Impact of Alcohol

Exploring the Learning from Elsewhere
Impact of Alcohol – Exploring the Learning from Elsewhere is the third of three reports produced from the Big Lottery Fund ‘Impact of Alcohol’ Programme.

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About CES

The Centre for Effective Services (CES) is a not for profit, intermediary organisation which aims to connect policy, practice and research. A key aim of CES’ work is to make relevant, usable evidence available to policy makers, service commissioners, providers and practitioners. CES also supports them to generate evidence through their own practice and works with them to support the implementation of effective policy, efficient systems and good practice, to improve the lives of people across the island of Ireland.

*CES is based in Belfast and Dublin. For more information visit [www.effectiveservices.org](http://www.effectiveservices.org)*

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About the ‘Impact of Alcohol’ Programme

The ‘Impact of Alcohol’ programme was funded by the Big Lottery Fund in Northern Ireland (NI) to deliver education, support and interventions around alcohol related harm. The Programme provided £13m of funding for 31 projects which were undertaken by a wide range of statutory, voluntary and community organisations. The majority of projects were funded for five years, providing support to more than 142,000 individuals.¹

During the programme, the Northern Ireland Council for Voluntary Action (NICVA) and CES provided a range of supports to grant holders, including the delivery of learning events, seminars and conferences and production of publications and resources, which aimed to promote shared learning, networking and self-evaluation. Policy, information and networking support was also provided alongside lobbying, campaigning and learning activities, and support for the establishment and work of the NI Alcohol and Drugs Alliance (NIADA).

This review is the third in a suite of documents produced to disseminate the learning and expertise developed and expanded through the ‘Impact of Alcohol’ programme. The first document is a report of the *Impact of Alcohol: What Next?* Conference held in November 2017. The report details the proceedings of the conference, including presentations from key stakeholders and presents a series of action plan, devised by participants to tackle key issues related to alcohol harm in NI. The second document is a detailed report, capturing the learning and experiences shared by grant holders across the ‘Impact of Alcohol’ Programme.

Purpose of the Review

This review explores selected examples of international strategies, policies or programmes which have been implemented to prevent or mitigate against alcohol-related harm, in order to contribute to our knowledge and understanding of what works, and why. The paper provides a useful blueprint to inform further discussion and decision making in tackling alcohol misuse and outlines details of initiatives which could potentially be adapted for implementation in NI.

Current international initiatives to tackle alcohol-related harm include; displaying calorie content on alcohol bottles\(^2\), implementing marketing restrictions\(^3\) and M-Health or E-Health initiatives\(^4\) to prevent harm or facilitate treatment, licencing restrictions. The merits and limitations of these approaches have been widely reviewed, therefore, rather than exploring these further here, the paper reviews a series of initiatives designed to intervene at different stages in an individual’s relationship with alcohol. These include;

- **Population-wide preventative approaches**; the Icelandic model and Minimum Unit Pricing (MUP) in Scotland;
- **Early intervention approach**; Identification and Brief Intervention;
- **Addiction Treatment**; a community-based recovery enterprise in San Patrignano, Italy;
- **Support for Family Members**; family support services provided through the Phoenix Future’s National Specialist Family Service.

Some of the initiatives were highlighted at the ‘Impact of Alcohol: What Next conference’ in November 2017. The decision to select initiatives designed to address alcohol related harm at different points in an individual’s relationship with alcohol was deliberate, in order to demonstrate the need to adopt a holistic approach to effectively address the pervasive and often long-term impact of alcohol.

The paper begins by providing an overview of the impact of alcohol on the NI population. The section, entitled ‘Exploring the Learning’ then explores preventative, population wide initiatives, through two examples; the *Icelandic model* and *Minimum Unit Pricing* in Scotland. Early intervention initiatives through *Identification and Brief Intervention*, are then considered, along with alcohol dependency interventions, specifically ‘San Patrignano’ - a *community-based addiction recovery initiative* in Italy. Support for families affected by alcohol misuse are explored through the *Phoenix Futures Service*. A brief conclusion is followed by a summary of the key learning and critical success features from these examples in Appendix 1.

