

# Take care

An Alcohol Concern Cymru project in partnership with NewLink Wales to support unpaid carers to avoid problems with alcohol

**NewLinkWales**



**Alcohol Concern**  
The charity 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 August 2009. Alcohol Concern Cymru is focusing on policy and public health in Wales, acting as a champion for alcohol harm reduction.

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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)

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- Cardiff and the Vale of Glamorgan Carers Centre
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- Carmarthenshire Carers Service
- Crossroads Care Cardiff and the Vale of Glamorgan
- Crossroads Care Cwm Taf
- Neath Port Talbot Carers Service
- Powys Carers Service
- Wrexham Carers Service
- Carers Trust Wales

These independent local charities deliver a wide range of services to meet the needs of carers in their own communities, including advocacy, counselling, peer support groups, health and wellbeing sessions, and one-to-one support.

The project was made possible by a grant from the Waterloo Foundation.



**Neath Port Talbot  
Carers Service  
Support for all Carers**



**Gwasanaeth Gwybodaeth  
i Ofalwyr  
Carmarthenshire Carers  
Information Service**



**The Carers' Centre  
Cardiff & Vale of Glamorgan**

# Introduction

*"When there's a crisis, that's when you need a drink. Carers have a lot of crises."*

Comment in a carers focus group, 2011<sup>1</sup>

There are an estimated 350,000 unpaid carers<sup>a</sup> in Wales,<sup>2</sup> and that number is set to increase with an ageing population and increasing prevalence of chronic illnesses. According to the Care Council for Wales, 96% of the care for vulnerable people in Wales is provided by unpaid family, friends and neighbours,<sup>3</sup> and the Welsh Government states that 90,000 people in Wales regularly provide over 50 hours of unpaid care per week,<sup>4</sup> i.e. far more than a standard working week. Many carers are effectively "at work" in their own homes 24 hours a day, with little free time or personal space. Stress, isolation and overwork are norms for a significant proportion.

Research carried out by Alcohol Concern in 2012 in partnership with local voluntary sector services for carers in Wales confirmed that carers face substantial and long-term pressures as a result of their caring role(s), and that around one in five say they use alcohol to cope with these pressures. Whilst alcohol can be an enjoyable and largely low-risk means to relax and socialise, its use to manage stress presents potential dangers in terms of developing unhealthy drinking patterns.

Chronic overuse of alcohol can seriously undermine physical and mental health, and despite being used as a coping mechanism, may well worsen the ability to cope overall. Alongside this, the all-consuming nature of the caring role often means that carers feel unable to seek help with alcohol problems – because their attention is focussed on the caree, or because they simply do not have time. It was also clear from our research that carers were reluctant to access mainstream alcohol services for a variety of reasons.

This project aimed to address these linked issues – to significantly improve the support and information for carers in Wales, in order to help them understand more about alcohol, manage their alcohol use if they drink, and avoid problems with alcohol.<sup>b</sup> This was achieved primarily by training local voluntary sector carers' services staff to provide targeted support that was relevant and accessible, and that acknowledged the particular needs and circumstances of carers. Our research indicated that many carers trust these voluntary sector services strongly, and often rely on them in preference to statutory services.<sup>4</sup>

## About Alcohol Concern and NewLink Wales

Alcohol Concern is the national charity on alcohol misuse in England and Wales, campaigning for effective alcohol policy and improved services for people whose lives are affected by alcohol-related problems. It is not an anti-alcohol organisation, and accepts that alcohol plays a positive role in many people's lives. The charity works to ensure that our society has a healthy relationship with alcohol, that people are able to make informed choices about drinking, and that the harm caused by alcohol is minimised.

NewLink Wales is an independent substance misuse charity operating throughout Wales and offering training throughout the UK. It is a key service provider for substance misuse training, volunteering, and specialist community engagement services supporting Black and Minority Ethnic (BME) communities.

a In this project, we used Carers Trust's definition of a carer as "anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support". See Carers Trust website: <http://www.carers.org/what-carer> [accessed 7 March 2014].

b In this project, we used the World Health Organisation's (WHO) definition of alcohol misuse, which categorises excessive drinking according to whether it is hazardous, harmful or dependent. See: WHO (1994)



# Why this project was needed

Discussions between Alcohol Concern and the former Princess Royal Trust for Carers (now part of Carers Trust), and a previous Alcohol Concern project looking at alcohol use amongst older people in 2010-11,<sup>6</sup> both produced anecdotal evidence that alcohol misuse was an issue facing some carers. We sought to verify this by undertaking additional research:

- A survey of local carers' centre managers in Wales in March to April 2011, with 8 responses
- A focus group of carers in Bangor in July 2011, with 6 participants, providing in-depth qualitative feedback
- An anonymous survey of 817 carers in Conwy, Gwynedd, Neath Port Talbot, Powys, and Ynys Môn in September to November 2011, completed either by post, online or at a local carers' centre
- A follow-up telephone survey of local carers' services in July to August 2012 to clarify their training needs, with 12 responses.

This research produced a consistent body of evidence that can be summarised as follows.

## Pressures on carers

*"I soon realised [that] my wife and I were alone. Until one has experienced years of caring for someone, no other [person] will ever understand."*

*"I really don't want to fill in your form, but I would like to say a little about my life...My eldest [child]...is the one I care for. I care for her 24/7 with no respite. Since she finished college she has been at home with me day in, day out. Her brothers and her sister do help me, but I make them have their own life."*

Carers responding to  
Alcohol Concern's survey in 2011<sup>7</sup>

Caring roles are often very demanding and time-consuming, and as a result carers often come under considerable pressure and stress. Our research found that:

- 73% of carers were providing more than 50 hours of care per week, and an additional 10% were providing between 36 and 49 hours
- 46% had been caring for more than 10 years
- 84% said carers felt isolated
- 80% felt their caring role was not recognised
- 92% felt carers didn't get enough support
- 91% said they lacked time for themselves.<sup>8</sup>

*"As years of caring progress, the carer's health deteriorates. The years pass and you look back on your own missed years of being unable to have a break, afford a holiday/clothes/home improvements...Miss[ing] independence, you become isolated and retreat from wanting to mix with people due to years of isolation. Mental pressures play on your mind with regards to your future. You have to be very strong minded to cope as tiredness fatigues the mind."*

A carer responding to  
Alcohol Concern's survey in 2011<sup>9</sup>

Other pressure carers described included:

- Lack of personal life and loss of personal identity – "Loss of identity. Virtually no life of my own. [Lack of] company which isn't illness-related."
- Lack of time for people other than the cared for person – "Running a farm and looking after my own family (e.g. finding time for my children."
- Changes in their relationship as the caree becomes more dependent – "Dealing with the feeling that you're losing the person receiving the care over a long period of time, little by little, but having to keep on looking after them – a feeling like mourning."

# Why this project was needed

- Personal health worries (which they often felt they had to ignore or suppress) – “Stress of being a carer and deterioration of our own health. Taking care of [your]self either is at bottom of list or does not get done”. This concurs with a 2012 UK-wide survey by Carers Trust and other charities, which found that 40% of carers had put off medical treatment because of their caring role<sup>10</sup>
- Difficulties with statutory services, contrasting with a very positive attitude towards local voluntary sector carers’ services – “Mountains of bureaucracy. In triplicate. Lack of information from social services and education authorities. Health staff not listening to [the] carer in hospital.”

