps

- Primary care based services.
- Services for offenders while in prison and on release.
- Service for young people.

Why effective local co-ordination and commissioning should be part of a National Alcohol Strategy

Experience in Dudley shows how effective planning, co-ordination and joint commissioning can result in effective services. A National Alcohol Strategy can support local service delivery by:

- Ensuring that local planning and co-ordination takes place, in each local authority area, probably through a joint Drug and Alcohol Action Team.
- Identifying ring fenced resources for developing alcohol services.
- Putting in place a structure for performance monitoring.

2 Community Alcohol Teams: Delivering Integrated Home Detoxification and Alcohol Counselling Service

Aquarius operates three Community Alcohol Teams which provide integrated home detoxification and alcohol counselling in Birmingham (two teams) and Dudley.

The purpose of Aquarius Community Alcohol Teams is to provide a fast response home detoxification service for referrals from primary care supported by a programme of alcohol counselling and groupwork. The aim of the team is to support primary care staff in screening for alcohol problems and delivering brief interventions for those drinking at risky levels.

For those with more serious problems requiring a specialist response, referral takes place to the Community Alcohol Team and assessments are carried out within five working days. Nurse members of the team supervise the home detoxification with the client's GP acting as responsible medical officer and prescribing medication. At assessment those not requiring detoxification are referred for counselling and the provision of a course of counselling is encouraged for all those completing detoxification.

Staffing

The Birmingham Community Alcohol Teams each comprise a manager, five alcohol counsellors and four community psychiatric nurses. The nurses are seconded from the local mental health trust.

Good practice

The following elements of the Aquarius Community Alcohol Teams can be identified as good practice:

- Providing training and support to primary care staff in screening and brief interventions.
- Delivering a rapid response assessment within five working days.
- Locating the service in the voluntary sector promotes client responsibility in the change process and mitigates against an over medicalised approach.
- Multi-disciplinary teams promote an integrated home detoxification and alcohol counselling and groupwork service.
- Linking the service closely with primary care supports a comprehensive approach to healthcare.
- The teams work closely with mental health teams for clients who have a mental health problem as well as an alcohol problem.

Emerging trends and issues

Dudley intensive families service

The Dudley Community Alcohol Team has been concerned about how the needs of clients who are repeatedly referred for detoxification are best managed. With funding from Dudley South Primary Care Trust a families worker has been employed. This worker has a small caseload and works with the whole family, working with partners as well as the drinker providing structured support to the family. This is at an early stage in its development, however, early results of this initiative are very encouraging.

The need for intensive outreach

The Community Alcohol Team approach assumes a level of motivation in its clients and current resources are sufficient to work only with this more motivated client group. We hear from GPs that the clients who do not access our service are often the clients with the higher levels of need, who often make very significant demands on primary and secondary healthcare services.

There is therefore the need, particularly in inner city areas such as Birmingham, for assertive outreach alcohol workers who can work with hard to reach problem drinkers, and work with their family members. Joint working can be established with other members of the primary health care team and other agencies with the aim of managing the impact of the drinkers alcohol use on themselves, their family and other workers.

Matching resources to the level of need

The two Birmingham Community Alcohol Teams receive approximately 1500 referrals per year, largely from primary healthcare teams. The teams have the capacity to work effectively with approximately half this number of clients.

Resources for the two Community Alcohol Teams in Birmingham were obtained by disinvesting in in-patient hospital provision - approximately £750,000. There is no further disinvestment to be made, but alcohol services do not feature in DoH investment strategies. It is hard to see from where health service commissioners can identify new investment money. We believe that increased investment in community alcohol teams would offer value for money by:

- Reducing demands on expensive hospital based detoxification.
- Continuing to work with those needing more intensive interventions.
- Working with less motivated patients and thereby reducing the pressure on primary care services.

Implications for a National Alcohol Strategy

A National Alcohol Strategy should promote the further development of community alcohol services and include the following:

- A key benefit of a community alcohol service is a fast response to referrals.
- Home detoxification services should be integrated with therapeutic counselling and groupwork programmes.
- Community alcohol services should be closely linked with and focused on primary care.
- There should be close links between community alcohol teams and mental health services.
- New funding needs to be identified to ensure that current levels of need are met.

3 Aquarius Residential Services

Aquarius operates two residential rehabilitation services for people with alcohol problems, based in Northampton and Wolverhampton. They are small units – accommodating nine residents at a time and run jointly with services for day clients. Residents usually stay for a period of six months and then move on to nearby accommodation where they continue to receive support. Aquarius believes residential services can be particularly effective for the following groups of clients who have a serious alcohol problem and at least one of the following factors:

- Where their home situation is unsupportive or contributes to the alcohol problem.
- A period away from the family removes difficulties in dealing with the client's alcohol problem.
- A geographical change of area is necessary.
- The client needs a clear focus on tackling their alcohol problem.

The services are based in urban centres and operating jointly with day services. The day clients and residents are kept in contact with the normal pressures of life but within a supportive, challenging and therapeutic environment.

Aquarius believes that the provision of residential alcohol services has been squeezed by a combination of factors including:

- The thrust of community care legislation which places a bias towards community services and against residential provision.
- The evidence from the alcohol literature suggesting that briefer interventions can be effective, but failing to recognise the needs of clients with more complex problems.

Aquarius believes that for clients with the most serious problems and for whom change is most difficult, that residential services should be an available option and, on occasions, the service of first choice.

The Aquarius therapeutic programme

Aquarius residential and day services provide a structured and progressive group work based therapeutic programme. This programme is based on motivational and cognitive behavioural principles. Central to the Aquarius approach is everyone taking responsibility for their thoughts, feelings and behaviour. The programme supports individuals in developing their knowledge, awareness, confidence and skills to make the changes necessary to change their alcohol use. After a thorough assessment, which includes attending for an assessment week, residents develop a therapeutic

contract specifying their objectives during their stay. The therapeutic programme includes attendance at groups (approximately eight per week), individual counselling and therapeutic contract reviews. As residents progress, they are encouraged to make links in the community including attending educational courses and working with voluntary organisations.