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\(^2\) WHO Europe (2012). *European action plan to reduce the harmful use of alcohol 2012–2020.*

\(^3\) WHO (2010). *WHO Global Strategy to Reduce the Harmful Use of Alcohol,*

The Impact of Alcohol in Northern Ireland

With statistics suggesting that 73% of the population in Northern Ireland (NI) consume alcohol, it is evidently an integral part of many people’s lives, consumed to accompany meals, mark important occasions, celebrate or, relax. Research indicates that consuming alcohol moderately, may provide protective factors against; coronary heart disease, hypertensive diseases such as high blood pressure, stroke and Type II diabetes. However, the World Health Organisation warns that consuming alcohol at hazardous levels is one of the world’s leading health risks, attributing 5.9% (3.3 million) of all global deaths and 5.1% of the global burden of disease, such as some cancers, liver disease and pancreatitis, amongst others, and injury, to this activity.

In NI, one third of respondents to the Adult Drinking Survey in 2013 reported that they had engaged in binge drinking (exceeding moderation) in the week prior to the survey and around 170,000 adults were drinking at hazardous levels. Excessive drinking is also becoming more acute as the number of those presenting for treatment increased from 3,111 in 2012 to 3,891 in 2014. The effects of exceeding moderate levels of alcohol consumption range from mild effects, such as loitering and drinking in public spaces, to more severe impacts such as death or lifelong illnesses. Each year, 12,000 alcohol-related admissions to hospitals in NI are reported. Further, there has been a 26% increase in the number of alcohol-related deaths in the past year, with alcohol causing the deaths of three times as many people as illegal drugs. Aside from the impact on physical health, there is a causal relationship between the harmful use of alcohol and a range of mental and behavioural disorders and other non-communicable conditions. The cost incurred by the taxpayer in NI to combat the harmful effects of alcohol is substantial, with estimated figures of up to £900 million each year, £250 million of which is borne by the Health and Social Care Trusts. In the UK, estimates place the cost at 1.3% to 2.7% of annual GDP. Few studies, however, have ascertained the magnitude of harm caused to

11 ibid.
others, hence the economic burden of alcohol is generally underestimated. It should be noted that alcohol misuse may also lead to a loss of earnings, unemployment and entry into the criminal justice system, all of which has an impact on the public purse.

Alcohol consumed in excess is not only detrimental to public health and the economy, it can also create great emotional strain on local communities and families.\textsuperscript{14} Alcohol misuse contributes to many family adversities e.g. family breakdown and child neglect. In NI, 40\% of children on the child protection register are registered as a direct result of parental substance misuse.\textsuperscript{15} Further, excess alcohol consumption increases the chance of inflicting injury on others (e.g. through violence and traffic accidents).\textsuperscript{16} In addition, high levels of alcohol misuse may impact on social cohesion and reputation of the community.\textsuperscript{17}

Levels of alcohol consumption are heavily influenced by the ability to access alcohol. This comprises three variable factors or drivers: availability, affordability and social norms or acceptable levels of consumption.\textsuperscript{18} These drivers are largely determined by economic and social structures, politico-legal structures and corporate/market structures.\textsuperscript{19} Alcohol is widely available in NI. It has become increasingly affordable and the cultural norms of heavy drinking are notable. It has been suggested that this is, in part, a result of the impact of 30 years of conflict which continues to contribute to the poor physical and mental health of some members of the population, as well as to community divisions.\textsuperscript{20}

To address and prevent harms caused by excessive alcohol consumption, many governments implement laws, strategies and policies. This includes initiatives such as: taxation, price, marketing and availability regulations, information and education provision, managing drinking environments and brief intervention services and treatment for problematic to dependent drinkers. The most recent alcohol policy in NI, the \textit{New Strategic Direction for Alcohol and Drugs}}
2011-16: Phase Two, identifies five main pillars which support the strategy; prevention and early intervention, treatment and support, law and criminal justice, harm reduction, monitoring, evaluation and research. While frustration has been expressed around the absence of a new strategy, the end of the ‘Impact of Alcohol’ Programme was regarded as an important opportunity to influence long term change by drawing on the learning, experiences and outcomes generated through the programme.

Exploring the Learning

Population-wide Preventative Approaches
Population-wide approaches to addressing alcohol-related harm are delivered to an entire population e.g. a local community, generally without prior screening for risk of alcohol use and aimed at preventing or delaying the start of misuse, thus reducing the level of harm caused to individuals and society as a whole. Prevention approaches are often viewed as a money saving approach. A significant focus of the discussions at the ‘Impact of Alcohol’ conference was on preventative measures, and reference was made to the Icelandic model and minimum unit pricing, both of which are explored here.

