Alcohol Misuse in Wales

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Foreword

This framework report has been produced by the Welsh Assembly Government to supplement previous Substance Misuse Treatment Frameworks already issued to stakeholders in Wales.

The Welsh Assembly Government substance misuse strategy includes alcohol and previous frameworks have addressed this along with drug misuse.

However, feedback from focus groups suggested that it might be helpful to produce an alcohol specific framework to offer specific direction in this area to providers and commissioners, and in particular Community Safety Partnerships and Health and Social Care and Well Being strategy groups.

This framework aims to assist the development of services to adults by providing a summary of guidance on good practice in the context of current evidence and professional opinion.

The impact of alcohol misuse upon individual lives, communities, workplaces and public sector services has been well documented and is a major public health issue. The costs to the NHS in particular have been a growing concern.

The report had been produced by a sub-group of the Welsh Assembly Government Substance Misuse Project Board.

It is based upon reviews undertaken by the National Public Health Service in Wales which are available on the NPHS website.

The equally important issue of the *primary prevention* of alcohol misuse and *alcohol harm reduction* will be the subject of further discussion.

The framework needs to be read in conjunction with previous modules produced by Welsh Assembly Government for substance misuse.

Summary

1. Investment in evidence based alcohol treatment is likely to be cost effective.

2. Every Accident and Emergency setting in Wales provides an opportunity for targeted screening and the provision of brief interventions via a number of evaluated schemes.

3. There is considerable potential for primary care to make a major contribution to the delivery of interventions for alcohol related problems in Wales through the identification of potential and actual alcohol misuse, provision of brief interventions and shared care.

4. NHS district general hospitals can make a contribution by the implementation of policies both to identify and manage alcohol-related problems, and to help reduce alcohol-related future admissions.

5. Specialist alcohol service providers have a crucial role in creating a culture of engagement with potential clients, providing a range of evidence based interventions, adopting the good practice guidance detailed in this framework and by the provision of training to non-specialist services.

6. A jointly agreed referral system from primary care to local voluntary and statutory specialist alcohol services represents best practice.

7. Community based interventions are the preferred approach but some users will require inpatient and residential programmes.

8. The development of all Wales alcohol good practice guidance for agencies such as the Police, Probation and Social Service departments has the potential to support other approaches in the treatment of alcohol related problems.

1 Overview

1.1 Context

Within Wales as in the rest of the UK drinking takes place within a social context, which has a powerful influence on the amount and the pattern of drinking in the community.

There has been a steady increase in the amount of alcohol consumed in the UK over the past two decades with Wales now having amongst the highest levels of alcohol consumption in Europe in young people.

The majority of people including dependent drinkers, move into and out of different patterns of drinking without recourse to professional treatment. Unassisted or natural recovery is often mediated through self-help, family and friends, and mutual aid groups.

Treatment effectiveness may be as much about how treatment is delivered as it is about what is delivered.

The evidence base for the effectiveness of alcohol problems interventions is strong. These can achieve reductions in alcohol related harm and measurable improvements in health and social functioning.

Interventions of all kinds are only effective however if delivered in accordance with their current descriptions of best practice and carried out by competent practitioners. DANOS standards describe the standards that are applicable to this guidance.

Treatment for alcohol problems is cost-effective. Alcohol misuse has a high impact on health and social care systems in Wales, where major savings can be made, drinking also places costs on the criminal justice system, especially with regard to public order. Overall, for every £1.00 spent on treatment it is estimated £5.00 is saved elsewhere.

It is also important to point out that practioners are obliged to inform clients that the DVLA (Driver and Vehicle Licensing Agency) considers dependence or misuse of alcohol, illicit drugs or chemical substances, which may include prescribed medication) as a *notifiable* medical condition. It is the duty of the *licence holder* to notify the DVLA of any such notifiable condition (as the condition may impair driving).

(*Detailed guidance on alcohol treatment provided by the National Treatment Agency in England in its "Models of Care for Alcohol Treatment - MoCAM, 2006 which is recommended reading.*)

1.2 Definitions

1.2.1 Alcohol Misuse

In this document alcohol misuse is generally referred to as drinking above the government defined safe levels which are:

For men- no more than 3 to 4 units of alcohol per day and no more than 21 units a week.

For Women - no more than 2 to 3 units per day and no more that 14 units a week.

1.2.2 Hazardous drinkers

The World Health Organisation (WHO) defines **hazardous** use of a psychoactive substance, such as alcohol, as 'a pattern of substance use that increases the risk of harmful consequences for the user..... in contrast to harmful use, hazardous use refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual user.'

