



Alcohol Services

A Hull LINK Report with Recommendations

September 2010



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What is Hull LINK (Local Involvement Network)?

Hull LINK is an independent network of local people and groups which has legal powers to examine health and social care services. Since 2008 LINKs have been set up across the country to give people more say in how these services are planned and run.

Our role is to find out what people think of local health and care services and enable them to suggest improvements. We can investigate areas of concern, make recommendations to services and get a response. We can also carry out spot checks, when necessary and under safeguards, to see if services are working well.

Background – Why Alcohol Services?

At our Hull LINK Forum ‘Low Flying Heroes’ in October 2009, LINK members were asked to suggest health and care issues they would like to see the LINK adopt as priorities for future work.

Alcohol treatment was put forward as an issue worthy of investigation. It was suggested that problems with alcohol affect everyone, and the main concern was a lack of resources being put into alcohol treatment and aftercare.

Hull is a city with high levels of harmful drinking (see ‘Background – The Local Perspective below), and getting people to choose healthier lifestyles is a key local priority.

Hull LINK’s Steering Group therefore decided that alcohol services would be a relevant and timely issue to include in the LINK’s workplan for 2010.

Background – The National Perspective

Alcohol misuse is a major public health issue in the United Kingdom; it places a heavy burden on health and social care services, on the criminal justice system and on society as a whole. The problems associated with heavy drinking affect a large number of people across the social spectrum and lifespan.

Drinkaware UK, an independent UK wide charity, states that either on its own or in conjunction with other factors alcohol is estimated to be responsible for some 33,000 deaths per year. In Great Britain, just under 31% of men and 20% of women drink more than the recommended weekly limit. Some 8% of men drink more than 50 units per week and 2% of women drink more than 35 units per week.

Heavy drinking can lead to family breakdown, domestic violence, crime and anti social behaviour, sickness and absence from the workplace. It is estimated that 17 million working days per year are lost to alcohol related problems and 17% of all deaths on the road occur when someone is driving over the legal limit.

There are 17,000 drink driving injuries every year and some 580 drink driving deaths. Alcohol misuse accounts for 10% of all diseases in the UK, surpassed only by tobacco use and high blood pressure.

Alcohol has been found to be a factor in 65% of murders, 75% of stabbings, 50% of assaults and 65% of suicide attempts.

It is believed that binge drinking in young people is associated with an increase in risky behaviours including an increased risk of contracting sexually transmitted infection and unwanted pregnancy.

The World Health Organisation (1992) groups alcohol disorders into three categories:

- Hazardous Drinking – people drinking above recognised ‘sensible’ levels but not as experiencing harm.
- Harmful Drinking – people drinking above ‘sensible’ levels and experiencing harm.
- Alcohol Dependence – people drinking above ‘sensible’ levels and experiencing harm and symptoms of dependence.

The following definitions further identify the categories:

- Hazardous Drinking - drinking between 22 and 50 units per week for men and between 15 to 35 units for women.
- Harmful Drinking – drinking more than 50 units per week for men and more than 25 units for women.
- Binge Drinking – drinking more than 8 units in one day in the past week for men and 6 units or more for women.

Men should not regularly drink more than 3-4 units a day. E.g. a pint of lager = 3 units.

Women should not regularly drink more than 2-3 units a day. E.g. a 250 ml glass of wine = 3 units.

People are also recommended to have at least one or two non-drinking days per week.

Pregnant women are advised to avoid alcohol altogether but should never drink more than 1-2 units once or twice a week. E.g. a 125ml glass of wine = 1.6 units



Alcohol misuse accounts for 10% of all diseases in the UK, surpassed only by tobacco use and high blood pressure.

Health Risks Associated with Alcohol Misuse:

In the short term the health risks associated with alcohol misuse include the following:

- Anxiety
- Suffocation and choking on vomit
- Potentially fatal poisoning
- Loss of consciousness
- Temporary impotence
- Slowed breathing and heartbeat
- Impaired judgement leading to accidents
- Obesity due to increased calorie intake

In the longer term, the effects of heavy drinking include:

- Certain cancers, including breast cancer
- Increased risk of heart disease
- Memory loss, brain damage and dementia
- Liver disease, cirrhosis and liver cancer

Drinkaware UK reports that drinking alcohol is also associated with mental health and well-being, and that people suffering from anxiety and depression are twice as likely to be heavy or problem drinkers.

Background – The Local Perspective

One in four adults in Hull are drinking to a level that increases risks to health. 5% of adults in Hull (8,000 people) are dependent drinkers. It is estimated that there are some 85,000 hazardous or harmful drinkers and 15,000 alcohol dependent drinkers across Hull and East Yorkshire. Alcohol is strongly linked to health inequalities, with 35% of drinkers living in the most deprived areas classed as binge drinkers.

There is also evidence of significant levels of drinking among young people. The 2008-09 Children and Young People's Health and Lifestyle Survey showed that:

- 40% of pupils had been drunk at least once while in year 11, 36% of boys and 39% of girls got drunk at least once a month.
- 13% of boys and 10% of girls in year 11 reported exceeding the weekly recommended maximum guideline amounts of alcohol for adults (men: 21 units; women: 14 units).
- One fifth of pupils who drank alcohol bought alcohol from shops, pubs or clubs.
- More than one third of pupils were given alcohol by their parents or carers.

