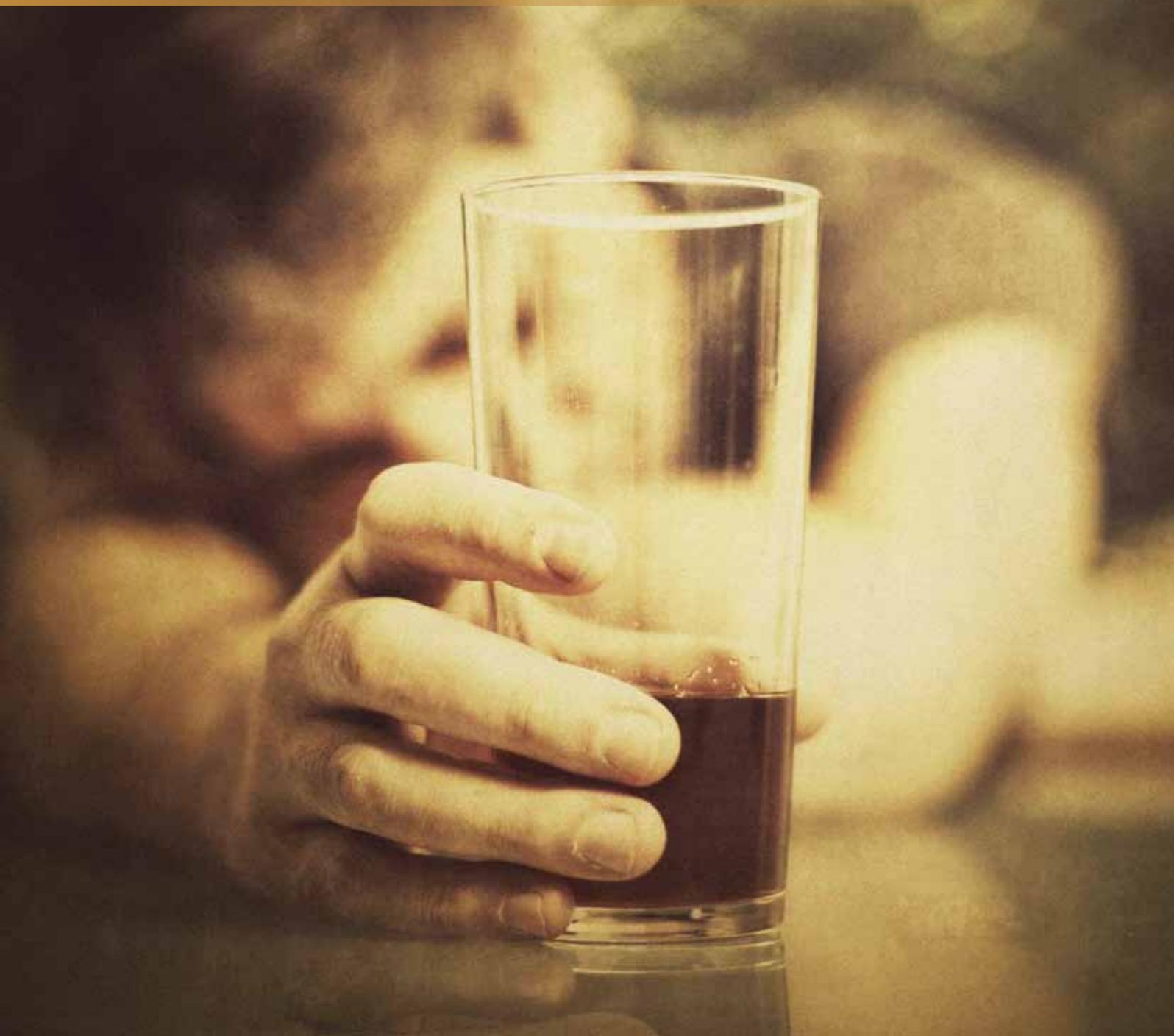


# Everyone's problem

The role of local alcohol services in tackling  
Wales' unhealthy relationship with alcohol



Alcohol Concern  
Making Sense of Alcohol



## Alcohol Concern

Alcohol Concern is the national charity on alcohol misuse campaigning for effective alcohol policy and improved services for people whose lives are affected by alcohol-related problems.

## Our work in Wales

Alcohol Concern opened its office in Cardiff in 2009. Alcohol Concern Cymru is focusing on policy and public health in Wales, acting as a champion for alcohol harm reduction.

### Published by

Alcohol Concern,  
Suite B5, West Wing,  
New City Cloisters,  
196 Old Street,  
London, EC1V 9FR  
Tel: 020 7566 9800  
Email: [contact@alcoholconcern.org.uk](mailto:contact@alcoholconcern.org.uk)  
Website: [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

### On behalf of

Alcohol Concern Cymru,  
8 Museum Place, Cardiff, CF10 3BG  
Tel: 029 2022 6746  
Email: [acwales@alcoholconcern.org.uk](mailto:acwales@alcoholconcern.org.uk)  
Website: [www.alcoholconcern.org.uk/cymru](http://www.alcoholconcern.org.uk/cymru)

Copyright: Alcohol Concern February 2012

All rights reserved. No part of this publication may be produced, stored in a retrieval system, or transmitted by any means without the permission of the publishers and the copyright holders.  
Cover photograph provided by iStockphoto.com

Alcohol Concern is a registered charity no. 291705 and a company limited by guarantee registered in London no. 1908221.

Alcohol Concern is grateful for the support of Lundbeck UK in part funding the production of this report. Lundbeck is an ethical research-based pharmaceutical company specialising in diseases of the central nervous system. The views expressed in this document are those of Alcohol Concern alone and do not necessarily reflect those of Lundbeck





# Executive summary



Alcohol misuse continues to be a major challenge in Wales, with many of us regularly drinking beyond the recommended guidelines. This pattern of overuse is reflected in high levels of alcohol related illness, hospital admissions and deaths.

A wide range of alcohol services exist in Wales, providing valuable guidance and support to individual drinkers and their families, and to the wider community. These services play a vital role in dealing with the day to day consequences of alcohol misuse, and in helping us in the longer term to develop a healthier relationship with alcohol. Research has shown that local alcohol services can bring genuine personal and social benefits, and long term financial benefits in terms of reduced pressure on other public services due to alcohol related problems.

