

West Glamorgan Council on Alcohol and Drug Abuse:

Primary Treatment Programme

INTRODUCTION.

WGCADA (West Glamorgan Council on Alcohol and Drug Abuse) is a voluntary sector treatment agency founded in 1979. It provides out-patient treatment for people with alcohol and drug misuse problems. WGCADA's abstinence treatment is based on the Minnesota Model of addiction, with additional emphasis on Glasser's concept of 'Reality Therapy.' Addiction is viewed as a medical disease, which can be treated with one-to-one counselling, family therapy, group therapy and involvement in 12-Step self-help groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Al Anon for families of problem drinkers.

"I really think it's a good treatment model that we put up here for people. And if they are prepared to put in the work then it's going to really work for them."

[Fred, Swansea 12 Step Counsellor]

During the summer of 2002, I spent five days shadowing Dave Watkins, Community Support Worker at WGCADA's Swansea office. With no professional background in the drug and alcohol field; I was surprised at the many different walks of life that substance misuse affected. It was also surprising to me that there were far more clients suffering from alcohol misuse than there were from drug misuse. Over the last four years I have been privileged to work for WGCADA as a volunteer as well as a paid member of staff. During this period, I have worked with many clients whose lives were in chaos due to their substance misuse. Typical problems highlighted at a client's initial assessment have included; debt, housing, health, relationships, social services and criminal justice issues.

When I wrote 'Cheryl's Diary' in 2002, I expressed my surprise that the continuation of Dave's post as a Community Support Worker was subject to WGCADA gaining sufficient funding annually. I also commented that the scarcity of funding for substance misuse workers was not just a problem experienced by WGCADA but one experienced nationally. At that time, Alcohol Concern estimated alcohol misuse was costing the NHS £3 billion a year.

RESEARCH.

Historically, tackling alcohol problems has taken a back seat compared with the war on drugs being waged by the government. A 10 year drug strategy was launched by the government in 1998 and then replaced by an updated drug strategy in 2002 to help treat the 3.5 million people who abused drugs this year.

As yet the National Treatment Agency (NTA) has still not mentioned alcohol within their remit, even though 8.2 million people have an alcohol disorder. With 1 in 13 people dependant on alcohol – that's TWICE the number dependant on drugs.

The government first pledged to combat alcohol misuse in its white paper 'Saving Lives; Our Healthier Nation' in July 1999. In May 2000, the Tackling Substance Misuse in Wales strategy was produced, Northern Ireland published its strategy in September 2000, and Scotland announced its Plan for Action on Alcohol Problems in January 2002. England published a consultation document with the Department of Health called 'The national Alcohol Harm Reduction Strategy' in October 2002. In 2004 the Prime Minister's Strategy Unit interim analysis estimated that alcohol misuse is now costing £20 billion a year. This is made up of alcohol-related health disorders and diseases, crime, anti-social behaviour, loss of productivity in the workplace and problems for those who misuse alcohol and their families, including domestic violence. Progress on the strategy will be measured regularly and the government will assess how things are going in 2007.

Research for the Prime Ministers Strategy Unit shows that:

- Approximately 3.8 million people in England are dependant on alcohol.
- 1 in 11 children live in a family with alcohol problems.
- Between 780,000 and 1.3 million children are affected by parental alcohol problems.
- The cost of alcohol related crime to be up to £7.3bn.
- £90,000 worth of crime committed each year to fund the habit of a problem drug user
- The cost of alcohol misuse in terms of crime and disorder is more than four times the cost to health, and affects millions of people.
- Anti-social behaviour has increased along with the fear of crime.
- There are 1.2 million violent incidents annually, plus 360,000 incidents of domestic violence linked to alcohol. There are also up to 1,000 suicides.
- Alcohol misuse is associated with 150,000 hospital admissions, with there being 30,000 hospital admissions for Alcohol Dependency Syndrome alone.
- NHS spends £1.7bn dealing with alcohol related illness.
- Up to 17 million working days are lost each year due to hangovers and drink related illness. The annual cost to employers is estimated to be £6.4bn.
- At peak times, up to 70% of all admissions to A&E are alcohol related. 22,000 premature deaths each year are attributable to alcohol.