In 2007 in a report titled 'Understanding Alcohol Misuse Needs in Hull and East Riding', published on behalf of the Hull and East Riding Alcohol Strategy Groups, the study identified just under 1000 admissions to Hull Royal Infirmary of hazardous or harmful drinkers and just under 1,500 dependent drinkers. Of the total number of dependent drinkers admitted, 17.4 % were admitted for their alcohol dependence, which suggests that a "large proportion of NHS acute facilities are being primarily utilised for detoxification purposes by this group" (page 26).

In 2010 the Strategy to Reduce Alcohol Related Harm in Hull (2010-2013) was completed. A strategy group with representation from Humberside Police, Hull City Council, NHS Hull, supported and advised by a Consultant Nurse from Humber Foundation Trust, oversees its implementation.

The strategy has four key aims;

1. People will drink less than they do now.
2. There will be a reduction in alcohol related crime and anti-social behaviour.
3. People will recognise when they need help and be able to access the support they need.
4. There will be a reduction in issues related to alcohol such as alcohol related hospital admissions, school/work absences, family break up, sexual health and mental health problems.

Each aim has a number of actions that will support the overall strategy, which will be monitored by the Hull Alcohol Strategy Group.

In her Annual Report for 2009, The Director of Public Health, Dr Wendy Richardson, reports "Services for adults, children and young people have recently been commissioned to offer prevention and low level support to residents of the City who may be at risk of developing health problems because they drink more than the recommended units of alcohol. The services will raise awareness of safe drinking levels and offer identification and brief advice through screening and structured interventions in a range of settings, including primary care, accident and emergency and in local communities".

During our investigation we learned of other work in our area concerning alcohol misuse.

East Riding of Yorkshire Council's Alcohol Misuse Review Panel report of November 2008 made a number of recommendations. These included: clearer formal referral processes to alcohol services by health services including GP's and hospitals; referral of habitual alcohol related admission patients at A&E into appropriate services; and commissioning of after care services for people leaving day care and rehabilitation.

In Hull Thornton Neighbourhood Management conducted a survey of street drinkers in their local area in 2007. A solution identified by those who took part was the development of a drink/drug drop in, where users would be able to socialise, have access to practical facilities such as telephone and laundry, and with support such as advocacy and signposting to enable them to improve their situation and move on in their lives.

'For me personally (it would have helped to have) a counsellor to talk to before detox and during detox to explain what will happen and why, and to check how you are doing after.'

Comment from a service user

For the purposes of this investigation we visited almost all known local providers of services with a view to gaining better insight to local provision and attempt to validate the issues raised at the consultation event. We were able to speak to staff and volunteers responsible for supporting people with alcohol problems and this gave us valuable insight into the issues service users face.

Without exception, all the providers visited were most welcoming and extremely willing to share their time, knowledge and experience of alcohol management services in Hull, for which we are extremely grateful.

Hull LINK also considered that there was a need to consult with a wider audience and therefore developed questionnaires to enable people to share their stories and experiences of local service provision. Local groups and services were able to help us with distributing surveys, and we also made them available at LINK events and via the LINK website. We were also able to visit sessions run by Abstain where attendees shared their views and experiences.

In partnership with North Bank Forum, Hull LINK organised the 'Glass Half Full' event in Hull in June 2010, which enabled people to learn about the new alcohol strategy, hear users' perspectives and explore next steps in developing services.

We are aware that this report represents a snapshot of services as things stand at the time of our investigation. Alcohol services have undergone a number of recent changes, with more developments planned. We hope that this report will be of help to those planning and delivering services in this important area.

'Once I found the right people I was fine. Just a very long wait for detox.'

Comment from a service user



Services for People with Problems with Alcohol

Without exception we found commissioners, organisations and service providers willing to discuss their strategies, plans, ideas and future developments with us in an open and honest way.

We found a range of agencies working together in the best interest of the community and of drinkers and their families, and working in partnership to provide a comprehensive approach to the issues of misuse of alcohol.

In most cases, access to service provision is through referral from a GP or health or social care professional, or via self referral at walk in centres or by telephone.

National helplines for drinkers, their families and for children and young people affected by someone else's drinking are available, and there is a considerable amount of information available publicly, such as leaflets and websites.

Assessment of need is available from a number of agencies and referral pathways are in place for those who need more intensive therapy and detoxification.

We found that detox on its own is not a treatment but that, together with clinical needs assessment and a comprehensive care plan, there is a far greater chance of a successful outcome.

We found that there is a huge commitment locally to develop strategies and action plans to tackle hazardous and harmful drinking, and provide community based and inpatient services, to treat dependency and help people reintegrate into society following long periods, sometimes many years, of alcohol misuse, self neglect, breakdown of family life and loss of meaningful employment.



Local Alcohol Management Services

We met with these services to find out about the support they provide to people who have problems with alcohol. Many of them were able to help us in distributing our survey among their service users.

The Alcohol Project

The Alcohol Project encompasses a variety of provision for those affected by alcohol problems. The core service provides direct access to the public (18+) who have concerns about their own or someone else's alcohol problems and as such is the main point for accessing further alcohol treatment in Hull.

