



## **Local Alcohol Agencies in Scotland Brief Interventions – The Impact on Community Services**

### **Briefing Paper for Cross Party Group Meeting on Wednesday 11 June 2008**

It is widely accepted that we have a harmful drinking culture in Scotland. Achieving a cultural change requires work from both a preventative angle as well as tackling deep-rooted beliefs and perceptions around consumption and subsequent behaviour.

No single action will lead to this change on its own, what we need is a package of measures that will lead to a nation of responsible drinkers who can respect alcohol and reduce the harmful effects of excessive consumption.

Last year, Alcohol Focus Scotland (AFS) produced a report on the range of services carried out by local alcohol agencies<sup>1</sup> and the ways in which agencies considered services should develop. Services offered include alcohol counselling, offender referrals schemes, young people's services, family support, housing support, amongst others.

### **Are the recent changes to funding likely to threaten the sustainability of local alcohol agencies?**

With the Scottish Government currently embarking on a national debate as part of its alcohol strategy over the summer months, it is important to highlight to MSPs and the Government the essential work that is carried out by local alcohol agencies; its cost-effectiveness; and why it is essential that they are funded adequately. The economic, social and health costs to the country increase when problem drinking continues without any help or support; and of course the damage to individuals and families worsens the longer problems are left untreated. Further, when alcohol problems are not resolved, the cycle continues and contributes to the next generations problems.

#### **Sustainable funding is needed for several reasons:**

- To ensure continuity of care and support to families who need it
- To sustain long term harm reduction education and prevention work aimed at reducing the number of people who become hazardous drinkers and to equip young people with the knowledge and 'tools' to deal with peer settings.

The priority target of this year's additional funding for alcohol misuse for NHS Boards is to increase delivery of brief interventions (in line with SIGN Guideline 74). The Scottish Government's letter to Health Boards stated that brief interventions "is expected to require only a minority of the funding provided, and the remainder of the funding should be used in supporting additional treatment and prevention services."

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<sup>1</sup> Prior to becoming a membership based organisation in 2005, a network of local alcohol councils existed and was known as the AFS network of Local Councils on Alcohol. We use the term 'local alcohol councils' (LACs) in accordance with the title used within the 2007 Plan for Action (6.18) although it should be noted that many agencies do not use the term 'council' in their titles.

> **Community alcohol services will be a major referral route for many primary care workers who identify people with an alcohol problem, and require more help than the brief intervention. An anticipated 30% increase in referrals will impact on current service delivery and their ability to meet the demands.**

## **Current Service Provision**

The 2007 AFS report *Enhanced Local Alcohol Services – a window of opportunity?* highlighted the diverse and extensive range of help and support offered by LACs, to people with alcohol related problems across Scotland.

LACs work directly in communities across Scotland providing approximately 6,000 counselling appointments every month. The average length of an appointment is 50 minutes. Referrals come through a variety of sources such as self referral, GPs, Social Work, Health Visitor, Criminal Justice etc.

Waiting times for assessment or first counselling appointments, range from 1 to 6 weeks. Dependent upon type of referral and urgency certain agencies are able to offer at least an initial assessment within 3 working days.

All agencies provide confidential and free one-to-one counselling and examples of the range of support available includes:

**Prevention and education** within schools and the wider community is provided by all LACs as part of their core function.

*More than half of LACs provide::*

**Support groups** – providing mutual support improving client's self-confidence, sense of self-worth, increase knowledge and also in a range of topics: mental health, diet, general health, coping strategies etc.

*Over a third of LACs provide:*

**Young people's services** – referrals for one-to-one counselling or groupwork for young people who have come to the attention of Police, Children's Reporter or Social Work, due to their own drinking.

*One third of LACs provide:*

**Training** – for GP's in line with SIGN guidelines or with employers to establish or update alcohol policies in the workplace.

*Almost one third of LACs provide:*

**Alcohol related offending projects** – referral can be directly from the courts and includes deferment schemes e.g. Justice of the Peace can defer sentencing for a set period of time if the offender seeks help for an alcohol problem.

**Employer's referral scheme** – as a consequence of workplace issues, employees can be referred under the employer's referral scheme which addresses the employee's alcohol problem with reports being provided to employers.

**Supporting people projects** – home based help that assists people in the retention of their tenancy. This work can also assist people with an alcohol problem who are facing eviction since it works across agencies and can avoid homelessness.

**Activities groups** – range of activities and groupwork sessions to develop self-confidence and generally widen life experience.