## How carers cope

Given the tremendous pressures on carers, we wanted to find out more about how they cope with the demands on their time and energy, and in particular whether alcohol plays a part in this.

- 69% said they relied on friends and family for support, but 27% were not able to
- 40% used respite services to help them cope, but 26% did not see this as an option, and another 20% did not appear to be aware of respite opportunities
- 93% felt that they “just had to get on with it.”<sup>11</sup>

*“[I] invent reasons to go out for a short while, if only to walk around the block.”*

*“I always feel free when I go out and do a bit of weeding or planting.”*

Carers responding to  
Alcohol Concern’s survey in 2011<sup>12</sup>

The responses of many carers showed that they were drawing on their own resources to help themselves cope, and looking for opportunities to relax that could be fitted around their caring role:

- Hobbies and distractions that could be done at home were mentioned, as was simply getting out the house for a short while, e.g.

to walk the dog – “[I] focus [my] attention on something else...read a book, Sudoku, go into the garden.”

- The internet provided a link to life outside their caring role for some, and gave opportunities to connect online with people in a similar situation to themselves – “Virtual friends on [the] web in similar situation.”
- Religious faith was important for many people, both in itself and as an opportunity to socialise at their place of worship – “Company, support and strength from God and other Christians.”
- Some said they sought escape through comfort eating, drinking alcohol, or prescription medications – “[I] eat too much junk food for comfort and [as] a coping strategy.”<sup>13</sup>

A number of people said very specifically that they relied on their local voluntary sector carers’ service:

- “Join a service, e.g. Carers Outreach, so you can talk to other carers and get support from the staff.”
- “Carers Outreach craft classes and various activities they arrange. [The] best was 5 days at Harlech College, being with other carers, [a] chance to make lasting friends.”
- “[I] used to visit Carers Outreach office in Porthmadog for a good ‘shout’ [and a] ‘cry’ as [well as] a welcome cuppa.”

Overall, 21% said they had used alcohol to cope with the pressures of caring.<sup>14</sup> Alcohol was also mentioned in response to open questions about ways of coping:

- “When there’s a crisis, that’s when you need a drink. Carers have a lot of crises.”<sup>15</sup>
- “[Alcohol] is the only piece of solace available to me.”
- “I do have a drink most nights – I have 2 maybe 3 glasses of wine. I don’t go out in the evening and although I have very good close friends, I am on my own with my daughter. It is a really lonely life and unless you have a responsibility like my life you really can’t understand what it is like.”

# Why this project was needed



- “When carers are isolated, with no support, the despair and frustration with pared-down services, no info, no time off, destitution caused by a wage of £55 per week for 24/7 care, then it’s not surprising that carers turn to alcohol as a prop. It’s probably a huge hidden problem.”
- “I drink frequently. If more help was available then people would not rely on alcohol.”<sup>16</sup>

Similar comments were made in response to our survey of carers’ centre managers:

- “An increasing number of carers are admitting to alcohol/other drug misuse as an aid in dealing with their problems...[It’s] a socially acceptable drug which is easy to get hold of. [Carers face] high levels of stress and frustration and a lack of alternatives to de-stress.”
- “I think many carers use alcohol as a way to escape from their problems and forget about their responsibilities. Many see a drink as something to look forward to at the end of the day/week.”
- “Like many things, carers use whatever props they can to help them come to terms, cope with and continue in their caring role. Alcohol is one of them. The use of alcohol is to a point socially acceptable, readily available and something a carer can do in isolation without having to leave the home...perhaps one pleasure that they can take part in without requiring respite.”<sup>17</sup>

This use of alcohol is not surprising, nor is it particular to carers. The Mental Health Foundation has described alcohol as a “favourite coping mechanism” in the UK.<sup>18</sup> As one carer said to us, “Alcohol is a quick fix to unwind. However, it can very soon become a method of celebrating when things are going well or to numb the pain when things go wrong.”<sup>19</sup> Three of the main reasons for this are:

- Alcohol is very easily available, and its use is commonplace and generally acceptable – 87% of adults in Wales say they drink alcohol<sup>20</sup>
- Its use as means to relax and relieve stress, as well as a means to socialise and celebrate is a strong social norm. This remains the case even though alcohol is in fact a depressant that slows our mental and physical processes and can worsen mood<sup>21</sup>
- In particular, drinking at home and keeping alcohol in the house are increasingly normal, with a large proportion of alcohol in the UK now sold in supermarkets for consumption at home.<sup>22</sup>



# Who to turn to – where carers seek support

We wanted to find out more about where carers access support, and where they would prefer to access it. In particular, we asked carers to tell us:

- What sort of support they wanted to access around alcohol issues
- Where they thought such support should be provided
- What barriers they thought there would be to accessing this support, i.e. what aspects of the caring role made them less likely to access support

## What kind of support

There was some interest in printed or online information (57% favoured this) and in finding out about alcohol as part of a general healthy living session (70% support). However, the strongest support was expressed for one-to-one confidential support and for forming a support group with other carers:

- 83% thought that one-to-one confidential support would be “quite helpful” or “very helpful”, including 62% who thought it would be “very helpful”
- 77% thought that a support group of other carers would be “quite helpful” or “very helpful”, including 49% who thought it would be “very helpful”

The idea of support via a group did raise certain problematic issues, and it was clear that it would require a good level of confidentiality and trust. The following points were raised by carers’ centre managers:<sup>23</sup>

- “Carers have not felt able to talk about issues with alcohol in a group setting...[They] do not necessarily want to discuss [alcohol] as a group until they are happy to.”
- “Group sessions may not initially work as people are reluctant to admit needing information/help on this issue. Once you have a core group of people willing to participate in group work and share experiences, this might work.”
- “It requires a trusting relationship before carers admit to using alcohol.”

## Where to go for support

When we asked about the most suitable venue or setting for providing support, two conflicting issues arose:

- The fact that some carers are unable to leave their homes due to caring responsibilities – “Being a carer 24/7, home would be the only option if I drank.”<sup>24</sup>
- The need or desire of some carers to leave the home environment – which is, in fact, their work environment – in order to:
  - Be able to concentrate on their own issues without being drawn into caring tasks
  - Have some privacy from their caree
  - Simply to be in a neutral space – one carers’ centre manager recommended using a venue “out in the community, especially somewhere with nice scenery... It provides a break from the home that may be causing the stress...[and] enables carers to have a change of scenery and think a bit more clearly.”<sup>24</sup>

The results of our survey of carers reflected this dichotomy:

- 71% of respondents favoured providing support in carers’ own homes
- 79% favoured support in a local carers’ centre or support group.

A 2012 report by the Care Council for Wales also noted carers’ own homes and day centres as alternative venue options for providing support for carers,<sup>26</sup> and it is clear that a flexible approach covering both these options is needed. As one carers’ centre manager said, “We know that carers appreciate having options for getting information and support, so they can choose the service that best suits their needs”.<sup>27</sup>

# Who to turn to – where carers seek support

## Barriers to overcome

We asked carers what hampered them getting more information or support about alcohol:

- Unsurprisingly, given that 83% were providing more than 35 hours care per week, 82% thought carers were too busy with caring responsibilities to seek help with other issues
- 83% thought stigma or embarrassment were factors; a similar percentage (84%) cited the fear that someone would be seen as a “bad carer” if they were known to have a drink problem.<sup>28</sup> Stigma around alcohol problems is common and not confined to carers,<sup>29</sup> but appears to be intensified by the perception that a carer with an alcohol problem is failing in their caring role – “Fear of being condemned by professionals. Shame.”
- Social pressure to drink, another factor that is obviously not exclusive to carers – “Other people (friends and family) can view a change in your alcohol consumption, i.e. trying to cut back, with suspicion and treat you like the party pooper.”