Alcohol Misuse Prevention and Adolescents: The Icelandic Model

The Context
High levels of alcohol consumption amongst Iceland’s youth became ubiquitous in the 1990s. At its most serious level, the European School Survey Project on Alcohol and other Drugs (ESPAD), stated that 29.6% of adolescents reported drunkenness on three or more occasions during the 30 days prior to responding to the survey, the fifth highest rate of 21 European countries. Additionally, the report concluded that the rate of alcohol-related accidents or injuries was the second highest in Europe, with 14% of Icelandic adolescents reporting such an incident. Only the UK had a higher rate which stood at 17%. In response to the worrying levels of alcohol misuse among underage adolescents, social scientists at the Icelandic Centre for Social Research and Analysis (ICSRA) teamed up with policy makers and practitioners to better understand the influences of substance misuse and to identify a solution. In 1997 the government implemented The Icelandic Model of Adolescent Substance Use Prevention, aimed at reducing alcohol consumption levels among adolescents through a preventative, community-based approach. Following its implementation, substance use among Icelandic adolescents declined dramatically with the percentage of 15 to 16-year olds reporting to have drank in the 30 days prior to responding to the survey, decreasing from 42% in 1998 to 9% in 2015. While levels of alcohol consumption amongst this age group fell across Europe during

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22 Ibid.
this period, the European average remained much higher at 48%. This suggests that the programme which had been implemented only in Iceland, may have helped to reduce rates of alcohol consumption.

The Research
The adoption of a targeted approach for adolescents in Iceland was based on international research which noted that alcohol use in adulthood tends to begin in adolescence and that early initiation into drinking alcohol at this stage, is associated with greater likelihood of addiction. Tackling alcohol consumption levels earlier, can therefore mitigate against the harmful, long-term impacts of alcohol which may develop in adulthood, such as harms to physical and mental health, increasing levels of morbidity, addiction, and wider economic and social impacts on the community and society. The programme was implemented at a municipal, rather than state level. This community-based approach involved local efforts to create partnerships between different actors who then assumed primary responsibility for the implementation of the programme to address adolescents’ behaviour.

To ascertain the scope of the problem, the Icelandic Centre for Social Research and Analysis (ICSRA) administered questionnaires to a sample of 3,000-4,000 of adolescents. The questionnaires were then administered annually to a similarly sized sample to track the progress of the programme. These questionnaires ascertained the frequency of drinking and key protective factors against substance misuse.

The Model in Practice
The model included a number of key elements; parental monitoring, parental social involvement, participation in organised sports, reduced participation in a ‘party’ lifestyle and less free time. Having friends who consumed alcohol, non-participation in extra-curricular activities and lessened social capital (i.e. parents not knowing their children’s friends and lack of parent-to-parent communication), correlated with higher levels of alcohol consumption among adolescents. The programme then aimed to establish these key protective factors in the lives of adolescents and the local community, in order to reduce alcohol consumption. This preventative approach was advocated as more effective and economical than the use of counselling or educational programmes with fixed beginning and end points.

The model’s success can be attributed to the high-level of buy-in at local and government level. Firstly, communities were given ownership over the project by having access to data collected annually by ICSRA. The data supported the tracking of progress and local communities to

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identify where help was most needed, thus helping to focus their efforts. Effective data collection and sharing between stakeholders therefore enabled initiatives to be based on local need which increased community involvement. Secondly, the government passed stricter laws regarding alcohol licencing and established a 10pm curfew for children and teenagers.

Further, the government demonstrated its commitment to the project by increasing funding for recreational activities such as sport, music, dance and other clubs for children and teenagers, also ensuring these clubs were accessible to low income families. For example, in Reykjavik, families were given 35,000 króna (£250) per year, per child, to pay for recreational activities. Rather than simply educating adolescents about the harm of alcohol, this approach offered adolescents a choice of activities and kept them occupied, which helped them cope with stress and reduce anxiety. Adolescents were therefore less likely to engage in substance misuse to alleviate stress.

The emphasis on recreational activities within the programme was based on research findings which suggested that teenagers may become addicted to the impact of consuming substances, such as alcohol, which, in turn, has an effect on brain chemistry. Alcohol sedates the brain, and can remove inhibitions and reduce anxiety. It is also recognised that taking part in sports, dance, music lessons and other recreational activities alters brain chemistry, reducing anxiety and providing teenagers with a safe alternative, to alleviate stress.

