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Foreword



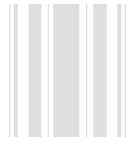
The *Plan for Action on alcohol problems*, published in January 2002, sets out a comprehensive package of measures to reduce alcohol-related harm in Scotland. This includes action to develop alcohol problems support and treatment services.

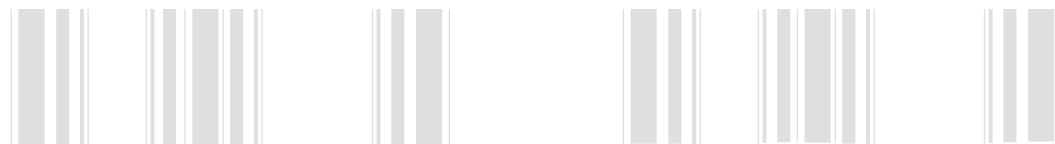
This framework is for all who plan, commission and manage support and treatment services for people with alcohol problems in the statutory, voluntary and independent sectors. It is the product of wide consultation with the alcohol problems field. Five consultation seminars were held throughout Scotland and were attended by over 200 professionals from a range of social care, health, housing support and prison backgrounds.

The *Plan for Action* requires each local alcohol action team to draw up, publish by April 2003, and subsequently implement a local strategy covering a period of at least 3 years. The framework provides a template to help assess local needs for support and treatment and then plan to meet those needs. The Executive acknowledges that improving services requires a long-term approach. The publication of this framework is an important step in this process.

I believe this framework offers an excellent guide to effective services. It shows how all involved can work together to meet the needs of those affected by alcohol problems, whether directly or indirectly, and I commend it to you.

MARY MULLIGAN
Deputy Minister for Health and Community Care





Alcohol problems support and treatment services framework

Who the framework is for

1. This document and the attached framework are primarily for those involved in planning, commissioning and managing support and treatment services for people with alcohol problems.

Background

2. The Executive's Plan for Action on alcohol problems (January 2002) sets out the aim for provision of support and treatment services:
 - **to provide equitable, accessible and inclusive services to address the needs of those who experience problems with alcohol and those affected by others' alcohol problems (para 5.1).**
3. The Plan includes action for the Executive to:
 - **develop a framework for alcohol problems support and treatment services (para 5.13).**
4. The Plan defines "alcohol problems" as the whole spectrum of harm (actual or potential) to work, relationships, social position, physical or mental health. The amounts of alcohol involved and patterns of drinking will vary from individual to individual and over time. The Plan emphasises that prevention is important and that alcohol problems should be identified as early as possible, so that effective help can be offered.

Improving services

5. The Plan acknowledges that there are gaps in current services and disparities in support and treatment available across Scotland. The policy in the Plan is, over time, and as resources allow, to:
 - redesign and improve services to respond flexibly to the whole range of alcohol problems;
 - improve the geographical coverage of services;
 - provide specialist services for some specific groups, or ensure that mainstream services are more sensitive to their needs; and
 - ensure that alcohol problems are addressed in an integrated way, alongside other health and social problems, where necessary.

Services as part of local strategies

6. The Plan for Action on alcohol problems requires that:
 - **each AAT should draw up, publish by April 2003, and subsequently implement a local strategy covering a period of at least 3 years (para 7.11).**
7. AAT plans need to address prevention, education and communications as well as the provision of support and treatment services for people with alcohol problems and others affected by such problems. Local plans should join up prevention and treatment appropriately. The Plan also requires Alcohol and Drug Action Teams to work together to meet the prevention, education and treatment needs of children and young people in their area.



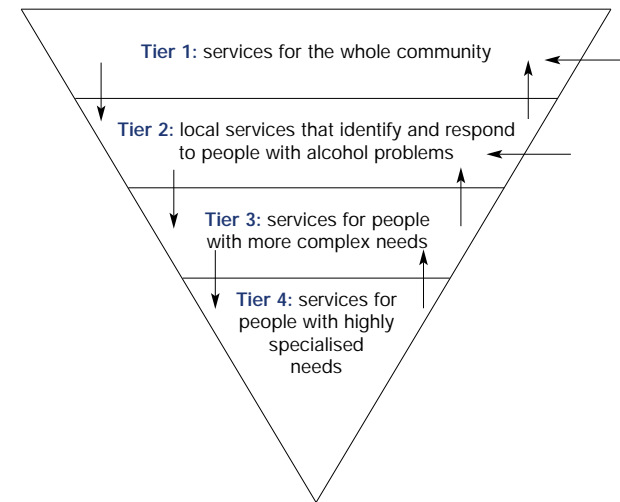
8. There should be community involvement, including service users and young people in the planning and design of services.

Framework

9. **The framework focuses on the support and treatment elements of local AAT action plans. Its main purpose is to assist those (primarily in AATs, NHS Boards and local authority departments including social work, housing and community services) who plan and commission relevant services to:**

- assess local needs;
- identify service gaps and any unnecessary duplication;
- take account of groups who may have difficulties accessing mainstream services;
- clarify eligibility criteria and referral processes; and
- develop plans for accessible and integrated services accordingly.

10. The framework adopts the following four-tier structure. It is similar, but not identical, to the four-tier model of services in the Health Advisory Service report: Children and Young People, Substance Misuse Services – The Substance of Young Needs (1996).



Arrows denote that:

- people may move between tiers as their needs are assessed or change over time
- people need not move sequentially between tiers
- people may access services at tiers 1 or 2 directly.