Hazardous drinkers are drinking at levels over the sensible drinking limits, either in terms of regular excessive consumption or less frequent sessions of heavy drinking. However, they have so far avoided significant alcohol-related problems. Despite this, hazardous drinkers, if identified, may benefit from brief advice about their alcohol use. *Binge drinking* is a pattern of hazardous drinking defined as consuming more than 8 units of alcohol at any one session for men, and 6 units for women.

1.2.3 Harmful drinkers

The WHO International Classification of Diseases (ICD-10) defines **harmful** use of a psychoactive substance, such as alcohol, as 'a pattern of use which is already causing damage to health. The damage may be physical or mental.' This definition does not include those with alcohol dependence.

Harmful drinkers are usually drinking at levels above those recommended for sensible drinking, typically at higher levels than most hazardous drinkers. Unlike hazardous drinkers, harmful drinkers show clear evidence of some alcohol-related harm. Many harmful drinkers may not have understood the link between their drinking and the range of problems they may be experiencing.

1.2.4 Dependent drinkers

Dependence is characterised by behaviour previously described as psychological dependence with an increased drive to use alcohol and difficulty controlling its use, despite negative consequences. More severe dependence is usually associated with physical withdrawal upon cessation, but this is not essential to the diagnosis of less severe cases.

1.3 The "Stepped Care" approach to treatment

1.3.1 Service users may have a number of expectations from alcohol treatment including a reduction in alcohol consumption to within sensible limits or abstinence. It is important that the range of services available reflects these expectations.

1.3.2 In this context this framework supports the "**stepped model of care**" recommended by the NTA in England which has two broad components:

- Provision of brief interventions for those drinking excessively but not requiring treatment for alcohol dependence.
- Provision of more specialist treatment for those with moderate or severe dependence and related problems.

The stepped care model puts emphasise on the client's choice with regard to treatment outcomes and intervention recognising that effective engagement with him/her is crucial to success. Best practice also would suggest that all agencies should put in place some form of outcome measurement that is agreed with the user in the care planning process. The Treatment Outcome Profile introduced by Welsh Assembly Government in 2008 sets the context for this.

The following guidance on the *settings* for alcohol specific treatment interventions implicitly advocates this stepped approach.

2 Treating alcohol misuse in primary care and other non specialist settings

2.1 Primary care

2.1.1 There is strong evidence base and potential for primary care to play an effective role in the treatment of alcohol misuse in Wales. GPs and other members of the primary health care team are likely to be in contact with large numbers of patients with alcohol misuse problems who present with other symptoms.

In addition to providing responsive general medical services to misusers the key characteristics of good practice are summarised under the headings of:

- Identification of potential and actual alcohol misuse through opportunistic and where appropriate targeted consultations.
- Provision of medical advice where the level of alcohol consumption is causing or has the potential to cause future ill health, social and/or work related problems e.g. "brief interventions".
- Referral to statutory and voluntary sector specialist alcohol services.
- Shared care arrangements with specialist alcohol services in line with accepted best practice.

2.1.2 Identification of disease related to alcohol misuse

Early detection is an essential element of broadening the base of treatment to detect problem drinkers before they become more difficult to treat. Screening assessment is a brief process that aims to establish:

- whether an individual has an alcohol problem (hazardous, harmful or dependent use);
- the presence of co-existent problems (including illicit drug misuse);
- whether there is any immediate risk for the service user.

Initial assessment may incorporate or be followed by a *brief intervention* and should identify those who require referral to alcohol treatment services (for dependency) and the urgency of the referral.

At present there are no set criteria for assessment of alcohol misuse in primary care.

Routine questions regarding alcohol consumption may be asked as part of chronic disease monitoring, medication review, new patient medical or antenatal care and all of these form one or more parts of the new GMS contract.

Good practice indicates that other opportunities for identification will include presentation of the following conditions:

- hypertension;
- frequent accidents;
- gastrointestinal disorders;

- cognitive impairment;
- social and psychological presentations such as problems at work or financial problems, marriage or relationship problems;
- insomnia;
- depression and anxiety;
- domestic violence.

There are a number of validated identification tools available. In particular *The Alcohol Use Disorders Identification Test* (AUDIT) has a high level of sensitivity for detecting hazardous and harmful drinking among people not seeking treatment for alcohol problems. AUDIT is regarded as being preferable to the *Michigan Alcohol Screening Test* (MAST) and *Cut Down, Annoy, Guilty, Eye Opener* (CAGE) for the detection of hazardous and harmful drinking, although not necessarily in the detection of significant alcohol dependence.