The model also demonstrates how coordination between state and local community can effectively support programme implementation. For example, parents assumed responsibility for conducting parental patrols to monitor streets at the weekends and this was key to enforcing the state-imposed curfew. The model also aimed to strengthen community ties between and within families by focusing on the parent-school relationship, through the establishment of parental organisations in schools. Schools also facilitated the development of networks of mutual support which included youth workers, sports club officials, parents and teachers, thus enabling parents to become more involved in their children’s lives.

Critical Success Factors

The success of the project has been attributed to the formation of social relationships, parental support and the involvement of young people in extracurricular activities. This was supported through the high level of buy-in and coordination between researchers, local communities, practitioners, parents and policy makers, who shared local statistics and research. Local communities were invested in the community-based approach which gave them responsibility

30 Ibid.
for designing and altering the programme in accordance with the needs of the young people. The preventative approach effectively curtailed the age at which adolescents began drinking alcohol, or getting drunk, which had a positive impact on their health.

The model has been adopted in 18 countries across the world, including in Europe, Africa and Latin America.\textsuperscript{31} In the Republic of Ireland, the Western Region Drugs and Alcohol Task Force which includes Roscommon, Mayo and Galway has expressed interest in the model, with the intention of implementing a pilot with 70,000 teenagers in the area.\textsuperscript{32} Advocates of the model argue that it can be implemented in any community and that the methodology may be used to address a range of problems, not just alcohol.

\textbf{Minimum Unit Pricing}

\textbf{Anticipated Impact of Minimum Unit Pricing (MUP)}

Minimum unit pricing (MUP) received significant attention at the ‘Impact of Alcohol’ conference, through the introduction of MUP in Scotland, and was proposed as an approach which could be adopted in Northern Ireland. Research conducted by the University of Sheffield tested the impact of introducing a minimum price of 50p per unit of alcohol, concluding that MUP policies are an effective measure to reduce alcohol related harm. The model was based on the English population and estimated that implementing a 50p minimum unit price, results in a per person reduction in alcohol consumption of 1.8%, equating to an average annual reduction of 12.6 units per drinker per year.\textsuperscript{33} Research suggests that the effects will be especially profound on high risk drinkers, with estimates of a decrease in alcohol consumption of 3.3%, equivalent to 134 units per year. Further, the model suggests that MUP will have a greater effect on lower socio-economic groups. This is because the model targets high strength and cheap alcohols such as high-strength ciders which are associated with the most harmful levels of drinking.\textsuperscript{34}

The model estimates reductions in alcohol related health harms, fewer deaths and 22,797 fewer hospital admissions. High risk, low socio-economic drinkers were estimated to benefit most in terms of reduced mortality and hospital admissions. It was also anticipated that crime and workplace absence would be reduced, while simultaneously saving the public purse billions in healthcare and policing.\textsuperscript{35} Recognising the significant problem of alcohol misuse in Scotland, where, on average people purchase 20% more alcohol than in England and Wales,

\textsuperscript{31} Planet Youth. https://planetyouth.community/pycommunity/ Accessed: 23/05/18
\textsuperscript{33} Angus, C. et al. (2015). Modelling the impact of Minimum Unit Price and Identification and Brief Advice policies using the Sheffield Alcohol Policy Model Version 3 https://www.sheffield.ac.uk/polopoly_fs/1.661445!/file/Final_mup_iba_report.pdf Accessed: 23/05/18
\textsuperscript{35} Angus, C. et al. (2015). op. cit.
the Scottish government implemented a 50p minimum price per unit of alcohol sold in supermarkets, off-licenses and bars, on 1st May 2018.

**The Effect of Minimum Unit Pricing in other Jurisdictions**

Similar MUP policies to that introduced in Scotland have successfully reduced alcohol consumption in the Canadian provinces of British Columbia and Saskatchewan. Although similar, they differ in two ways; minimum price is proportionate to the volume of liquid, rather than alcohol, and the price varies by drink. Despite the differences, these policies are regarded as sufficiently similar to the Scottish legislation, to anticipate similar positive outcomes. Data suggests that a 10% increase in MUP results in an 8% decrease in consumption, a 9% reduction in hospital admissions, and a 32% reduction in wholly alcohol caused deaths. Belarus, Russia and Ukraine have also introduced minimum pricing policies and a bill for MUP was introduced by the Irish government in 2015. However, progression towards a similar bill in Northern Ireland has been stalled in the absence of a devolved Assembly.