11. **The framework is not intended to be prescriptive nor to set out minimum service levels or standards.** The approach that is taken in each local area will depend on local needs, circumstances and the resources available. The Plan for Action has, however, identified service elements of proven effectiveness, that should form the basis of services (see section on Effectiveness below). The tiered structure is for ease of use. There are links between the tiers, and some agencies may provide services in more than one tier.



The framework nevertheless:

- provides a template for local commissioners and providers of services to agree priorities for development and assess progress; and
- will help the Executive to assess the services aspects of local strategies and monitor progress.

Core principles

12. The Plan for Action sets out at paras 5.8 and 5.9 a number of core principles for services:

- **confidentiality;**
- **accessibility;**
- **ongoing, rather than time limited;**
- **holistic – encompassing the context and causes of alcohol problems;**
- **understanding and supportive, with a non-judgemental attitude;**
- **taking a positive approach;**
- **tailored to the needs of the individual;**
- **joined-up across agencies and other services;**
- **designed with input from service users, carers and communities; and**
- **addressing the needs of other family members.**

Providing integrated services

13. Local Alcohol Action Teams (AATs) co-ordinate the provision of support and treatment services provided by: NHS Boards, Primary Care Trusts and LHCCs; social work services (children

and families, community care, criminal justice), education, housing and other local authority services; voluntary and independent sector organisations. **These services should provide an integrated spectrum of care for individuals with alcohol problems, their carers and families.**

14. Following the core principles, the framework:

- describes services that are person-centred, with clear eligibility and access criteria;
- promotes clear routes for people to move and be referred between services at different tiers; and
- describes services that are provided by the agency best able to do so. The provider will not necessarily be in the statutory sector in every case.

Joint working by and within Alcohol Action Teams

15. The Plan for Action will be delivered locally by AATs and their constituent agencies. AATs need to work with bodies which co-ordinate other local strategies under the broad community planning umbrella. These include:

- Drug Action Teams (DATs), in many areas combined with AATs;
- those responsible for local health plans, joint health improvement plans and mental health, community care, children's services, criminal justice, community safety and homelessness strategies;
- Social Inclusion Partnerships; and
- statutory and voluntary equality bodies and service providers.



16. **The effective planning and commissioning of services should be guided by local needs assessment which will inform the configuration and capacity of services required.**

This requires good information and ISD, on behalf of the Executive is providing a National Alcohol Information Resource (NAIR) to assist this process.

17. **Within the AAT, joint planning and commissioning of services is required.** Guidance was provided for DATs on joint commissioning, including carrying out local needs assessments in February 2001 and this applies equally to AATs. The inventory of services carried out in co-operation with the AAT (formerly AMCC) Association in late 2000 gives some indication of current service provision in each area. Further details are available to AATs on request from NAIR.

18. The recommendations of the Joint Future Group on joint resourcing and joint management of community care services and single shared assessment, though starting with older people, apply equally to alcohol problems support and treatment services. In the course of 2002-03 the Executive expects local authorities and NHS Boards to identify when they will extend joint resourcing and joint management to these services, and to extend single-shared assessment to the whole of community care by April 2003. The framework might identify services that could fall under new joint management arrangements. Provisions in the Community Care and Health (Scotland) Act 2002 enable partners locally to delegate functions and to pool resources, which increases substantially flexibility in the way resources are used.

19. The Supporting People initiative for the provision of housing support services which comes into operation in April 2003, will help those with alcohol and drug problems to remain in their own homes in the community.

Accountability

20. The Executive and Alcohol Action Teams are developing a new process for AATs to be held accountable for delivering local alcohol problems action plans. This includes setting out what should be included in these local plans. The principles on which the accountability process will be based are:

- it will focus on outcomes, rather than processes and organisational aspects;
- a minimum amount of information will be required to allow progress to be assessed;
- the process will dovetail with other planning and accountability mechanisms, e.g. the Performance Assessment Framework for NHS Boards, community care plans; and
- it will be refined and improved in the light of experience.

21. The tiered structure of the framework will be reflected in the services section of the outline for local action plans.

Effectiveness

22. The Plan for Action states that:

- The provision of services should be guided by evidence of best practice and effectiveness (para 5.10).



23. **AATs and their constituent agencies should incorporate what is known about effective services in their planning and commissioning.** The Health Economics Research Unit report *Cost Effective Measures to Reduce Alcohol Misuse in Scotland*, published alongside the Plan, identifies effective practice in:

- screening and detection of alcohol problems;
- brief interventions by GPs and other health care professionals;
- detoxification; and
- relapse prevention techniques.

The forthcoming SNAP report on liaison psychology and psychiatry services will cover effectiveness of these services in relation to people with drug and alcohol problems.

24. Three current exercises will improve knowledge of effectiveness:

- The Health Technology Board for Scotland's Assessment on relapse prevention (due later in 2002).
- The Scottish Intercollegiate Guidelines Network work on management of alcohol problems by primary care professionals (due early 2003).
- The Expert Group on needs of people with alcohol-related brain damage, being co-ordinated by the Dementia Services Development Centre at the University of Stirling, on behalf of the Executive (report due for consultation, Easter 2003).

25. CSBS will be considering in due course whether to produce an NHS Standard for alcohol problems services.

Evaluation

26. Better evaluation of services of all types is required. A review led by the Public Health Institute for Scotland, on behalf of the Executive, will make recommendations to improve local evaluation practice, following work starting in June 2002.