*“Many alcohol support agencies, through no real fault of their own, do not seem relevant to those who aren’t quite sure if they have crossed the invisible line from responsible drinker to full-blown alcoholic. Their appeal reaches out to the overt problem, rather than the hidden one.”*

Alastair Campbell, 2013<sup>30</sup>

Linked to all these points is the reluctance of carers, in common with many other people, to access mainstream substance misuse services. There are a variety of reasons for this:

- The common misconception that substance misuse services deal predominantly with illegal drugs and with young people (often reinforced by the lack of support staff of a similar age to older clients in such services)

- A belief that, where alcohol services are available, they are for people with a long-term dependency on alcohol, such as street drinkers and those classed in the popular mind as ‘alcoholics’
- Uncertainty by about just how serious any drink problem is, and whether it has reached the point of needing support
- General nervousness around entering a service that is an unknown quantity, and concerns about what treatment will be proposed.

On the basis of all these findings, we decided that the most effective approach would be to skill up the local voluntary sector services that many carers already used and trusted, to provide support in the ways it was needed in the places it was needed, and to use these carer’s services as a mediator between carers and specialist alcohol services if necessary.

# What we did – project outputs

Our aim was to work with **5 local voluntary sector carers'** services who had expressed a clear interest, in order to:

- Train their staff to understand more about alcohol and to:
  - Recognise and respond to signs of alcohol misuse, and use appropriate screening tools for alcohol misuse
  - Deliver targeted and direct individual support for carers around alcohol issues, in their homes, at a local carers' centre, or at other suitable local venues
  - Recognise the limits of the own expertise on alcohol issues, and know how to refer appropriately to local substance misuse services
- Where there was local demand:
  - Develop confidential support groups of carers who wish to share their experiences of alcohol use
  - Deliver general awareness raising sessions for groups of carers about alcohol in the context of health and wellbeing.

We also aimed to:

- Ensure suitable general information about alcohol was easily available for carers in a range of formats in order to:
  - Have a safeguarding or preventative function for carers not experiencing problems with alcohol
  - Underpin any one-to-one and group work by carer's services around alcohol use
  - Benefit carers who did not wish or need to access direct personal support but who may wish to be better informed
- Write appropriate local policies and procedures for each carers' service, to ensure that good practice established during the project was continued. Throughout the project, our trainers listened to the expertise and experience of carers' services staff to ensure the project met their needs and ultimately the needs of carers, and this very much fed into the template policy and information leaflet we drafted (see **Appendices 1 and 2**).

The following training was delivered to **6 services**.

Service	Training topics	Duration
Carers Outreach, Gwynedd, Conwy and Ynys Môn	Alcohol awareness	½ day
Carmarthenshire Carers Service	Alcohol awareness	½ day
Crossroads Cardiff and the Vale	Alcohol awareness	1 full day
Crossroads Cwm Taf	Alcohol awareness Policies and procedures	2 full days 1 full day
Powys Carers Service	Alcohol awareness	1 full day
Wrexham Carers Service	Alcohol awareness	1 full day

Staff and/or volunteers from the following services working with carers also attended some of the sessions: Alzheimer's Society, Carmarthenshire County Council, Diverse Cymru, Eiriol, Mencap Cymru, Stroke Association, Turning Point. Due to scheduling problems for some services, two additional training sessions on alcohol policies and procedures have been scheduled to take place after the end of the project.

For the alcohol awareness training, the training materials were made available in English and Welsh. Enquiries about the training materials and their use should be made to NewLink Wales. Our draft alcohol policy for local carers' services, template alcohol information leaflet for carers, and the Drink Wise Wales unit information chart used during the project are included in this report (see **Appendices 1 to 3**) are all also available for use free of charge in both English and Welsh from Alcohol Concern Cymru.

# What we learned – project lessons



We were very keen to make each training event, and the project as a whole, an iterative process, so that as well as a carers' services learning more about alcohol, we could learn from the experiences of those working with carers, and adapt our project accordingly.

Overall the feedback from participants in the training was very positive. Apart from one service, where staff had had some previous training in alcohol issues, participants had a very low awareness of alcohol issues and how to manage them, and had little idea how to access specialist support or refer clients on. Participants also generally said that their service had no policy on alcohol issues (or at least that they were not aware of one) and in a number of cases people say that their procedures for assessing carers' needs and planning support for them did not address alcohol. They also said that they lacked information and resources that they could use to better inform their clients.

Many participants said they had often had to manage alcohol misuse issue amongst their clients, and when we gave the trainees two hypothetical case studies of carers experiencing difficulties with alcohol, a number of people said that these studies reflected their own experiences of dealing with intoxicated clients. In the absence of established procedures, staff had simply had to use their own professional judgement on how to manage the situation. They expressed concern that they could be blamed for not managing things properly, and that their own safety could be endangered. There was agreement amongst both front line staff and managers that proper procedures needed to be drawn up and disseminated in each service. As a result of this, we provided training in how to develop such procedures in one service subsequent to their alcohol awareness training, and will be delivering it to two others. As noted above, we have produced a draft alcohol policy for local carers' services (see **Appendix 1**) and are happy to provide this electronically for services to use and adapt.

One service also requested training specifically on conflict resolution, in order to aid their staff in calming situations in which clients were intoxicated, and this is an option that is perhaps worth presenting to services in the future as part of any package of alcohol awareness training.

Although our research work had revealed a demand amongst some carers for confidential support groups to discuss drinking, and interest from carers' services managers in training on how to run such groups, this training did not take place. There were two main reasons for this:

- Services had a limited amount of staff time available for training, and prioritised firstly general alcohol awareness training; and to a lesser extent, training on alcohol policies and procedures
- A recognition amongst services of the difficulties around running such groups, as we found during our initial research:
  - Groups are likely to require a significant investment of time and energy to overcome any initial diffidence, and build trust amongst participants
  - Because of their caring responsibilities, many carers are simply not able to commit to regularly attending a support group (or, indeed, to attending one at all).

Although we liaised closely with local carers' services during the development of this project (and a number of them took part in the research stage) perhaps the single greatest obstacle we faced in the project was the difficulties services had in taking part in the delivery stage. The main problem service managers cited to us was a shortage of staff time to attend training, and the expense of backfilling roles. In one case, we were also told that training on alcohol issues was not as high a priority as training that staff had to undertake mandatorily, whilst some managers told us that alcohol misuse was not a major issue for carers.

# What we learned – project lessons

On the other hand, a number of service managers told us they were very willing to release their staff to undertake training:

- Because they believed it was important for their staff to understand alcohol issues in order to support their clients
- And/or because they generally felt that training their staff and developing their skills was a high priority in spite of the difficulties this created in taking staff away from service delivery.