Evidence of effectiveness

Aquarius residential services were developed as part of a Birmingham University research project evaluating different models of residential service provision. This resulted in the development of the Aquarius methodology based on the promotion of personal responsibility and the use of cognitive behavioural methods. Programme integrity is maintained through a staff training programme (see section on Promoting a Skilled and Effective Specialist Workforce) and a service delivery manual Personal Skills Training.

Current barriers to effective service delivery

Prior to the implementation of Community Care legislation in 1993, transferring funding of residential alcohol services to local authority Social Services Departments, Aquarius residential services ran with a low level of vacancies. Since 1993 Aquarius has been forced to close one of its three residential services and has had to meet deficits on its residential services and has incurred deficits on its residential services in excess of £200,000. The causes of these difficulties have been the difficulty of:

- Assessing the needs of those who would benefit most from short-term residential treatment and rehabilitation does not fit well with the dominant models, priorities, processes and timescales within adult social services, these are geared almost exclusively to long-term care of those with the highest level of dependence.
- Local authorities spending their budget within the first six-nine months of the financial year. This results in significant voids in the last quarter.
- Poor assessment and care management systems within Social Service Departments resulting in delays in assessment and resulting in clients being lost to services.

Cost per intervention

Aquarius residential services cost approximately £8,000 for each six-month period of residence.

Why Residential Services should be one element of service provision within a National Alcohol Strategy

- Residential rehabilitation services should be available for those with the most entrenched alcohol problem or where change is not feasible within the client's home environment.
- Changes should take place in commissioning arrangements to move away from the current spot purchasing of placements towards a more systematic planning of provision.
- The bias against residential services by local authorities should be ended.
- Residential rehabilitation services should be closely integrated with community provision, but should be viewed as a nationally planned resource.

Reference

Mason P and Norris H. 1990. Personal Skills Training for Problem Drinkers: A Counsellor's Guide. Aquarius Birmingham.

4 Combined Therapeutic Residential and Day Services

Aquarius has two combined therapeutic residential and day services, one in Wolverhampton and one in Northampton. They were established in 1977 on the following of three principles:

- People drink to help them cope with life's problems.
- People are responsible for their lives and the choices they make.
- Change is possible.

We work on the premise that alcohol is a drug which changes the way that we feel, normally positively, and that people become dependent on alcohol when it becomes the most effective or the only way of coping with problems in their lives. We aim to find ways of helping people find ways of coping with their problems without using alcohol.

The Aquarius approach provides varied opportunities to look at short term alternative strategies to the use of alcohol as well as long term lifestyle changes. Both our residential projects have a fully integrated day and residential service where all clients can join in therapeutic groups and meet socially. The houses operate as therapeutic communities with an emphasis on co-operation, mutual support and team decision making. Each house runs a comprehensive range of groups as well as offering individual counselling. Key elements are developing coping strategies, prevention relapse and planning how residents will organise their lives after leaving Aquarius. For the benefit of all users of the service and for the houses to run smoothly, we have a policy of no use of drugs or alcohol by residents at any time or by day clients on any day they are attending the service. The Aquarius combined day and residential services are designed for women and men experiencing alcohol related problems, who are committed to making changes in their lives.

Aquarius has pioneered combined residential and day services with groups available to all users of the service. We provide a dynamic environment in which people can practice the skills they will need to cope without alcohol. Mutual support, friendship and a challenging ethos are integral elements of the service. Weekly individual counselling is matched to individual needs and is integral to the programme. Clients have the opportunity to explore the relationship between their drinking and underlying problems, working intensively if necessary with a member of the counselling staff. Clients will negotiate a working therapeutic contract, which is reviewed monthly and monitored, on a daily basis.

Counselling groups on offer include:

- Alternatives to drinking group.
- Assertion group.
- Assertion for women group.
- Negative thoughts group.

- Planning group.
- Anxiety management group.
- Anger management group.
- Relaxation group.
- Personal development group.
- Women's group.
- Men's group.
- Maintenance group.
- Resettlement group.

Clients attending the service can move seamlessly through the levels of care dependent on their needs. A client seen firstly in primary care or probation offices can move into the day service and then into residency before moving back into the day service and after care through the resettlement and maintenance groups.

There is a high level of commitment within the busy day to day running of the service which helps day clients who are attending. The residents also benefit from having day clients around the house, which helps them to keep in touch with the outside world and helps prevent them from becoming institutionalised.

Is it cost effective?

A combined service is very efficient in staff time, which means we have lower unit costs. A six-month period of residence costs £8,000 and the weekly cost of attending the day programme is £175.00.

Evidence that it is effective

In the recent published effectiveness review of interventions for alcohol use disorders (Miller and Willbourne, 2002) Aquarius' core method accounted for 8 out of the top 10 non drug interventions. These interventions (in rank order) are, brief interventions, motivational enhancement, social skills training, community reinforcement, behaviour contracting, self monitoring, cognitive therapy and client centred counselling.

Why should it be available as part of a National Alcohol Strategy?

Far too few people who would benefit from a combined service actually get access, partly due to under funding and partly due to lack of assessment skills in the community. A good therapeutic service builds expertise, which leads to it becoming a centre of therapeutic excellence.

Reference

Miller WR and Wilbourne PL. 2002. Mesa Grande: A Methodical Analysis of Clinical Trials of Treatments for Alcohol Use Disorders. *Addiction*, 97, 266-277.

5 Promoting Access by Minority Ethnic Communities

Sahaita (Aquarius) Birmingham Asian Alcohol Service

Aquarius has been delivering services targeted at South Asian communities since the early 1990s and has specialist Asian alcohol practitioners in Sandwell, Dudley and Birmingham.

