Alcohol in Social Care Settings

Trevor McCarthy
17 July 2012
Remember this?
Trevor McCarthy: July 2012

Foreword

There is no doubt that alcohol misuse is associated with a wide range of problems, including physical health problems such as cancer and heart disease; offending behaviours, not least domestic violence; suicide and deliberate self-harm; child abuse and child neglect; mental health problems which co-exist with alcohol misuse; and social problems such as homelessness.

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MoCAM Interventions

- Ensure generic services provide minimum:
  - alcohol advice and information
  - targeted screening and assessment for
    - those drinking over sensible drinking guidelines
    - those who may need alcohol treatment
  - provision of simple brief interventions
  - refer to specialised alcohol treatment
  - partnership or ‘shared care’ with specialised alcohol treatment services.
Building Partnership Capital

“the value ... from having integrated, collaborative constellations of services in the different sectors which manage to work together for the benefit of local service users.”

2007 review of AHRSE - a commitment made in 2004

- Build on progress; forge clearer national understanding of acceptable drinking behaviour:
- Reduce the harm that alcohol causes to individuals, families and communities
- Achieve significant, measurable reductions over sustained period in alcohol harms
- Future action: reduce harm public care about
  1. Alcohol related Crime & ill health
  2. Increase awareness of harm and getting help
Evidence based practice …

Despite clear evidence for its effectiveness and cost-effectiveness, and despite considerable efforts over the years to persuade them to do so, most health professionals have yet to incorporate screening and alcohol brief interventions in their routine practice.

Review of the effectiveness of treatment for alcohol problems
Duncan Raistrick, Nick Heather and Christine Godfrey. NTA 2006
March 2012

1.1 Over the last decade we have seen a culture grow where it has become acceptable to be excessively drunk in public and cause nuisance and harm to ourselves and others.
Nobody...

Not researchers; not commissioners; not practitioners; not drinkers – nobody. Nobody else. Nobody else suggests that our alcohol problem has arisen during the past 10 years, when the Prime Minister (who signed the introduction)’s party were in opposition. All policy is political – this is the most political, least substantial alcohol strategy yet.
Uniquely Insulting Tone

- PM foreword: more powers for hospitals not just to tackle the drunks turning up in A&E
- 3.12 we will work with the police to tackle the issue of serving alcohol to drunks
- 3.16 staff can refuse to treat drunks who are abusive in A&E
- **Drunks. Not People** with alcohol related problems. **Not People** who might need help. **Not People** who have a right to treatment.

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UK Boozing – since 1980

Traditional wine-producing countries such as Italy, France and Spain have seen their alcohol consumption per capita drop substantially since 1980. On the other hand, consumption rose significantly in a number of countries including Ireland, the United Kingdom and some Nordic countries.


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The prevention paradox

• The majority of alcohol related harms are associated with people whose drinking is hazardous & harmful

• Dependent drinkers are likely to experience and be linked with greater degrees of harm

• But there is so much drinking that the hazardous & harmful drinkers harm outweighs that of dependent drinkers
A revolutionary moment in the world's history is a time for revolutions, not for patching.

SOCIAL INSURANCE AND ALLIED SERVICES (The Beveridge Report) Nov. 1942

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If you can’t make decisions in life, you’re a bloody menace. You'd be better becoming an MP!

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No top down re-organisation of the NHS?

“The UK is one of the best performers in the world. But outcomes are not what you expect because there is a big reform every five years. We calculate that each reform costs two years of improvements in quality. No country reforms its health service as frequently as the UK,”

Mark Pearson: OECD

Coalition health bill will undermine NHS, says OECD thinktank

Guardian 23 November 2011

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NICE PH24 – the immediate response from Andrew Lansley Health Minister*

“Regarding NICE's recommendations on minimum pricing for units of alcohol, it is not clear that the research examines specifically the regressive effect on low income families, or proves conclusively that it is the best way to impact price in order to impact demand.”

Published 2 June 2010

*http://www.dh.gov.uk/en/MediaCentre/Statements/DH_116534

*David Cameron doesn’t agree. NICE doesn’t agree. Even CAMRA doesn’t agree.

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The presence of those seeking the truth is infinitely to be preferred to those who think they’ve found it.

TERRY PRATCHETT
Monstrous Regiment
“It’s OK, it’s only Andrew Lansley”

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New Alcohol Commissioning

- Public Health England & Health and Well Being Boards
- Aspiration to align NHS + Public Health + Social Care outcomes
- Public Health to be involved in alcohol commissioning
- Alcohol is a Top 3 priority for Public Health (after smoking & obesity)
Motivational Government

• The alcohol strategies have all taken whole population Public Health approaches
• Bear down on overall consumption to reduce levels of problems
• Strategies decorated with headline criminal justice initiatives
• Good luck persuading pre-contemplative drinkers to moderate by calling them ‘Drunks’
Can social care make a difference?

• Commissioners have no new guidance on what to buy from the Strategy document, however

• There is information available on specialist alcohol interventions and treatment

• UKATT – MET & SBNT

• NICE – screening tools and treatment

• SIPS – use FAST & universal screening
Six Cornered Addictions Rescue System

Securely Accommodated

Physically
Healthy

Significant
Relationships

Addictions
Treatment

Satisfactorily Employed

Psychological
Health

Addictions
Treatment
Limited Run
Free to download from the BASW website.
Essential information.
Brief and portable.
Basic information on alcohol & drugs work.
not enough by itself but a useful prompt.

http://cdn.basw.co.uk/documents.guides/alcdrugspocketguide.pdf

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WORKING WITH ALCOHOL & DRUGS

AVOIDING COMMON PITFALLS

DRUGS: people frequently forget to ask about drugs, including prescription drugs. If drug use is identified it is easy to be distracted by it. Drug use is only ever part of the picture; the person’s behaviour and experiences need to be assessed as a whole.

ALCOHOL: drinking is so common it may simply be overlooked, especially when there are other obvious problems. Because alcohol use is the norm, it should always be addressed. Many drug users have even worse problems with alcohol.

IT’S NOT MY JOB: alcohol and drug use are so prevalent among vulnerable service users that working with them is everybody’s job. You do not have to be a specialist but you need to know enough to identify any issues, conduct an initial assessment and make a referral to an appropriate specialist.

PASS IT ON: when referring people on to specialist services, it is essential to ensure that everyone understands what services the social worker will continue to offer and deliver.

Sample Page:

A Pocket Guide – literally. Four more BASW Pocket Guides to be published in 2012 funded by:

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“Brains first and then Hard Work.”

THE HOUSE AT POOH CORNER  A. A. Milne London 1928

Trevor McCarthy: July 2012
So all we have to do …

• Is to ask people straightforward questions …
• That they know the answers to …
• Asking in a way that we communicate …
• We really want to hear the truth …
• And we will only tell them the truth back …
• And the only thing that is really different …
• Is that this time …
• We’re asking about drink.
What could possibly go wrong?

You get a wonderful view from the point of no return.

TERRY PRATCHETT: Making Money