Quality standards

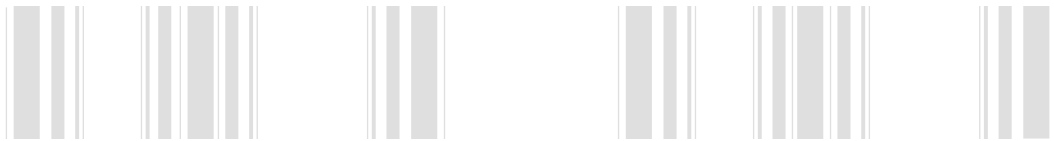
27. Services should be delivered to standards which:

- focus on improving the outcomes of support and treatment;
- cover the most important features of services affecting quality;
- are clear and measurable;
- are evidence-based;
- are published and widely available;
- are written in simple language, accessible to service users; and
- are regularly evaluated and revised.

28. The Executive has published National Care Standards for residential care of people with drug and alcohol misuse problems. These standards cover residential services including:

- detoxification services;
- rehabilitation;
- supported accommodation; and
- designated places.

29. There are other sets of published quality standards that set out key characteristics of effective services such as Quality in Alcohol and Drug Services (QUADS).



Training and staff support

30. The Plan for Action highlights the role of Scottish Training on Drugs and Alcohol (STRADA) in providing training for staff in both specialist alcohol and generic services. STRADA will develop its training to respond to local training needs identified through the framework and expressed in local strategies.
31. Healthwork UK, on behalf of all the UK Health Departments, is developing a set of competencies for staff working in alcohol and drugs services. These are due later in 2002.
32. The Executive is discussing medical education on addressing alcohol problems, which is required at both undergraduate and postgraduate level, with the relevant Scottish professional bodies.
33. The need to address changes to nurse education in alcohol problems as an early priority will be put to the Nursing and Midwifery Council (which now has responsibility for the pre registration education of nurses) and to NHS Education for Scotland, for post registration education of nurses in Scotland.

Associated documents

34. These include:
 - Health Department Letter on the role of Alcohol Action Teams (HDL (2002) 17 dated 20 March 2002);
 - Health Department Letter on the framework for alcohol problems 3 year local action plans (HDL (2002) 60 dated July 2002);

- Plan for Action on alcohol misuse – Summary of Evidence, January 2002;
- Attitudes Towards Alcohol: Views of the General Public, Problem Drinkers, Alcohol Service Users and their Families, NFO System 3 Social Research, January 2002;
- Effective and Cost-Effective Measures to Reduce Alcohol Misuse in Scotland, Health Economics Research Unit, January 2002;
- Alcohol – can the NHS afford it? (Recommendations for a coherent alcohol strategy for hospitals – a report of a Working Party of the Royal College of Physicians) 2001, Royal College of Physicians, London;
- Assessment and Brief Interventions in Alcohol Misuse, Royal College of General Practitioners (UK)
- Joint Future Group implementation documents;
- Partnership working and joint commissioning. Guidance for Drug Action Teams, February 2001;
- Framework for mental health services in Scotland, September 1997;
- SNAP report on liaison psychology and psychiatry services, due spring 2002;
- Supporting People: a New Policy and Funding Framework for Support Services (DSS1998);
- Homelessness Task Force Report, February 2002; and
- Scottish Executive's Equality Strategy, November 2000.

Framework

The Plan for Action on alcohol problems includes provision of:

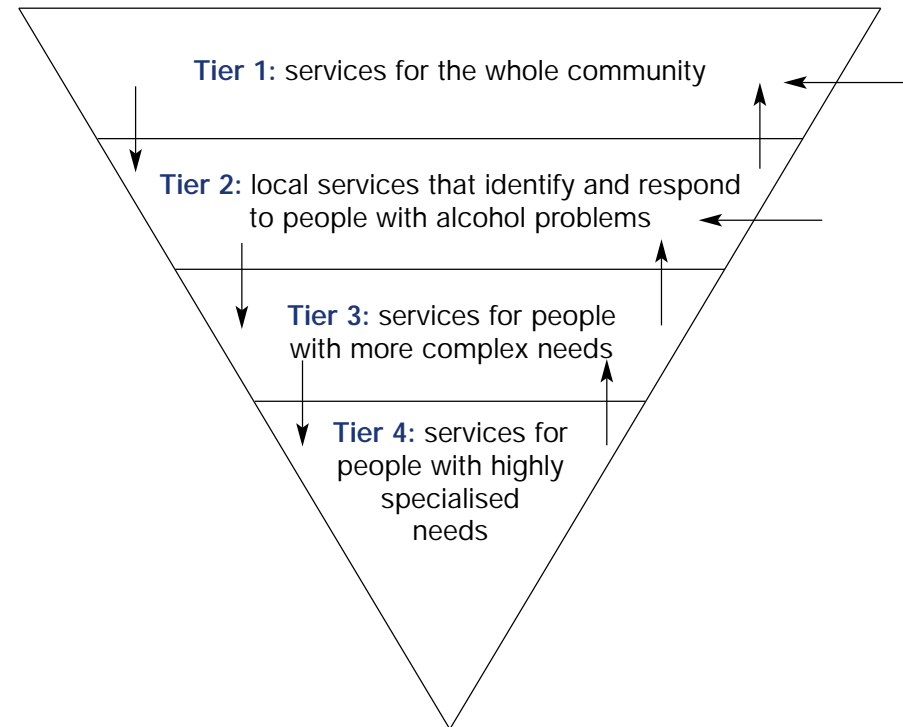
- **equitable, accessible and inclusive services to address the needs of those who experience problems with alcohol and those affected by others' alcohol problems (para 5.1).**

This framework for support and treatment services:

- covers services provided in the statutory, voluntary and independent sectors, across health, social care, housing support and other relevant fields;
- adopts a tiered structure, based on the needs of the service user. There will be interactions between services throughout the structure;
- describes how services might meet a range of support and treatment needs in an integrated way;
- is designed to assist those who plan and commission services to assess local requirements, identify gaps in services and develop plans to fill these; and
- was produced after extensive consultation between the Executive and people with an interest in the field.