Screening for alcohol problems, brief advice, extended brief interventions and crisis interventions are provided through the drop-in service.

Referral on to the Community Alcohol Team is undertaken for those who are dependent upon alcohol and require medical detoxification and a period of abstinence.

Those who are unsure of the changes they want to make regarding their drinking may be offered a short course of motivational work to allow them time to reflect on this and clarify their goals.

Structured psychosocial interventions are provided to those who are abstinent from alcohol and to adult family members or carers who have been affected.

Aftercare is provided in the form of a recovery programme which combines 1 to 1 key work with an individually negotiated recovery plan, with a structured 8 week group programme to help people build a better future, to improve their health, social life and employment options.

The majority of referrals are self referrals, although people may be sign-posted from a variety of agencies. GP's, social services, and the hospital also refer to the project. The Community Alcohol Team may refer people back to the project for aftercare following attendance on their programmes.

'I found AA informative, open and honest.'

Comment from a service user

Alcoholics Anonymous (AA)

Alcoholics Anonymous is “a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help each other to recover from alcoholism”.

AA meetings follow a similar pattern and usually last for an hour and a half and take place in church halls, schools, hospitals, village halls, community centres and even in prisons. AA believe that “it is never safe for an alcoholic to drink again” but recommends that newcomers stop drinking “one day at a time”. AA is not affiliated to any religious group but their twelve step programme is a spiritual process of “awakening to an inner source of guidance, strength and wisdom which, when drawn upon, can help alcoholics’ lives take on a new meaning”.

There is a meeting every day and night of the week in all areas of the UK, with approximately 3,500 taking place every week. People can self refer to AA or may be signposted to meetings by other services.

AA also provide outreach services, education to groups and schools and seek to work with young people to prevent them misusing alcohol.

Abstain

Abstain is a local group, set up and run by local people with alcohol problems for people with alcohol related problems. The group share their experiences through informal discussion and support in the hope of achieving controlled abstinence.

The support group’s aim is to attempt to help people in recovery to integrate back into society through sharing experiences, problems, hopes and achievements together. Abstain follows a therapeutic non religious theme.

People can self refer to Abstain or may be signposted by other services.

‘I have used my GP, ADS and Abstain - each has been very good in their own way.’

Comment from a service user

Action for Change

Action for Change is a Community Interest Company and Charitable Organisation commissioned by NHS Hull to provide a new and additional alcohol service for Hull.

The aim of the service is to help people identify when they may be drinking too much and support them in making changes to make their drinking safer. There are open access sessions held in GP Practices and community settings - details can be found on their website www.action-for-change.org. Sessions can also be arranged to be held in the workplace.

Action for Change provides a range of training options; some of which are focused towards health and social care professionals to enable them to identify 'at risk' drinkers and provide brief advice about sensible drinking. They also provide training for managers in the public and private sector about how to identify staff who may have a problem with alcohol and how to develop and implement effective alcohol policies for their workforce. The work is closely aligned to the national 'Know Your Limits' campaign and will provide a local identity for the campaign's messages.

The Action for Change website www.action-for-change.org provides an online self-assessment form and information about ways people can manage their drinking safely.

The service aims to reach and support people before their drinking becomes a serious problem. However they also have established care pathways to refer more serious drinkers to the appropriate support service.

Community Alcohol Team

This service is provided by Humber Foundation Trust (formerly Humber Mental Health Trust) and provides treatment for alcohol dependent drinkers who want to be abstinent from alcohol.

The service provides structured treatment interventions which may include detox and access to inpatient detox facilities for those who cannot be treated safely in the community. In-patient detox may take between 7-10 days but potentially for 3 weeks.

Treatment consists of an assessment of psychological, medical and social needs and development of a care plan but addressing acute needs first. Admission to detox facilities, either in the community or the residential unit at Bridlington, is determined by the patient's commitment to an after detox plan. This may involve a period of 3 to 6 months community rehabilitation.

The Community withdrawal programme is a 6 week programme which may include individual work, therapeutic interventions, specialist group work and, for certain groups, medication to support their withdrawal and rehabilitation.

ReFresh

ReFresh is a service jointly commissioned by NHS Hull and Hull City Council for children and young people up to the age of 19, linked to Hull City Council's Young People's Support Service. The team at ReFresh includes social workers, mental health nurses, a youth worker, parenting practitioners and outreach workers.

Screening is done via the AUDIT and ASSIST with brief interventions of two to three sessions. For those young people who require specialist treatment the service provides assessment and care, planned interventions providing harm reduction, psycho-social, pharmacological and family work interventions with access to tier 4 residential placements which are spot purchased out of the area. There are also care pathways with Sexual Health Services, Child and Adolescent Mental Health Services, housing options team and Counselling Services if required.

The Service provides long term support to young people, not just for alcohol related problems but for a whole range of substance misuse problems. Support is through a very clear care plan for however long it is needed. After the age of 19, young people can be referred to the Transition Team for support into adult services, including the adult Addictions Team.

RAPt (The Rehabilitation for Addicted Prisoners Trust)

RAPt have been commissioned by Hull Citysafe to provide the new Hull Alcohol Recovery Team for people in Hull who have a problem with alcohol. The service includes a structured day programme, individual support, aftercare including peer support, and support for families and carers.