The AUDIT can be embedded in a general health questionnaire without loss of efficiency and shortened versions can be used in busy settings.

Additionally the "*Fast Alcohol Screening Test*" (FAST) offers a rapid and efficient way of screening for hazardous and harmful alcohol consumption that can be used in a variety of settings including primary care.

2.1.3 Provision of professional advice where the level of alcohol consumption is causing or has the potential to cause future ill health, social and/or work related problems e.g. "brief interventions".

As part of medical advice the provision of "brief interventions" may be appropriate. Primary care interventions may range from very brief encounters where simple but effective advice may be given to an individual, through to a programme of consultations. They can be delivered by a range of suitably trained staff in primary care and should be targeted at people drinking excessively but not yet experiencing major problems from their consumption. They are not designed for dependent drinkers.

Brief interventions are about providing information and support to change behaviour, promote choice and autonomy, and promote self efficacy. They involve offering advice on reducing consumption in a non-judgemental fashion and in a manner designed to build the patients self confidence. They should be personalised containing an assessment and discussion of the patient's consumption level and how it relates to general population consumption. The practitioner should:

- discuss the potential health problems excessive alcohol use can cause and help the client set goals for lowering consumption;
- support the advice by the provision of self-help materials;
- provide a menu of alternative strategies for changing behaviour; and
- where appropriate, offer recipients a follow up appointment.

Training and support should be carefully adapted to meet the roles and responsibilities of individual healthcare professionals and other staff who may deliver the interventions. The provision of alcohol misuse services within primary care needs to be supported by a robust programme of multidisciplinary education and training. The programme should provide the foundation for ensuring both quality and consistency of service across Wales. Where appropriate this should be supplemented with supervised experience and support from specialist staff. A programme has already commenced in Wales.

2.1.4 Referral to statutory and voluntary sector specialist alcohol services

Primary care clearly has an important role in referring alcohol misusers on to other specialist services as appropriate. (*Detail on specialist services is addressed later in this document.*) Good practice indicates:

- Primary Care Teams need to have information and be aware of the range of support/specialist services that are available.
- Primary Care referral to the NHS specialist service should generally only apply to patients with identified alcohol dependency.

In the context of referral arrangements a jointly agreed system with the specialist alcohol service providers represents best practice and is the preferred option. This may result in a single point of entry if appropriate.

2.1.5 Shared care arrangements with specialist alcohol services in line with accepted best practice

Whilst brief interventions by the primary care team focus on patients with harmful or hazardous drinking, interventions generally aimed at dependent drinkers can be effectively delivered in community settings by GPs to support assisted withdrawal (detoxification), promotion of abstinence or relapse prevention and nutritional supplementation.

GP prescribing for dependent drinkers needs to take place with clear reference to ***clinical governance arrangements*** agreed with the local NHS Trust(s)/LHB ideally when:

- a formal arrangement with the specialist alcohol services is in place with clearly established protocols/guidelines;
- additional training has been undertaken.

Shared care schemes for alcohol misuse may need to be part of an over-arching scheme for the treatment of substance misuse due to high levels of polydrug misuse with drug and alcohol misuse co-occurring.

There are a number of potential shared care arrangements in place. It is a matter of local choice which one is used but all arrangements have to be in line with local clinical governance arrangements mentioned earlier.

2.2 Alcohol treatment in Accident and Emergency settings (A and E)

A large proportion of people attending A&E departments (up to 35%) do so as a consequence of alcohol related injuries. Because of this A and E departments provide pragmatic settings for the identification of alcohol misusers and the provision of brief interventions.

2.2.1 Identification of alcohol misuse in A and E

With regards to screening tools *The Paddington Alcohol Test* (PAT) has been developed to fit in with the demands of very busy A and E departments. Either this or the FAST tool previously referred to should be used in all A and E settings.

2.2.2 Brief Interventions in A and E

Following screening "brief interventions" should be available in A and E settings along the same lines as indicated for primary care in 2.1. These can be delivered in a number of ways from a range of evaluated approaches i.e:

- by specialist alcohol liaison nurses;
- by staff specifically trained within the trust;
- by liaison staff from specialist alcohol service providers.

The choice of approach taken should be decided locally but the provision of brief interventions in A and E is a key element of a comprehensive local alcohol treatment service. The approach should also be considered in the context of "*Developing Emergency Care*", the Welsh Assembly Government strategy launched in February 2008.