The framework is not prescriptive, nor does it set out minimum service levels or standards.

The framework groups services as follows:



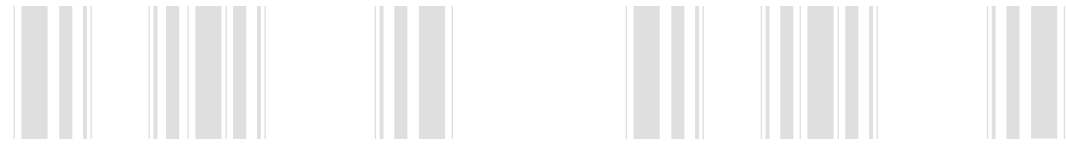


Tier 1: services for the whole community. Services concerned with local approaches to alcohol problems, the promotion of positive health and well-being generally, and enabling people to make decisions about their use of alcohol with the assistance of information, delivered through a range of media.

Tier 2: local services that identify and respond to people with alcohol problems. These services will meet the treatment and support needs of the majority of people with an alcohol problem. They generally operate at the level of primary health care teams or local social work teams.

Tier 3: services for people with more complex needs. These provide a range of specialist diagnostic, assessment, treatment and rehabilitative services for people with alcohol problems.

Tier 4: services for people with highly specialised needs. These provide services for relatively small numbers of people with severe or complex alcohol-related problems. They may be based in a research or academic unit, as part of a clinical network.



Glossary of terms and abbreviations

Alcohol Action Teams (AATs) Formerly Alcohol Misuse Co-ordinating Committees. Bring together local representatives from NHSScotland, local authority and voluntary sector, police and the industry, to devise and deliver local alcohol problems strategies.

Alcohol problems This refers to a whole spectrum of harm (actual or potential) to work, personal and social relationships, physical or mental health. The amounts of alcohol involved will vary from individual to individual and over time.

Brief intervention usually consists of an assessment of alcohol intake: information on hazardous/harmful drinking and advice, often with details of local services. Interventions may be carried out by GPs, other healthcare professionals or generalist workers in non-specialist settings.

CSBS Clinical Standards Board for Scotland (to become part of the Quality Standards Board for Scotland in late 2002).

DAT Drug Action Team.

Hazardous or at risk drinking Levels of drinking, which if sustained, are likely to lead to risk of physical or psychological harm.

Harmful drinking (referring to adults). Levels of drinking at which physical or psychological harm is already occurring.

HTBS Health Technology Board for Scotland (to become part of the Quality Standards Board for Scotland in late 2002).

LHCC Local Health Care Co-operative.

Managed Clinical Network An arrangement between NHS Boards, Trust and partner agencies to provide a range of management options across organisational boundaries where it is not feasible for any one of the partner organisations to provide all that is required itself.

PCT Primary Care Trust.

SIGN Scottish Intercollegiate Guidelines Network.

SNAP Scottish Needs Assessment Programme (part of the Public Health Institute for Scotland (PHIS)).



Tier 1: Services for the whole community

Description of needs

1.1 Advice and information

People at risk of developing alcohol problems, or who want help, and their families and friends, need information about what kinds of support and treatment is available and where to find it.

- Provide information for young people about alcohol and its effects, and sources of advice and help in mainstream health promotion and youth work in schools and youth projects.

1.2 Support for children, families, carers and friends

Those close to people with alcohol problems may need a wide range of advice and support to tackle issues such as:

- Family conflict and relationship or sexual problems.
- Financial difficulties.
- Domestic abuse.

Children living with parents who have alcohol problems may need support and care from other adults including their extended family or professionals. They may experience problems in school, witness

Ways in which services can respond

- Providing information and self-help materials in a range of forms and from a range of sources e.g. leaflets, web sites, local media.
- NHS 24.
- Local helplines.
- Community-based advice and drop-in centres, providing advice on general matters e.g. housing, financial and debt counselling services, as well as advising on where to seek help with alcohol problems.
- Provide information for young people about alcohol and its effects, and sources of advice and help in mainstream health promotion and youth work in schools and youth projects.
- Education staff trained and supported to identify and appropriately respond to signs of problems in children associated with alcohol problems in their parents.
- Community self help groups such as AlAnon.
- Counselling services, including specialist counselling, often run by voluntary organisations.
- Providing practical support for children and carers including befriending, respite care and help with caring responsibilities.



Description of needs

domestic violence, suffer parental neglect or lack of supervision and be at higher risk of physical or sexual abuse. Schools must be alert to developing problems, and child health and social work services should assess children's needs carefully.

1.3 Workplace alcohol policies

Employers should develop policies that prevent alcohol problems as well as addressing problems after they arise. Sensible and appropriate use of alcohol as this affects the working day should be defined.

It's happening already: the Barnardo's Hopscotch Project providing services to the communities of Angus and Perth & Kinross supports children affected by alcohol and drug problems, and their families. Counselling and solution focused approaches are used with children and young people and their parents or carers, alongside a one-to-one befriending service, health education and group activities. The project works in conjunction with other support services and schools.

Contact: Colleen Gibb, Hopscotch, Arbroath

SHAW's funding has been increased by £2m (£450,000 in 2001/2 and £750,000 in 2002/3 and 2003/4) to create more health promoting workplaces. Specific targets linked to that funding include doubling SME participation by 2003, involving 40% of the workforce by 2006, and supporting employers to develop occupational health strategies and plans which include enlightened approaches to substance misuse.