The service will work with clients who score 20+ on the AUDIT test or believe they may have a problem with alcohol, and identify whether their treatment programme will be appropriate for their needs.

'Support with friendly people. Understanding of the problem. Time of day suited.'

Comment from a Humber Foundation Trust service user

Hull and East Yorkshire Hospitals Trust

As part of our investigation we requested information from the Trust about their work in treating people with alcohol problems. They advised that patients with acute alcohol problems are usually admitted to Accident and Emergency (A&E) or Acute Assessment Unit (AAU) and looked after by the general medical physicians or some are managed by the A&E team. In addition to A&E and AAU, patients with these problems can be admitted to any medical ward for period of detox or treatment for other associated medical conditions such as liver disease. Lengths of stay vary from one week to one month but can sometimes be longer.

The Trust does not have dedicated beds for patients with alcohol intoxication or withdrawal. However, elective detox patients are accepted onto a Gastroenterology ward after a proper assessment and discussion with Humber Foundation Trust.

With regard to specialist nursing, an alcohol liaison person who left the Trust in November 2009 has not been replaced. However, recently and in collaboration with NHS Hull, Hull and East Yorkshire Hospitals NHS Trust and Humber Foundation Trust, it has been agreed to change the job plan of one of the Trust's hepatitis nurses who will have input to inpatients with alcohol induced hepatitis and have been admitted to AAU. In addition, there have been discussions to employ two full time specialist nurses, funded by NHS Hull, to support patients in alcohol crisis. However, the funding has not yet materialised.

With regard to working with addictions services, the Trust works closely with Humber Foundation Trust and together they have developed a pathway to triage patients for admission or follow up after discharge. This protocol will be implemented once the aforementioned posts are successfully in place.

On recording admissions due to alcohol problems, the Trust advised that patients admitted with symptoms of alcohol problems are recorded in the same way as all other conditions are recorded. All episodes of care are coded following discharge and can be retrieved for audit purposes as well as all contractual requirements.

'My GP was excellent and took me seriously, and provided the support I needed and escalated other support for me. My detox at Bridlington Hospital was also excellent and the following sessions at Baker Street helped me understand what alcohol addiction causes and creates. Abstain as a support group provides a fantastic aftercare and support service.'

Comment from a service user

Other Services

These services were all able to assist us by providing insight into the problems faced by clients who have problems with alcohol. In several cases they were able to assist with distributing our survey among their users.

Bodmin Road Church

Based on Bransholme, the church has a long history of community engagement and provides a number of activities and programmes open to all, regardless of faith or culture. In partnership with Christians Against Poverty they provide a free debt advice service.

Council for Dependency Problems (CDP)

CDP exists to provide opportunities for individuals and families to address substance related problems, including dependence, and live more resourceful lives. Services include Open Access Service, Arena Throughcare and Aftercare Service, East Hull Services and Family and Friends Support Service.

CDP work closely with The Alcohol Project to ensure people get the support they need. A common referral form is used and primary alcohol users are directed to The Alcohol Project. CDP can work jointly with The Alcohol Project if clients use drugs and alcohol. Most clients at CDP self refer, with other referrals coming from GP's and other drug agencies. CDP also work with the Probation Service and Job Centre Plus.

CDP will conduct detailed assessments with new clients and based on this can refer people on to prescribers.

HULLHARP (formerly Hull Homeless and Rootless Project)

Provides a range of services including rough sleeper outreach, emergency accommodation and a daycentre for homeless men and women. Currently working to develop the new Places of Change initiative to replace existing services.

Hull Hostel Forum

Acts as an independent body representing the needs of the homeless and agencies working with the homeless. The Independent Living Skills Project (ILS) works to address the skills needs of the homeless and develop skills needed for independent living.

Humbercare

A charity that works to prevent offending and reduce the risk of re-offending by offering support, advice and guidance on issues such as accommodation, mentoring, employment and training.

Probe (Hull) Ltd

Probe Young People's Services have a number of programmes to support young people who need alternative learning provision, personal development and intense support to improve their chances of succeeding at school or to enter the labour market.

Therapy Services (UK)

A charity based in Hull which offers one to one or group counselling to people in need who would have difficulties in paying for a therapeutic service. All therapists are qualified psychotherapists. Referrals are accepted from agencies or people can self refer.

The Salvation Army - William Booth House, Hull

This service provides short-term accommodation for homeless men and women. The centre also supports people who are preparing to move out into their own accommodation but still need support and advice before taking the next step.

The following services and organisations assisted our investigation by distributing surveys among their users:

Compass Hull

Compass is a leading national provider of services to tackle problem drug and alcohol use. They aim to help people break the cycle of their dependency and release them and their communities from the health, social and criminal justice problems that attend problematic substance misuse. Services include drop-in, outreach, user involvement and day programme.

English Churches Housing Group

ECHG is a specialist provider of older persons and supported housing services, providing homes throughout England.

Focus Counselling

Focus Counselling offers individual and couple counselling, psychotherapy, psychology services, supervision, training in a variety of areas, mediation, conflict resolution work and organisational consultancy.

Hull College

Hull College's Learner Support service provides a range of services including: course information, advice and guidance; careers education and guidance; and confidential counselling service.