Sahaita has been in operation since October 1999, offering a specialist alcohol service to people from the South Asian communities in Birmingham. The service, funded by Heart of Birmingham Primary Care Trust, is run in partnership with North Birmingham Mental Health Trust and is managed by Aquarius. The service consists of three full-time counsellors, a unit administrator and Manager, all of who are (South) Asian.

Aims and objectives

Sahaita aims to provide a comprehensive and accessible alcohol service to people from the South Asian communities in Birmingham.

Objectives:

- To provide accessible information, advice, assessment and counselling to people concerned about their own or someone else's drinking.
- To provide training, advice and consultancy to other professionals working with significant South Asian populations where alcohol is an issue.
- To develop links with health, social services, community-based criminal justice agencies and Asian helping agencies to promote appropriate referral.
- To carry out prevention work, raising awareness of alcohol issues in the community, as well as the service.
- To develop culturally appropriate services for working with Asian clients.
- To contribute to local strategic planning regarding alcohol issues and services.

How we work

Clients are seen individually, within a family setting or in groups to look at how they may be using alcohol in a problematic way and how they might make a change. A combination of both short-term and long-term work is done to facilitate change, including controlled drinking, alcohol education, cognitive-behavioural work and social skills training. 'Motivational interviewing' techniques and the 'cycle of change' approach underpin the work. We incorporate a variety of ways of working, being

sensitive to, and aware of, the needs of Asian clients. This way of working requires continual reflection on and review of service delivery as well as the balancing of traditional and non-traditional counselling interventions.

What makes this project good practice?

There may be a range of reasons for the low uptake of mainstream alcohol services:

- Taboos, guilt/shame in the community.
- Deal with problems within the community: family, friends, elders, religious advisors.
- Language barriers.
- Limited accessibility to services.
- Services seen to be for the indigenous population.
- Lack of awareness and knowledge of services and alcohol-related health information.
- Belief in 'disease'/medical model and lack of awareness, understanding or valuing of counselling, prevention and harm reduction work – therefore leading to accessing services at 'chronic end' of problems.
- Cultural 'norms'/acceptability around drinking (especially within the community) - 'macho' view, usage of drink at celebrations and parties – quantity related to 'hospitality'.

In response, as a specialist service we are able to develop and provide culturally sensitive services and ways of working in the community:

- Own-language service.
- Assertive outreach – home visits, GP practices, hospitals, hostels.
- Gender-specific counselling.
- Working with families.
- Cross-cultural counselling.
- Working with groups.
- Telephone counselling.
- Ad hoc support and advocacy (inc. legal issues, benefits, housing etc.)

- Links with places of religious worship – gurdwaras, mandirs, mosques.
- Service and health promotion: materials in different languages (eg. Punjabi, Urdu, Gujarati, Bangladeshi); stalls and alcohol education; usage of local media (esp. local radio and TV).
- Joint-working with other statutory and voluntary (Asian and non-Asian) organisations/agencies.
- Environment of service includes/reflects Asian cultures (e.g. pictures, posters etc.)
- Arranging in-patient and community detoxification, in a seamless way.

The service appreciates, understands and works with clients' cultural and religious beliefs, values and norms e.g. relating to: family dynamics and power (hierarchies) due to gender and age/generation; caste; spirituality. The service also works with an understanding that Asian clients (esp. first and second generation) may:

- Value a more 'directive' (rather than person-centred) approach.
- Be fatalistic (vis-a-vis 'kismet').
- Believe in a 'disease'/medical model.
- Not understand what counselling is.
- Think more in terms of the 'group' rather than the 'individual'.
- Appreciate more flexible counselling boundaries.
- Attend counselling in a more 'chaotic' manner (i.e. attendance more sporadic), with less 'formality' in communicating with the service.

What is the evidence that this service is effective?

Last year and annually, on average, the service is receiving 150 referrals; carrying out 75 initial assessments; 150 counselling sessions (including couples/family); 275 group attendances; 51 telephone counselling sessions; 40 ad hoc support. Clients have provided positive feedback on the service and a significant number of clients have been helped to reduce, control or abstain from drinking as well as obtain counselling support as partners of drinkers.

Why the needs of minority ethnic communities should be included in a national alcohol strategy

- Minority communities are a significant population group. In Birmingham they are nearly 50% of the population.
- Patterns of alcohol use and alcohol related harms reflect the diversity of the cultural life of minority ethnic communities. Services need to develop and maintain their specialist knowledge in working with their communities.
- There is good evidence that there is both an increased susceptibility to the risk of alcohol problems (Fisher et al 2002) and a lower take up of services than in the host community.
- The risks from alcohol use combines with other health risks experienced within minority communities – such as stroke and diabetes.
- Nationally driven alcohol prevention initiatives, for example alcohol information, drink driver education and domestic violence campaigns need to focus on the needs of minority ethnic communities.
- Use of alcohol among minority ethnic communities appears to be changing, if slowly. A national alcohol strategy should monitor these changes.

Purser, R., Orford, J., Johnson, M. (2001), *Drinking in second and subsequent generation Black and Asian communities in the English Midlands* (Alcohol Concern London).

Fisher, N.C., Hanson, J., Phillips, A., Rao, J.N., Swarbrick, E.T (2002), Mortality from Liver disease in the West Midlands, 1993-2000: observational study, *BMJ* Vol.325, pp312-313.

6 Promoting Effective Alcohol Interventions in the Primary Health Care Setting

Aquarius has been researching and developing the delivery of effective alcohol interventions in the primary health care setting since the early 1990s. The agency currently has primary health care based interventions operating in Sandwell, Dudley, Wolverhampton, Birmingham and Solihull.