**Debates around Minimum Unit Pricing**

While the effectiveness of increasing alcohol prices in reducing population level alcohol consumption is well established and supported by empirical evidence, the introduction of MUP has sparked considerable debate which should be considered if MUP is progressed in NI. Opposition to MUP in Scotland came from a lobby group; the Scotch Whisky Association, which argued that it would damage the whisky industry and penalise responsible drinkers. The Association also questioned its legality, stating that it breached the European Commission’s trade rules. Other criticisms of MUP include; the loss of tax revenue and economic impact on lower income households. Further, some argue that the perceived positive impact on problem drinkers is only based upon predictions and, predicting consumers’ reactions to the policy is impossible to anticipate.

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Early Intervention Approaches

Identification and Brief Advice

The National Institute for Health and Care Excellence (NICE) describes IBA as a method for identifying those who may be at risk of alcohol harm. The aim of IBA is to intervene at an early stage, before people develop an alcohol-related disorder, thus preventing further harms by helping people to drink within their recommended daily limits. The success of Identification and Brief Advice (IBA) in Scotland and its effectiveness in reducing alcohol harm, was also highlighted during the ‘Impact of Alcohol’ conference.

The Context

IBA is generally delivered in a primary care setting and there is strong evidence to support its efficacy in reducing alcohol consumption levels. Interventions are usually no more than five minutes and may take place during a visit to a GP, where the professional opportunistically asks questions related to an individual’s alcohol consumption through the use of a validated screening tool such as AUDIT – ‘Alcohol Use Disorder Identification Test’. This is then followed by brief advice from a health professional. Delivered in a non-confrontational manner, the aim is to motivate individuals to think about and/or plan a change in their drinking behaviours in order to reduce their alcohol consumption and/or risk of harm.

Support for Identification and Brief Advice across the UK

The economic efficiency of delivering IBA in a health care setting is well recognised, and is supported by a study commissioned by Health England which estimated that brief interventions in a GP setting result in health costs savings of £123 per person. Further, there is considerable support to roll IBA out across the UK to reduce problematic alcohol use, and there is a growing body of evidence which supports the use of IBA in other social settings. It has been suggested that it should be adopted as a whole systems approach, requiring different agencies outside the primary care setting, to screen and support individuals. There are different settings where IBA can be delivered to maximise reach; social services, criminal justice, housing, mental health and in pharmacies, work places or directly to individuals via online platforms or mobile apps. Rolling out IBA through non-health care settings will enable reach to those who do not regularly come into contact with primary health services in these settings.

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settings. Alcohol drinkers can be encouraged to reflect on their levels of alcohol consumption and to address these if they exceed the recommended intake.

**Expanding IBA into Non-Health Care Settings**

There is evidence of IBA leading to a positive impact in social service settings. Social services staff who can deliver IBA include: social workers working with children and family services, staff working in adult social care or supporting people who have learning or physical disabilities. Alcohol related harm has a significant impact on the work of social workers and while they currently respond to this through their work, adopting IBA as a practice tool would equip practitioners with the relevant knowledge to better address such issues.

IBA can also be used in social housing settings and is recognised as being more appropriate as social housing has expanded beyond its traditional role of providing bricks and mortar, to embrace the health and well-being issues of those who avail of it. Alcohol is recognised as one of the most significant contributors to the health and social harms experienced by an ‘insecurely housed’ population. 47 The implementation of IBA within the criminal justice system is supported through a growing and promising evidence base for the efficacy of IBA in probation settings. 48 Although workplaces have also been suggested as an appropriate setting for IBA, the stigma associated with accessing alcohol use treatment, often acts as a barrier in this context.

**Key Considerations in the Delivery of IBA**

Workers in non-health care contexts may feel they lack legitimate experience and knowledge to support people with alcohol problems. Identifying the core elements of IBA essential to its success and adapting these to service settings will ensure questions are appropriate and staff feel comfortable asking them. This may be achieved by consulting with service users and workers to ascertain their acceptability in the respective setting. Further, introducing IBA into a service requires staff to be trained to deliver it confidently, and training may also need to be adapted to suit the working environment, to ensure staff identify and address alcohol issues in a sensitive way. It is also important to identify and train those staff members who are best placed or have the most appropriate skillset to deliver IBA, rather than training the entire workforce. 50

It is recognised that training staff alone does not result in the delivery of IBA. 51 Upskilling workers will improve their knowledge base, however, organisational factors and the wider

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48 Thom, B. et al. (2016). *op.cit.*
environment can impede the delivery of IBA. Therefore, while it is important to ensure staff are sufficiently trained, there must also be a focus on the need for wider organisational or systems change.\textsuperscript{52} For alcohol IBA to be effective, the person with alcohol related issues, the needs of staff and organisational factors should be considered when designing the delivery and reporting of IBA.\textsuperscript{53} Furthermore, tools used to conduct IBA such as the AUDIT questions may be too restrictive or inappropriate for use in non-health care settings. This necessitates a more flexible approach to brief interventions.