Unsurprisingly, given the current outlook for public spending, alcohol services in Wales have serious concerns about their own financial future. These concerns are intensified by the ongoing high levels of demand for alcohol treatment. Whilst recognising current public funding constraints, Alcohol Concern argues that the immediate and long term benefits of alcohol services to individuals, society and the public purse justify supporting, developing and investing in them.

In spite of the obvious value of alcohol treatment services, stigma and embarrassment continue to be associated with publicly acknowledging an alcohol problem and seeking help for it. This is in part perpetuated by a public perception that problem drinkers are unlike normal mainstream drinkers, a notion reinforced by the drinks industry's insistence that alcohol is a neutral product that only causes problems in the hands of irresponsible consumers.

To address these issues, Alcohol Concern recommends:

## Recommendation 1

Spending on alcohol services should remain a Welsh Government priority. Official reporting on the implementation of the Welsh Substance Misuse Strategy should show clearly how much is being allocated to the prevention and treatment of alcohol misuse, and how local alcohol spending accords with national goals.

## Recommendation 2

The role of Wales' Substance Misuse Area Planning Boards (APBs) should be increased and developed in order to ensure more consistent service provision across Wales, and that local service commissioning is contributing to achieving national priorities for preventing and treating alcohol misuse.

## Recommendation 3

The Welsh Government should ensure that the number of people dependent on alcohol in Wales is accurately recorded, that targets are set for the numbers of dependent drinkers accessing treatment each year, with the aim of increasing take up of services, and that sufficient resources are made available to support this.

## Recommendation 4

Public health advocates need to continue to challenge the notion of alcohol as a neutral product, emphasising that whilst it is an established part of most of our social lives, it is also toxic and addictive substance with a number of intrinsic dangers.

# Introduction

Despite reports of recent small reductions in overall alcohol consumption,<sup>1</sup> alcohol misuse remains a substantial problem in Wales<sup>2</sup> and across the UK.<sup>3, 4</sup> With alcohol consumption per head having doubled since the 1950s,<sup>5</sup> and overconsumption an ingrained part of many of our lives,<sup>6</sup> large numbers of people in Wales are still experiencing serious problems with alcohol.<sup>7</sup> On the other hand, there is a growing body of evidence about the effectiveness and cost-effectiveness of interventions to help people manage their alcohol use.<sup>8</sup>

This report draws on a range of public policy documents, statistics and academic research, and on the results of snapshot surveys of voluntary sector alcohol services in Wales<sup>9</sup> and of public attitudes to alcohol problems and treatment.<sup>10</sup> It considers alcohol treatment services in their broader social context, and argues for the recognition of alcohol misuse problems as part of our society's more general unhealthy relationship with alcohol. It calls for an end to the stigma often associated with seeking help for an alcohol problem, and rejects the notion that alcohol misuse is merely a problem for "a mindless minority [that] does not understand how to drink sensibly".<sup>11</sup> It also looks at the role local alcohol services play in raising alcohol awareness and addressing a wide range of issues often related to alcohol misuse – such as domestic abuse, employment problems, and family breakdown – providing innovative solutions, and helping us work towards a healthier relationship with alcohol.

# What is alcohol misuse?



Whilst many people do enjoy alcohol as part of a balanced and healthy lifestyle, many of us overuse and misuse alcohol, and are often not even aware of what constitutes a sensible level of drinking.<sup>12</sup> The World Health Organisation (WHO) has identified three main levels<sup>13</sup> of alcohol misuse:

- **Hazardous drinking** is a pattern of alcohol consumption that increases the risk of harmful consequences for the user or others. Hazardous drinking is of public health significance even when no current disorder is shown in the individual drinker.
- **Harmful drinking** is alcohol consumption that results in consequences to physical and mental health. The social harm caused by alcohol misuse is sometimes included in this.
- **Alcohol dependence** is a cluster of phenomena that can develop after repeated alcohol use. Typically, these include a strong desire for alcohol, a lack of control over its use, persistent drinking despite harmful consequences, giving a higher priority to drinking than to other activities and obligations, increased alcohol tolerance, and a physical withdrawal reaction when alcohol use is discontinued.

More recently, the Department of Health in England<sup>14</sup> has outlined three main categories of drinkers, based more specifically on the quantities of alcohol consumed daily and weekly:

- **Lower risk drinkers:** Those who drink within the recommended daily and weekly maximum number of units: 2-3 units per day and up to 14 per week for women; and 3-4 units per day and no more than 21 each week for men.
- **Increasing-risk drinkers:** Those who drink more than the recommended daily maximum number of units on a regular basis.

- **Higher-risk drinkers:** Men regularly drink more than 8 units a day, or more than 50 units a week; and women who regularly drink more than 6 units a day, or more than 35 units a week.

It's worth noting that within the Department of Health criteria, no pattern of drinking is described as being entirely risk-free, with even drinking well within the guidelines being referred to as 'lower risk'. Significantly, public perceptions of what constitutes problematic drinking often differ greatly from official guidance. A series of face to face interviews with drinkers on a night out in Aberystwyth in 2010, commissioned by Alcohol Concern, found very few people gave a quantitative answer to a question about how they knew when they had had enough to drink. More typically, respondents said they thought they'd had enough when they lost control or felt unwell: "when the room starts to spin", "when I can't see any more", "when I have to be put in a taxi".<sup>15</sup> A more recent on-street survey of shoppers in central Cardiff in December 2011 suggested many perceive an alcohol problem to be present only in the most extreme cases. Nearly half of respondents thought that a drink problem meant drinking every day, whilst a number of people relied on visible physical or social indicators: "when they can't walk properly, and slur their words"; "when they become annoying to other people due to their drinking habit"; "fighting [and] being nasty to others".<sup>16</sup> These responses underline our general reluctance to recognise that alcohol misuse is a spectrum and that the boundary between healthy alcohol use and alcohol misuse is not always clear. Many of us will alternate between healthy and unhealthy patterns of use over time, and for this reason it is not helpful or honest to attribute problematic drinking to a discrete group of 'problem drinkers'.