Aims and objectives

The purpose of Aquarius primary health care alcohol services is to take alcohol interventions into the primary health care setting by:

- Providing alcohol information to the public in GP surgeries.
- Enabling GPs and primary care staff to carry out alcohol screening and brief interventions through training and support.
- The provision of in-practice specialist alcohol counselling for people with more serious alcohol problems and where brief interventions are not appropriate.
- Facilitating referral to specialist alcohol services.

How we work

This is delivered by placing alcohol counsellors within GP practices and health centres on a sessional basis. Training sessions are held with all practice staff with a focus on alcohol information, carrying out screening and brief interventions and using motivational interviewing approaches. The alcohol counsellors remain members of the local Aquarius service and so promote an integrated alcohol service providing a link between the primary care service and the specialist services.

Evidence of effectiveness

There is now considerable research evidence on the effectiveness of brief interventions in the primary care setting. The more challenging issue is how to deliver these away from the research setting. Aquarius has identified the following barriers which need to be overcome if alcohol interventions are to be effectively delivered in the primary care setting:

- A variety of practice arrangements within primary care settings (eg single handed practices, group practices, health centres).
- Other health service priorities taking precedence because they are defined through national service frameworks.
- Staff with outdated models of understanding alcohol use and alcohol problems.
- Poor support from specialist alcohol services.
- A negative attitude to alcohol users among some primary care staff.
- Poor problem definition: An alcohol problem is only defined as such when the patient is severely alcohol dependent.
-

Why a primary care based approach should be included in a National Alcohol Strategy

The primary care setting remains one of the key settings for delivering alcohol interventions. The arguments are well rehearsed and include:

- The majority of people visit their GP each year.
- Brief alcohol interventions are effective and cost effective.
- Linking alcohol use with other health harms can be a powerful motivating factor.
- The primary care setting is a non-stigmatising environment in which alcohol interventions can be delivered.
- GPs and Primary Care staff when offered training and the support of an alcohol counsellor are very willing to work with people with alcohol related problems.
- Excessive alcohol use places huge cost burdens on the NHS.

7 Programmes For Offenders Where Alcohol Use is a Contributory Factor

Throughout the West Midlands there are partnerships funded by the National Probation Service with voluntary sector specialist alcohol services who deliver alcohol and offending programmes. Aquarius provides these programmes in Solihull, Wolverhampton, Walsall, Sandwell and Dudley.

Aim of programmes

The purpose of the programme is to achieve a reduction in the risk of alcohol related re-offending by enabling offenders to establish links between their offending behaviour and their alcohol use.

The programmes

- **TAP – Think Alcohol Programme**

A four-module programme imposed as a condition, along with attendance, on the Probation “Think First” programme.

- **Catalyst**

An eight-module programme for offenders deemed not suitable for “Think First” due to their excessive alcohol use, delivered as part of a Community Supervision Order.

- **Probation alcohol counselling**

A programme of up to eight counselling sessions following a needs based assessment.

All programmes include a motivational, educational and an offence based focus. Referral is by an offender’s Probation Supervising Officer, as a condition of a Community Rehabilitation Order, or as an instruction within their supervision plan. All contacts within the partnerships fall within National Probation Standards for Reporting.

In 2001/02 150 individuals successfully completed programmes at a cost of £728 per completion.

What makes this work a model of good practice?

- The programme has been jointly devised encompassing the needs of the National Probation Service and the expertise of the voluntary sector alcohol agencies.
- The work of the Alcohol Counsellor complements the role of the Probation Officer, offering an additional perspective and focusing on alcohol use and using specific techniques to develop motivation, provide options for change and the skills to achieve them.
- The programme focuses on the alcohol crime link.
- Programmes are delivered at probation offices.
- The alcohol worker assesses and responds to a wide range of factors which influence the alcohol and offending behaviour including:
 - Physical and mental health.
 - Employment.
 - Accommodation.
 - The family.

The West Midlands Probation Service is in the process of developing research methods to evaluate the effectiveness of the programmes in achieving a reduction in offending.

Evidence of effectiveness

- Alcohol remains a major contributory factor in offending: Research compiled by the National Probation Service in the West Midlands of 351 cases saw 29% of the sample having an alcohol problem rising to 38% having an alcohol offending related problem.
- Alcohol related offenders are often drinking very heavily at the time of the offence: A sample of 60 offenders participating in the Aquarius Probation Alcohol programmes were drinking between 20 – 490 units per week at the time of the offence with an individual average of 142 units per week.
- Aquarius offender alcohol programmes result in a significant reduction in drinking. On completion of the programme the 60 offenders referred to above were drinking between 0 – 300 units, an average of 32 units per week. An average reduction of 110 units per week per offender.

Despite this, it is a matter of concern that no major evaluation of offender alcohol programmes delivered in the Probation Service has been carried out in the last 20 years.

- Similar programmes for drink-drivers result in a reduction in re-offending of two thirds. (Transport Research Laboratory, 1999.)

Why offender programmes should be included in a National Alcohol Strategy

- Alcohol offender programmes target high risk alcohol users.
- Alcohol related offences are often serious and involve offences against the person.
- There is an urgent need for these programmes to be evaluated.

Reference

Transport Research Laboratory, (1999) Drink/Driver Rehabilitation Courses in England and Wales. TRL Report 426.

8 Dudley Borough Alcohol Arrest Referral Scheme

The Dudley Crime and Disorder Partnership identified alcohol related crime as an issue in its 1998 crime and disorder audit, and so the need for action on offenders with alcohol related offences was identified in the Crime and Disorder Partnership Action Plan.

The proposal for a Dudley Borough Alcohol Arrest Referral Scheme was developed by a working party consisting of senior representatives of Dudley Health Authority, Dudley MBC, West Midlands Police and Aquarius Action Projects who were members of Dudley Substance Misuse Task Group reporting to the Dudley DAAT (Drugs and Alcohol Action Team).