Even in services where there were serious worries about taking staff away from their core duties, once the training got underway, participants found it useful and relevant.

These responses show just how overstretched many carers' services are. It is clear that many services do need additional support to manage alcohol misuse issues, and in all cases it is vital that local alcohol services integrate their work with local carers' services, and work with them to provide support that is attractive and accessible to carers.

The response of some carer's services is perhaps also indicative of the low level of understanding of alcohol misuse in our society, an issue that is certainly not confined to the services we worked with. There remains a strong stigma around admitting an alcohol problem, and embarrassment about identifying such problems in others. 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>31</sup> An Alcohol Concern snapshot survey of 100 shoppers in Cardiff in 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>32</sup> As noted above, this could be

even greater for carers. In our survey of carers in, 84% thought that the fear of being seen as a "bad carer" could make people reluctant to disclose a drink problem.<sup>33</sup>

There is a paradox here, in that whilst drinking (and occasional drunkenness) have become more normal and acceptable, seeking help for an alcohol problem remains taboo. This is in part perpetuated by the drinks industry's keenness to present alcohol as a positive (or at worst, neutral) commodity that helps us "celebrate life"<sup>34</sup> and that only causes problems in the hands of irresponsible consumers<sup>35</sup> – a "mindless minority [that] does not understand how to drink sensibly".<sup>36</sup> Once we recognise that alcohol, whilst an established and enjoyable part of most of our social lives, is also a toxic and addictive drug with a number of intrinsic dangers,<sup>37</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 all 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

*“Enabling people to come forward by beginning an honest conversation about alcohol dependency, in which people are not judged for unwittingly crossing the line from fun, social drinker to alcoholic, would go a long way to help those who feel they are walking a hazardous path towards a life defined by the need to drink. It’s not about criticising people for drinking per se, or about labelling those who have developed a dependency on alcohol simply because we don’t want to question our own relationship with booze. The conversation needs to be geared towards offering a way out before the wheels fall off, for the thousands of people who are terrified of how their one-time friend in the bottle has gradually morphed into a secret enemy.”*

Alastair Campbell, 2013<sup>38</sup>

The work carried out during this project, and in preparation for it, has confirmed that:

- The use of alcohol as a coping mechanism occurs amongst a significant minority of carers
- Many carers would like to know more about alcohol, but are hampered from accessing information by the restrictions placed on them by their caring role
- Local carers’ services are aware that many of their clients are misusing alcohol, but do not know how support them, and do not have procedures in place for this situation
- Carers need a safe and secure environment to be able to discuss their coping mechanisms, including use of alcohol, and to be supported in looking at alternatives if they are worried there may be a problem
- This is likely to be best achieved by equipping local carers’ services staff with the skills they need to provide targeted support that is relevant and accessible and that acknowledges the particular needs and circumstances of carers
- Relevant written and/or online information will be needed to back this up

To address these issues, Alcohol Concern and NewLink Wales recommend:

## Recommendation 1

Providers and commissioners of services for carers should ensure that staff in direct and regular contact with carers are appropriately trained to:

- Recognise and respond appropriately to signs of alcohol misuse
- Where appropriate, and where staff feel confident to do so, deliver individual support for carers around alcohol issues
- Recognise the limits of the own expertise, and know how to refer appropriately to local substance misuse services.

## Recommendation 2

Services supporting carers – be that in the voluntary, statutory or private sectors - should ensure that they have in place appropriate local policies and procedures (see **Appendix 1**) for managing alcohol misuse issues amongst their clients, so that carers can be appropriately and consistently supported, and staff can feel confident that they are acting appropriately in managing the situation. Appropriate and sensitive consideration of alcohol issues should also be made when assessing carers’ needs and planning their support.

## Recommendation 3

Carers’ services should ensure that information about alcohol tailored to the needs of their clients (see **Appendix 2**) is easily and discretely available in suitable of formats and languages. Where there is local demand, carers’ services should also consider:

- Developing confidential support groups of carers who wish to share their experiences of alcohol use
- Delivering general awareness raising sessions for groups of carers about alcohol in the context of health and wellbeing.

# Conclusions and recommendations

## Recommendation 4

Statutory and voluntary sector services specialising in alcohol misuse should ensure they have good links with local carers' services, and are able to provide joint support packages that recognise the particular needs and circumstances of carers.

## Recommendation 5

Further public awareness raising work by statutory and voluntary agencies is needed, in collaboration with the news media, to address the ongoing stigma around admitting an alcohol problem. Significant progress has been achieved in this respect with regard to mental health, and the 'Time to Change'<sup>39</sup> campaign may offer a model.

We recognise that supporting carers to avoid the overuse of alcohol as a coping mechanism is to a large extent simply addressing a symptom of their difficulties, and not the causes. It is axiomatic that the use of a coping mechanism by someone demonstrates that they have an issue they are not otherwise fully able to cope with. It is very clear from our own research, and from much other work done by carers' charities, what the issues facing carers are. In order to address these basic issues, we reiterate the following recommendations made in 2012 by Alcohol Concern and Carers Trust:<sup>40</sup>

## Recommendation 6

Carers provide vital support for vulnerable people, and through their unpaid work bring massive savings for public services. Funding for the social care services carers depend on needs to be safeguarded, so that carers can access good quality and reliable support. Central and local government need to work together to deliver sustainable funding for social care, to meet unmet need and growing demand.

## Recommendation 7

Carers need regular breaks from caring. More than 90% of carers say they lack time for themselves, and lack support. With a growing number of carers, around three quarters of whom say they provide more than 50 hours care per week, it is essential that funding for support and respite services is maintained or increased.

## Recommendation 8

General Practitioners (GPs) and other primary care professionals have a key role to play in identifying and registering carers, monitoring their health and signposting them to advice, information and support. Primary care staff need to ensure they are fully aware of the support options available for carers. They can also help carers by identifying and recognising their caring role, and being flexible with appointment times, ensuring that they are made at the times most convenient for carers.

# Appendix 1



## Draft alcohol policy for local carers' services

The following text is a suggested format and content for an alcohol policy for local carers' services. Individual services will need to adapt the policy to fit their own needs and priorities, and to this end it is available electronically from Alcohol Concern Cymru in English and Welsh.

### Introduction

**[Name of carers' service]** recognises that:

- Alcohol is commonly used and socially acceptable, and many people enjoy alcohol without serious negative consequences for themselves or those around them
- Our **[clients/service users or other appropriate term]** have a right to privacy and choice of lifestyle, and this extends to their choices about alcohol use
- When misused or overused, alcohol can lead to a variety of mental and physical health problems, as well as emotional, relationship, and financial problems; and these can worsen the already heavy burden on many of our clients
- People experiencing problems with alcohol often find it difficult to seek help, and we need to promote a sensitive, supportive, confidential and non-judgemental approach to dealing with alcohol problems experienced by our clients.

### The aims of this policy

This policy aims to reduce alcohol-related harm amongst our clients, and ensure the safety and wellbeing of our staff, volunteers and clients when issues of alcohol misuse arise. It sets out how we will:

- Create an environment where our clients:
  - Have easy access to advice and information on alcohol
  - Are aware of the consequences of alcohol misuse

- Feel confident to come forward, knowing they will receive a sympathetic and understanding response from us
- Seek to identify alcohol problems experienced by our clients at an early stage
- Ensure any client experiencing problems with alcohol has access to confidential help, support and treatment as appropriate
- Identify the circumstances in which we will intervene to address alcohol use by a client
- Ensure all our staff and volunteers:
  - Are aware of the signs and implications of alcohol misuse amongst clients
  - Know what action they can and cannot take, and when and how to seek appropriate support.

