



Quaker Action on Alcohol and Drugs

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RESPONSE TO MODELS OF CARE CONSULTATION

Preamble

Quaker Action on Alcohol and Drugs (QAAD) is a listed group of the Religious Society of Friends - Quakers. We are an independent national charity concerned with legal, illegal, and prescribed drugs and with gambling. Trustees have experience in voluntary and statutory settings that include prevention, treatment, medical interventions and criminal justice. QAAD acts as an information-giving body within the Society of Friends, and gives advice to individuals and significant others with personal concerns about substance misuse. QAAD also facilitates a regular forum in which those with professional, voluntary or personal experience meet together as Quakers to discuss substance misuse issues in a way that operates outside normal service boundaries. Our comments are informed by all of these perspectives.

QAAD welcomes the extension of Models of Care to alcohol interventions, and the contribution it will make to service improvement - particularly its emphasis on responding constructively to relapse. We also welcome the breadth and thoroughness of these consultation procedures. We begin with specific comments on MoCAM: a second section addresses general issues.

1. Specific comments

1.1. Types of alcohol misusers (section 1.3)

We appreciate that the summary outlined in MoCAM is necessarily 'broad brush' and that the document acknowledges that there is no single way of categorising the diverse needs occasioned by alcohol misuse. However, the triangular model representing the typology of drinkers does not seem fully to reflect the evidence that some harms of drinking occur at relatively low levels of consumption, and that many problems and problem-generating behaviours are widely distributed among the drinking population (and are not confined to heavier drinkers.)¹ **We would like to see this perspective more fully represented within the model.**

1.2. Standards for better health (section 1.4.1)

QAAD welcomes Standard D2, which includes 'spiritual needs and preferences' as a criterion. There are obvious links in this field between spirituality and 12 step programmes, but this dimension is also increasingly being addressed in many other forms of treatment for dependencies. We note that there is already an optional Level 3 S/NVQ in the Health and Social Care Award ('Recognise, respect and support the spiritual well-being of individuals') and one in the Higher National Certificate in Social Care ('Supporting Spiritual Well-being').

- **We support the consideration of spiritual needs in assessment and commissioning processes, and suggest that practice in this area could be enhanced if a competence of this type were considered for inclusion in DANOS standards.**

¹ See, for example, Ramstedt's cross-European study [which included Britain], in which it was reported that 'it was not possible to establish a threshold below which no kind of problem was reported.' Ramstedt, M. (2002) *Alcohol Consumption and the experiences of adverse consequences – a comparison of six European countries* Contemporary Drug Problems 29, Fall 2002.

See also Stockwell, T., Hawks, D., Lang, E., & Rydon, P. (1996) Unravelling the preventive paradox for acute alcohol problems *Drug and Alcohol Review* 15, 7-15: '...there are many different types of problematic consequences from alcohol consumption, each of which has its own gradient of risk in relation to quantity, frequency and pattern of alcohol consumption.'

1.3. Tiered provision, assessment processes and commissioning issues (section 2)

The proposed model of screening, triage and comprehensive assessment processes presents a useful and flexible framework. Our experience with drugs and alcohol is that difficulties can occur for some higher-needs service users - particularly at Tier 1 - in gaining access to comprehensive assessments and full services. This may be because of a lack of information by workers or service users, or because perceived shortages in the system can tend to deter referral (particularly in areas of low provision). Delays in the provision of full needs assessments can also be a perverse outcome of efforts to reduce waiting times (if the only measurement considered is taken from the date of this assessment). MoCAM addresses these problems in many ways. In addition, we suggest that:

- **Comprehensive assessments are able to be activated at the request of service users, as well as through tiered referral mechanisms between professionals**
- **Data from care planning on 'unmet need' be fed into monitoring and commissioning loops (and into local/national reviews – see below)**
- **There be an acceptance at policy level that improved screening and assessment systems are likely to uncover a greater level of need than was previously apparent, and that this will have resource implications (including for significant others)**

2. General issues and local/national interfaces

2.1. Unequal (as opposed to different) provision between areas

MoCAM's stress on locally-decided provision and on each area making appropriate responses to diversity is much to be welcomed. There is also a need to address the considerable inequalities of provision between areas (which may be the result of historical factors as well as current management). We are aware that this issue is already being addressed by the NTA.

- **We support proactive national reviews and planning, including the addressing of resource imbalances**
- **Common assessment tools would assist the formation of a national picture of need in relation to provision (as well as assisting outcome evaluation)**

2.2. Minority/disadvantaged groups

Local areas, even in regional consortia, may have some difficulty in meeting some of the needs of minority or disadvantaged groups. High-needs individuals within some of these groups (such as women, families, young people and those with particular mental health issues) benefit from specialist residential provision. These services often have difficulty in maintaining income streams because local demands may be sporadic - though the national need is clear. We appreciate that the general issue of Tier 4 provision was considered in Stage 1 of the MoCAM consultation: our perspective is that:

- **National auditing and planning/support for these specific Tier 4 services would be of particular benefit to these groups**

2.3. Commissioning processes and interfaces

QAAD has some concerns about the number of commissioning arrangements, partly because of resourcing and partly because of the issues involved in a range of interfaces. Some arrangements also involve simultaneous changes of different kinds - for example, that between PCTs and NOMS, itself an agency developing new systems. The addition of alcohol commissioning at this juncture may prove a helpful rationalisation or an extra complexity. Resource allocation for alcohol will also be a significant issue for commissioners operating within mixed or generic budgets. We imagine that the NTA will be reviewing these systems and their effects, and hope that these considerations will form part of that process.