The partnership group was successful in obtaining £100,000 from HM Treasury Invest to Save Programme to develop a two year pilot scheme with the remaining costs met by the three local statutory partner agencies.

Purpose of the Scheme

The purpose of the scheme is to pilot an alcohol arrest referral scheme in two police areas of Dudley with the aim that offenders whose offences are alcohol related receive cognitive behavioural alcohol interventions delivered by Aquarius. The outcome is that offenders link their drinking behaviour with the offence and are given structured methods to prevent re-offending.

Objectives

- To provide police with the facility to refer offenders whose offence is alcohol related to the scheme.
- To deliver alcohol education packages of 2 x one hour duration to 400 offenders per year within 24 hours of the offence.
- To refer those requiring longer term alcohol help to the specialist services in Dudley.
- To promote good interagency working between the police, health service and Aquarius.
- To support the Dudley Community Safety Strategy objective of achieving its aim of reducing repeat drink related offending.
- To evaluate to effectiveness of:
 - The system of referral.
 - The programme content.
 - Repeat offending outcomes.

The alcohol arrest referral scheme is initiated by the Police Custody Sergeant at the police station. This officer considers any person brought into custody where alcohol is considered to have contributed to the offence, (excepting drink drive offences, which are covered by an existing scheme specifically for drink drive offending; also in regard to a breach of the peace, which is not technically an offence and must be dealt with at the first available Court)

The scheme will be initiated in two ways:

Scheme A: Where any person is charged with a "qualifying" alcohol related offence, they will be offered participation in the scheme immediately after charge. The Custody Officer will provide them with a leaflet explaining the scheme and what they must do to participate. In charge cases, it will be a condition of bail that the offender contacts the Aquarius Alcohol Service and arranges to attend at two sessions, of one hour each session, within two weeks following their first Court appearance. Having attended the sessions and agreed to a personal action plan with Aquarius, the offender returns to the Court for sentencing. The Court may then take their participation in the alcohol arrest referral scheme into account upon sentencing.

Scheme B: When alcohol is considered to have contributed and an offender is cautioned (or even where no further action is taken through lack of evidence), a leaflet will be given to the offender/individual which invites them to participate in the two sessions provided by the Aquarius Alcohol Service. In these instances, there is no compulsion or incentive for individuals to take part, other than the offer of help with a problem that may have contributed to their arrest in the first instance.

The arrest referral scheme is available to any person brought into custody (with the two noted exceptions) regardless of the offence committed and their previous offending history. The only criteria being that their consumption of alcohol contributed to their offending.

Evaluation

The pilot scheme is being evaluated by the University of Central England. The aim of the evaluation is to identify whether the alcohol arrest referral scheme is effective in reducing alcohol related re-offending, is cost effective for the criminal justice system and to learn the lessons from putting the scheme into practice.

Evidence collected will include:

- Characteristics of those referred to and taking part in the arrest referral scheme including personal characteristics and offence details.
- Comparison of those taking part in the scheme with those opting not to take part.
- Level of re-offending for those taking part and level of re-offending for a matched sample.

- Costs of delivering the schemes and estimates of cost savings resulted from a reduction in re-offending.
- Impact of the scheme on Magistrates' sentencing practice.
- Review of the lessons learned from implementing the scheme including:
 - Police and Courts practice.
 - Aquarius practice.
 - Inter-agency working.

Summary of results from the first year

Offenders offered scheme at Police Station	450	
Offenders agreeing to participate	264	
Offenders attending first interview at Aquarius	178	(67%)
Action plans taken to Court	94	

Two characteristics of the offenders seen are:

1. 24% of referrals are under 21 and 62% under the age of 30. This is a much younger group than normally seen at alcohol services.
2. Over 50% of referrals are for offences of violence against the person, including 20% for assault and 19% for domestic assault.

Innovation/good practice

- The Home Office has identified alcohol-related crime as a cause for concern. Whilst arrest referral schemes for people with drug related offences have been developed, there is currently no programme for alcohol related crime - a similarly serious problem.
- There is also a lack of well-evaluated pilots for alcohol interventions in the criminal justice system.
- This proposal brings together well evaluated brief interventions work from primary health care and applies it to the criminal justice setting.
- The pilot scheme provides:
 - A demonstration project for dealing with alcohol related offenders.
 - Future evidence of effectiveness and cost effectiveness.
 - Lessons about implementing such a proposal nationally.
 - A tool for the Home Office Alcohol Action Plan 'tool kit'.

- The scheme promotes access to younger binge drinkers aged 18-24 years where regular intoxication is widespread as well as to dependent drinkers.
- 10% of those attending engage in longer term counselling with Aquarius.

To provide an effective approach concerning alcohol and alcohol related issues, a full range of interventions need to be harnessed. Responses should reflect the scope of the cultural, economic and environment influences which affect consumption and the different levels of misuse. As has been outlined above the DBAARS targets offenders but also provides input into health, social and economic circumstances of the offenders behaviour - one key element in a National Alcohol Strategy.

Unit costs

The current cost per intervention is approximately £400 per intervention at this stage of the pilot. This could be reduced as:

- Time has been invested in making the system work.
- There remain inefficiencies in the system.

Issues which need to be resolved

Pilot schemes identify problems. The scheme would be much improved if:

1. There was capacity for flexibility in Courts interpreting the Neary guidelines so that offenders attended both sessions before going to Court for sentence.
2. There was a tariff guideline for those successfully completing the course. A 20% reduction is suggested.
3. There was a national funding stream for alcohol arrest referral schemes.

Why Arrest Referral Schemes Should be Part of a National Alcohol Strategy

- The scheme delivers brief interventions for key groups of younger, non-dependent problem drinkers.
- The scheme promotes offenders taking responsibility for the consequences of their alcohol use.
- The scheme focuses directly with the key causal factor in the offending behaviour – alcohol use. It therefore has advantages over other solutions such as spot fines and night courts.