A round-up of statistics issued by the government Information Centre for Health and Social Care shows that alcohol related illness has reached record levels:

- Inpatient care for people with mental health or behavioural disorders resulting from alcohol misuse has increased by 75% from 1995 to 2005.
- Numbers admitted to hospital with liver disease due to alcohol have more than doubled over the past 10 years.

- Deaths linked to alcoholic liver disease have also risen by 37% between 1999 and 2004.

• Research has proven that support and follow-on services are vital to sustain substance misusers on their journey through treatment and into recovery, giving them a worthwhile destination. (Alcohol Concern. 2006)

“I think it’s very important to emphasise that this is a process that we’re involved in and that the outcome hopefully is that people are going to lead ‘normal’ lives.

[Fred, Swansea 12 Step Counsellor]

The Strategy Units report states: There is very little information on the demands for, or provision of, alcohol treatment services. No information is collected on:

- The extent to which the treatment offered met the individuals need for treatment, aftercare and other support.
- The numbers of people entering treatment each year.
- The proportion of successful outcomes.
- The length of waiting time.
- How many times individuals pass through the system.
- The involvement of families in treatment.
- Whether some groups find access to services particularly difficult.

The report also notes that there is some evidence to suggest that there is more demand for treatment than currently available.

Alcohol Concern’s ‘Reducing Alcohol Harm Through the Comprehensive spending Review’ (October 2006) states; there is very strong evidence that alcohol interventions successfully change the way people drink. The evidence also shows that these interventions reduce the damage that excessive alcohol consumption causes and the related costs. It also recognises alcohol treatment not only works, but is also highly cost effective. Recent research shows that for every £1 spent on alcohol treatment, £5 is saved to the public purse in terms of the cost of health, welfare and criminal justice. There is sound evidence, which the Department of Health has itself highlighted, which demonstrates that investing in alcohol treatment is well worth the money, in terms of savings generated in other areas of cost.

On average it costs between £400 and £600 to provide treatment to a dependant drinker. This is significantly cheaper than what is required to treat the consequences of dependant drinking such as liver cirrhosis, heart disease and cancer. (Alcohol Concern 2006)

WGCADA's TREATMENT PACKAGE.

Many substance misuse treatment centres fail the client by not providing a comprehensive overall package. We need to treat the person and not just the substance misuse problem. Issues such as housing, education, training and employment need to be addressed. The attitude of the staff is paramount to get clients to actively engage in treatment and other services on offer.

"We're very happy to work alongside other people...it's not something where we feel so protective about what we're doing that we're 'Oh look here we don't want those bloody shrinks and eggheads sticking their oars in'. We're not like that...because you know, you see it's a very much 'in' word now, this holistic approach, but I think it's a very good term actually, because in many ways I really see that's what we do here. I mean okay we work on a model but there's flexibility in that model."

[Fred, Swansea 12 Step Counsellor]

The first and very important step in WGCADA's treatment programme is the Initial Assessment. This assessment takes about an hour to complete and gives the counsellor the opportunity to gather all the information needed to assess the clients level of addiction and so gauge the level of support/treatment needed. All clients who are well enough are encouraged to access the DOMINO project (Development of Motivation in New Outlooks). Many activities are run by this project such as; nature walks, cookery, IT, guitar and art classes, plus a chance to do a spot of gardening at WGCADA's allotments. The aim of the DOMINO project is to teach/ help the client regain life and social skills.

Another important part of WGCADA's treatment package is the Pre-Treatment Programme which consists of two phases. To access this group the client does not need to be abstinent. Pre-Treatment Group 1 (PTG1) spans eleven weeks and aims educate the client about substance misuse and addiction. It provides education on what substance misuse can do to your health and the effect it has on family and friends. It also helps to determine the client's commitment to the abstinence programme. The PTG1 sessions are:

- Week 1: An Introduction to the Agency.
- Week 2: Alcohol Use and Abuse.
- Week 3: Drugs Awareness.
- Week 4: The Disease Concept.
- Week 5: The Progression of the Illness.
- Week 6: The Physical Effects of Alcohol Addiction.
- Week 7: The Physical Effects of Marijuana Addiction.
- Week 8: Blocks to Recovery.
- Week 9: Health Awareness.
- Week 10: The effects on the Family.
- Week 11: Step One.