# Alcohol use and misuse in Wales



*“It is no wonder that alcohol is associated with greater harm than various illegal drugs. This is because it is far more prevalent.”*

The Portman Group, 2010<sup>17</sup>

88% of adults in Wales say that they drink alcohol,<sup>18</sup> whilst 52% of men and 38% of women admit to drinking more than the recommended amounts.<sup>19</sup> The true figures are likely to be even higher since research has shown that in surveys of alcohol consumption we generally underestimate our drinking.<sup>20</sup> Indeed, it has been estimated that the equivalent of two million bottles of wine are being drunk each week in Wales without ever showing up in surveys of drinking behaviour.<sup>21</sup> The consequences of this national habit are reflected in high rates of alcohol-related diseases,<sup>22</sup> and alcohol misuse in Wales is recognised as a national public health problem.<sup>23</sup>

## Facts and figures

- Alcohol accounts for around 1,000 deaths in Wales per year<sup>24</sup>
- 15% of hospital admissions in Wales are due to alcoholic intoxication<sup>25</sup>
- 30,000 hospital bed days each year are attributable to the consequence of alcohol consumption<sup>26</sup>
- There were 15,314 referrals for treatment for alcohol misuse in Wales in 2010-11, including 1,218 for patients aged 19 or younger. This compares with 11,481 referrals for the misuse of drugs, and overall alcohol accounted for 53% of referrals for substance misuse treatment in Wales in this period<sup>27</sup>
- The cost to the National Health Service in Wales of alcohol-related chronic disease and acute incidents is between £69.9 million and £73.3 million each year.<sup>28</sup>

Given the enormous increase in alcohol consumption in the UK over the last 50 to 60 years<sup>29</sup> and current high levels of drinking in Wales,<sup>30</sup> it is not surprising that some of those delivering alcohol services at the sharp end feel that the situation is getting out of hand. As one local service told us very simply, “currently there is too much.”<sup>31</sup>

# What are alcohol treatment services?



Alcohol treatment services cover a wide range of provision from intervention and brief advice (IBA) lasting perhaps 5 to 10 minutes,<sup>32</sup> through counselling and cognitive behavioural therapy (CBT), to complex detoxification procedures requiring specialist medical or nursing support. Alcohol treatment services are usually categorised according to a stepped care model which divides them into four tiers:<sup>33</sup>

- **Tier 1:** Non-specialist services which see substance misusers as part of their general work, such as social services, primary care and the police
- **Tier 2:** Open access, low threshold alcohol misuse services. These may be delivered by agencies whose main focus is not alcohol, such as social services and GPs, but are often provided by specialist alcohol services
- **Tier 3:** Structured community based alcohol misuse services, normally provided by agencies specialising in alcohol treatment
- **Tier 4:** In-patient and residential alcohol misuse services.

In Wales, a significant proportion of Tier 2 to Tier 4 services are provided by local voluntary sector organisations, in partnership with statutory commissioners and providers. The tier of services a client accesses will depend on the nature and severity of their alcohol problems. People may enter treatment services at various levels at various times, and it is not possible to set rigid criteria for when or how people will make use of which Tier. Key factors include:

- The level of consumption
- The context in which alcohol is used
- The seriousness of the alcohol-related problems
- The severity of the dependence on alcohol.<sup>34</sup>

In 2010-11, around 34% of people using alcohol treatment services in Wales referred themselves, and this represented the largest single category of referrals. 14% were referred by their GP, whilst other referrals came from a wide range of sources. Non-statutory agencies such as the local voluntary sector were a major source of referrals, accounting for 13% of the total.<sup>35</sup> Interestingly, an Alcohol Concern survey of shoppers in Cardiff in 2011 found that only 4% said they would go to a local alcohol treatment service if they thought they had a drink problem. Over half said they would go in the first instance to their GP or to hospital, underlining the importance of NHS services to those seeking help with alcohol, and the need to ensure the front-line NHS staff know how to discuss alcohol with patients, and refer on appropriately.<sup>36</sup>

As well as being classified into Tiers, traditionally alcohol services have also been categorised according to whether they favour a 12 Step approach or a psychosocial approach. The 12 Step approach is often associated specifically with Alcoholics Anonymous<sup>37</sup> but is used by many other organisations. One of its most obvious characteristics is its focus on the need to seek external help (“a Power greater than ourselves”). By contrast, psychosocial approaches focus more on the ability of the individual to motivate themselves and take control of their own behaviour and change it. Both approaches have been shown to be beneficial to different clients, and both continue to be publicly commissioned and funded in Wales and elsewhere in the UK.

Most alcohol services do not deal with alcohol alone, and provide services as well for users of illegal drugs. Many also run projects to address the wider personal and social issues that often go hand in hand with alcohol misuse, such as family breakdown, domestic abuse, mental health problems, and employment issues. The



boxes below set out two examples of the ways alcohol services in Wales are working innovatively to address alcohol misuse and the issues that accompany it.

### **Brynawel House family counselling service, Llanharan, Pontyclun**

This new service opened in May 2011 with Big Lottery Funding, and is available to families where there is a family member with alcohol dependency. The counselling sessions are available free for couples, families with children (if the children are old enough to participate and understand) extended family and same sex families. The service aims to help families explore and express their feelings, thoughts and behaviours in an environment that is safe, non-judgemental and where all family members are listened to. Where appropriate, one to one counselling is also offered to individuals within the family groups.

The service is accessed by residents of Brynawel's main residential rehabilitation facility, but most clients are external and are drawn from the local area and adjacent counties. Clients may still be drinking when they enter the service, unlike in the residential facility, where drinking is not permitted. Brynawel works in partnership with other local substance misuse services and local social services to arrange referrals.<sup>38</sup>

### **Caffi CAIS, Llandudno**

Caffi CAIS opened for business in July 2011, and provides employment and training opportunities to people recovering from drug and alcohol problems. Located in Llandudno's coach park, it offers an obvious first stop for the many visitors to this popular seaside resort. The development of the previously unused site was funded by the Welsh Government, and the project was also backed by Conwy County Council and Llandudno Town Council.

Café staff undertake an intensive 13 week training course in all aspects of catering, including food hygiene and food preparation, health and safety, customer service and basic business skills. The aim is to enable trainees to work in the many hotels and restaurants in the Llandudno area. The café operates as a social enterprise, and profits will be reinvested in CAIS client services.<sup>39</sup>

# Spending on alcohol services across the UK



Spending on alcohol services varies greatly across the UK, and meaningful comparisons are difficult due to the different ways spending is defined and reported around the country. In 2008 the Scottish Government announced an additional £28.4 million per year specifically to tackle alcohol misuse, on top of the annual allocation at the time of £12.3 million.<sup>40</sup> Following from this, in March 2011 a budget of £37 million was announced for alcohol services in Scotland during the forthcoming financial year,<sup>41</sup> or around £7 per person in Scotland. Figures for England are harder to clarify, but the Alcohol Needs Assessment Research Project concluded in 2005 that £217 million was being spent that year on alcohol services in England, equivalent to around £4.30 per person at the time. These headline figures, do not, of course show how money is being spent on the ground, and it's worth noting that audits in Scotland<sup>42</sup> and England<sup>43</sup> have found that local spending on alcohol services has been inconsistent and not always based on evidence of effectiveness or local needs.