- The schemes should be developed as a separate initiative to drug arrest referral schemes because they:
 - (i) Do not place alcohol counsellors in police stations.
 - (ii) Expect clients to attend for their interventions.
 - (iii) Use brief intervention methods.

9 Aquarius Drink-Driver Rehabilitation Courses

Aquarius piloted the development of drink driver courses as part of the Department of Transport initiative to develop drink driver rehabilitation courses, and now runs courses throughout Birmingham and the Black Country. Currently 635 people attend one of 56 courses held each year, at a cost of £165 per participant, with a maximum of 12 participants per course.

The courses last 16 hours (either 4 x 4 hour sessions or 8 x 2 hour sessions). The aim of the course is for participants to separate their drinking from their driving. The courses are educational covering:

- Measurement of units of alcohol and elimination rates.
- The effects of alcohol on the body and on behaviour especially on driving skills and risk taking.
- The functions of alcohol, factors influencing drinking behaviour and taking personal responsibility.
- Self-monitoring of drinking patterns, identifying individual risk factors and developing practical strategies for separating drinking and driving.
- General knowledge of drink-driving laws and legal processes, including those relating to high risk offenders.
- Examining the consequences of drink-driving for road safety and the consequences for those around and the offender.

Evidence of effectiveness

Participants knowledge is monitored by a pre and post course questionnaire. Those answering seven or more of nine questions correctly rises from 30% pre course to 98% post course.

Nationally drink drive courses are monitored by the Transport Research Laboratory who find that those drink drivers attending a course are three times less likely to re-offend than those who do not attend a course.

What can be learned from drink driver courses

Aquarius sees the following learning points from drink driver courses:

1. The courses effectively combine 'carrots' and 'sticks' for participants. Offenders pay for the course £165 – a powerful incentive to attend and ensure they get

value for money and then have the incentive of a reduction of a third in their period of driving disqualification.

2. Gains in knowledge through education result in behaviour change in this specific area of behaviour. Education where specific to a behaviour appears to be highly effective.
3. Drink drive courses are targeted at a specific behaviour and are effective. It is suggested that this is because of the relationship between the educational process and the specific drink driving behaviour and that other specific alcohol related harms might be susceptible to similar forms of intervention. Examples might include alcohol related domestic violence, health related problems and workplace problems.
4. The courses are not targeted at problem drinkers. They are therefore non-stigmatising.

Issues which the national strategy should consider

1. Despite the Courts making drink drive courses available to the majority of convicted drink drivers, the proportion attending is only between 30% and 40%. Of the 1800 people referred to Aquarius courses only 635 attended this year. Those who do not attend a course may be most at risk of re-offending. Consideration needs to be given by the Department of Transport and the Courts to ways of increasing the uptake of courses without reducing the powerful motivating factors at work in the current scheme.
2. Current drink drive messages are still not accessing key groups of drivers. These are usually men and they are mostly employed. New ways of targeting these men should be identified. Aquarius is actively considering offering half-day educational programmes to employers who have significant numbers of drivers, to make available information about drink driving.
3. There is huge and serious ignorance among the public about blood alcohol levels and elimination rates. This is despite better knowledge of alcohol units.
4. Aquarius remains concerned about the failure to reduce further levels of drink-driving. Our proposal, should there be a reduction in the legal limit to 50mg % (blood alcohol), is that the primary focus for those offenders between 50 and 80mg % should be a short ban with compulsory attendance at a shorter drink driver education course.

Section 2: Good Practice in Training

10 Promoting a Skilled and Effective Specialist Workforce

Aquarius is a specialist alcohol and drugs agency in the Midlands. It delivers a full range of alcohol services from residential rehabilitation to primary care based services. To deliver these services effectively we need to have staff with the knowledge, skill and confidence to deliver these services. Aquarius therefore invests heavily in training its staff in specific addiction methods.

Aquarius had its origins in a research project, based at the Psychology Department at Birmingham University evaluating three counselling methods for problem drinkers during 1978-81. As a result a systematic counselling programme 'Personal Skills Training' was developed for Aquarius alcohol counsellors and has been further refined and developed over the past 20 years. Aquarius counselling is now based on the integration of the following:

- Personal responsibility for alcohol use and its consequences.
- A cognitive-behavioural understanding of alcohol use.
- The value of motivational approaches to change.
- Understanding change as a staged process.
- Using relapse prevention as a key strategy.

The challenge for the agency has been to support staff in delivering this approach consistently across the developing organisation. Aquarius employs practitioners from a range of backgrounds including nursing, social work and counselling.

Aquarius meets this challenge through an annual training programme based on individual and organisational learning needs which includes an eleven day induction training programme for new staff and continuation training for existing staff. This programme has developed over the last twenty years as new evidence of effective practice has been identified.

We have found that the core Aquarius method is applicable in all the settings in which Aquarius works. These include GP surgeries, probation offices, prisons, hospitals as well as specialist alcohol settings.

As with any systematic training programme, this has costs for the organisation including the post of training manager and the cost of staff time for those attending the course and the cost of administrative support for the programme.

Aquarius is currently involved in developing and piloting training modules as part of the National Treatment Agency's workforce training programme, which it is developing with Drugscope and Alcohol Concern, using the Drugs and Alcohol

National Occupational Standards as their framework. Aquarius has some key issues which it would want the Strategy Unit to consider.

Whilst the NTA has identified the need for training in the drugs field, alcohol services have a long established culture of training. This has its roots in the training developed by the Alcohol Education Centre, based at the Maudsley Hospital, subsequently merged into Alcohol Concern; the Alcohol Concern led Volunteer Alcohol Counsellor Training Programme (VACTS); and in-house training programmes developed by agencies like Aquarius.