Hull University Student Counselling

Student Counselling aims to help individual students of the University develop a greater sense of resource and self-determination. It offers support and help to students with concerns or problems during their studies at Hull.

'The problem isn't making the referral, it's the timescale it takes to access the treatment. The organisations are there but they're that stretched it affects the appropriate timescales to get people into treatment.'

Comment from a worker



Through talking to individuals and attendance at Abstain meetings we also found that people have stories to share about their lives, and lives and family life lost to alcohol. We also found regret for the loss of a 'normal' life but also hope, inspiration, encouragement, great humour and extremely supportive sources of long term help and advice for drinkers to change their behaviours and commit to abstinence.

AS reported that he is now, after many years as a drinker, and several years without a drink, he is trusted by his daughter to see his grandson on a regular basis.

We found one individual whose experience of detox was frightening

AB reported that after a long wait for in patient detox he was admitted to a general psychiatric ward in a Psychiatric Unit in Bridlington. He found the environment was not conducive to a speedy recovery. He reported that he was bullied and felt intimidated by the other inpatients, at a time when he most needed peace and quiet to aid his recovery. He also felt isolated from his family, who were supportive of his attempts to stop drinking. AB has been without a drink for 2 years now and reports that his marriage has survived "against all odds".

People in recovery also reported that it was difficult to reintegrate into society and particularly to secure meaningful employment. Boredom was the biggest issue with many reporting that there is nowhere to go and nothing to do that will help to fill daytime hours.

We also found that the length of time getting into treatment varied. Many thought six weeks was standard, but that up to six months is not uncommon, during which time the person is required to carry on drinking. We were told that "cold turkey can seriously undermine health and can even kill".

There was a general consensus of those who had been through the detox process that there was a need to be physically and emotionally prepared.

Many of the individuals we spoke to had used the hospital for emergency detox, and said that many recovering alcoholics still suffered from harmful conditions which require regular hospital admission and treatment.

AD reported that his medical records clearly indicated that he was an alcoholic, even though he had been in recovery for some 5 years. He felt that nursing staff had no compassion for his current suffering.

It was also reported that following discharge from hospital for alcohol related problems, there was no pathway into helpful and supportive care services in the community.

Summary of Issues Raised in our Users' Survey

67 individuals completed our survey for people who had experience of alcohol treatment and/or support services.

Accessing Services

There was a wide variety of information sources people had used to find out about alcohol services. The most common source of information was the person's GP (16 responses), followed by word of mouth (7 responses).

Other responses included information resources such as: internet; leaflets; and telephone directory. Some people had been signposted by agencies such as the local council or Citizens Advice Bureau. Others had been referred into alcohol services by other health or community services such as: Hull Royal Infirmary; William Booth House; Health Champions; MIND; and local Hostels.

When asked whether they had found information about services readily available, 79% said they had, with 21% saying they had not.

Respondents to our survey who had used alcohol services had received help from a number of different services. The most commonly cited sources of help were:

Service	Number of Responses
GP	23
Humber Foundation Trust Addiction Services	19
Non NHS Support Service (e.g. The Alcohol Project)	25
Support Group (e.g. Alcoholics Anonymous; Abstain)	13

Other sources of help responses had used included: Social Services; Hull Royal Infirmary; Probation Services; and Compass.

We also asked how easy it was to access treatment and support services.

Response	Percentage of Responses
No problems accessing services	79%
Quite difficult to access services	17%
Very difficult to access services	4%

It is encouraging that most people reported no problems with accessing services. The most commonly quoted problem with accessing services was waiting times, with a number of people telling us that following referral to treatment services it had taken a long time before treatment started.

Comments from service users:

‘Quite difficult to access services: the length of time waiting to be seen and assessed as to the extent of the problem; cancelled appointments and a long wait for a place in a detox ward.’

‘Quite difficult – the length of time waiting for help (March to July); appointments being cancelled.’

‘Once I found the right people I was fine. Just a very long wait for detox.’

People’s Experience of Services

We asked respondents who had used alcohol treatment and aftercare/support services how they rated them.

	Very Good	Good	Satisfactory	Poor	Very Poor
Treatment Services	27%	38%	22%	11%	2%
Aftercare and Support Services	25%	36%	20%	17%	2%

We also asked service users what was good about the service they had received:

- Most responses here pointed to services’ helpful and supportive approach.
- Descriptions such as ‘approachable’, ‘personalised’ and ‘one to one service’ were used by several respondents.
- Clients appreciated services which they viewed as understanding and non-judgmental, and where they could build good relationships with the staff.

Comments from service users:

‘My GP was excellent and took me seriously, and provided the support I needed and escalated other support for me. My detox at Bridlington Hospital was also excellent and the following sessions at Baker Street helped me understand what alcohol addiction causes and creates. Abstain as a support group provides a fantastic aftercare and support service.’

‘They explained the treatment in detail. Really understanding and supportive.’ (from a Humber Foundation Trust service user)

‘Support with friendly people. Understanding of the problem. Time of day suited.’ (from a Humber Foundation Trust service user)

'Detox at Bridlington was good. I then attended Baker Street three times a week. Everything I learnt and my new understanding about the problems was invaluable due to the team of people at Baker Street.'