The Welsh Government's Substance Misuse Action Fund for 2010-11 contained £34.5m, and an additional £17m was ringfenced within Health Board budgets for substance misuse services, bringing the total spend to almost £52m.<sup>44</sup> In the 2011-12 budget a similar figure of £51.5 million was allocated for delivery of the Substance Misuse Strategy Implementation Plan,<sup>45</sup> and in 2012-13 there was a slight fall to £50.3m<sup>46</sup> due to general constraints on public spending. This 2012-13 figure equates to just under £17 per year per head of population, although this is for substance misuse services as a whole and not specifically for alcohol issues.

Whilst the Welsh Government has been keen to emphasise that substance misuse is a spending priority, alcohol services in Wales remain concerned about their future funding. 100% of respondents to an Alcohol Concern survey of voluntary sector alcohol services in 2011 thought that the related challenges of reduced public funding and the need to seek new funding sources were either important or very important. Similarly, when we asked people separately to name the single most important issue facing them, money worries were to the fore.

*“The lack of funding provision for sustaining existing services, particularly from statutory funding sources.”*

*“Lack of funding, and the short-term nature of it.”*

*“Guaranteed funding alongside referrals.”*

*“I'm afraid that just surviving has become the priority for some providers in some cases.”<sup>47</sup>*

Alcohol Concern very much welcomes the Welsh Government's approach to alcohol misuse as part of a wider substance misuse strategy. Alcohol does not exist in isolation, is often used in conjunction with other drugs, and is linked to many of the same social problems as other drugs. However, it is clear that concerns remain that distinct alcohol issues may be overshadowed or obscured by issues around illegal drugs. For this reason, we recommend that the Welsh Government ensures that reports on the implementation of the Substance Misuse Strategy show clearly how much is being allocated to the prevention and treatment of alcohol misuse, and how local alcohol spending accords with national goals.

# Why alcohol treatment services are important



*“[A] skilled and experienced workforce, many of whom have experience of addressing alcohol problems themselves. Staff are always prepared to go over and above what is required to help individuals in crisis.”<sup>48</sup>*

Local alcohol services in Wales provide a unique pool of experience and expertise in addressing alcohol problems. They can often draw on staff and volunteers who have faced problems with alcohol and other drugs themselves, and are therefore able to bring that perspective to the treatment and support of current alcohol misusers.

Various studies have shown clearly the benefits that good alcohol services can provide. In particular, a number of studies have shown that evidence based interventions to tackle alcohol misuse can be extremely cost-effective:

- A UK trial proved that over a six month period specialist treatment delivered savings of nearly £1,138 per dependent drinker, and reduced admissions to hospital.<sup>49</sup>
- A meta-analysis of 22 Randomised Control Trials shows that brief interventions are both clinically effective and cost-effective, and could bring savings in the UK of around £2,000 per life year saved. In the USA, brief interventions have been found to generate overall savings of \$56,263 for every \$10,000 spent.<sup>50</sup>
- One trial showed that social behaviour and network therapy<sup>51</sup> – which helps clients build social networks to support change in their drinking – saved about five times as much in health, social and criminal justice services as they cost.<sup>52</sup>

- Both the Welsh Government<sup>53</sup> and the National Treatment Agency in England<sup>54</sup> have endorsed research findings that for every £1 invested in specialist alcohol treatment £5 is saved on other public sector costs.

Aside from these financial benefits, attempts have also been made to measure the human benefits of effectively treating and supporting people experiencing problems with alcohol. In 2009, the Welsh Government introduced Treatment Outcome Profiles (TOPs),<sup>55</sup> a national system for measuring the impact of treatment for substance misuse on individual clients. TOPs measure the changes in client characteristics at regular intervals during treatment and at closure. The first all-Wales report on TOPs in 2011<sup>56</sup> included data from 17,204 initial profiles (with the number declining at each review stage as clients leave the TOPs). The data showed that:

- Between starting the TOP and leaving it, the frequency of use of the problem substance was significantly reduced for both alcohol and drugs – by 41% in the case of alcohol
- At the exit TOP, 13% of people who had been experiencing problems with alcohol said they had not used alcohol for at least 28 days
- Significant improvements in physical and psychological health and in quality of life were reported by both alcohol and drug clients between starting and exiting TOPs.



The box below gives just one example of how alcohol treatment services can make a real difference to the lives of individuals and their families.

*“I had tried so many times to stop drinking on my own, but each time I tried I felt overwhelmed by all the other problems in my life. My husband and children persuaded me to try rehab so I reluctantly agreed to visit Brynawel for an assessment. To my surprise, the atmosphere was really warm and I immediately felt safe and at home there.*

*During my stay, I confronted many of the reasons for my drinking – some of these were really hard to look at as they had been buried very deep for a very long time! However, with the help of the therapy team I learned new ways to cope with and overcome my demons. I also learned new strategies to live without alcohol.*

*It feels wonderful to have my life and my family back. I never thought I’d find a way out of my drinking – but I did. I can’t begin to explain how proud that fact makes me feel every single day.”*

Comments by a former client of Brynawel House, Llanharan<sup>57</sup>

Looking beyond the benefits to individuals, and at the broader social context, alcohol treatment agencies are generally well connected to local communities and networks, and able to draw on knowledge of their local area and population to ensure their services are relevant. Of respondents to our survey of voluntary sector alcohol services in Wales, 79% strongly agreed that local reputation and local knowledge and contacts were amongst their key strengths, and 92% agreed or strongly agreed that the sector contributed to broader community development, for example by providing volunteering opportunities.<sup>58</sup>

*“Providing local services for our people in Wales, delivered by Welsh organisations who understand the nature of their communities.”<sup>59</sup>*

The local importance of alcohol services can go well beyond their immediate client base. The box below gives an example of how alcohol services in Wales are seeking to reduce the harm caused by alcohol misuse in the wider local community, looking beyond those who likely to directly access alcohol services.