Ways in which services can respond

- Individual and family support and child protection services to promote and safeguard children's welfare.
- Taking advantage of support offered by SHAW, HEBS and others to develop workplace alcohol policies.
- Sensitive and discreet occupational health services providing advice or support when required by employers.



Tier 2: Local services that identify and respond to people with alcohol problems

Description of needs

2.1 Identifying alcohol problems

Members of primary health care teams, including GPs, local authority social work and housing services teams, staff in maternity services, general dental practitioners, and staff in relevant voluntary sector services should:

- acknowledge that their remit extends to some aspects of their clients' alcohol problems;
- identify actual or potential alcohol problems;
- know about services available to help; and
- provide relevant interventions themselves within the scope of their own skills.

2.2 Single-shared assessment

There should be a single-shared assessment process and tool applicable to people with alcohol problems, drawn up in collaboration with all the relevant agencies. The assessment should identify the person's needs and how to meet them.

Ways in which services can respond

- Ensuring staff have information on alcohol problem screening and assessment, and on care management.
- Case finding: use of screening in high risk groups (by virtue of previous history, associated illnesses) by Occupational Health Nurse or Adviser, using appropriate screening tools such as the Alcohol Use Disorders Identification Test (AUDIT).
- Provision of brief interventions by a range of healthcare and social work staff, with other professional support for staff delivering such interventions if needed.
- Agreed Single Shared Assessment (SSA) process. SSA uses a lead professional, appropriate specialist inputs, seeks information only once and gives a holistic result acceptable to all agencies to provide a faster gateway to services. SSA needs to be linked to delegated resources within the joint resourcing framework. The roles of all the agencies that may be involved in assessment need to be clear, including the voluntary sector, either as the lead assessor if so delegated, or contributing as a provider. There should be agreed protocols for sharing information and protecting confidentiality.



Description of needs

2.3 Care management and local integrated care pathways

An integrated spectrum of services, with clear criteria for eligibility, should be provided including treatment, access to crisis care, relapse prevention, rehabilitation, accommodation, education, training and employment. Individuals should have access to services that meet their identified needs, regardless of the point at which they are on the care pathway. In some cases, individuals will refer themselves to services. Response times for people seeking services should be carefully managed.

2.4 Support for groups who have difficulties accessing mainstream services

Such groups require to be identified locally. They may include:

- young people;

Ways in which services can respond

- Brief interventions by a range of professional staff.
- Medical services, including community and home detoxification.
- Mutual support groups such as AA.
- Psychosocial/psychological interventions, including counselling, such as provided by Local Councils on Alcohol.
- Access to occupational therapy, physiotherapy, dietetics services.
- Community-based rehabilitation, including day programmes.
- Access to specialist and mainstream education, training and employment opportunities.
- Local agreement about how all the agencies involved should work together, including respective roles, criteria for onward referral, standards of care, leading to joint treatment and management of cases.
- Mainstream services to be sensitive to the needs of these groups, where specialist services for them are not appropriate or feasible.



Description of needs

- vulnerable groups of young people e.g. looked after children, those excluded from school or truanting, offenders, homeless young people, young carers;
- women, who are experiencing or have experienced domestic abuse;
- people in remote and rural areas;
- disabled people;
- minority ethnic groups;
- people with a learning disability;
- people at risk of problematic use of alcohol to alleviate depression, anxiety or other mental health problems;
- homeless people and those at risk of homelessness;
- older people; and
- Lesbian, Gay, Bisexual and Transgender groups.

It's happening already: Libra offers one-to-one counselling and support groups for women affected by alcohol problems in the Lothian area.

Contact: Jane Aldous, Libra

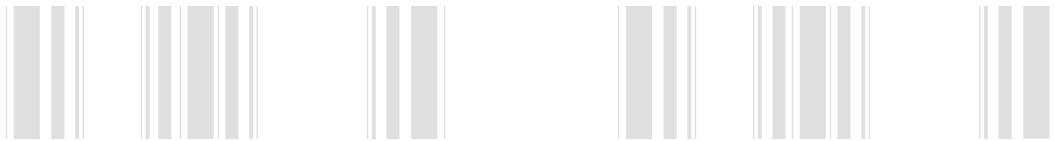
Ways in which services can respond

- Agreements between agencies and local specialist liaison worker about referral to effective groups (either staffed or offering mutual help such as AA).
- Services should encourage access e.g. through providing child care, confidentiality, premises accessible for people with disabilities or other special needs.
- Women's health (including sexual health and family planning) and maternity services to identify and address alcohol problems.
- Appropriate links to support groups such as AIAteen.
- Treatment and support services for young people that link into prevention, education and diversion in schools and in the community.
- Through the Supporting People initiative to provide practical support and counselling to enable people with alcohol problems to remain in their own homes in the community.
- Support for homeless people to tackle alcohol problems as part of addressing more general problems with health, accommodation, and access to other services. Includes streetwork, detoxification, supported accommodation (both wet and dry), and continuity of support alongside the provision of accommodation. Support can be provided in specialist accommodation, or to someone in mainstream accommodation who is at risk of becoming homeless.



It's happening already: Shetland Islands Council and Shetland Health Board have a single shared assessment process in place for all community care groups. This is a generic assessment tool with additional elements which can be added in particular situations, including substance misuse. People in Shetland with alcohol and/or drug problems can self-refer to various services or their first point of contact may be their GP or Social Care Worker. Where a residential treatment or rehabilitation service for which they have to leave Shetland is thought appropriate, a referral will be made to Social Care. This is allocated to the Senior Social Worker in the Community Care Team. The social worker will discuss the referral with the referrer, and where appropriate liaise with either the local Alcohol Advice Centre and/or the Shetland Community Drugs Team, to request a full assessment and recommendation. This recommendation will include the name of any user rehabilitation resource off the island, which the assessor feels would meet the needs of the service user.