'ADS counselling was good.'

'I was able to walk in without an appointment and was able to see someone that day. Very friendly staff.' (from an ADS service user)

'The support I have received from Abstain has been tremendous.'

'I found AA informative, open and honest.'

'I have used my GP, ADS and Abstain – each has been very good in their own way.'

When asked what could have been better about services they had received, the most commonly cited answers were:

- More follow up help and support
- More co-ordination between services.

Follow-up Help and Support - comments from service users:

'For me personally (it would have helped to have) a counsellor to talk to before detox and during detox to explain what will happen and why, and to check how you are doing after.'

'I feel that when I stopped drinking I could have had more counselling support, because as soon as I stopped drinking I was discharged.'

'Aftercare programmes not long enough, people relapse too easy with no support.'

Co-ordination between Services - comments from service users:

'A more joined up approach. Individual services and networks with more cross-partnership working.'

'Co-ordination between other departments and organisations.'

Users who had been to detox services were positive about them, and some said more local services were needed.

Comments from service users:

'Very good and necessary. Not nearly enough of these services.'

'Not enough places for the amount of people needing a detox as the initial step to recovery.'

Regarding aftercare, again those who had used these services had found them beneficial, but some said they had not been long enough or that there was a need for more of these services.

Comments from service users:

'They gave me only three weeks support, I would have liked more! Other people had six weeks.'

'I attended three weekly sessions at Baker Street for six weeks. These were of a massive benefit to myself, giving me an understanding of the whys and wherefores of alcohol addictions. Very well run and worthwhile. Some people's term of going was cut short because of lack of places.'

Regarding hospital treatment linked to misuse of alcohol, users reported mixed experiences. Some reported that treatment was 'excellent' and that staff were understanding, others that the hospital needed to be 'more informed regarding this illness', or that they had not been treated with respect. Some respondents reported that follow up from a stay in hospital was lacking, and that more direct links between the hospital and support services would be useful.

Finally we asked respondents to give their top priorities for improving services:

Priority	Number of Responses
More information about alcohol problems and the help available	23
Easier access to treatment services	20
More detox and rehabilitation services	23
More aftercare services for ongoing support	31

Other top priorities given included: more time in the alcohol withdrawal programme; better co-operation between services; more local drop-in centres; more direct links from hospitals to support services; more in-house rehab/detox; and intermediate arrangements between community and residential rehab facilities.

'They gave me only three weeks support, I would have liked more! Other people had six weeks.'

Comment from a service user

We also conducted a survey of workers and volunteers who were able to provide valuable feedback on the issues their clients face in getting help with their alcohol problems. 30 workers and volunteers responded to this. We also conducted interviews with 24 people from various treatment and support services, as well as from other services which do not specialise in alcohol related work but have experience of helping clients who have alcohol problems.

When asked what their clients found beneficial about services, the most common themes to emerge were those of:

- Support.
- One to one help.
- Effective signposting to relevant services.
- Convenient referral processes.

Comments from workers:

'Regular support throughout, easy referral process.'

'Easily signposted and referral process appears quick.'

'Easy referral process, good locality, open door policy.'

'Very thorough comprehensive assessment, case management and intensive treatment options. Excellent aftercare, follow up and onward referral.'

When asked what could be better about services for their clients, the most commonly suggested areas were:

- More support and aftercare.
- Easier access to detox and rehab, with less waiting for appointments.
- More local detox.
- Improved referral from hospital treatment.
- Improved co-ordination and communication between services.

'When somebody does the short detox there needs to be a better structure to follow that on. I think that aftercare is lacking.'

Comment from a worker



Analysis

Support and Aftercare

We learned that The Alcohol Project provides a service to people who have been through a detox, providing one to one support to people to maintain their abstinence. Follow up support is available after three, six and nine months, as is access to support groups.

Support groups AA and Abstain run regular meetings where people can share experiences and support each other.

However several respondents felt there was a need for more support to be available to help people after treatment, and that it was all too easy for people to relapse without more ongoing support. Some pointed to a need for activities that could help people fill their time constructively.

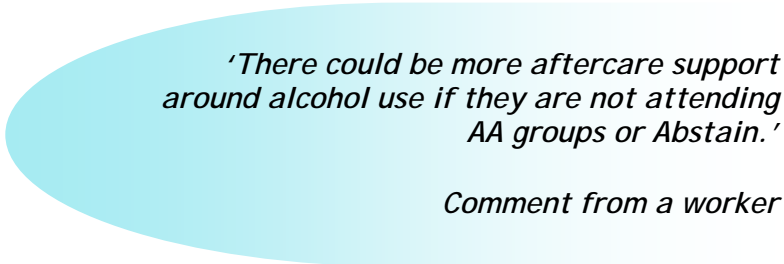
Comments from workers:

'We're certainly not as strong in supporting people when they come out of detox as we could be. If you detox someone and put them back in an environment where support isn't available for them to fill their time in or isn't available to have someone to talk to, then you're setting them up to fail.'

'I think the health service needs to prioritise aftercare and accept that it is their responsibility to treat it. It's part of the illness. It's the main reason why so many people keep coming back. They have to understand that you can't treat a long term illness in six weeks.'