**Complementary therapies** - Working with people with an alcohol problem requires a holistic approach to the individual. Alternative therapies ranging from aromatherapy, acu-detox, reiki, to tai chi have through evaluation shown to be effective. With one particular agency's evaluation (John McMahon, Paisley University, Evaluation of Complementary Therapies 1996/97 and 1998/99) it revealed that there was an increase in the number of days abstinence from 2.38 to 6.32 using these therapies.

**Stress and anger management** is used in conjunction with the above therapies and in addition personal presentation (grooming), self confidence building and dietary advice is offered.

*Four LACs provide:*

**Back to work or employability projects** – assisting clients with returning to work.

**Child and family projects** – providing support to children who are affected by their familial drinking.

One LAC has a specific targeted service for **Older people** and carers services – work with older people and those who care for them that can be delivered in the home.

## **Funding arrangements for 2008/09**

This time last year, when AFS was compiling the report, there had been a mixture of reports on funding, ranging from “fairly secure but not enough” to “not enough basic funding to offer core services – regular redundancy notices to staff”.

This year the picture that is emerging is one of **uncertainty**: some projects still operating on a short-term contract basis of 2 and 3 months at a time; some projects (both established and fixed term projects) report facing closure or having difficulty in ensuring continuity and some saying that the lack of ring-fencing is posing a major strategic threat.

Comments from agencies:

*“Remains the same as last year – no increase to reflect increase in costs”.*

*“We are three months into our operating year with an uncertain budget”.*

*“It is almost impossible to run a sustainable service when we have no way of knowing whether we will still be funded in the coming year”.*

*“More and more young people need support and counselling but we need to build a specialised service for this at times when they are able to access it. The cost implications are problematical and we find ourselves frustrated at every turn by knowing what we would like to do but unable to find feasible ways of maintaining programmes that we put into place”.*

*“We have a Supporting people contract for a housing support service. The removal of ring fencing has made the future of this service uncertain. The Local Authority has yet to take a decision on whether it will purchase any more housing support, for whom, and by whom. This is a major strategic threat to the organisation”.*

*“We work across three local authority areas (one health board) – we have had confirmation from one area but still waiting to hear from the two other areas about 08/09 funding”.*

*“Yes our funding arrangements have been affected. We still do not know if we are getting any money & peoples salaries are month by month basis. So much for developing services!”.*

Additional problems for rural areas:

*“The Highlands are in some ways unique as we have such a vast area to cover and the travelling involved in setting up one to one work or groups involves us going to them, rather than them trying to come to us, all this of course needs funds and the money is just not there”.*

## **Brief Interventions and the additional funding**

As previously stated, this year’s additional funding for alcohol misuse has gone to NHS Boards to increase delivery of brief interventions which AFS welcomes. ***However, early indications regarding the distribution of the funding is worrying in that most alcohol agencies don’t know whether or not they will receive any additional funding to meet the anticipated increased demand for more intensive support the introduction of brief interventions will have.***

In the USA, a National Screening Day (NASD) takes place every April (started in 1991) – it is an awareness event that provides education about alcohol and health as well as free, anonymous screening for alcohol problems among the general public.

- The conclusions from three evaluations of the NASDs covering the period 1991-2004, report that over 24% of participants screened were recommended to seek treatment, and
- 17% advised to reduce drinking

Another study in the USA of a brief intervention programme reported that 30% who received a brief intervention engaged in subsequent therapy or more traditional alcohol treatment programmes<sup>2</sup>.

Taking account of the cultural differences in drinking patterns between the USA and Scotland and that the National Alcohol Screening Day offers a very basic brief intervention, AFS believes that ***an increase in the level of alcohol screening will inevitably lead to a substantial increase in the number of people referred for counselling (above and beyond simple brief interventions).***

If we assume that the findings from these studies in the USA are broadly similar to what could happen here, then we could expect that around 30% of those receiving a brief intervention will engage in subsequent therapy or more traditional alcohol treatment programmes.

**> If this is an accurate estimate then this suggests that the current funding priority should also include adequate resourcing for existing support services to cope with an anticipated upsurge in demand.**

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<sup>2</sup> NASADAD (2006) Current research on screening and brief intervention and implications for state alcohol and other drug (AOD) systems (Washington, DC, National Association of State Alcohol and Drug Abuse Directors).

Each NHS Board area has a HEAT target for the delivery of alcohol brief interventions, but we believe it is important to ask the following questions:

1. Has there been an attempt to estimate the number of people who are identified in the initial screening exercise who may require more intensive counselling?
2. How will that demand be met, will it be from statutory, voluntary sector or other local alcohol services?

