

Summary of EATA response to the All Party Parliamentary Group on Alcohol Misuse's consultation on alcohol treatment to highlight issues and barriers

The European Association for the Treatment of Addiction (UK) is the main representative body for the voluntary and independent drug and alcohol treatment and aftercare sector, working to ensure that people affected by substance dependencies get the treatment they need.

The Association contributes to the debate on policy that relate to drug and alcohol treatment. In this role we respond to consultations and reports from government departments and agencies and other bodies. In this official submission, EATA is representing both the views of our members and the organisation as a whole. Our members' views were assembled from responses received to a consultation questionnaire emailed to all members.

1. What has been the impact of recent policy developments on the alcohol treatment system?

The overwhelming message that EATA has received from its members on the alcohol treatment system, particularly with regards to recent policy developments, is frustration that there still exists a huge gap between the demand for alcohol treatment and the actual provision of services. The alcohol treatment field needs more resources to help those who require support now and for whom early interventions or education is too late. The chronic shortfall in alcohol services has been reported by many EATA members over the years and recent policy developments do not seem to have addressed this dire situation. It was also disappointing that the updated National Alcohol Strategy published in 2007 failed to even reassure the treatment sector that their funding would be maintained. The National Audit Office (NAO), which published a report in October 2008, *Reducing Alcohol Harm: Health services in England for alcohol misuse*, revealed that Primary Care Trusts (PCTs) need to be clear about the purpose of funding they provide to Drug and Alcohol Action Teams, for example in commissioning specialist services. There is a risk that, without a clear specification, alcohol treatment could be overlooked.

Although alcohol misuse is considered by EATA members who sent in their responses (many of whom provide services for a wide range of substance misuse problems including alcohol) to be a much worse problem than drugs, budgets for alcohol treatment continue to remain much lower. The harmful use of alcohol is far more widespread than that of illicit drugs or other substances. But the quick fix approach will not work. As an EATA member commented, "Alcohol affects not only the individual but everyone around them, leading to destruction in every aspect of life. We need to focus on an individual level to break this cycle so it doesn't continue to the next generation." However, the finite amount of money available for treatment means that hard choices have to be made by our members about how they spend it.

Our members appear to agree that recent policy developments have made no difference at all to services at grass roots level. As providers fail to see adequate funding filter down to them, several decided to treat a considerable number of alcohol dependent clients for free. There is

consensus over the fact that alcohol treatment has continued to be overshadowed by drugs, particularly the amount of funding that is “poured” into that area in comparison with alcohol, and EATA is calling on the government to acknowledge that the country is facing a massive alcohol problem that needs so many more interventions and money. EATA also agrees with our members that more funding needs to be made available for effective residential treatment followed by structured aftercare if the situation is to improve.

2. What are the challenges for practitioners, policy makers, the NHS and other stakeholders in achieving alcohol treatment’s potential?

The numbers of alcohol-related deaths highlighted by the Office of National Statistics and of people being dependent on alcohol in the UK are continuing to rise. For example, there were 8,758 deaths from alcohol-related causes in the UK in 2006, twice as many as there were 15 years before. Despite this, our members state that the needs of people with alcohol misuse problems are still not being addressed. EATA would like to stress that a strategic approach is needed rather than just a reactive approach to dealing with this problem. This is one of the biggest challenges that practitioners, policy makers, the NHS and other stakeholders need to bear in mind when considering the potential development for the provision of alcohol treatment.

Another vital challenge for practitioners, policy makers, the NHS and other stakeholders is the need for a culture change. Currently, there is an overwhelming focus on tackling drugs and ensuring access to treatment, and not enough on alcohol issues. Access and provision of alcohol treatment needs to be equal to drug treatment. It should be as high on the agenda as drug treatment. It is also important to recognise that many people with alcohol problems also present with multiple needs such as mental health and/ or other drug problems. Access must be provided to treatment which caters for such complex needs.