'When somebody does the short detox there needs to be a better structure to follow that on. I think that aftercare is lacking.'

'There could be more aftercare support around alcohol use if they are not attending AA groups or Abstain.'



'There could be more aftercare support around alcohol use if they are not attending AA groups or Abstain.'

Comment from a worker

Access to Detox and Rehabilitation

A number of workers we spoke to told us that waiting to access services poses problems to clients, with it being relatively common for people to relapse whilst waiting to be referred. We were told that in many cases it is hard for clients to stay motivated when they face a long wait for treatment.

Comments from workers:

'In the period of time they're waiting for a referral they often relapse. My concerns are with the speed it takes for someone to actually get some treatment. Otherwise it's a very volatile lifestyle and you do end up falling back into it very quickly if you haven't got the support you need.'

'The medication to help them manage their drinking seems to be a big barrier at the moment because it's not easy to access. I think it would be much better if there was a shorter waiting process for clients to be able to access these types of treatments and medication.'

'The problem isn't making the referral, it's the timescale it takes to access the treatment. The organisations are there but they're that stretched it affects the appropriate timescales to get people into treatment.'

'Waiting lists to go into rehabilitation and detox services are very long. Clients lose faith and have missed out on services.'

'It takes such a long time to refer that my clients become really demotivated.'

'There are people in Hull who may be crying out for a detox but it's all about funding and waiting for appointments. My own experience of working with people with addictions is when somebody is asking for help, you need to take them in straight away and give them support.'

More Local Detox

Some respondents felt that clients would benefit from more locally available services, rather than having to travel out of town.

Comments from workers:

'Clients complain of the need for more rehab and detox services in the Hull area.'

'I wish there were more localised services rather than having to go out of town for availability.'

'Not enough services in Hull area.'

'I think there should be more beds available in the Hull area.'

Improved Referral from Hospital Treatment

Regarding clients who had been admitted to hospital due to problems with alcohol, we were told that there was a lack of referral on to alcohol services in the community after treatment.

Comments from workers:

'I'm not sure whether the hospital does enough to try and refer them into services.'

'Every month the same one or two come in. Nobody seems to be capturing them. They need to go and do detox, but they're doing a detox there (in hospital). If they just extended it by a couple of days they could make a lot more progress into the problem, then feed that person into the systems that exist at the AWP and ADS.'

'There's no support structure for some people after they come out of hospital. It's all very quick. They're on a general ward popping pills for a week and then they're out. I don't really know what that's actually going to achieve because it's not solving a problem.'

'A few clients have been admitted for a few days but aftercare seems to be lacking. No problems being admitted as they are treated for other issues e.g. broken bones, accidents, blackouts.'

Other workers reported more positive experiences in this area:

'Occasionally, I have challenged staff where clients have been treated with contempt, but generally my experiences have been more positive following overnight stays and referrals have been made to the relevant services before discharge.'

'We have quite good dialogue with our A&E department; they're good at communications with us.'



'We have quite good dialogue with our A&E department; they're good at communications with us.'

Comment from a worker

Co-ordination and Communication

Some responses highlighted a need for services to work together and communicate more effectively.

Comments from workers:

'There's not enough communication between the agencies. There's no one there to join up and tell the doctors "by the way, the service has changed in the last year or two". I think it's just passing the information down the train that's the issue.'

'They (staff at the hospital) don't know who to call. And across the road you've got ADS who are offering an aftercare service. They're literally within a quarter of a mile with each other. They need someone to join them up and make sure that they are all communicating.'

'There's a very clear pathway if dependent drinkers need treatment or detox. Possibly the only downside is I'm not sure there's enough joined up thinking with all the alcohol treatment providers. The impression I get is that everybody's tending to do their own thing.'

'I think overall, the alcohol services are good, but I do feel that communication between professionals both statutory and voluntary would be extremely beneficial.'

There is confusion over 'who is doing what' within the local alcohol agencies. There are concerns over a duplication of service and also that the general public will be confused with which agency 'is doing what'. Would like commissioners to provide more clarity around this. Would also welcome an alcohol treatment forum to improve interagency communication. (Summary of an interview with a worker)

Other Issues

Our investigation highlighted some other important issues concerning particular client groups.

Young People

Workers who support young people told us about the issues they face in supporting them with alcohol problems. Areas they highlighted for further developments in services included: a need for more suitable information resources for a younger audience; more inter-agency working; and improved links with the hospitals.

Chaotic Client Groups

Groups working with clients who are homeless or without settled accommodation told us about the challenges their clients face. They pointed to the difficulties in seeing a treatment process through with chaotic clients. Challenges involve not only the withdrawal problem but the environment in which clients live, where their peer group have the same problems as they do.

Hull LINK makes the following recommendations under its legal powers:

1. More support to be available to people in preparation for detox.

Many people who are going into detox services face a wait of several weeks or months. We heard from a number of people that this poses difficulties in terms of staying motivated. Clients can face challenges in managing their physical and emotional health in this period.

It is accepted that there can be important medical reasons why patients have to wait to enter detox, and why they are told not to stop drinking in this period. However we feel that clients would benefit from information and advice to help them through the process and understand the issues involved. We also found that people would benefit from more health education in terms of helping them to understand why they have been advised not to stop drinking while they wait for detox.