If a client decides he/she wants abstinence they can access WGCADA's abstinent treatment programme. Most clients begin their treatment in Pre-Treatment Group 2 (PTG2). The expectations of PTG2 are that the client be abstinent and attending

at least two AA meetings a week. In this group the client begins work on Step one of the Minnesota Model. In this first step the client looks at: Recognition of Dishonesty with Self and Others. The eight weeks spent in this group will prepare the client for the work to be done in Primary Treatment.

WGCADA's Primary Treatment Programme is based on the Minnesota Model which views alcoholism as a progressive illness that affects the body, mind and spirit, which can be arrested but not 'cured'. The abstinent programme is designed to arrest the addiction by helping the person to stay abstinent one day at a time. Newcomers are assisted in their adjustment to the 12 Step group through sponsorship by a long-term member of AA. The sponsor is someone who has achieved ongoing recovery and can therefore serve as a source of practical advice for the client, introducing him or her to the concepts and practices of the 12 Step programme. The overall goal of the 12 Step programme is to facilitate clients' active participation in AA, allowing the client to meet others who have had similar problems and experiences and can therefore gain understanding and support.

Although its initial focus was on alcohol, the 12 Step model has been extended to include other chemical dependencies, for example, Narcotics Anonymous, and the treatment of behavioural addictions such as gambling and eating disorders. Family support groups such as Al Anon and Families Anonymous (for families of drug misusers) have also appeared.

Although WGCADA provides a flexible response to alcohol and drug treatment, the core concepts of the Minnesota Model remain at the heart of the Centre's practise. Hence, AA principles and attendance at community self-help groups are fully integrated into the treatment.

"The Minnesota Model is stereotypical to an extent – it follows a pattern, but within that is innovative and we do look at fresh approaches."

[Fred, Swansea 12 Step Counsellor]

WGCADA also emphasise Reality Therapy, a cognitive behavioural approach to therapy, which was developed in the 1960's by Dr William Glasser. This type of therapy involves a method of counselling which enables people to make more effective choices and direct their own lives. It also empowers people to handle the stresses and problems of life. The core idea behind Reality Therapy is that we are not prisoners of our pasts. In other words, regardless of what has happened in our lives, or what we have done in the past, we can choose behaviours, by better understanding our thought processes. This will help us meet our needs more effectively in the future.

"When I'm in a session with a client I'm asking hundreds of questions and the reason that I'm doing that, and you can see it, they're feeling 'Ease off' because I'm asking so many questions. Then their faces start to change –when

that face changes, they're starting to evaluate for themselves and that is the purpose...the purpose is always to get the client to own the stuff."

[Fred, 12 Step Counsellor]

The treatment programme is very structured, with each session having a specific agenda and following a prescribed pattern. However, clients are fully involved in their own recovery and in defining the path of their recovery. Clients who access Primary Treatment are involved with the Centre from eight months to a year. They have one full structured day a week for group work. They will also see their designated counsellor once a week on a one-to-one basis providing an opportunity for reviewing progress and addressing issues that might be too sensitive to be dealt with in a group setting. WGCADA Primary group clients are required to attend three AA/NA meetings a week and are encouraged to read the "Big Book" (Alcoholics Anonymous) as well as other AA publications throughout the course of their treatment.

"If this model is to work it's got to be made clear – if you're in treatment you do not drink. It's an abstinent model. You've agreed that if you drink or use you will suffer the consequences, which is a therapeutic discharge for six weeks. And if it happens again then you're discharged all together. But we always emphasise that it's a therapeutic discharge because it gives the client time to take stock of what they want to do."

[Fred, Swansea 12 Step Counsellor]

WGCADA's ABSTINENT TREATMENT RESEARCH.

Mr Norman Preddy, Chief Executive officer of WGCADA decided to set up a team to assess the effectiveness of WGCADA's Abstinence Treatment Programme.