AFS recently consulted the LACs to ask if they are being provided with any of the new money to increase their resources/expand service to absorb the “knock-on effect on the volume downstream services required” as acknowledged by the Scottish Government in the funding letter to NHS Boards. Some responses included:

*“We have been told that our Health Board are waiting to access some costings before any criteria can be set either for allocation or bidding. Not a very impressive picture for the voluntary sector”.*

*“We have not heard anything about the new alcohol monies nor the timescale or process for how these monies will be allocated and for what. We understand that our local drug and alcohol action team would be the vehicle for allocating monies but there is nothing that has been decided as yet”.*

*“Haven’t heard anything yet - I would say that it is inevitable that the spread of brief interventions will lead to more people coming into counselling. However, if there are not sufficient counselling resources available then that increased demand will simply lead to longer waiting lists”.*

*“I was asked by my local statutory addiction service to submit a proposal to try and secure six months running costs from April to September. Their thinking being that in September I could link into the new alcohol monies. I have since heard unofficially from the health board that I should not expect to link into this money as it is allocated to statutory services and if I’m short of money should I not consider reducing the size of my service”.*

## **How can we address this issue?**

Recently published National Quality Standards detail the minimum level of service that clients can expect and if we are to be equitable, accessible and inclusive throughout Scotland then we need:

- an agreed minimum funding level for local alcohol support services
- guidelines for commissioners who contract services to allow them to plan properly and dedicate more time to delivering a service
- to secure annual funding arrangements in sufficient time for service planning

**> Local agencies play a vital role in helping and supporting individuals and their families with alcohol problems. With alcohol-related disease and death figures increasing year on year, it is essential that services are adequately sustained. Many agencies describe to us as regularly having to ‘battle’ to sustain their much needed existing services.**

**We must use this opportunity to enhance local community support services to help reduce the significant harm caused by alcohol misuse.**

With grateful thanks to the following for providing helpful information for inclusion in this paper:

Donald Beaton, Skye and Lochalsh Council on Alcohol

Jim Bett, Fife Alcohol and Support Service

Dr Alex Crawford, RCA Trust

Lynn Geddes, Moray Council on Addiction

Simon Gordon, Orkney Alcohol Counselling Advisory Service

Margaret Halbert, Liber8

Ayleen McBride, Ayrshire Council on Alcohol

John Macdonald, Dumbarton Area Council on Alcohol

Katie Macdonald, Alcohol Counselling and Support Inverness

Harry Miller, Alcohol Support Ltd

Paul Mooney, Addictions Support and Counselling

Shona Naruesgen, Kintyre Alcohol and Drugs Advisory Service

Dr Angela Roberts, Alcohol and Drugs – South West Scotland

Isabel Thomas, Encompass

## About Alcohol Focus Scotland

Alcohol Focus Scotland is the national charity for alcohol issues. The organisation was established in the early 1970's as the Scottish Council on Alcohol (SCA) and we became Alcohol Focus Scotland in 2001.

We are the only Scottish charity dedicated to raising awareness of, and reducing the significant health and social harm caused by, alcohol. Our long term aim is to achieve a culture change in Scotland where far fewer lives are affected by alcohol misuse, and moderate, responsible drinking is the norm.

We'll achieve this by providing accurate information to the public and professionals, training people to recognise and help people overcome alcohol problems, influencing government and policy, and working in partnership with other organisations on specific projects.

### Mission Statement

Alcohol Focus Scotland is committed to improving the quality of people's lives by changing Scotland's drinking culture – promoting responsible drinking behaviour and discouraging drinking to excess.

### Alcohol Focus Scotland is aiming to create a Scotland:

- where moderate, responsible drinking is the norm, and drunkenness has become socially unacceptable
- where town and city centres are free from alcohol-fuelled disorder and violence
- where fewer families break up and have children taken into care because of parental drinking
- where people who do develop alcohol problems can access appropriate treatment and support quickly and effectively
- where all alcohol producers and retailers take their legal and social responsibilities seriously
- where significantly fewer Scots have their lives cut short by alcohol misuse

Alcohol problems cost Scotland an estimated £2.25 billion per year in NHS, social work, police, emergency services, and the wider economic and human costs. Alcohol misuse not only affects the health and wellbeing of the individual drinker, but also has a major impact on family relationships, communities and society as a whole.

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Registered Scottish Charity SC009538

## NOTES