Contact: Faith Tulloch, Community Care, Shetland Islands Council



Tier 3: Services for people with more complex needs

Description of needs

3.1 Specialist support for services in both voluntary and statutory sectors

Links are needed between those providing Tier 2 services in both statutory and voluntary sectors and specialist support in addressing alcohol problems.

3.2 Identifying and addressing alcohol problems in NHS Secondary Care

Services are needed to address the needs of people with alcohol problems who are found in the General Hospital, Psychiatric and other services. These people may be in contact through out-patient, Accident and Emergency (A&E) or in-patient activity. Includes:

Ways in which services can respond

- Appointment, under shared arrangements, of one or more alcohol problems practitioners/community nurses for alcohol problems to each LHCC and social work team, to provide:
 - Specialist assessment, advice, detoxification, relapse prevention and follow-up in partnership with GPs and other primary care staff.
 - Training and advice to primary care staff on alcohol problems.
 - Joint working between primary care, social work, voluntary sector organisations, community mental health teams and local Alcohol Action Team.
 - Direct access for referrals to specialist services.
 - Advice to the LHCC and local social work team about need, service delivery, outcomes and quality.

- Protocols in A&E Departments and in faciomaxillary surgery, orthopaedic surgery, neurology, neurosurgery, and medical wards covering:
 - Recognition of alcohol problems.
 - Information to GPs about their patients.
 - Management of alcohol withdrawal.
 - Use of thiamine.
 - Assessment of neurological status.

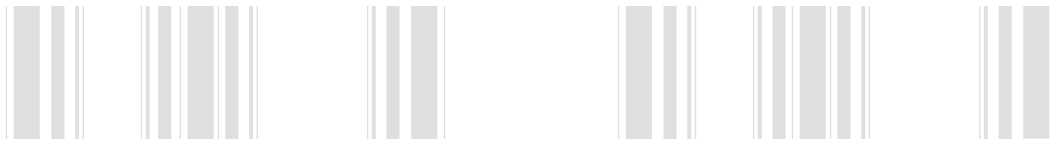


Description of needs

- promoting the recognition by staff of people with an alcohol problem;
- obtaining agreement on the immediate interventions required (management of withdrawal or of potential vitamin deficiency);
- maintaining a focus on the alcohol problem as the individual progresses through the service e.g. from A&E to the ward and back to the community;
- reaching consensus on the extent to which screening for an alcohol problem and its management should be the responsibility of general medical and nursing staff; and
- bearing in mind that there will be staff within secondary care services who themselves have an alcohol problem who require access to services sensitive to their position.

Ways in which services can respond

- Midwives and other ante-natal services to have mechanisms in place for early identification of alcohol problems in pregnancy and fast track referral for support.
- Implementation of a Lifestyle Risk Assessment, including AUDIT (below), as part of a screening strategy, (including training, action to be taken, information sharing, and audit) for early recognition of alcohol problems.
- Screening instruments include:
 - the Michigan Alcoholism Screening Test (MAST) (observer or self administered versions), but insensitive to milder hazardous use;
 - the CAGE, consisting of four questions, but insensitive to milder hazardous use; and
 - the Alcohol Use Disorders Identification Test (AUDIT), useable by non-clinical staff, on a self administered basis, or in Primary Care. Identifies hazardous drinking earlier and more sensitively than MAST or CAGE.
- Oral healthcare workers, particularly those working in secondary care settings, have a role to play in identifying those who have sustained alcohol-related oro-facial injuries and arranging appropriate counselling.
- Provision of crisis management services (e.g., "sleep it off" space, followed by a brief intervention or onward referral).



Description of needs

3.3 Providing an alcohol liaison service in a local general hospital.

3.4 Specialist alcohol problems services for adults

A service is required with the skills necessary to work with people referred from Tier 2 services. Linkages are required with general hospitals, A&E Departments, psychiatry for all age groups, social work and housing services and voluntary agencies. Advice should be given to local services on problem solving, best management, assessment, investigation and second opinions for difficult problems, and acting as a resource for information and good practice.

Ways in which services can respond

- Confidential counselling services for health professionals such as those run by the BMA and nursing organisations
- Alcohol liaison nurse providing service to wards and departments:
 - support to general nurses to identify and address alcohol problems appropriately;
 - advice on risk management after deliberate self harm or suicidal thoughts;
 - de-escalating aggressive behaviour;
 - detoxification;
 - planning of interim care prior to links being made with community services;
 - links to support from alcohol and liaison specialist services; and
 - provision of brief interventions, particularly to hazardous drinkers.
- Services provided could include:
 - face-to-face out patient consultation;
 - assessment;
 - supervision and support for others providing direct patient care;
 - detoxification including the option of home detoxification where appropriate;
 - access to specialist neurological and gastro-intestinal investigations;



Description of needs

3.5 Specialist alcohol problems services for young people

Young people may require extensive support from mainstream and specialist services to help them avoid alcohol-related problems both now and in adulthood. A young person's alcohol problems cannot be tackled in isolation. They may also be experimenting with other substances including tobacco and illegal drugs. They may be experiencing other difficulties causing or exacerbating their use of alcohol, such as family and relationship problems, peer pressure and school-related difficulties. They may not perceive their use of alcohol as a problem. Specialist services will need to work closely

Ways in which services can respond

- relapse prevention interventions, including psychological and pharmacological interventions;
 - co-ordination of rehabilitation programmes, which may be on a community or residential basis;
 - provision, with partner agencies, of early identification and immediate care for those with alcohol-related brain damage; and
 - psychological interventions for families affected by alcohol problems.
-
- Gender-sensitive services to meet the specific needs of women.
 - Teaching and training.
 - Collecting information to support internal audit of services against HTBS and CSBS standards.
 - Interventions should consider a young person's misuse of all harmful substances, not just alcohol.
 - Accident and emergency services should arrange assessment, follow up and appropriate referral on to social work services or specialist alcohol services for young people who present themselves as intoxicated by alcohol or drugs.
 - Dedicated confidential counselling for young people as provided, for example, by specialist voluntary agencies.



