

Response To Consultation Paper – National Alcohol Harm Reduction Strategy

St Johns Housing Trust is a Registered Charity providing accommodation, support and resettlement services to the single homeless in Lowestoft, Suffolk. We currently administer 73 bedspaces across four projects in the town, including a direct access hostel and projects for young people and young single mothers.

Please be advised of our response to the consultation exercise as follows:

The questions raised in the document, though valid and relevant, require too broad a cultural and philosophical analysis which we could not do justice to without a lengthy dissertation!

Whilst we appreciate this debate needs to be engaged as a backdrop to a national strategy, at this stage homelessness providers need a pragmatic and speedy response to pressing problems.

What follows therefore is the experience of practitioners attempting to provide/access services for alcohol misusers at the point of need together with suggestions, in some cases, as to the way forward.

- The Trust regularly collects data/statistics which indicate, for example, that :- in the two years 1.10.2000 to 30.9.2002, amongst the 473 residents accommodated, 244 (52%) were classified as having a substance misuse problem. Of these, 145 (59%) had alcohol misuse problems. These figures are based on observed usage, behaviour and self-report and are very likely to be an underestimate.
- Whilst it is popularly held that drug misuse is prevalent, it is our experience that alcohol misuse is predominant particularly amongst the 16 – 25 age group.
- Historically, access to alcohol treatment services locally has been problematic, with long waiting lists even for assessment and little or no access to detox beds. A new initiative launched by our local alcohol service aimed at providing an assessment within 24 hours should begin to improve this position.
- Those residents with an alcohol misuse/mental health problem receive a very poor service in spite of the existence of Dual Diagnosis Good Practice Guidance published by the Dept. of Health in 2002
- Whilst ‘joined – up’ thinking is in evidence at least from a theoretical perspective at central government level, and much is made of the notion of inter-agency co-operation and collaboration, this rarely cascades down to the operational level at the coal-face of service delivery. This results in severe frustration for supported housing workers in trying to access much needed services for the resident group. Consequently the small window of opportunity is often lost, health and behaviour usually deteriorate to a point where they find themselves excluded from accommodation and so the cycle repeats itself. There is an enormous cost to all concerned, not least the State, which collects significant revenue from the sale of alcohol!
- True inter-agency collaboration must be achieved to address these problems. Services, be they statutory or voluntary, must be properly resourced and co-ordinated to provide adequate and timely interventions at the point of need.

- There is a strong case for all homelessness projects to have unfettered, direct line access to substance misuse/mental health services to achieve early assessment and fast track access to treatment services. There are some excellent examples of multi-disciplinary teams providing services to homeless people around the country, viz. Leeds, Three Boroughs, London, Kingston – these are all Health led initiatives. Similar approaches adjusted for scale should be rolled out in all Primary Care Trusts.
- Mental Health teams should take more responsibility for those with mental health/alcohol misuse problems and stop hiding behind the ‘diagnosis’ smokescreen. Primary Care GP services and Social Services equally need to take a more proactive approach in providing suitable treatment and Community Care packages.
- Funding streams for alcohol services are sporadic, short term and poorly co-ordinated. The pathways to access funding for much needed front-line services are complex, confused, exceptionally bureaucratic and extremely frustrating. Even fund holders themselves appear to have difficulty in understanding the mechanisms for determining eligibility and locating/allocating funds.
- Drug Action Teams should be enabled to direct funding to alcohol services, as statistically this is an area of greater need. As there are significant overlaps between drug and alcohol misuse, certainly in addiction terms as well as poly-substance misuse, it seems sensible to locate and co-ordinate funding through this body. Addiction, rather than the substance, should be the focus!
- There is a very small number of hard to reach/treat alcohol misusers who have an exceptional history of years of alcohol addiction and who are unmotivated to change. In the main these tend to be the older, hardened drinker who have very high support needs and are extremely vulnerable in terms of health and personal safety. Most homelessness provision in hostels disallows alcohol consumption on the premises for a number of obvious reasons. There is a need to provide a safe, secure environment in the form of ‘wet house’ provision for this group where they can receive appropriate care and support for the final years of their life. Such provision should form part of a National Strategy.
- At a local and national level any alcohol strategy should link into the abundance of existing allied/complementary strategies. These include but are not excluded to:
 1. National Health Service Frameworks – Mental Health and Primary Care and including Health Improvement Plans/Health Action Zones
 2. Supporting People Strategies
 3. Local Strategic Partnerships
 4. Local Public Service Agreements
 5. Homelessness Strategies
 6. Drug Strategies
 7. Crime and Disorder Reduction Partnerships
- St Johns Housing Trust is a member of Homeless Link, a national homelessness agency. We are aware of their response to this consultation paper and support their observations and recommendations unreservedly.