While there is considerable agreement around the use and efficacy of IBA, incorporating it within everyday settings, including the aforementioned occupational contexts, has highlighted particular challenges. The delivery of IBA through an online platform has been proposed as a viable alternative, and scope to develop this approach is growing, due to the low cost of online delivery and increasing levels of accessibility to the internet. Providing access to IBA through digital means therefore, has the potential to reach individuals who may not access other support services.\textsuperscript{54} Whilst there is some evidence of IBA in non-health care settings, its efficiency and acceptability is less assured than in a health care setting. Therefore, further exploration is required to ascertain how individual practices can adopt IBA successfully.


Addiction Treatment
The ‘Impact of Alcohol’ programme included a wide range of effective interventions and services designed to support individuals addicted to alcohol. A number of these placed particular emphasis on clients directing or taking a lead in determining the content of programmes. They were also based within the community with established links to other community services and enterprises. For the purposes of this review, it was felt it may be useful to explore an international programme which was not only client-led but involved clients living as part of a community. Including a user-led intervention in the review, also reflects the increasing prominence of such approaches across Europe and growing evidence of impact in addressing problems with drugs and alcohol.55

Person led Interventions
User-led interventions are often initiated by current or former drug users and continue to be directed by users. Such an approach brings significant advantages in terms of engaging with hard to reach users and having the valuable lived experiences of alcohol dependent service users, which can help shape service design, creating more effective support for others. This is in-line with the recent emphasis on co-production in public services which received great support during the ‘Impact of Alcohol’ conference. Co-production also values incorporating lived experiences and opinions of alcohol dependent service users into service design.

‘San Patrignano’, Italy
In 1978, San Patrignano, a community-based recovery enterprise was established in Rimini, Italy. Recovery enterprises refer to relatively large recovery-focused communities and networks which may include supportive accommodation, recovery cafes, social activities, social enterprises and employment schemes, peer support, etc. San Patrignano is run by former drug users and describes itself as “a community for life that welcomes those suffering from drug addiction and marginalisation”.56 Since its establishment, it has served more than 26,000 people57 and 70% of the residents completing the programme, have fully reintegrated into society and no longer use any type of drug.58 Although San Patrignano focuses on rehabilitation from illegal drugs, the successful elements of the model provide useful learning and could potentially be applied to alcohol addiction.

The Model in Practice
The San Patrignano community offers a long-term programme with a minimum stay of three years. The programme is tailored to each resident and varies depending on the characteristics and needs of every individual. The programme adopts a therapeutic and educational, rather

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55 HM Government (2017). Drug Strategy
than medicated approach to addiction recovery. In general, residents participate in vocational training in areas such as agriculture or learn a skill relating to the service sector such as web design, or interior design and participate in workshops which aim to support their reintegration into society. The community also encourages residents to take up hobbies such as dance, sport and drama during their free time. The programme builds on personal growth through interaction and sharing experiences with peers and being entrusted with responsibilities within the community. Eventually, residents may also become mentors to others. Every resident is guided by a mentor in the initial stages of the recovery programme. This element of peer support has been very successful in helping new residents settle into the community and supporting a positive attitude to change.

The community seeks to make residents feel that they are at the centre of the programme and that they contribute towards it and the community. Residents are required to participate in community-living contrasting with the marginalisation which those addicted to substances often face. Residents eat and watch films and TV together and training is completed in groups. As well as addressing addiction, the community also aims to prevent addiction and alcohol misuse among youth through specific activities in schools. The community is a social enterprise and the activities, goods and services produced help the community to be self-sufficient, providing around 50% of the community requirements. The remaining funding is attained through fundraising and donations. The funding model has been key to ensuring that the service remains free to all residents.

The community also works in partnerships with businesses, public institutions and international organisations such as the United Nations office for Drugs and Crime. It has received great international attention with visiting groups from Scandinavia and North America. A number of other centres have been created, inspired by San Patrignano such as the ‘WelcomeHome Addiction Recovery Academy’ in Arizona, Washington, and British Columbia.