#### **Addressing binge drinking in Swansea city centre**

Swansea Drugs Project has worked with other local agencies, such as South Wales Police and Swansea Council to promote sensible drinking amongst young people on Wind Street – one of the main areas of pubs and clubs in the city. Staff from the agency met with all bar managers in the area to discuss problems on the street, and also the wider social, medical and crime and disorder issues resulting from alcohol misuse. Agency staff later went out on the street to work with young people out drinking on the day A-level results were announced. Flyers were distributed giving young drinkers tips on how to manage their alcohol intake (such as avoiding cheap double shots offers) and avoiding getting drawn into fights.<sup>60</sup>

# Access to alcohol services



Alcohol Concern believes that everyone for whom alcohol has become a problem should have access to suitable treatment and support, promptly and locally. However, the scale of alcohol-related harm so dwarfs the services available that very often developing services is more about providing an adequate minimum rather than meeting the identified need.

## Services for dependent drinkers

As noted above, the World Health Organisation (WHO) has identified three main levels of alcohol misuse,<sup>61</sup> of which the most severe is alcohol dependence. This typically includes a strong desire for alcohol, with drinking taking priority over other activities in the drinker's life, accompanied by dangerous physical withdrawal symptoms if drinking stops. This is the condition often defined in the popular mind as being "an alcoholic".

According to a widely accepted formula developed in Canada,<sup>62</sup> access to services for dependent drinkers can be categorised into three levels:

- 1 in 10 (10%) of dependent drinkers entering treatment each year is defined as a **low** level of access
- 1 in 7.5 (15%) is a **medium** level
- 1 in 5 (20%) is a **high** level.

Alcohol Concern recommends sufficient service provision to allow at least 1 in 7 (or 14 to 15%) of dependent drinkers in each local area to access treatment each year,<sup>63</sup> a target that was also endorsed by the Department of Health in England in 2009.<sup>64</sup> The Welsh Government does not currently set targets or hold statistics on the percentage of dependent drinkers in treatment.<sup>65</sup> Targets have, however, been set for increasing the number of local treatment places, and for waiting times for treatment,<sup>66</sup> and there has been a significant increase in the number of residential rehabilitation and detoxification places.<sup>67</sup> Alcohol Concern recommends that the Welsh Government

ensures that the number of people dependent on alcohol in Wales is accurately recorded, that targets are set for the numbers of dependent drinkers accessing treatment each year, with the aim of increasing take up of services, and that sufficient resources are made available to support this.

## Improving access to services for particular client groups

As part of the problem of inadequate access to alcohol services, there are a number of client groups whose particular needs are often not fully met. Ensuring equality of access to alcohol treatment services is a Welsh Government priority,<sup>68</sup> and to this end the Substance Misuse Treatment Framework (SMTF)<sup>69</sup> has been developed with modules looking at the needs of various vulnerable, and sometimes overlooked, client groups:

- Children and young people
- People with co-occurring substance misuse and mental health problems
- Homeless people and those with accommodation problems
- Carers and families of substance misusers
- Victims of domestic abuse.

Other client groups, such as people from black and minority ethnic (BME) communities<sup>70</sup> and older people<sup>71</sup> have also been highlighted by researchers as being underrepresented in the alcohol treatment population. With this in mind, we asked local agencies whether they were aware of any particular client groups whose needs alcohol services needed to do more to address. For the following clients groups, all respondents felt it was important or very important to do more to meet their needs:

- Victims and/or perpetrators of domestic abuse
- People with co-occurring alcohol problems and mental health problems.



Also high on people's list of priorities was working more with:

- Older people
- Young people
- Offenders and/or ex-offenders
- Families and/or carers of alcohol misusers
- Armed forces and/or ex-service personnel – with one person mentioning specifically the need to support people with post-traumatic stress disorder (PTSD).

A smaller number (42%) cited the needs of Welsh speakers.

*“Maybe Welsh speakers are a priority for me because a second and third generation of middle and working class Welsh people are dying in ignorance in out of the way towns across Wales.”<sup>72</sup>*

In all these cases, greater joint working with local services working with specific client groups, but without the expertise and/or capacity to address issues of alcohol misuse, seems an obvious priority for alcohol services.

### Improving services through better coordination

In our survey of alcohol services in Wales, competition – both from larger voluntary organisations based outside Wales and other agencies within Wales – was cited by several people as a significant challenge.<sup>73</sup> On the positive side, greater collaboration with voluntary and statutory partners were seen by all respondents as important or very important development opportunities. The development of Substance Misuse Area Planning Boards (APBs)<sup>74</sup> coterminous with the seven Welsh Health Boards, perhaps offers further opportunities for this.

Whilst the 22 county Community Safety Partnerships (CSPs) remain the statutory bodies charged with planning local substance misuse services, APBs are now developing partnership working arrangements at Health Board level and across CSP areas. Since the merging of Wales' 22 Local Health Boards into seven new bodies in 2009,<sup>75</sup> and given the increasing pressure on the 22 Welsh local authorities to work together,<sup>76</sup> it seems inevitable that more and more substance misuse services will be planned and commissioned at APB level. 50% of respondents thought this would a good thing, whilst some even felt that centralising to an all-Wales level would be beneficial. However, even amongst those who supported greater centralisation there was a desire to see local views and needs, and local expertise from services, being fed into the planning process.

*“It depends on the tiers. Tiers 1-3 need to be planned for and overseen at APB level, and delivered at local county, and sub-county level. Specialist services such as Tier 4 inpatient detoxification and residential rehabilitation need to be commissioned and planned for on an all-Wales basis, with the planning informed by local needs assessments... Pathways to access Tier 4 also need to come from local substance misuse treatment systems.”<sup>77</sup>*

Alcohol Concern recommends that the role of Wales' Substance Misuse Area Planning Boards should be increased and developed in order to ensure more consistent service provision across Wales, and ensure that local commissioning is contributing to achieving national priorities for preventing and treating alcohol misuse. This development will need to be balanced by effective use of mechanisms to ensure local feedback.