Training and a National Alcohol Strategy

Based on this experience we can offer the following comments:

- Alcohol practitioners require specific training in knowledge, skills and approaches to working with alcohol problems. Our experience is that this should be workplace focused rather than having an academic focus.
- The Drugs and Alcohol National Occupational Standards need further refining before they fully meet the needs of specialist alcohol practitioners working within alcohol specialist agencies.
- Good staff training needs to be well resourced. Agencies like Aquarius have found it difficult to access local Learning and Skills Council funding.
- We have major concerns about the effectiveness of modular training for developing practitioner skills. Our opinion is that training needs to be led by an experienced trainer who has sound practice experience and is delivered within a progressive training programme.
- Our experience is that whilst alcohol and drug workers have some common training needs, there are some significant differences. For alcohol workers there needs to be greater focus on the specific change interventions delivered by alcohol services.
- Training is a necessary element of a staff development programme, however, it will only result in effective practice if it is one element of a comprehensive staff development strategy which also includes:
 - Workplace induction
 - Supervision
 - Appraisal
 - Practice based competency development and monitoring.

This requires investment of time and resources by agency managers.

- Aquarius has over a period of 15 years found huge difficulty in marrying the needs of workplace focused training and having that training validated and workers accredited.
- Aquarius believes that each region or centre of population should have a designated centre of excellence resourced to co-ordinate and deliver accredited training to specialist alcohol counsellors.

11 Delivering Training to Non-Specialist Front Line Workers in the Health, Social Care, Criminal Justice and Voluntary Sectors

The importance of the non-specialist setting

Aquarius takes the view such is the scale of alcohol related harm, that it is both necessary and appropriate for the majority of people with alcohol problems to be dealt with in non-specialist settings. Examples of these settings include GP surgeries, hospitals, social services offices, probation offices, housing services and the voluntary sector. Those working in these settings will include both those who have received a professional training eg doctors, probation officers and those who have received in-service training eg home care workers and housing officers.

To achieve this, front-line staff need to have appropriate skills and knowledge, feel they have the confidence to raise the issue of alcohol use and receive appropriate support. They need also to feel that this is a legitimate role for them.

Aquarius recognised this to be a key element of the 1980 report of the Advisory Committee on Alcoholism. A Project was set up with the West Midlands Regional Health Authority to develop the West Midlands Regional Alcohol Training Scheme (RATS). RATS had the target during 1984 – 1989 of training 10% of the non-specialist workforce in the West Midlands Region through their participating in a four-day course. A co-ordinator trained a team of four – six alcohol trainers in each local authority district, allocated to this task by their local agency, who then delivered a programme of RATS courses in their locality. This project ceased with the change of function of Regional Health Authorities in 1995.

Wolverhampton Alcohol Training Audit

This year (2002) Aquarius completed an audit in Wolverhampton of training needs among front line staff and their agencies commissioned by the Wolverhampton Community Safety Partnership. The audit concluded that in Wolverhampton, a city with a population of just over 300,000 people, 25,000 are drinking heavily (eight or more units for men, six or more units for women on at least one day last week). Specialist services are unlikely to be in contact with more than 1,000 of these, so front-line agencies need to be in a position to intervene with the vast majority of people experiencing alcohol related harm.

The audit used the Drugs and Alcohol National Occupational Standards as a framework and identified the following:

- (i) Co-ordination:
 - (a) Systematic training now only takes place when driven by a national strategy or framework.
 - (b) Training needs to be designed to meet the needs of individual agencies and delivered locally.
 - (c) There are advantages both for multi-disciplinary and undisciplinary alcohol training.
 - (d) Training and support for non-specialist workers needs to be closely linked with practitioners from specialist alcohol agencies.
- (ii) Delivering training:
 - (a) There are concerns that when alcohol training takes place alongside drug training, it has lower priority than drugs training. In the current drugs-led environment those delivering the training often have more experience of working with drug users than alcohol users.
 - (b) Training needs to be delivered by people with good links with local specialist alcohol agencies.
 - (c) Resources need to be identified for both co-ordinating and delivering training.

The Wolverhampton audit recognised the following positive factors:

- (i) Agencies, and especially front-line workers, recognised their need for alcohol training.
- (ii) The DANOS standards provide an appropriate framework for training front-line staff.

Why Training should be part of a National Alcohol Strategy

Aquarius recommends that a National Alcohol Strategy includes the training of front-line staff as a key way of engaging with significant numbers of people whose drinking is harmful. To achieve this it will need to:

- (i) Identify a stream of funding for local co-ordination and training of non-specialist workers.

- (ii) Identify and specify key social care, health, criminal justice, housing, education and voluntary sector agencies whose staff should, as part of a national strategy, receive training.
- (iii) Develop a national training plan for non specialist workers based on the relevant DANOS standards.
- (iv) Reinforce the role of the NTA in working with national training organisations in ensuring alcohol is appropriately incorporated in non-alcohol specialist training.

Cost

It is estimated that the cost of this service for a population of 300,000 is approximately £35,000 per year.

References

Department of Health and Social Security. (1978). *The Pattern and Range of Services for Problem Drinkers: Report of the Advisory Committee on Alcoholism*. (HMSO).

Mason P. (1990). *Alcohol Problems – Recognition and Response: Report of the West Midlands Regional Alcohol Training Scheme*. (Aquarius).

Raby S. (2002). *An Audit of Alcohol Training for Front Line Workers in Wolverhampton*. (Aquarius).

12 Older People and Alcohol Related Harm: A Training Manual for Care Workers Working with Older People

Aquarius was commissioned by the Mental Health Foundation to produce a training manual to enable care workers who are working with older people to respond appropriately when drinking becomes harmful.