**Critical Success Factors**

While this is a long-established community with up to 1,600 residents at any one time, replicating such an initiative in Northern Ireland would require a substantial, long-term, collective commitment. However, there are key elements which may be adopted by other services working on a smaller scale, such as the user-led emphasis. Currently, in the UK, there is a significant movement towards recovery being supported and led by local communities of recovering users and their families and friends. However, the amount of funding allocated to user/community-led recovery services remains only a small proportion of the overall spend. There are a number of projects in the UK which utilise this model, including, ‘The Basement

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60 ibid.
Project’ in Yorkshire, England.\textsuperscript{63} The Basement Project is described as a recovery community centre, providing user-led, peer-to-peer and person-centred health and social care services within the substance and alcohol misuse field. The team consists of trainers, consultants and representatives who are either in recovery, or have experience as carers of alcohol dependent loved ones. The ‘grass roots’ approach has proven effective in supporting engagement for all users, providing a valuable insight into recovery from a person-centred approach. The Basement Project also asserts that those who are looking for recovery are primarily motivated by others already on the journey and its services such as the drop-in Breakfast Club has proven successful in connecting with difficult and hard-to-engage clients.\textsuperscript{64} Further, the social enterprise element of the community provides valuable learning with regard to project and organisation sustainability.

\textsuperscript{63} The Basement Project, \textit{Building recovery systems and communities},
https://thebasementproject.org.uk/services/buildingrecovery/, Accessed: 23/05/18
\textsuperscript{64} The Basement Project, \textit{More information about The Basement Recovery Project},
https://thebasementproject.org.uk/about/about-more/, Accessed: 23/05/18
Family Support

Parental Alcohol Misuse

During the ‘Impact of Alcohol’ conference, there was a recognition of the importance of providing support to the whole family of a dependent drinker as the family is recognised as a significant source of support but also as being significantly affected by the experience. Various services provided through the programme included a focus on family support and useful learning and expertise was generated through this work (see CES Capturing the Learning Report.) To expand upon this learning, and connect with research into Adverse Childhood Experiences, this section focuses on support services for users and their children by exploring a family orientated residential treatment service in Sheffield, England. A residential service was selected due to the success indicators, as evidenced in treatment outcome studies and randomised control trials.¹

It is widely recognised that the effects of harmful drinking stretch beyond the individual misusing alcohol. Alcohol dependence may impact friends, family and colleagues before any negative health consequences are actually identified for the individual. The effects can be as damaging to the family as to the individual consuming alcohol, with children often most affected.⁶⁵ It is suggested that children are more at risk of developing serious mental health problems and are three times more likely to commit suicide.⁶⁶ Caring for children while under the influence of alcohol may also impair parenting and disrupt the child’s routine or exposure to learning, which can, in turn, impact on attendance and performance at school.⁶⁷

Adverse Childhood Experiences

Parental alcoholism is also identified as an Adverse Childhood Experience (ACE) and a potential risk factor for other adverse childhood experiences such as parental violence, neglect and family separation. The stress of living with a parent who has a dependence can impact on a child’s emotional and physical wellbeing.⁶⁸ Research into ACE’s recognises the effect of trauma on a child’s emotional, psychological and physical development. Furthermore, in attempting to cope with trauma, many children and young people adopt risky or challenging behaviour, such as alcohol or drug misuse, which may lead to greater physical or mental health problems later in life.⁶⁹ Therefore, parental alcohol misuse has short- and long-term effects which children can experience throughout their childhood and

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⁶⁵ Klingemann & Gmel (2001). Mapping the Social Consequences of Alcohol Consumption, Springer Netherlands
into adulthood.\textsuperscript{70} Considering the negative impact parental alcoholism has on children and noting that 9\% of dependent drinkers in NI have children\textsuperscript{71}, this highlights the need to address the issue in order to mitigate against harm to children.

**Provision of Government Support**

Parental alcohol misuse has received attention via the announcement of £6m to help the estimated 200,000 children in England living with alcohol-dependent parents. Funding is provided to increase accessibility to mental health services and provide support for children and their families where there is a dependent drinker. It is also used to identify and support at risk children more quickly and early intervention programmes to reduce the numbers of children who need to go into care.\textsuperscript{72} The issue has received greater impetus with the appointment of a minister dedicated to children with alcohol-dependent parents. This is an important step towards providing more family-focused services to improve outcomes for the person who is alcohol dependent and their children. A service for the whole family, rather than just the parent or child, is widely recognised as being more effective in achieving long-lasting change.\textsuperscript{73}

**‘Phoenix Futures’**

One example of a service for parents and children, is Phoenix Futures National Specialist Family Service in Sheffield. The service offers residential treatment to parents to help them address substance misuse issues whilst they remain the primary carers for their children. Accommodation is available for whole family units and 12 or 26-week programmes are offered.

