Robust evidence exists to support brief reduction of alcohol interventions in primary care and the community. (Alcohol Misuse Interventions DoH 2005)

There is some evidence of effectiveness. MoCAM identifies four main categories of alcohol misusers who may benefit from some kind of intervention or treatment:

- Hazardous drinkers
- Harmful drinkers
- Moderately dependent drinkers
- Severely dependent drinkers

No formal assessment process in place in PCT localities specifically aimed at alcohol misusers. Referral pathways and integrated pathways are not currently established.

The Effectiveness of Mass Media Campaigns for Reducing Drink and Driving and Alcohol-related crashes. A Systematic Review

The Effectiveness of Public Health Campaigns (NICE)

There is evidence of effectiveness for extended interventions, however, it is less robust when linked to any behaviour change.

MoCAM identifies the following:

- Robust evidence exists for their effectiveness
- limited number of detoxification beds
- Some tier 3 work is based in primary care (shared care scheme)

Outcomes for individuals at 12 & 36 months can be the same

The Effectiveness of Therapeutic Communities and the Interdependence they engender. Individuals need to be open and accepting of the need for change.

Outcomes for individuals at 12 & 36 months can be the same

The Effectiveness of Therapeutic communities (Robust evidence exists for their effectiveness)

**MoCAM** identifies four main categories of alcohol misusers who may benefit from some kind of intervention or treatment:

- Hazardous drinkers
- Harmful drinkers
- Moderately dependent drinkers
- Severely dependent drinkers

These categories enable broad mapping across levels of needs and against the range of provision required. The first two groups usually require advice and brief interventions to meet their needs. Moderately dependent drinkers can often be managed effectively in the community, including medically assisted alcohol withdrawal. However, they may also be better suited to specialist treatment. It is important for commissioners to understand that there cannot be any precise mapping of categories to tiers of provision required, also that an individual may drift between categories. Severely dependent drinkers usually have serious and long-standing problems and may require inpatient assisted alcohol withdrawal. They may also have special needs or complex problems. Complex problems include people with dual diagnosis, usually co-existing mental health needs.

<table>
<thead>
<tr>
<th>TIER</th>
<th>TIER DEFINITION</th>
<th>SERVICE SETTINGS</th>
<th>EXAMPLES OF GENERIC SERVICES</th>
<th>SERVICES IN NEWCASTLE</th>
<th>GAPS</th>
<th>OUTCOMES FOR THE SERVICES USER</th>
<th>EVIDENCE OF EFFECTIVENESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>PREVENTION</td>
<td>the use of different media to relate key consistent message information</td>
<td>Connexions Tyne &amp; Wear</td>
<td>A local campaign giving consistent messages has been identified. Best Bar None Scheme</td>
<td>no city wide campaigns have been run in the city.</td>
<td>reduction of alcohol consumption (abstinence or moderation goal)</td>
<td>Effectiveness of Mass Media Campaigns for Reducing Drink and Driving and Alcohol-related crashes. A Systematic Review</td>
</tr>
<tr>
<td>1</td>
<td>Interventions: alcohol-related information and advice; screening; simple brief interventions; and referral</td>
<td>Delivered in a very wide range of settings, the main focus of which is not alcohol treatment e.g. primary care, A&amp;E, psychiatric services, social services, the prison service, homelessness services, custody cells, occupational health services, probation services, hospital wards, antenatal clinics</td>
<td>Alcohol advice and information * targeted screening, assessments and brief interventions * referral for specialised treatment * partnership with shared care with specialised treatment services</td>
<td>A&amp;E in response to urgent need of treatment of care. Current services are mainly reactive. Brief interventions and advice is given if specific hospital wards. (only 3 detoxification beds in the city) The Cyrenians in Newcastle provide available accommodation for men with alcohol problems NORCARE</td>
<td>Brief intervention in 60% surgeries do not exist currently. Criminal justice settings do not offer brief interventions or extended intervention.</td>
<td>reduction of alcohol consumption (abstinence or moderation goal)</td>
<td>Reduction evidence exists to support brief interventions in primary care and the community. (Alcohol Misuse Interventions DoH 2005)</td>
</tr>
<tr>
<td>2</td>
<td>Interventions: open access, non-care planned, alcohol-specific interventions</td>
<td>Delivered by specialist alcohol services, primary care, hospitals and all other services listed in Tier 1, but are dependent on people with the necessary competence being in place. They are particularly required to help misusers reduce alcohol-related harm.</td>
<td>Tier 1 interventions but with a more informed alcohol focus * mutual aid groups, such as Alcohol Anonymous * Triage assessment, usually as part of locally agreed arrangements</td>
<td>NEAR - community alcohol workers supporting individuals and groups Promotes interdependence NECA</td>
<td>No floating support Not enough workers in the city to cope with the demand</td>
<td>improvement in health and social functioning</td>
<td>There is sound evidence of the effectiveness of Tier 1 interventions.</td>
</tr>
<tr>
<td>3</td>
<td>Interventions: community-based, structured care planned alcohol treatment</td>
<td>Formally delivered in specialised alcohol treatment services with their own premises in the community and alongside Tier 2 interventions. Some tier 3 work is based in primary care (shared care scheme)</td>
<td>Comprehensive assessment, planning and management * prescribing interventions and medically assisted alcohol withdrawal * psychosocial services and structured day programmes * liaison with medical psychiatric, social care, child care and housing services</td>
<td>Mental Health COTs (PnPs - RVI) NECA - structured counselling homelessness unit may be required at this stage. Ron Edgar Centre and other support may be needed to create stability</td>
<td>No home detox No community detox No step down units or process exists for individuals to be integrated back into the community. Pathways to step-down need to be established</td>
<td>improvement in health and social functioning</td>
<td>There is sound evidence of the effectiveness of Tier 2 interventions.</td>
</tr>
<tr>
<td>4</td>
<td>Interventions: alcohol specialist inpatient treatment and residential rehabilitation</td>
<td>Therapeutic rehab. specialised inpatient facilities for medically assisted alcohol withdrawal (detoxification) and stabilisation. They include residential rehabilitation units. Other complex needs require hospitalisation are associated with liver disease and sometimes pregnancy. Medium to long term therapeutic rehab support.</td>
<td>Inpatient assessments and treatment</td>
<td>North East Team D&amp;A Team (Outpatients for Rehab) Alcohol Anonymous (Elliott House) Up to 30 residential rehab beds</td>
<td>Stabilised number of detoxification beds in the city (25 only). Other detox services need to be developed.</td>
<td>improvement in health and social functioning</td>
<td>Reduction evidence exists for their effectiveness</td>
</tr>
</tbody>
</table>

It is important for service providers to develop integrated care pathways, as outlined by the National Treatment Agency (2006). These may i.e. provide arrangements for detoxification and may refer to criteria for preventing relapse.

Outcome measures include:

- reduction of alcohol consumption (abstinence or moderation goal)
- reduction of alcohol dependence
- amelioration of alcohol-related health problems (e.g. liver disease, nutrition, psychological problems)
- amelioration of alcohol-related social problems (e.g. family matters avoidance of criminal activity)
- improvement in health and social functioning