

Response to Alcohol Strategy Consultation

1. Changes to Licensing for the sale of alcohol: this may make alcohol easier to obtain, particularly from shops and supermarkets open 24 hours a day.
2. The amount of alcohol treatment needs to be increased commensurate with the increased alcohol supply. Will alcohol producers and retailers be asked to contribute to the costs of this?
3. Alcohol misuse leads to increased “harm” – for the individual, physically and psychologically; for the family, with increases in domestic violence; for the community, with alcohol fuelled crime, violence and disorder.
4. Recent funding through the NTA has led to reductions in Alcohol treatment specific funding, and this needs to be re-balanced. As drug and alcohol treatment is linked, and similar there needs to be parity and communication within and across services and to outside bodies.
5. What is missing from “Models of Care” and similar documents is the provision of Tier 5, long-term follow-up, aftercare and support. As most treatment services will not employ ex-users for at least 2 years post treatment because they feel they are vulnerable to relapse, this indicates that there is some recognition that 2 years is the minimum time that ongoing support should be available.
6. A range of provision is needed. General counselling is fine at first, but once other issues have been identified, especially specialisms like anger management, bereavement and abuse, general counselling cannot address all of this as well as support people not to go back to drinking. Such a range of overwhelming emotions can be raised that 1 hour a week of general counselling is insufficient to deal with them.
7. Client held records are needed as part of care co-ordination, so that if people decide to move away, to change their lifestyles or access other service providers, they do not need a referral, but can make choices.
8. Support is needed for people in and leaving prison, so that they do not relapse. In particular, courses are needed for prisoners to learn self-control and consequences of actions, as well as strategies for surviving without alcohol in the community.
9. Most communities are set up with alcohol at the centre. Socialising takes place in pubs, clubs and at parties, and meeting new people, finding somewhere to socialise without alcohol is very difficult. Treatment services are not currently funded to provide aftercare, and much of the support work that goes on is done by ex-users offering support to those newly leaving treatment. There is a need for meeting places, support from staff to overcome difficulties, encouragement into new ways of living and working, for 2 years following treatment, phased out towards the end of this time, as people feel more confident about not relapsing and able to manage without additional support.