### Alcohol information for clients and interventions to support clients with signs of alcohol misuse

We will ensure suitable general information about alcohol is available in a range of formats and relevant languages, and that our clients can access it discretely.

Where there is a need or demand, we will:

- Develop confidential support groups of carers who wish to share their experiences of alcohol use
- Deliver general awareness raising sessions for groups of carers about alcohol in the context of health and wellbeing
- Offer counselling support and/or Intervention and Brief Advice (IBA).<sup>c</sup>

<sup>c</sup> See Alcohol Learning Centre website: [www.alcohollearningcentre.org.uk](http://www.alcohollearningcentre.org.uk)

# Appendix 1

## Training for staff and volunteers

We will provide suitable alcohol awareness training for staff and volunteers, and refresher training will be provided **[agree how often]**. Training will include:

- The physical and psychological effects of drinking (both moderately and excessively)
- Alcohol unit awareness and sensible drinking limits
- Recognising signs of alcohol misuse and intoxication
- Specific alcohol issues for carers
- How to go about seeking specialist support and treatment for clients
- Where appropriate, how to intervene in alcohol misuse issues, e.g. through Intervention and Brief Advice (IBA)<sup>d</sup>
- Recognising the limits of their own expertise on alcohol issues, and knowing how to refer appropriately to local alcohol services.

## Managing clients who may be abusing alcohol

If a member of staff or a volunteer has reason to believe that a client's alcohol consumption is placing that client, the person they care for, or our staff or volunteers at risk (e.g. if the drinking is leading to incapacity, confusion, ill-health, or aggressive or abusive behaviour) they should notify **[relevant manager]** immediately. All such cases should be dealt with in accordance with our policies on the protection of vulnerable adults and/or child protection.

All incidents where a member of staff finds a client intoxicated should be recorded appropriately, for the safety and wellbeing of both clients and staff. Any incidents involving aggression, violence and/or verbal abuse and threats by intoxicated clients should be recorded as fully as possible to help build up a complete picture of the incident. This should include:

- An account of what happened
- Details of the location, victim(s), the assailant(s) and any witnesses
- The outcome.

Each incident report will be examined by **[relevant manager]** to establish whether there could have been a more serious outcome, and what can be done to plan for and avoid a similar incident. Staff working with clients who may present a risk as a result of intoxication should only undertake that work within the limits of our health and safety and lone working policies.

Suitable training will be offered to staff and volunteers on:

- Recognising and responding the signs of alcoholic intoxication
- Spotting early signs of aggression and avoiding or managing it.

All notifications and records regarding a client who is apparently abusing alcohol or is intoxicated should be made in accordance with our confidentiality and data protection policies.

<sup>d</sup> ibid.

# Appendix 1



## Referring clients to specialist alcohol services

It is important for staff and volunteers to recognise the limits of their own competency and know when to refer on to more specialist staff or agencies. Such referrals should only be made by staff, not volunteers, and prior to referring a client to a specialist alcohol service, staff must ensure they have done the following:

- Identified and recorded clear reasons for the referral **[possibly using an appropriate assessment tool such as AUDIT<sup>e</sup> or MAST<sup>f</sup> if they feel confident in using such tools]**.
- Confirmed that the receiving agency can meet the identified needs
- Gathered all the necessary information to support a referral
- Secured the agreement of the client, and provided the client with up to date information about the agency and the services they are likely to offer the client
- Discussed the role of **[name of carers' service]** staff following referral
- Explained the referral procedure and timescale to the client
- Agreed confidentiality issues with the client.

Requests to refer a client to a specialist alcohol service should be made to **[insert contact details for local alcohol services, including named contacts if possible]**.

## Confidentiality

Any information relating to clients and their use of alcohol will be treated in confidence and access to it will be strictly limited to those within **[name of carers' service]** who need to be aware of it. Information will be processed and stored in accordance with the Data Protection Act 1998 and the organisation's confidentiality and data protection policies.

e See Alcohol Learning Centre website:  
[www.alcohollearningcentre.org.uk](http://www.alcohollearningcentre.org.uk)

f ibid



# Appendix 2

## Template alcohol information leaflet for carers

The following text is a suggested format and content for an alcohol information leaflet or online content aimed at meeting the specific needs of carers. Individual services will need to adapt it to fit the needs of their own clients and local area, and to this end it is available electronically from Alcohol Concern Cymru in English and Welsh.

### All about carers

*"A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Anyone can become a carer; carers come from all walks of life, all cultures and can be of any age. Many feel they are doing what anyone else would in the same situation; looking after their mother, son, or best friend and just getting on with it. Carers don't choose to become carers: it just happens and they have to get on with it; if they did not do it, who would and what would happen to the person they care for?"*

Carers Trust, 2014<sup>41</sup>

### All about alcohol

Most people in this country drink alcohol, and it's a big part of how many of us relax, socialise, celebrate success and console ourselves about life's setbacks. For people with busy, stressful lives – like many carers – alcohol can be a way to escape the daily routine and make time and space for themselves. A survey of carers by the charity Alcohol Concern found that around 1 in 5 say they use alcohol to cope with the pressure of caring. But drinking to cope with stress can bring pitfalls that we want to help you avoid.

Some people do abstain from alcohol completely – because of their religion, their health, or because they just don't like drinking. An alcohol-free life can be a really positive choice for some people, but it's not for everyone. This leaflet looks at how you can enjoy a drink or two and avoid the potential problems of excessive drinking.

### What is sensible drinking?

The amount of alcohol people drink is often described in "units". Many people find this confusing, but in simple terms:

- A pint of bitter or lager is about 2½ units, but strong ales and lagers will contain more alcohol
- A large glass of wine in a pub or restaurant (250ml) is around 3⅓ units
- A bottle of wine (750ml) is about 10 units
- A single measure of spirits (25ml) contains 1 unit, but keep in mind that pub measures of spirits are small and we often pour ourselves much larger ones at home.

Doctors recommend that women drink no more than 2-3 units of alcohol a day and men have no more than 3-4. In terms of drinks, this means that the advice is that women have no more than 1 glass of wine on any one day, and that men have no more than 1½ glasses of wine or 1½ pints of beer. Across a whole week, women should not have more than 14 units (just under a bottle and a half of wine) and men should not have more than 21 (roughly equivalent to 2 bottles of wine or 8 pints of beer). It's also recommended that we all have at least 2 days each week with no alcohol at all.

# Appendix 2



## Coping with caring

We know that carers often have a lot to cope with. An Alcohol Concern survey of carers found that more than 90% felt they didn't get enough support, lacked time for themselves, and "just had to get on with it". The Mental Health Foundation has described alcohol as a "favourite coping mechanism" in the UK. Or as one carer said, "When there's a crisis, that's when you need a drink. Carers have a lot of crises". Another person referred to alcohol as "one pleasure you can take part in without having to book respite care".