Description of needs

with schools, social work services and youth justice agencies to ensure appropriate and integrated support. Parents and families should be informed and involved, taking into account the young person's age, stage of development and maturity and family circumstances.

3.6 Services for people with alcohol problems who also have significant mental health or drug problems

More people with combinations of problems should be encouraged to present for services including social work, rehabilitation and housing support.

The Clinical Standards Board Standard 11 states that "Every person who has a diagnosis of schizophrenia has their use of alcohol and illicit drugs reviewed whenever their needs are assessed by a multidisciplinary team. A person who misuses alcohol and/or illicit drugs has access, where appropriate to the specialist addiction services." While the CSBS standard is set for schizophrenia specifically, it should be taken as applying to any other mental disorder.

3.7 Specialist support for criminal justice services

A range of criminal justice interventions is required prior to or as an alternative to legal proceedings for people with alcohol problems.

Ways in which services can respond

- Assessment, advice and support should be targeted at vulnerable young people at highest risk of social exclusion.
- Generic services for children should ensure staff training and development equips staff to raise, discuss and identify issues around alcohol use with young people.
- Arrangements should be in place with the local mental health service, to identify problems and intervene where appropriate. These should be audited for CSBS external accreditation purposes regularly.
- Clear protocols to identify and manage alcohol problems in hospital wards in secondary care psychiatric settings.
- Good links, from general psychiatry services to specialist alcohol, liaison psychiatry or psychology services for complex cases.
- Training for community mental health teams.
- Alternatives provided prior to proceedings, such as arrest referral services, designated places.



Description of needs

3.8 Support for prisoners with alcohol problems whilst detained and on release

Prisoners with an alcohol problem will need support immediately after arrest or sentencing, when the risk of withdrawal symptoms is high, and on-going support addressing alcohol-related problems during sentence and through to return to the community. The Scottish Prison Service provides multi-disciplinary assessment, individualised care-planning and treatment. Transitional Care is offered before release, which takes the care plan forward into the community.

It's happening already: All prisoners receive a medical check-up within 24 hours of entry to prison. Robust support arrangements are available to all prisoners in prison and immediately after release.

The Alcohol Liaison Service at the Royal Infirmary of Edinburgh provides brief interventions to patients with alcohol problems in a general hospital setting. The service is run by nursing staff with clinical supervision from a liaison psychiatrist. Key aspects of the service are:

Ways in which services can respond

- Diversion from prosecution schemes and community-based disposals.
- For all alternatives, clear routes are needed into specialist services with adequate capacity, for referral for support and treatment.
- Close liaison by community health care, voluntary and statutory services with prison addictions team.
- Robust follow-through arrangements through Transitional Care and statutory supervision arrangements on release, linked to all the organisations involved in providing an integrated care pathway.
- Individual and group work interventions, including accredited programmes.



- Identification and assessment of patients within 24 hours were possible;
- Patient education/advice and information;
- Out-patient follow-up where necessary;
- Alcohol education and advice to multidisciplinary staff;
- Support to relatives;
- Development and audit of Trust-wide alcohol withdrawal protocol; and
- Health promotion.

Contact: Helene F. Leslie, Alcohol Liaison Nurse, Department of Psychological Medicine, Royal Infirmary of Edinburgh.

The Link project forms part of a range of services provided by Tayside Council on Alcohol for children and young people who experience problems because of substance misuse. The project operates within Dundee and seeks to work in partnership with young people to build a circle of support and identify appropriate interventions targeted at individual need. Interventions include on-to-one work with a project officer, mentoring with a training volunteer, groupwork or art therapy. Young people feed into the development of the project and are an integral part of the recruitment and selection of project staff.

Contact: Kathryn Baker, Tayside Council on Alcohol.



Tier 4: Services for people with highly specialised needs

Description of needs

4.1 Services for people with highly specialised needs

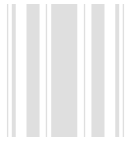
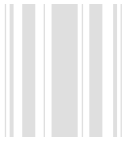
There is a need for a highly specialised service function, perhaps based in an academic department to act as a resource for a region or group of NHS Boards, and their partner local authorities, working through AATs. The tasks include:

- Management of complex alcohol-related neuropsychiatric problems, within in-patient provision.
- Services for individuals with established alcohol-related brain damage. Organisation of these services and responsibilities of the various agencies involved requires further consideration.
- Focus for individuals with severe co-morbidity (e.g., alcohol problems, and a co-existing mental illness, or post-traumatic syndrome).