2. More local detox beds on a dedicated unit.

We found that, with the nearest beds located at Bridlington, clients are facing being isolated away from their families with resulting difficulties in maintaining their relationships. It was also reported to us that being placed on a mental health ward was not a good environment for recovery.

3. Consider developing formal arrangements for a single point of access for alcohol services.

A number of comments we received during our investigation concerned the need for more co-ordination of different services. We feel that a formalised single point of access service could be a valuable route into support, providing for holistic assessment of users' needs and improved information about the different pathways.

Improved co-ordination was one of the areas for development identified at the Glass Half Full event. In recognition of this Hull LINK and North Bank Forum will be arranging a further event in Autumn 2010 which will invite services to come together to explore opportunities for more communication and co-ordination.

4. Consider providing more ongoing support to people who have had treatment for alcohol problems.

There was considerable praise for services that provide support and aftercare to people who have had problems with alcohol. This included The Alcohol Project's aftercare service, and the support groups provided by Abstain and Alcoholics Anonymous.

However we found that one of the biggest challenges people face is filling their time in a constructive way. It would be beneficial for people to have access to some form of drop in service where they could mix with other people who had similar experiences and socialise in a relaxed, alcohol free environment. It would also be useful for people to have access to support with housing, finances, training, preparation for employment and general reintegration into society.

5. Improved referral following hospital treatment

Our investigation highlighted a need for improved co-ordination between services at local hospitals and alcohol services. We were encouraged to learn of plans for dedicated staff to be employed at local hospitals, and for the protocol with Humber Foundation Trust to be implemented when these staff are in post.

However we are concerned that, while funding for the posts is not in place, patients are going without the necessary support. We therefore recommend that recruitment of the new workers and implementation of the protocol be treated as a matter of urgency.

6. Increased capacity for treatment services.

We appreciate the limitations that services are operating under due to availability of resources and overall capacity, but our investigation did highlight that a number of services are facing considerable demand for their services, resulting in delays for people seeking help.

'I think overall, the alcohol services are good, but I do feel that communication between professionals both statutory and voluntary would be extremely beneficial.'

Comment from a worker

What will happen next with this report?

The report will be submitted to the local NHS and local authority under the LINK's power to make reports and recommendations. Services have 20 days from receipt to respond.

Hull LINK will monitor responses to our recommendations and keep our members and stakeholders informed of progress and actions to deliver improved services.

Acknowledgments

Hull LINK wishes to thank all those who contributed to our investigation, particularly those who had used services and were willing to share their experiences.

We would also like to thank those in services and organisations who gave their time to help us gain understanding and awareness of the issues facing service users.

Abstain

www.abstain.org.uk

Telephone 01482 806500 or 07727 681 564.

Action For Change

www.action-for-change.org/hullalcoholservices

Telephone 01482 321594

The Alcohol Project

www.ads-helponline.co.uk

Telephone 01482 320606

Alcoholics Anonymous

AA General Service Office

PO Box 1, Toft Green

York.

www.alcoholics-anonymous.org.uk

Telephone 01904 644026.

Bodmin Road Church

www.bodminroadchurch.com

Telephone 01482 834417

Compass Hull

www.compass-uk.org

Telephone 01482 222686

Community Alcohol Team, Humber Foundation Trust

www.humber.nhs.uk

Telephone 01482 336675

Council for Dependency (CDP)
www.challengingdependency.co.uk
Telephone 01482 225868

English Churches Housing Group
www.echg.org.uk
Telephone 01482 310541

Focus Counselling
www.focuscounselling.co.uk
Telephone 01482 891564

Hull and East Yorkshire Hospitals Trust
www.hey.nhs.uk
Telephone 01482 875875

Hull College
www.hull-college.ac.uk
Telephone 01482 598744

HULLHARP (formerly Hull Homeless and Rootless Project)
www.hullharp.org.uk
Telephone 01482 225029

Hull Hostel Forum
www.hullhostelforum.org.uk
Telephone 01482 326161

Hull University Student Counselling
www2.hull.ac.uk/student/counselling.aspx
Telephone 01482 465166

Humbercare
www.humbercare.org.uk
Telephone 01482 586633

Probe (Hull) Ltd
www.probeltd.co.uk
Telephone 01482 307555/6

RAPt (The Rehabilitation for Addicted Prisoners Trust)
www.rapt.org.uk
Telephone 07500 067 762

ReFresh
www.hullcc.gov.uk
Telephone 01482 300300

The Salvation Army
William Booth House
Hull
www.tw4c.org.uk/williambooth-hostel
Telephone 01482 225521

Therapy Services (UK)
www.therapyservicesuk.org.uk
Telephone 01482 222270

During the consultation and fact finding exercise we were informed of other sources of advice and help including the following:

NACOA – National Association for Children of Alcoholics
www.nacoa.org.uk
Helpline Telephone 0800 358 3456

Al-Anon – Support for those affected by someone else's drinking
www.al-anonuk.org.uk
Helpline Telephone 020 7403 0888

Drink Line – Help and support on alcohol related issues for drinkers and families
Helpline Telephone 0800 917 8282



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Hull CVS is the host organisation for the Hull LINK



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