While fewer older people drink and per capita consumption is lower than in younger people, some older people are drinking heavily and, because of the factors associated with ageing, its impact can be more serious. This can involve its effect on other health conditions (eg diabetes and memory loss), its interaction with prescribed drugs, risk of accidents including falls and problems of behaviour (eg in residential homes).

Care workers face demanding situations on a daily basis and need to receive training and support to respond appropriately. The training manual 'Not Born Yesterday' delivered by local alcohol specialists enables them to do this.

Implications for the National Alcohol Strategy

- The needs of older people should be included in a national strategy recognising that there are particular risk factors associated with drinking in older people.
- Older people should have accurate information about alcohol and its effects tailored to their needs.
- Care workers working with older people have to balance the rights of older people to choose how they use alcohol with their duty of care and need specific training and support to do this.
- Training should be available to both residential care staff and care workers in the community.

Reference

Raby S. 1999. Not Born Yesterday. A training manual about alcohol and older people for care workers. Aquarius.

Section 3: Strategic Issues

13 Delivering Alcohol Interventions Proportionate to the Level of Need in a Local Population

Aquarius has an aim of reducing alcohol related harm at a local level. For this to be achieved alcohol services need to respond to local need, be strategically planned and appropriately received. (Norris and Purser 1990).

Levels of drinking in the population are available from the General Household Survey and measures of alcohol related harm are becoming available quantifying the impact on the health service, criminal justice system, family life, housing and workplace.

This data can be applied within a local authority area and this paper is an attempt to quantify a response proportionate to a city of 300,000 people such as the City of Wolverhampton where:

- 54,500 will have one day in the last week drinking over 3/4 units.
- 25,400 will have one day in the last week drinking over 6/8 units.
- 40,300 will be drinking over 14/21 units for women/men per week.
- 8,300 will be drinking over 35/50 units for women/men per week.
- 4,500 will have moderate or severe symptoms of alcohol dependency.

National policies will have an impact on alcohol related harm through measures including:

- Changes in alcohol taxation.
- Changes to the licensing law.
- The regulation of advertising.
- National public education.

However at a local level, services should be targeted to achieve specific reductions in alcohol related harm. Because alcohol related harms cross the health, social care, criminal justice and workplace sectors, services will need to relate to these sectors and the response must be co-ordinated.

Aquarius argues that the broad range of alcohol related harm arising from excessive drinking can be tackled through appropriately trained and supported front-line staff offering brief interventions. The role of specialist alcohol workers is then to train and support front-line staff and to work with dependent drinkers both in front-line agency situations (eg General Practice surgeries, Probation Offices) and in specialist alcohol agencies. These agencies should all be working in partnership.

Aquarius provides local alcohol services in Wolverhampton, alongside the local mental health trust alcohol team. Using levels of alcohol use and some available measures of harm a model for planning a systematic response has been developed. There are gaps in information and some informed guesswork has been used. It is suggested that for a population of 300,000 an investment of £1.3m might be required. This equates to approximately £7 per person aged over 16 per year or 1.2 pence per unit of alcohol. (See Appendix 1).

The approach taken is to:

1. Estimate the numbers of 'at risk' and dependent drinkers.
2. Identify the agencies, settings and interventions where alcohol related harm could be reduced.
3. Quantify the number of people who could be engaged with in each setting.
4. Differentiate between 'at risk' drinkers who may be seen by front-line agencies and receive brief interventions, and dependent drinkers who may be seen by alcohol specialists in a range of settings.

Why a National Alcohol Strategy should Promote Needs Led Planning of Local Alcohol Services

Aquarius believes that the National Alcohol Strategy should set out a framework for the planning and resourcing of local alcohol services. These services should be related to the reduction of identified harm and to the local level of need.

The strategy will have to identify how each element of these services will be resourced. Four options can be identified:

- (i) As a levy on each unit of alcohol consumed.
- (ii) From alcohol specific taxation.
- (iii) From general taxation.
- (iv) From local taxation.

It is hoped that the strategy will have among its themes the concept of the whole community taking responsibility for its alcohol use as well as agencies working together in partnership to tackle alcohol related harm. Aquarius therefore takes the view that funding should be identified from all of these sources.

Reference

Norris H and Purser R. 1990. Alcohol Services for the 1990s. Aquarius.

14 Should Alcohol be Included Within the Remit of the National Treatment Agency?

Aquarius supports the view that the Government should invite the NTA to include alcohol in its work. We believe that this needs to go alongside the creation of a national alcohol policy forum which brings together Government departments, the alcohol trade and alcohol harm reduction agencies.

The advantages of including alcohol in the remit of the NTA are:

- It will strengthen the substance misuse commissioning process at a local level.
- It has the potential of ensuring a level playing field between alcohol and drugs service commissioning.
- It will bring the NTA's rigour to alcohol services.
- It will promote an integrated human resources strategy.

For the NTA to take on alcohol in an effective way it will need to:

- Be given additional resources commensurate with its new remit.
- Recruit key staff with specialist alcohol experience – current staff generally have specialist knowledge in the illegal drugs field.
- Recognise the areas of difference with the alcohol field. These include:
 - (i) Most services are delivered in the voluntary sector.
 - (ii) Alcohol use is legal. Alcohol users legitimately choose how they use services. Apart from service users required to attend as a condition of a court order all other service users attend voluntarily.
 - (iii) Whilst many drug users also misuse alcohol, only a small proportion (20-30%) of alcohol users use drugs.
 - (iv) There are key differences in the interventions offered. In alcohol services:
 - Detoxification is only a means to an end.
 - Drug interventions have a relatively minor role – there is no substitute prescribing.
 - (v) The majority of interventions should be with non-dependent drinkers delivered as part of mainstream health, social care or criminal justice services. Many of these interventions will be brief. This contrasts with the drugs strategy where the focus is on dependent users.
- If alcohol services are not to remain the poor relation a commensurate investment in alcohol services is required. Initially this funding will need to be ring fenced.