A list was compiled of all clients who accessed treatment during the reporting period. This information was available on WGCADA's client database and serves to highlight the importance of collecting and maintaining accurate records. From these records, I was able to determine who had completed PTG2 and/or Primary Treatment; the data base also provided attendance records for all clients accessing WGCADA's Aftercare Treatment. To determine how many clients were still sober and the length of their sobriety, a Service User questionnaire was designed and mailed to clients who had completed treatment in the reporting period. After obtaining their approval, questionnaires were mailed to 37 of the 45 clients who had successfully completed treatment. Of the remaining 8 clients;

- 1 client died recently.
- 2 clients did not respond to telephone messages left on voice mail for permission to mail questionnaire to home address.
- 2 clients' phone numbers were out of service.
- 1 client had moved, leaving no forwarding address.

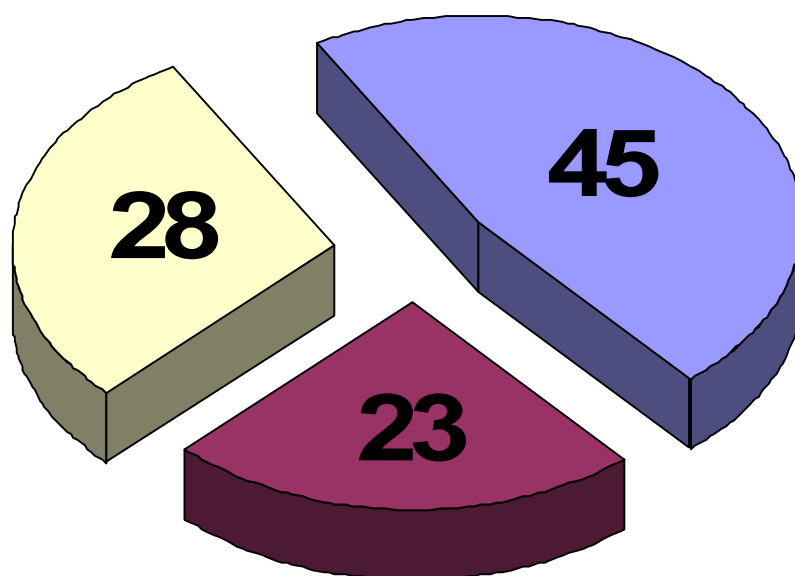
- 1 client had no phone number recorded on data base, and also no permission to write to home address.
- 1 client declined the offer to take part in survey.

Survey results are summarised in the attached table and key highlights charted below.

	MALE	FEMALE
AGE RANGE		
31-35	2	1
36-40	2	4
41-45	2	1
46-50	0	0
51-55	2	0
56-60	0	1
>60	1	0
MARITAL STATUS		
Living with partner/married	3	3
Divorced	0	1
Single	6	3
EMPLOYMENT		
Employed	3	5
Unemployed	1	1
Retired	5	
Homemaker		1
REFERRAL SOURCE		
Social Services	2	1
GP	0	3
AA	2	0
Hospital	2	1
Word of mouth/family & friends	3	2
LENGTH OF SOBRIETY - MONTHS		
11	2	12
14	1	18
18	3	22
20	1	24
26	1	30
36	1	42
DRUG OF CHOICE		
Alcohol	8	5
Drugs		1
Both	1	1
AREAS OF PERCEIVED IMPROVEMENT		
Physical or mental health	9	7
Relationships or Social Life	9	6
Housing(note 1)	3	4
Employment (note 2)	3	4
Criminal Justice (note 3)	4	2

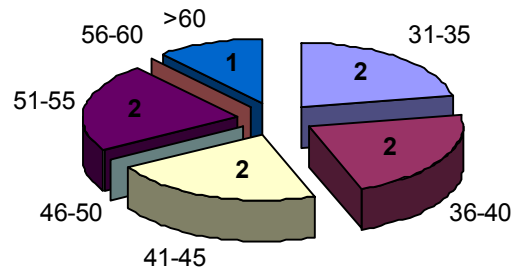
Note 1: Housing was not an issue for 5 male and 3 female clients
Note 2: Employment was not considered an issue for 2 male and 1 female clients
Note 3: Criminal Justice was not an issue for 5 male and 5 female clients