Although small amounts of alcohol can help us relax and cheer us up, drinking too much can lead to depression and anxiety – particularly the next day. It also slows our mental and physical reactions, increasing the risk of accidents and injuries; and excessive drinking is linked to a range of health problems throughout the body – from mild indigestion to serious illness. That's why it's vitally important for you to be in control of your own drinking, rather than letting drinking get control of you.

## Tips to avoid overdoing it

Here are a few ways you might find useful to avoid drinking too much.

- Take time to think about how much and how often you drink, and whether you'd like to cut back
- See if you've got into any habits you'd like to break – for example, always drinking at the end of the day to relax or as a reward
- Try to take at least two days a week off from drinking – it'll help you keep your consumption down, and help stop drinking becoming a habit
- If you normally have alcohol with particularly activities, like eating your dinner or watching TV, think about what you could drink instead
- Try out different soft drinks – there are more alcohol-free drinks available in the shops these days aimed at adults, that are less gassy and less sugary

- If you're pouring drinks at home, think about how much you're pouring out and how it compares to the measures you'd get in a pub or restaurant – it's all too easy to pour yourself an extra-large measure, especially of spirits (whisky, gin etc.)
- Avoiding keeping more alcohol in the house than you're likely to drink at any one time – if you've got a stock of drinks in the house, it's much easier to start drinking when you weren't intending to
- Don't get tempted by supermarket offers where the price drops the more you buy, like 3 bottles of wine for £10 or getting a second slab of beer at half price – again, you could find yourself drinking more than you meant to
- Keep a rough count of how much you're drinking, including the alcohol you might not normally count – like spirits in hot drinks, for example
- If you're drinking with other people, don't feel under pressure to keep up with the fastest drinker – remember there's nothing rude about refusing an offer of an alcoholic drink.

## What to do if you think you might be drinking too much

There's still a lot of stigma and embarrassment about alcohol problems, and some carers may feel they're failing as a carer if they're drinking too much. But seeking help to reduce your drinking is a positive step – not an admission of failure.

If you think you might be drinking too much, there are a whole range of things you can do. For some people, just reading this leaflet and making a few simple changes will be enough. Others may feel they need a bit more support and advice. If you're worried about your drinking, or you just want to understand more about alcohol, you can speak to **[contact details for local carers' service, with a named contact person is possible]**. We can offer you discrete confidential support, and we understand what carers are going through. We guarantee that we won't judge or criticise you, and if you need additional specialist help, we'll help you get it.

## Appendix 3

### Drink Wise Wales unit information chart

The chart below provides basic information on the amount of alcohol in popular drinks, and the recommended maximum levels of consumption for men and women. It is available electronically from Alcohol Concern Cymru in English and Welsh. More information about sensible drinking is available on the bilingual website [www.drinkwisewales.org.uk](http://www.drinkwisewales.org.uk)



# Appendix 4

## Feedback from project participants

### A total of 93 people attended the training.

94% of participants completed the evaluation forms, and rated the training as follows:

- Increased confidence following training: 90%
- Increased knowledge following training: 90%
- Increased skill level following training: 91%
- Increased ability to support carers who use alcohol: 80%
- Tutor communication rated excellent or good: 98%
- Objectives met rated excellent or good: 92%
- Overall level of training rated excellent or good: 96%
- Recommend the course to others: 97%.

### A selection of comments on the training courses

#### General

- “Excellent and informative, made me think more of home situations of carer and family.”
- “Just right for an afternoon session... could be useful if I have to deal with carers who have alcohol issues.”
- “Very useful course – informally presented and has helped to raise awareness of this extremely difficult condition.”

#### Changes in professional practice

- “Will help me understand different risk levels.”
- “Will make me think about alcohol consumption – personally and professionally when meeting carers.”
- “Identify how to help people affected by stress and turning to alcohol.”
- “To assess carers in the use of alcohol.”  
“[There are] currently no questions about alcohol or substance misuse in [our] assessment.”

## Highlighting further training needs

- “Interesting, but not enough detail about how to deal with/confront carers about their alcohol use.”
- “More in-depth knowledge regarding dealing with alcoholics in denial.”
- “How to openly discuss alcohol consumption with carers.”
- “Policies on what to do with alcohol issues.”
- “Procedures to put in place [on] safe practice and attending home visits.”
- “[How] to assess carers in the use of alcohol.”

# Appendix 5

## Analysis of equal opportunities monitoring data from the project

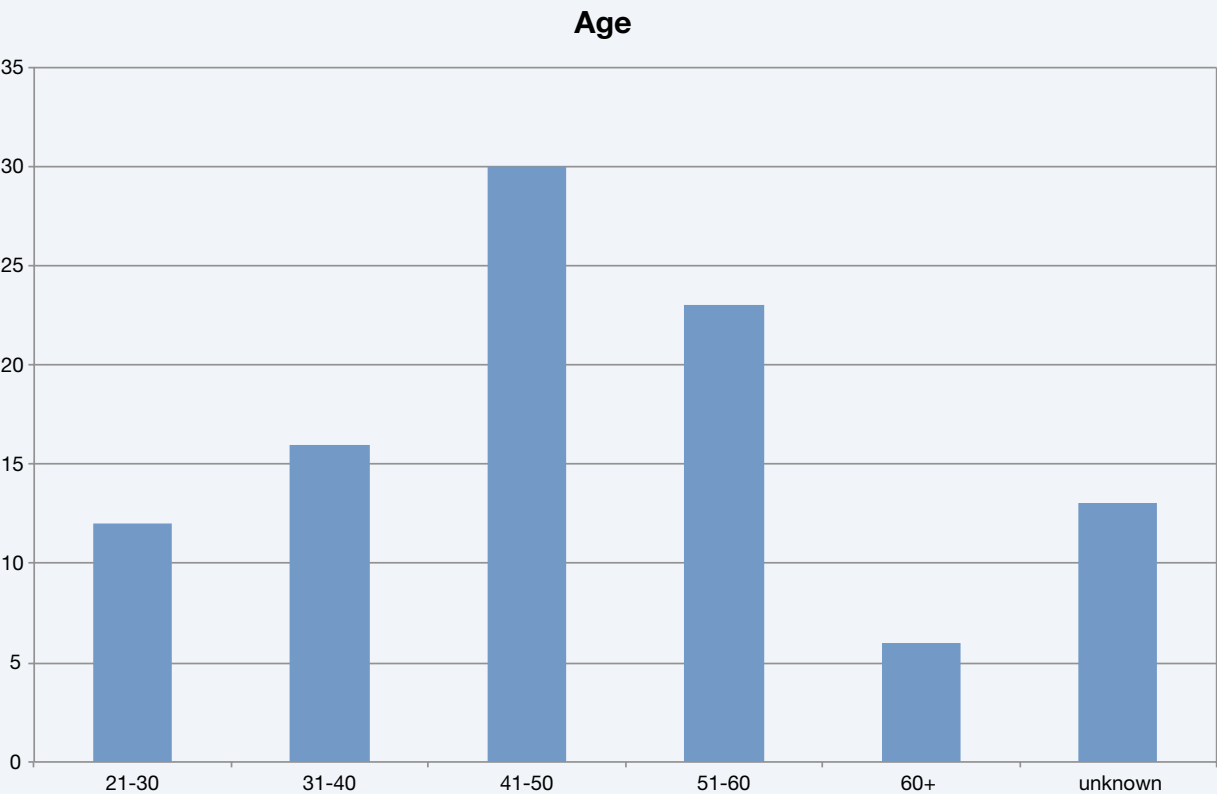
Alcohol Concern and NewLink Wales take issues of diversity and equality very seriously. We recognise that one size does not always fit all, and that programmes of work may need to be provided in different ways in order to meet the needs of different people and communities. NewLink Wales in particular has a strong history of providing information in the preferred languages of its clients, and both organisations work to prevent any discrimination on the basis of race or nationality, language, age, sex, sexual orientation, marital or family status, physical or mental health, or disability.