Ways in which services can respond

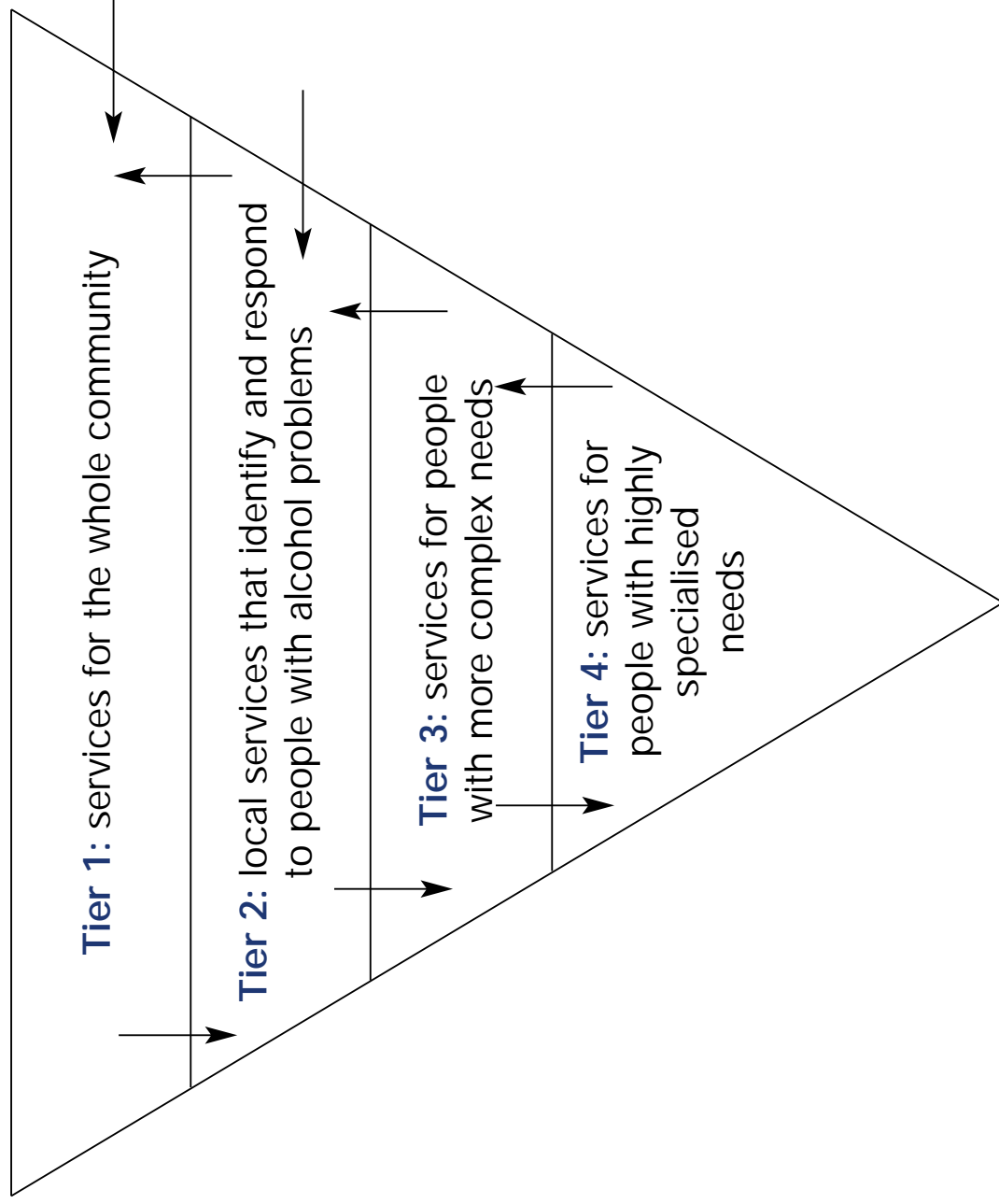
A managed clinical network for the treatment, care, rehabilitation and after care of those with severe and complex alcohol problems to include:

- early, expert and multidisciplinary diagnosis and reassessment;
- counselling about the implications of the illness and support;
- information for the patient and the carer(s);
- co-ordination and continuity of care;
- expert, multi-professional clinical care;
- access to mental health services;
- rehabilitation;
- opportunities for individuals to develop new social and occupational activities;
- respite care and appropriate long-term placement; and
- advice to local agencies and AATs on effective preventative measures, widely applied.



Alcohol problems support and treatment services framework

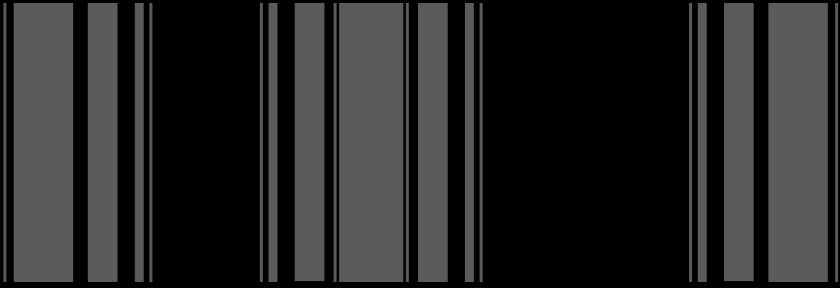
The framework groups services as follows:



Arrows denote that:

- people may move between tiers as their needs are assessed or change over time
- people need not move sequentially between tiers
- people may access services at tiers 1 or 2 directly.





If you want to comment on any of the issues in this document, you can contact a member of the alcohol action team at:

**Scottish Executive Health Department
St Andrew's House
Regent Road
Edinburgh
EH1 3DG**

e-mail alcoholaction@scotland.gsi.gov.uk

Further copies of this document and summary documents are available from the Scottish Executive website at www.scotland.gov.uk/health/alcoholproblems or from the alcohol action team at the above address.

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