This will be a difficult challenge, one made even more difficult by the fact that this country is widely assumed to be on the brink of a recession, which will place considerable strain on the amount of public spending available to deal with the problem. But recessions also bring forth economic hardships, which may include rises in home repossessions, unemployment, and personal debt. These difficulties may put even more pressure on those vulnerable to alcohol dependency. Typically sales of alcohol rise during recessions, according to beverage producers, and more people are likely to drink alcohol at home than in a restaurant or bar.

The NAO also revealed in *Reducing Alcohol Harm: Health services in England for alcohol misuse*, that while PCTs are now responsible for setting their own local health priorities, a survey it carried out revealed that a quarter had not accurately assessed the alcohol problems in their area. EATA agrees with the NAO’s assessment that, without such assessments, PCTs cannot know what services they should be providing, and cannot assess whether the services they commission are sufficient or cost-effective.

The NAO report also highlighted that, “Where spending was known, it showed PCTs spent an average of £600,000 on commissioning alcohol services in 2006-07 (including, for example, the provision of brief advice from GPs, weekly alcohol clinics, or more involved specialist treatments). This expenditure represents a little over 0.1 per cent of a typical PCT’s total annual expenditure of around £460 million. The wider general cost to the NHS of dealing with the consequences of alcohol misuse, ranging from the cost of ambulance services to acute surgical procedures such as liver transplants, is estimated by the Department to be in the order of £2.7

billion annually.” [NAO, *Reducing Alcohol Harm: Health services in England for alcohol misuse*, Oct 2008]

EATA believes that it is vitally important that improvements are made by PCTs in their assessment of local needs, in implementing structured planning and in streamlining their commissioning practices.

Responses from EATA members highlighted strongly how treatment is individual to each person and guidance and strategy do not meet current needs. In particular, *Models of Care for Alcohol Misusers* has failed to be effective. The first challenge is to effectively and wholeheartedly address the needs of individuals. The second challenge is to make a serious effort to understand how other groups, including ethnic minorities, women, the homeless and those in prison, are affected by alcohol and the most effective ways to encourage them into treatment. The guidance also does not reflect actual practice in PCTs and in many areas its recommendations have not been adopted. Guidance documents need to be revisited so that it does address all these issues better than they do at present.

Our members are particularly concerned in this “target-driven” climate with how to define successes in a way that will adequately demonstrate progress. Members commented that as with all addictions, outcomes and progress are difficult to measure and that markers for progress and recovery need to be established at several points along a treatment journey. For example, service users may drop out or relapse quickly after discharge, but this may not automatically mean a “fail” result. Service users demonstrate over their time within treatment many positive changes, such as an increase in self-esteem, and improved relationships, health – every aspect of life. Even in the event of relapse they are equipped with these skills and can use them to pick themselves up again. It would be inaccurate to label these people as ‘unsuccessful’. Therefore, this needs to be tied into understanding and measuring success at different stages of a person’s treatment journey.

3. What actions need to be taken to widen access to alcohol treatment programmes and place the system on a more stable, sustainable footing?

Many of the comments above in the answers to the last two questions highlight what is needed to widen access to alcohol treatment programmes and place the system on a more stable, sustainable footing. As EATA and our members have commented above, there needs to be improvements in three areas: assessment of local needs (particularly to improve access for diverse groups); implementation of structured planning; and streamlined commissioning practice.

The major issue raised by our members is that alcohol needs to be recognised as big a priority as drugs and the funding needs to reflect this so that we can start to meet the demands of those wishing to seek help. In this economic climate, while it is highly commendable that, as revealed by some of EATA’s members, they provide free treatment to many clients who have been refused funding, this is neither sustainable, stable, or acceptable to both service or client. There should be adequate funding to meet this need.

A full list of open consultations can be seen at www.eata.org.uk/policy. On the same webpage you can find our responses to previous consultations.

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