To help us ensure that we are living up to our own commitments in this area, we:

- Routinely collect anonymous information about the backgrounds of participants in our projects
- Note any disparities, such as any particular group of community not participating in our work
- Seek to address such disparities by looking at the reasons why they occur and what we can do differently.

## Results of our monitoring during this project

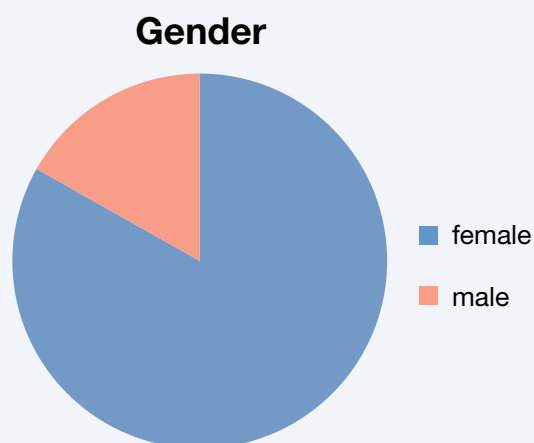
The age profile of trainees was quite broad, with the largest single group being between 41 and 60 years old, broadly reflecting the age profile of this workforce.



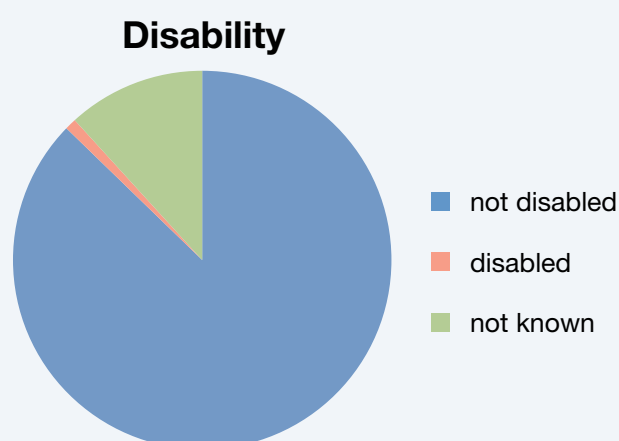


## Appendix 5

By far the largest portion of trainees were female, reflecting the gender profile of this workforce and the caring professions more generally.

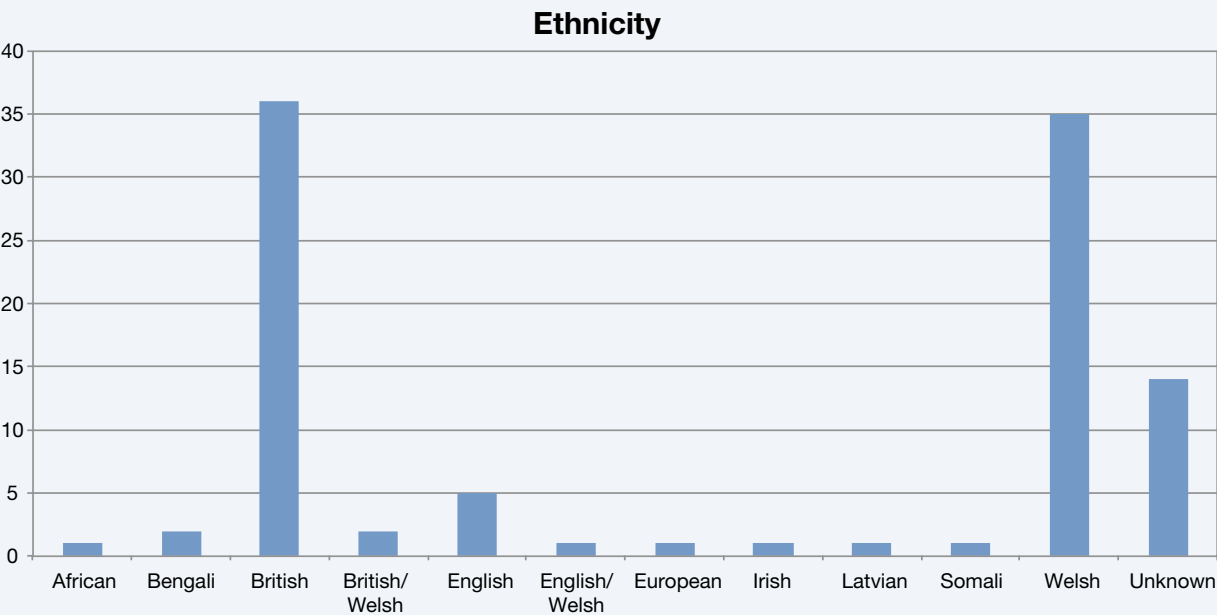


Only a small proportion (around 1%) of the trainees said they were disabled. This compares with around 10% of the UK population in employment and around 20% of the adult population of working age. However, around 12% of participants did not state whether they had a disability or not, which may have distorted the results.

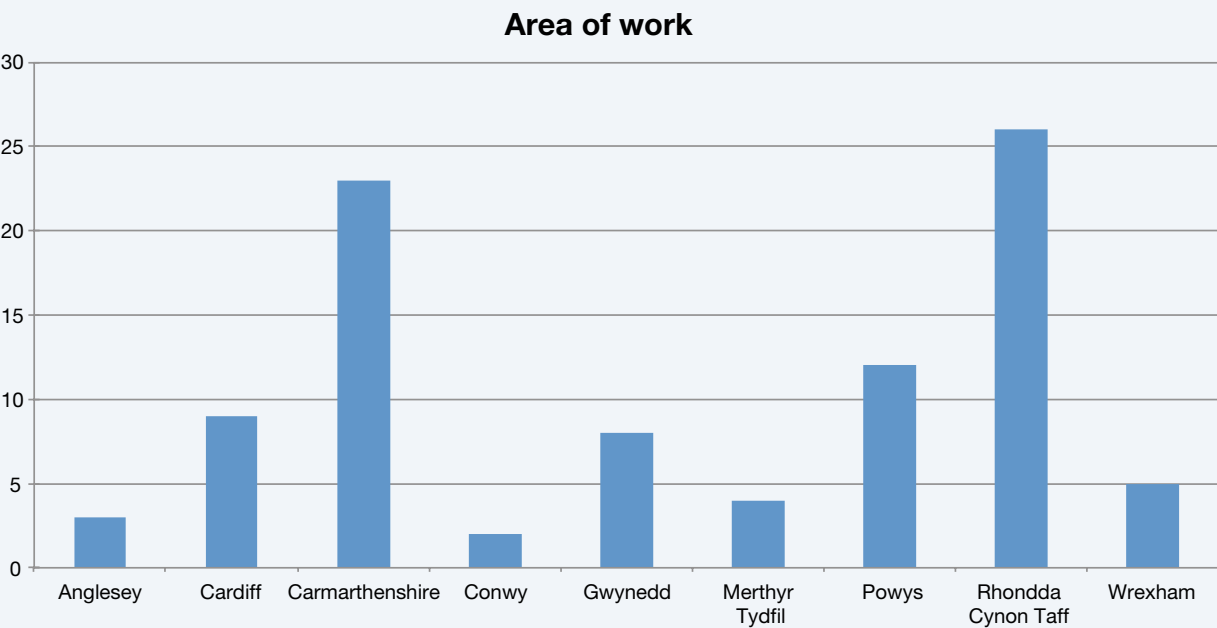


# Appendix 5

The ethnicity profile reflects to some extent the relatively small proportion of people from ethnic minorities in Wales, particularly outside of the cities of Cardiff, Newport and Swansea.