## Getting rid of the stigma

One major factor to be addressed in seeking to improve access to alcohol services is the fact that whilst our society is often very tolerant of alcohol misuse, especially when that misuse is felt to be sociable, there is still a social stigma attached to admitting a drink problem and seeking help for it.<sup>78</sup> As one service provider commented, a plan to site a pub on a street is likely to provoke less concern from local residents than a proposal for a new alcohol treatment centre.<sup>79</sup>

*“We’re concerned that the value of our properties will fall if this centre is built, and we won’t be able to sell them. No one in their right mind is going to buy a family home next to a drug and alcohol centre.”*

Campaigner against a treatment facility in Llandrindod, 2012<sup>80</sup>

Whilst there has been limited research into this in the UK, one major study in the USA found that people diagnosed with alcohol dependency were more than 60% less likely to seek treatment if they believed they would be stigmatized once their status was known.<sup>81</sup> Alcohol Concern’s snapshot survey of shoppers in Cardiff in December 2011 found that many people felt that seeking help for a drink problem could be personally and socially difficult. Around 30% of respondents cited shame or embarrassment as reasons why people might not seek help, whilst over 40% referred to issues of denial: “they’re either embarrassed or they don’t realise it is a problem”; “[they] don’t realise, and [are] afraid what will happen with [their] job, car”; “they don’t want to be judged by other people”.<sup>82</sup>

This paradox that whilst drunkenness has become more normal, seeking help for an alcohol problem remains taboo is in part perpetuated by the drinks industry’s insistence that alcohol is a neutral commodity that helps us “celebrate life”<sup>83</sup> and that only causes problems in the hands of irresponsible consumers,<sup>84</sup> an alleged “mindless minority”.<sup>85</sup> Alcohol Concern seeks to challenge this attitude to alcohol, given the body of evidence suggesting that alcohol is an intrinsically dangerous substance and that its marketing and distribution therefore require careful regulation and management.<sup>86</sup> Once we recognise that alcohol, whilst being an established part of most of our social lives, is also a toxic and addictive drug with a number of intrinsic dangers,<sup>87</sup> we are perhaps in a better position to deal with the social stigma around admitting an alcohol problem. This is not to excuse individual drinkers from personal responsibility; simply to recognise that a society that uses alcohol will face a certain level of alcohol related problems, and that these must be dealt with appropriately and sympathetically.

# Conclusions and recommendations



*“Maintaining and demonstrating a high quality responsive service that keeps the client at its centre, without being over bureaucratized or undermined by funding cuts.”<sup>88</sup>*

The above quotation from a local alcohol service summarises well the feelings of many people providing frontline services in the voluntary sector. This report has highlighted a number of the challenges facing alcohol services in Wales. It has also emphasised the vital role of alcohol services in dealing with the day to day consequences of alcohol misuse, and in helping us in the longer term to develop a healthier relationship with alcohol. Research has shown that local alcohol services can bring genuine personal, social and financial benefits. Whilst recognising current public funding constraints, Alcohol Concern argues that the immediate and long term benefits of alcohol services to individuals and society justify supporting, developing and investing in them.

In spite of the obvious benefits alcohol services can bring, a social stigma continues to be attached to publically acknowledging a drink problem and seeking help from an alcohol service. Resolving this paradox will depend on being honest with ourselves as a society about the nature of our relationship with alcohol, and about alcohol’s dual role a key component of many of our social lives and as a dangerous drug.<sup>89</sup>

To address these issues, Alcohol Concern makes the following recommendations:

## Recommendation 1

Spending on alcohol services should remain a Welsh Government priority. Official reporting on the implementation of the Welsh Substance Misuse Strategy should show clearly how much is being allocated to the prevention and treatment of alcohol misuse, and how local alcohol spending accords with national goals.

## Recommendation 2

The role of Wales’ Substance Misuse Area Planning Boards (APBs) should be increased and developed in order to ensure more consistent service provision across Wales, and that local service commissioning is contributing to achieving national priorities for preventing and treating alcohol misuse.

## Recommendation 3

The Welsh Government should ensure that the number of people dependent on alcohol in Wales is accurately recorded, that targets are set for the numbers of dependent drinkers accessing treatment each year, with the aim of increasing take up of services, and that sufficient resources are made available to support this.

## Recommendation 4

Public health advocates need to continue to challenge the notion of alcohol as a neutral product, emphasising that whilst it is an established part of most of our social lives, it is also toxic and addictive substance with a number of intrinsic dangers.

# Appendices



## **Appendix 1 – respondents to Alcohol Concern’s snapshot survey of voluntary sector alcohol services in Wales**

The survey was conducted by Alcohol Concern Cymru via Survey Monkey in English and Welsh, from June to August 2011, with 14 responses.

Responses came from all parts of Wales and reflected the variety of providers operating in Wales. All respondents provided alcohol treatment services and all but one also provided drug treatment services. Amongst the alcohol services:

- 92% provided Tier 2 services
- 61% provided Tier 3 services
- 38% provided Tier 1 services
- 23% provided Tier 4 services

The number of staff (full time equivalent) employed ranged from 2 to 160, and the number of volunteers ranged from zero to over 100. Similarly, the average number of clients seen each month varied from around 20 to 800, with some providers operating in just one or two local authority areas and others covering a large region or all of Wales.

## **Appendix 2 – respondents to Alcohol Concern’s snapshot survey of public attitudes to alcohol treatment services**

The survey was conducted by RMG: Clarity on behalf of Alcohol Concern Cymru in December 2011. 101 adults on shopping streets in central Cardiff were questioned. A summary of the responses and a socio-economic, gender and age breakdown of respondents are available from Alcohol Concern Cymru.