**Features of the Service**

There are three main, interlinked elements to the service;

- **Therapeutic**, which helps to address the reasons behind addiction
- **Parenting**, which is underpinned by the ‘Triple P Positive Parenting Programme’ to enhance a parent’s skills in managing their children’s behaviour. (This includes implementing learning with children in one-to-one sessions), and a
- **Childcare element**, which is provided whilst parents are taking part in therapeutic 1-to-1 or group sessions or parenting sessions. Children are looked after in the on-site nursery.\textsuperscript{74}

The service also provides play-based sessions with parents and children which may include baby massage or behaviour management. In addition, parents are offered life skills


\textsuperscript{71} Parliamentary Office of Science and Technology (2018). Parental Alcohol Misuse and Children


\textsuperscript{73} Parliamentary Office of Science and Technology (2018). op. cit.

programmes in areas such as cooking and budgeting which helps them to prepare for life outside of the residence. Aside from availing of treatment and services, the residence also provides space for families to live, eat and cook together, which helps them to rebuild relationships and lives. As residents progress through the programme, they become mentors, providing a key supportive role to new parents joining the programme.

**Family-focused Support**

The service also connects with social services to ensure children are enrolled in school and have access to local health services, external counselling through CAMHS, Sure Start and other services. *Phoenix Futures Family Support Service* also provides a good example of services connecting with one another to support referrals for both parents and children. The service demonstrates the growing base for entire family approaches to treatment services, as it is estimated that almost 1 in 3 adults can be impacted by a relative’s alcohol use. The need for support services for all family members is, therefore widely acknowledged.

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Accessed: 23/05/18
Conclusion

The impact of alcohol has been shown to reach significantly beyond the person experiencing issues with alcohol to affect families, friends and communities, sometimes at great cost to physical and mental health, relationships, and more widely to the community and economy. The review also highlights the necessity of providing interventions and support at every stage of an individual’s relationship with alcohol, in order to effectively and promptly tackle the harms caused. It has also demonstrated the importance as well as the benefits of supporting those affected by an individual’s relationship with alcohol, including those who are most vulnerable, such as children of alcohol dependent parents. Securing commitment from government and whole communities in the efforts to tackle alcohol misuse amongst all age groups, has also been shown to be critical in helping to secure successful outcomes.

Clearly, it is important to take account of the particular political, social and cultural contexts in which these initiatives are delivered, in order to determine how these impact on the implementation and success of services or initiatives. While the Northern Ireland context may be quite different, there are various elements and features which could be extracted and potentially replicated in locally developed initiatives or services. **Appendix 1 overleaf, presents the critical success features of each of the interventions and services referenced in this paper.** It may be helpful to consider the relevance and applicability of these, in the context of ongoing developments in policy, practice and commissioning concerning alcohol misuse and harm in Northern Ireland.
Appendix 1

Critical Success Features of Interventions

**Prevention**
- Icelandic Model
  - Marriage of academic research, local data, local communities and government
  - Buy-in from government with funding for extra-curricular activities to divert teenagers away from adopting risky behaviour
  - Monitoring programme’s progression
  - Local communities given ownership to direct funding to where it is most needed.

- M.U.P
  - Implemented 1st May 2018
  - Population wide approach to help change consumers’ behaviour
  - Enforced by law
  - Increasing price of alcohol is one of the most cost effective ways to reduce consumption and associated harms
  - Targets the price of strongest, cheapest and arguably most harmful alcohol.

**Community-based Recovery Enterprise**
- San Patrignano
  - User-led
  - Peer support provided
  - Residential
  - Social enterprise - sustainability
  - Long-term
  - Participants learning vocational skills for life after treatment
  - Benefits to social well-being with marginalised people supported through a community environment.

**Early Intervention**
- Adapting IBA for Health and Social Services
  - Early identification prevents future harms
  - High quality training for staff to build confidence
  - Adapting IBA and AUDIT questions to working contexts
  - Address organisational factors which may impede delivery of IBA.

**Family Support**
- Phoenix Futures
  - Residential for parents and children. Childcare provided while parent engages with treatment
  - Partners with other services e.g. CAMHS and Sure Start
  - Peer support provided
  - Building life skills
  - Parenting programmes provided
  - Strengthens relationship between parent and child.