The geographical distribution of the trainees reflects the size of the various local organisations we worked with, and also how many of their staff they were able to send for the training.



# References

1. Report of focus group research conducted on behalf of Alcohol Concern and the Princess Royal Trust for Carers by Gwenan Llwyd Evans, July 2011. Copies available from Alcohol Concern Cymru.
2. Age Cymru (2009) *Older people in Wales: key facts and statistics*, Cardiff, Age Cymru, online, available from: <http://www.ageuk.org.uk/cymru/professional-resources/facts-and-figures-about-older-people/older-people-in-wales---key-facts/> [accessed 16 January 2014].
3. Care Council for Wales, (2010) *Care at home: challenges, possibilities and implications for the workforce in Wales*, Cardiff, Care Council for Wales, online, available at: <http://www.ccwales.org.uk/care-at-home/> [accessed 25 April 2014].
4. Health in Wales website (2012) *Welsh Government outlines improved support for carers*, online, available from: <http://www.wales.nhs.uk/news/24827> [accessed 9 May 2014].
5. Results of a survey of 817 people conducted September-October 2011 by Alcohol Concern and local carers's charities. Respondents were in the following counties: Anglesey, Conwy, Gwynedd, Neath Port Talbot, and Powys.
6. Alcohol Concern (2011) *Hidden harm? Alcohol and older people in Wales*, London, Alcohol Concern, online available at: <http://www.alcoholconcern.org.uk/publications/other-publications/hidden-harm> [accessed 16 January 2014].
7. op. cit. results of a survey of 817 people conducted September-October 2011.
8. *ibid.*
9. *ibid.*
10. Carers Trust et. (2012) *In sickness and in health: a survey of 3,400 UK carers about their health and well-being*, London, Carers Trust, online, available from: [http://www.carers.org/sites/default/files/in\\_sickness\\_and\\_in\\_health.pdf](http://www.carers.org/sites/default/files/in_sickness_and_in_health.pdf) [accessed 16 January 2014].
11. op. cit. results of a survey of 817 people conducted September-October 2011.
12. *ibid.*
13. *ibid.*
14. *ibid.*
15. op. cit. report of focus group research, July 2011.
16. op. cit. results of a survey of 817 people conducted September-October 2011.
17. op. cit. Alcohol Concern survey of local carers' centres.
18. Mental Health Foundation (2006) *Cheers? Understanding the relationship between alcohol and mental health*, London, Mental Health Foundation, online, available from: <http://www.mentalhealth.org.uk/publications/cheers-report/> [accessed 16 January 2014].
19. op. cit. results of a survey of 817 people conducted September-October 2011.
20. Welsh Government (2013) *Welsh health survey 2012*, Cardiff, Welsh Government, online, available from: <http://wales.gov.uk/docs/statistics/2013/130911-welsh-health-survey-2012-en.pdf> [accessed 16 January 2014].
21. Alcohol Concern (2010) *What's the damage? Negative health consequences of alcohol misuse in Wales*, London, Alcohol Concern, online, available from: <http://www.alcoholconcern.org.uk/publications/policy-reports/whats-the-damage-negative-health-consequences-of-alcohol-misuse-in-wales> [accessed 16 January 2014].

# References

22. Alcohol Concern (2011) *Helping yourself?*, online, available at: [http://www.drinkwisewales.org.uk/includes/glancesheets/glancesheet\\_home.pdf](http://www.drinkwisewales.org.uk/includes/glancesheets/glancesheet_home.pdf) [accessed 16 January 2014].
23. op. cit. Alcohol Concern survey of local carers' centres.
24. op. cit. results of a survey of 817 people conducted September-October 2011.
25. op. cit. Alcohol Concern survey of local carers' centres.
26. Care Council for Wales (2012) *Supporting unpaid carers to access training in Wales*, Cardiff, Care Council for Wales, online, available from: <http://www.ccwales.org.uk/edrms/119950/> [accessed 16 January 2014].
27. op. cit. Alcohol Concern survey of local carers' centres.
28. op. cit. results of a survey of 817 people conducted September-October 2011.
29. Alcohol Concern (2012) *Everyone's problem – the role of local alcohol services in tackling Wales' unhealthy relationship with alcohol*, London, Alcohol Concern.
30. Alastair Campbell's blog (2013) *Women and alcohol – when 'normal' drinking slips into problem territory*, online, available at: <http://www.alastaircampbell.org/blog/2013/08/22/women-and-alcohol-when-normal-drinking-slips-into-problem-territory/#sthash.EEB9Wlay.dpuf> [accessed 17 January 2014].
31. 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 16 January 2014].
32. Results of an on-street survey of 101 shoppers in central Cardiff by RMG: Clarity in December 2011. Copies available from Alcohol Concern Cymru.
33. op. cit. results of a survey of 817 people conducted September-October 2011.
34. Diageo website (2011) <http://www.diageo.com/en-sc/ourbrands/categories/pages/default.aspx> [accessed 16 January 2014].
35. Bailey, J. et al. (2011) *Achieving positive change in the drinking culture of Wales*, London, Alcohol Concern.
36. op. cit. Wine and Spirits Trade Association press release (2010) *Drinkaware host industry seminar with 50 drinks industry companies*, online, available at: <http://www.wsta.co.uk/press/469-drinkaware-host-industry-seminar-with-50-drinks-industry-companies> [accessed 12 March 2014].
37. Babor, T. et al (2010) *Alcohol: no ordinary commodity*, Oxford, Oxford University Press.
38. Alastair Campbell's blog (2013) *Women and alcohol – when 'normal' drinking slips into problem territory*, online, available at: <http://www.alastaircampbell.org/blog/2013/08/22/women-and-alcohol-when-normal-drinking-slips-into-problem-territory/#sthash.EEB9Wlay.dpuf> [accessed 17 January 2014].
39. See Time to Change Wales website: <http://www.timetochangewales.org.uk/en/> [accessed 17 January 2014].
40. Alcohol Concern and Carers Trust (2012) *Under pressure: supporting unpaid carers in Wales*, London, Alcohol Concern, online, available at: <http://www.alcoholconcern.org.uk/assets/files/Wales%20factsheets/Under%20pressure%20-%20final%20version.pdf> [accessed 17 January 2014].

# Take care

An Alcohol Concern Cymru project in partnership with NewLink Wales to support unpaid carers to avoid problems 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)



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The charity making sense of alcohol