# References

1. British Beer and Pub Association press release (2011) *UK alcohol consumption in 2010 far lower than 2004 peak – new industry stats bible*, online, available from: [http://www.beerandpub.com/newsList\\_detail.aspx?newsId=433](http://www.beerandpub.com/newsList_detail.aspx?newsId=433) [accessed 06/10/2011].
2. Alcohol Concern (2010) *A drinking nation? Wales and alcohol*, London, Alcohol Concern.
3. The NHS Information Centre (2011) *Statistics on alcohol: England 2011*, online, available from: [http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/alcohol/statistics-on-alcohol-england-2011-\[ns\]](http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/alcohol/statistics-on-alcohol-england-2011-[ns]) [accessed 14/12/2011].
4. NHS Scotland (2011) *Alcohol statistics Scotland*, online, available from: [http://www.alcoholinformation.isdscotland.org/alcohol\\_misuse/files/alcohol\\_stats\\_bulletin\\_2011\\_updated\\_110413.pdf](http://www.alcoholinformation.isdscotland.org/alcohol_misuse/files/alcohol_stats_bulletin_2011_updated_110413.pdf) [accessed 14/12/2011].
5. Plant, M. (2009) *Drinking patterns*, Alcohol Concern Factsheet, London, Alcohol Concern. Copies available from Alcohol Concern Cymru.
6. Alcohol Concern (2010) *A drinking nation? Wales and alcohol*, London, Alcohol Concern.
7. Brindley, M. (2010) *Hospital alcohol admissions highest for a decade*, Western Mail, 13 December 2010, online, available from: <http://www.walesonline.co.uk/news/health-news/2010/12/13/hospital-alcohol-admissions-highest-for-a-decade-91466-27814455/> [accessed 06/10/2011].
8. Alcohol Concern (2011) *Making alcohol a health priority: opportunities to curb alcohol harms and reduce rising costs*, London, Alcohol Concern.
9. Alcohol Concern Cymru survey of voluntary sector alcohol services in Wales via Survey Monkey, June to August 2011.
10. On-street survey of 101 shoppers in central Cardiff by RMG: Clarity in December 2011 on behalf of Alcohol Concern Cymru.
11. Wine and Spirits Trade Association press release (2010) *Drinkaware host industry seminar with 50 drinks industry companies*, online, available from: <http://www.wsta.co.uk/Press/drinkaware-host-industry-seminar-with-50-drinks-industry-companies.html> [accessed 23/09/2011].
12. Alcohol Concern (2010) *What's the damage? Negative health consequences of alcohol misuse in Wales*, London, Alcohol Concern.
13. World Health Organisation (1994) *Lexicon of alcohol and drug terms*, Geneva, World Health Organisation, online, available from: [http://www.who.int/substance\\_abuse/terminology/who\\_ladt/en/index.html](http://www.who.int/substance_abuse/terminology/who_ladt/en/index.html) [accessed 09/06/2011].
14. NHS Choices website (2011) <http://www.nhs.uk/Livewell/alcohol/Pages/Effectsofalcohol.aspx> [accessed 09/06/2011].
15. op. cit. Alcohol Concern (2010) *A drinking nation?*
16. op. cit. On-street survey of 101 shoppers in central Cardiff by RMG: Clarity.
17. Portman Group press release (2010) *Portman Group slams Nutt report*, online, available from: <http://www.portmangroup.org.uk/?pid=26&level=2&nid=353> [accessed 07/09/2011].
18. Welsh Assembly Government (2009) *Welsh health survey 2008*, Cardiff, Welsh Assembly Government, online, available from: <http://wales.gov.uk/docs/statistics/2009/090929hithsurvey08en.pdf> [accessed 02/09/10].
19. Welsh Assembly Government (2010) *Welsh health survey 2009: Initial headline results*, Cardiff, Welsh Assembly Government, online, available from: <http://wales.gov.uk/docs/statistics/2010/100525sdr742010en.pdf> [accessed 29/10/2011].
20. *ibid.*
21. Brindley, M. (2009) *Secrets and lies; Two million bottles of wine drunk every week in Wales that no-one admits to drinking*, Western Mail, 18 December 2009.
22. op. cit. Alcohol Concern (2010) *What's the damage?*
23. Welsh Assembly Government (2008) *Chief Medical Officer for Wales – annual report 2007*, Cardiff, Welsh Assembly Government.
24. Wales Centre for Health and National Public Health Service for Wales (2009) *A profile of alcohol and health in Wales*, Cardiff, Wales Centre for Health.
25. Prime Minister's Strategy Unit (2003) *Interim analytical report*, London, The Stationary Office.



26. Welsh Assembly Government (2008) *Working together to reduce harm: The substance misuse strategy for Wales 2008-2018*, Cardiff, Welsh Assembly Government.
27. Welsh Assembly Government (2010) *Substance misuse in Wales 2010-11*, online, available from: [http://wales.gov.uk/docs/dsjlg/publications/comm\\_safety/111027submisusereporten.pdf](http://wales.gov.uk/docs/dsjlg/publications/comm_safety/111027submisusereporten.pdf) [accessed 28/10/10].
28. Swansea University press release (2011) *Obesity and alcohol costs to your NHS*, online, available from: [http://www.swan.ac.uk/news\\_centre/latestresearch/obesityandalcoholcoststoyournhs.php](http://www.swan.ac.uk/news_centre/latestresearch/obesityandalcoholcoststoyournhs.php) [accessed 24/05/2011].
29. op. cit. Plant, M. (2009).
30. op. cit. Welsh Assembly Government (2010) *Welsh health survey 2009: Initial headline results*.
31. op. cit. Alcohol Concern Cymru survey of voluntary sector alcohol services.
32. Public Health Wales (2010) *Briefing paper: Delivering alcohol brief advice*, online, available from: <http://www.wales.nhs.uk/sitesplus/888/news/17658> [accessed 12/09/2011].
33. National Treatment Agency (2006) *Models of care for alcohol misusers (MOCAM)*, London, National Treatment Agency for Substance Misuse.
34. *ibid.*
35. op. cit. Welsh Assembly Government (2010) *Substance misuse in Wales 2010-11*.
36. op. cit. On-street survey of 101 shoppers in central Cardiff by RMG: Clarity.
37. Alcoholics Anonymous (2011) *The Twelve Steps of Alcoholics Anonymous*, online, available from: <http://www.alcoholics-anonymous.org.uk/?PageID=56> [accessed 07/09/2011].
38. Information provide to Alcohol Concern by Brynawel House.
39. CAIS blog (2011) *Caffi CAIS*, 19 July 2011, online, available from: <http://caisblog2.blogspot.com/2011/07/caffi-cais.html> [accessed 19/09/2011].
40. Scottish Government (2008) *Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach*, online, available from: <http://scotland.gov.uk/Resource/Doc/227785/0061677.pdf> [accessed 13/09/2011].
41. Scottish Government (2011) *Drug and alcohol delivery bulletin July 2011*, online, available from: <http://scotland.gov.uk/Resource/Doc/924/0119294.pdf> [accessed 13/09/2011].
42. Audit Scotland (2009) *Drug and alcohol services in Scotland*, online, available from: [http://www.audit-scotland.gov.uk/docs/health/2009/nr\\_090326\\_drugs\\_alcohol.pdf](http://www.audit-scotland.gov.uk/docs/health/2009/nr_090326_drugs_alcohol.pdf) [accessed 14/09/2011].
43. National Audit Office (2008) *Reducing alcohol harm: Health services in England for alcohol misuse*, online, available from: [http://www.nao.org.uk/publications/0708/reducing\\_alcohol\\_harm.aspx](http://www.nao.org.uk/publications/0708/reducing_alcohol_harm.aspx) [accessed 14/09/2011].
44. Welsh Assembly Government (2010) *Working together to reduce harm: Substance misuse annual report 2010*, online, available from: <http://wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/publications/?lang=en> [accessed 12/09/2011].
45. Welsh Government (2011) Final budget February 2011, online, available from: <http://wales.gov.uk/about/budget/finalbudget2011/?lang=en> [accessed 14/09/2011]. See also Welsh Government (2011) Supplementary budget June 2011, online, available from: <http://wales.gov.uk/about/budget/supbudgetjune2011/?lang=en> [accessed 14/09/2011].
46. Welsh Government (2011) Final budget 2012-13, online, available from: <http://wales.gov.uk/funding/budget/finalbudget1213/?lang=en> [accessed 16/12/2011].
47. op. cit. Alcohol Concern Cymru survey of voluntary sector alcohol services.
48. *ibid.*
49. Department of Health (2009) *Signs for improvement: Commissioning interventions to improve alcohol-related harm*, London, Department of Health.
50. National Audit Office (2010) *Reducing alcohol harm: Health services in England for alcohol misuse*, London, The Stationary Office.