2.3 Alcohol treatment in other non specialist settings and self help

2.3.1 Non - NHS settings

Despite the existence of some potentially innovative approaches, such as access to specialist nurses for individuals arrested showing signs of alcohol misuse, the actual evidence base for alcohol interventions in settings outside of healthcare is limited.

However good practice would indicate that all key agencies should have:

- Alcohol awareness training appropriate to the setting. (This training should be part of core organisational induction e.g. for probation, social work and police staff and could be delivered by the local alcohol specialist service.)
- Knowledge of the local alcohol support services available and referral guidelines.
- Agency specific good practice guidance on responding to clients who have alcohol problems e.g. intoxicated offenders in custody suites.

2.3.2 Hospital-based settings

Individuals with alcohol problems may be in contact with NHS secondary care hospital services such as ante-natal, gastroenterology, maxillofacial surgery and psychiatric services, through out-patient, accident and emergency or in-patient activity. These hospital wards and departments can help to identify and address the needs of individuals with alcohol problems.

Due to the magnitude of the burden placed by alcohol on hospital services, policies should be in place to:

- identify and manage alcohol-related disease; and
- reduce alcohol-related future admissions.

These could include:

- protocols covering the recognition of alcohol related disease, liaison with GPs, management of alcohol withdrawal, use of thiamine and assessment of neurological status;
- mechanisms for the early identification of alcohol related disease in pregnancy and fast-track referral for support;
- implementation of a screening strategy for early recognition of alcohol related disease;
- guidance for oral healthcare workers who have a role to play in identifying alcohol-related facial injuries and arranging appropriate support;
- provision of crisis management services (e.g. "sleep it off" space, followed by a brief intervention or onward referral);
- policies for discharge planning, liaison and referral to specialist community based services.

The establishment of a clinical nurse specialist for alcohol in a general hospital setting is one approach to the development and implementation of these policies.

2.3.3 Pharmacy

There have been some small scale projects looking at the role of community pharmacy in the delivery of opportunistic brief interventions. Although the evidence base is not yet strong Community Safety Partnerships should consider the potential for a contribution from community pharmacy as the evidence base develops.

2.3.4 Self Help

Commissioners and providers should be aware that self help manuals based on cognitive behaviour principles are an effective adjunct to formal treatment. This includes some IT based schemes which can be helpful.

Mutual aid organisations can also be effective for certain individuals who attend meetings regularly and these should be seen as significant support in the totality of service provision.

3 Specialist alcohol services

3.1 Community based approach

In Wales specialist community-based alcohol services are provided by NHS trust teams, the voluntary sector and local authorities. They should provide a range of services from simple advice giving and the delivery of brief interventions to the provision of complex care programmes including inpatient care. Many alcohol treatment facilities in Wales are shared with those for drug misusers.

Community settings appear to be preferred for the treatment of the majority of dependent alcohol misusers, both because individuals need to learn how to change their drinking behaviour in their normal social environment and because it is cost-effective.

3.2 Inter-agency specialist service working

NHS specialist alcohol services should work effectively with other statutory and voluntary sector services in Wales. The strengths of each can be combined to produce effective programmes for clients.

When such partnerships take place it is essential that protocols and guidelines in place are agreed within local NHS ***clinical governance*** arrangements.

3.3 Client group for specialist services

Specialist alcohol agencies in the voluntary and local authority setting should provide a range of interventions for clients who maybe hazardous or harmful drinkers as well as for those with dependency.

Specialist services should also engage with drinkers with complex problems i.e. those with additional and co-existing problems, including people with mental health problems, people with learning disabilities, some older people, and some with housing and social problems, and those that may be particularly vulnerable. These individuals may have complex needs that require more intensive or prolonged interventions, even at lower levels of alcohol use and dependence.

3.4 The role of specialist alcohol services

In general terms specialist alcohol services should provide the specialist skills necessary to work with individuals referred from primary care and non-specialist settings.

Service users may legitimately want to achieve a number of goals such as:

- a reduction in alcohol consumption to within sensible limits;
- abstinence;
- a change in drinking patterns.

Local service providers need to provide a full range of services to meet all potential treatment goals consistent with the stepped care model referred to earlier.

An important part of this service is the need to have effective processes in place to engage with potential users prior to full assessment. General information and advice has therefore to be available in a manner targeted at alcohol misusers.

The key roles for specialist services are summarised under the headings of:

- User Engagement.
- Assessment.
- Care Planning.
- Delivery of Interventions.