51. Dorset Healthcare NHS Foundation Trust (2009) *What is social behaviour network therapy for addictions?*, online, available from: <http://www.dorsethealthcare.nhs.uk/Portals/3/Leaflets/L143-09SocialBehaviourNetworkTherapy.pdf> [accessed 12/09/2011].
52. UKATT Research Team (2005) *Cost effectiveness of treatment for alcohol problems: Findings of the randomised UK alcohol treatment trial*, BMJ Volume 331, Number 7516, September 2005.
53. op. cit. Welsh Assembly Government (2008).
54. Raistrick, D. et al (2006) *Review of the effectiveness of treatment for alcohol problems*, London, National Treatment Agency for Substance Misuse.
55. Welsh Assembly Government (2009) *The Welsh National Database for Substance Misuse (WNDSM) and Treatment Outcome Profile (TOP)*, online, available from: <http://wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/publications/wndsm/?lang=en> [accessed 07/10/2011].
56. op. cit. Welsh Assembly Government (2010) *Substance misuse in Wales 20010-11*.
57. Brynawel House website (2011) *Donna's story*, online, available from: <http://www.brynawel.net/default.asp?pageid=19&parent=6> [accessed 08/11/2011].
58. op. cit. Alcohol Concern Cymru survey of voluntary sector alcohol services.
59. *ibid.*
60. Information provide to Alcohol Concern by Swansea Drugs Project.
61. op. cit. World Health Organisation (1994).
62. Rush, B. (1990) *A systems approach to estimating the required capacity of alcohol treatment services*, British Journal of Addiction, Issue 85, pages 49-59.
63. Alcohol Concern (2011) *Alcohol Concern's charter for a world free from alcohol harm*, London, Alcohol Concern. Copies available from Alcohol Concern Cymru.
64. op. cit. Department of Health (2009).
65. Written Assembly question WAQ57274 by Christine Chapman AM to the Minister for Health and Social Services on 3 March 2011.
66. Welsh Government (2011) *Programme for government 2011-16*, online, available from: <http://wales.gov.uk/about/programmeforgovernment/?lang=en> [accessed 11/10/2011].
67. op. cit. Welsh Assembly Government (2011) *Working together to reduce harm: Substance misuse annual report 2011*.
68. op. cit. Welsh Assembly Government (2008).
69. See Welsh Government website: <http://wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/treatmentframework/?lang=en> [accessed 31/08/2011].
70. Hurcombe, R. et al. (2010) *Ethnicity and alcohol: a review of the UK literature*, York, Joseph Rowntree Foundation.
71. Alcohol Concern (2011) *Hidden harm? Alcohol and older people in Wales*, London, Alcohol Concern.
72. op. cit. Alcohol Concern Cymru survey of voluntary sector alcohol services.
73. *ibid.*
74. Welsh Assembly Government (2010) *Guidance for establishing Substance Misuse Area Planning Boards*, Cardiff, Welsh Assembly Government.
75. See NHS Wales website: <http://www.wales.nhs.uk/nhswalesaboutus/structure> [accessed 20/10/2011].
76. Wales Home (2011) *Local or regional? The future of local government in Wales*, online, available from: <http://waleshome.org/2011/09/local-or-regional-the-future-of-local-government-in-wales/> [accessed 20/10/2011].
77. op. cit. Alcohol Concern Cymru survey of voluntary sector alcohol services.
78. Alcohol and Drugs Misuse Subgroup of the Changing Minds Campaign (2003) *Drugs and alcohol – Whose problem is it anyway? Who cares?*, online, available from: <http://www.rcpsych.ac.uk/pdf/whocares.pdf> [accessed 14/10/2011].
79. Anecdotal evidence collected by Alcohol Concern Cymru 27/10/2011.



80. BBC News website (2012) *Opposition to Kaleidoscope drugs centre plan to relocate in Llandrindod Wells*, online, available from: <http://www.bbc.co.uk/news/uk-wales-mid-wales-16700352> [accessed 24/01/2012].
81. Columbia University press release (2010) *Stigma deters those with alcohol disorders from seeking treatment*, online, available from: <http://www.mailman.columbia.edu/news/stigma-deters-those-alcohol-disorders-seeking-treatment> [accessed 28/10/2011].
82. op. cit. On-street survey of 101 shoppers in central Cardiff by RMG: Clarity.
83. Diageo website (2011) <http://www.diageo.com/en-sc/ourbrands/categories/pages/default.aspx> [accessed 18/11/2011].
84. Bailey, J. et al. (2011) *Achieving positive change in the drinking culture of Wales*, London, Alcohol Concern.
85. op. cit. Wine and Spirits Trade Association press release (2010).
86. op. cit. Bailey, J. et al. (2011).
87. Babor, T. et al (2010) *Alcohol: no ordinary commodity*, Oxford, Oxford University Press.
88. op. cit. Alcohol Concern Cymru survey of voluntary sector alcohol services.
89. op. cit. Babor, T. et al. (2010).

# Everyone's problem

The role of local alcohol services in tackling  
Wales' unhealthy relationship with alcohol

Alcohol Concern,  
Suite B5, West Wing,  
New City Cloisters,  
196 Old Street,  
London, EC1V 9FR  
Tel: 020 7566 9800  
Email: [contact@alcoholconcern.org.uk](mailto:contact@alcoholconcern.org.uk)  
Website: [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

Alcohol Concern Cymru,  
8 Museum Place, Cardiff, CF10 3BG  
Tel: 029 2022 6746  
Email: [acwales@alcoholconcern.org.uk](mailto:acwales@alcoholconcern.org.uk)  
Website: [www.alcoholconcern.org.uk/cymru](http://www.alcoholconcern.org.uk/cymru)



Alcohol Concern  
Making Sense of Alcohol