3.4.1 User engagement

Specialist services need to address the issue of engaging potential service users. This should be discussed and agreed at a service area level and reflected in the service philosophy and approach. It is crucial that this engagement and subsequent assessment is *timely* since long waits for a response will often deter potential clients from seeking help.

Addressing problematic alcohol use is challenging and individuals are naturally ambivalent. Staff responses can either increase the likelihood of behaviour change or decrease it depending upon their skills, attitude and approaches towards the potential service user.

Service information, leaflets, flyers, posters etc should contain messages that seek to overcome the barriers to engagement. The referral process likewise should be easy, accessible and as proactive as possible.

All staff in contact with the public and potential service users should be trained in motivational approaches and aware of the important part they can each play in the process of engagement.

Awareness of the fact that potential service users may be apprehensive should be widespread. A skilled workers approach can reduce the barriers to successful engagement in services.

3.4.2 Assessment

When users are engaged with the service assessment aims to determine the exact nature of the service user's alcohol and other substance misuse problems, including health (mental and physical), social functioning, offending and legal problems.

Assessment can be conducted by one or more members of a multidisciplinary team, or specialist service because different competences may be necessary to assess different areas of service user need (for example a prescriber for particular prescribing interventions or a psychologist to conduct specialist assessment).

Assessment should be seen as an ongoing process rather than a single event and can be an alcohol specific assessment or a more in-depth/comprehensive exercise depending on the individual circumstances and expected outcomes.

The levels of assessment reflect different levels of complexity and expertise required to carry out screening and assessment at each stage. A number of validated alcohol, misuse screening and assessment tools are available and a new approach was introduced in Wales in April 2008 i.e. Wales In-depth Integrated Substance Misuse Assessment Toolkit (WIISMAT).

Agreement on common 'standards' of screening, assessment and recording, is important in developing an integrated system of care in any area.

Assessing **risk** is an integral element in screening, triage assessment and comprehensive assessment. It provides information that will inform the care planning process. Risk assessments should include:

- risks associated with alcohol use or other substance use (such as physical/mental health damage, alcohol poisoning);
- risk of self-harm or suicide;
- risk of harm to others (including child protection and other domestic violence, abusive and/or exploitative relationships, harm to treatment staff and risks of driving while intoxicated);
- risk of harm from others (including domestic abuse);
- risk of self-neglect.

When risks are identified, risk management plans need to be developed and implemented to mitigate immediate risk.

If a service has concerns about the needs and safety of children of alcohol misusers, or of vulnerable adults local protocols must be followed.

3.4.3 Care planning

Assessment provides information that will contribute to the development of a *care plan*, for a service user. The care plan may or may not be integrated with the Care Programme Approach for people using specialist alcohol treatment services.

The care plan must conform to locally agreed standards, be agreed and signed by users and needs to:

- Set the goals for treatment and milestones for achievement.
- Indicate interventions planned and by whom.
- Make explicit reference to risk management.
- Identify information given to other professionals/agencies.
- Indicate the name of the key worker.
- Identify date for review.

3.4.4 Interventions

The care plan will detail the interventions that any service user will receive. The main interventions are described below and generally need to be supplemented by advice and support in relation to housing, employment, and family relationships.

3.4.5 Psychosocial Therapies and Support

Most treatment for alcohol-related problems needs to include some form of therapy to support the individual's psychological and social development. Standards for psychological interventions for substance misuse have already been issued by Welsh Assembly Government and can be accessed at: http://new.wales.gov.uk/dsjr/publications/commmunitysafety/submisusetreatframework/frameworke?lang=en

The following are some of the interventions that need to be available to service users in the context of alcohol misuse:

- Motivational Enhancement Therapy.
- Twelve-Step Facilitation Therapy.
- Coping and Social Skills Training.
- Community Reinforcement Approach.
- Social Behaviour and Network Therapy.
- Behavioural Self-Control Training.
- Cognitive-Behavioural Marital Therapy.
- Family based interventions.
- Relapse Prevention.

The different therapies are all designed to help alcohol misuser's change or maintain changed behaviour in some way and the choice of application will depend upon the assessment. They often help alcohol misusers develop new skills, allowing them to handle high-risk drinking situations without relapsing in the future.

(*The therapies described can be added to as new, fully evaluated approaches become available*.)

A range of more intensive, structured psychosocial treatment interventions may be required for people with moderate and severe alcohol dependence, for those with recurrent alcohol problems, for those with complex needs and for those who may be particularly vulnerable.

3.4.6 Pharmacological Interventions

Pharmacological interventions are most effective when used as enhancements to psychological therapies as part of an integrated programme of care. The following should be available:

- Medication for treating patients with withdrawal symptoms during assisted alcohol withdrawal.
- Medication to promote abstinence or prevent relapse, including anti-craving agents and sensitising agents.
- Nutritional supplements, including vitamin supplements, as a harm reduction measure for heavy drinkers and high dose parenteral thiamine for the prevention and treatment of individuals with Wernicke's encephalopathy.

3.4.7 Structured day care programmes

There is a role for structured day care programmes in the treatment of alcohol misuse provided they are based on evidence of effectiveness and subject to local evaluation.

3.4.8 Specialist Inpatient Care and Residential Rehabilitation

Although most dependent alcohol users can be treated effectively in community/home settings a proportion with severe dependency and associated problems will require inpatient care and/or residential rehabilitation. The standards for these have already been described by Welsh Assembly Government and can be accessed at: http://new.wales.gov.uk/dsjr/publications/commmunitysafety/submisusetreatframework/frameworke?lang=en

The choice of setting for any individual will depend on the range of accompanying physical, psychological, or social problems including risks posed to the drinker, risks to others from his/her behaviour and availability of services.

3.5 Specialist service support to other organisations

3.5.1 Primary care and non-specialist settings

It is a core principle in this framework that specialist alcohol services must develop links with those providing alcohol interventions in primary care. Shared care arrangements with GPs and other primary care professionals for the purpose of addressing alcohol problems provide a framework for:

- The provision of specialist assessment on assisted withdrawal, relapse prevention and follow-up monitoring.
- Training and advice to primary care staff.
- Development of referral guidance/criteria to specialist services.

Specialist services should also develop links and working protocols as appropriate with local organisations in the social care/voluntary sector (e.g. homeless providers) and to community mental health teams.

3.5.2 Alcohol liaison service in hospital-based settings

Those with complex alcohol problems may require hospitalisation for their other needs e.g. liver disease. This may be best provided for those hospital services, with specialised *alcohol liaison* support.

An *alcohol liaison* service has an important role in identifying and addressing alcohol problems. A number of interventions can be provided to hospital wards and departments in a general hospital setting such as:

- management of screening in hospital settings;
- management of assessment in hospital settings;
- provision of brief interventions, particularly to hazardous drinkers;
- management of alcohol withdrawal/detoxification in the general hospital;
- planning of interim care prior to links being made with community services;

- links to support from specialist alcohol services as appropriate;
- provision of education and support to hospital staff.

3.5.3 People with alcohol problems who also have significant mental health or drug problems

Welsh Assembly Government has already issued guidance on the issue of co-occurring mental health and substance misuse and can be accessed at: http://new.wales.gov.uk/dsjr/publications/commmunitysafety/submisusetreatframework/frameworke?lang=en

Service provision for individuals with mental health and/or alcohol problems should include:

- arrangements with local mental health service to identify alcohol problems and intervene where appropriate;
- protocols to identify and manage alcohol problems in hospital wards in secondary care psychiatric settings;
- good links with other psychiatry and psychology services for complex problems;
- training for community mental health teams.

3.5.4 Criminal justice services

Appropriate support and advice may be needed for criminal justice services in relation to individuals with alcohol problems.

Prisoners with an alcohol problem will need support immediately after arrest or sentencing (when the risk of withdrawal symptoms is high) and on-going support to address alcohol-related problems during sentence and through to return to the community. The provision of an alcohol referral service within Police custody may have some potential.

In Wales, the prison service provides screening, assessment, care-planning and treatment. Transitional Care offered before release, takes the care plan forward into the community.

Services for prisoners need to be equitable with those offered in the community with robust follow-through on release.

3.5.5 People with highly specialised needs

Support can be provided through liaison and advice to multi-disciplinary groups that provide care for these individuals. In particular good practice advice should be made available to the midwifery service on the links between alcohol and pregnancy.

3.5.6 Commercial and non public sector organisations

Specialist providers also have a potential role in offering advice and support to organisations outside of the public sector. Advice on the recognition of alcohol problems and the local support available should be part of their core service.

4 Sources and references

The sub group considered two reviews from the National Public Health Service for Wales Vulnerable Adults team on treatment in Primary and Non Specialist Settings and Treatment in Specialist Settings. These are available on the NPHS website. The references below are quoted in these two documents.

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