WGCADA PRIMARY TREATMENT 96 CLIENTS OCT 04 -SEP 06

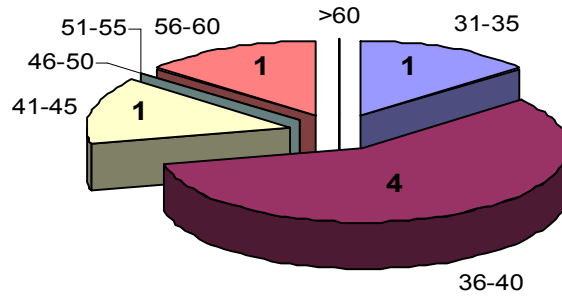


- Clients successfully completed treatment
- Clients still in Primary treatment
- Clients relapsed or self discharged

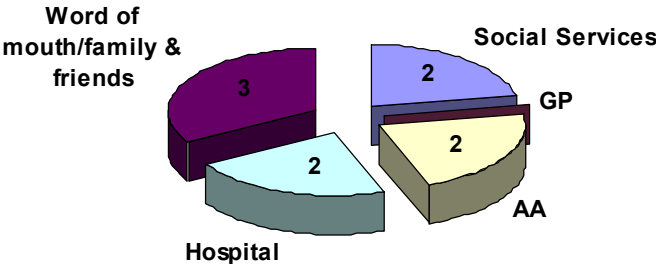
AGE OF MALE CLIENTS



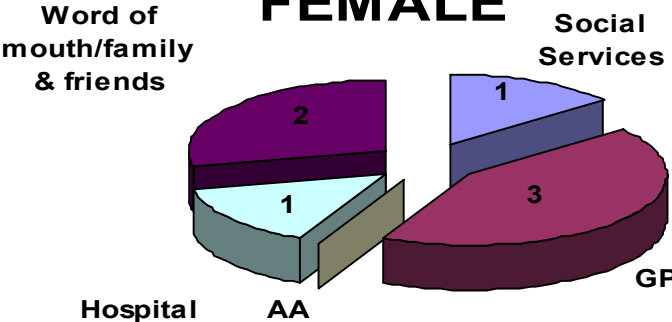
AGE OF FEMALE CLIENTS

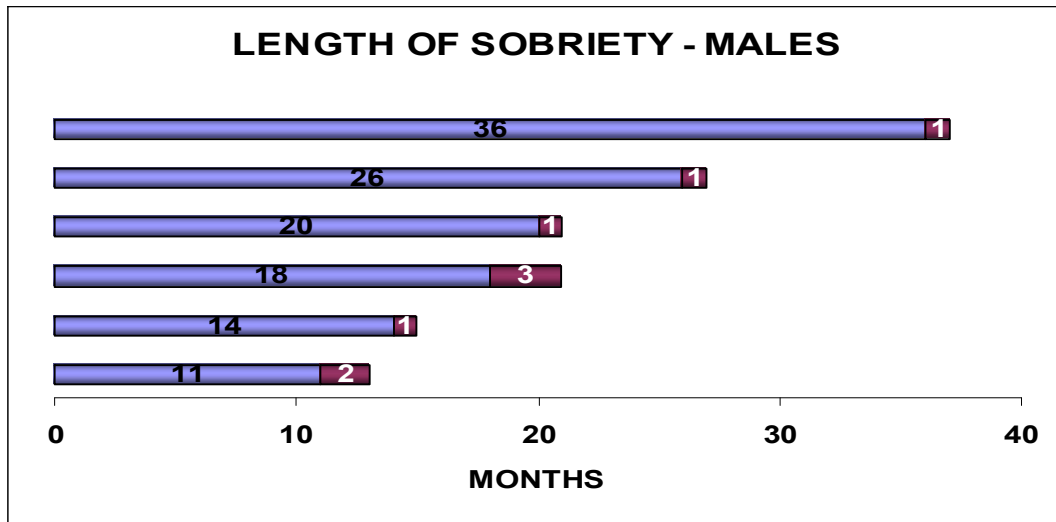
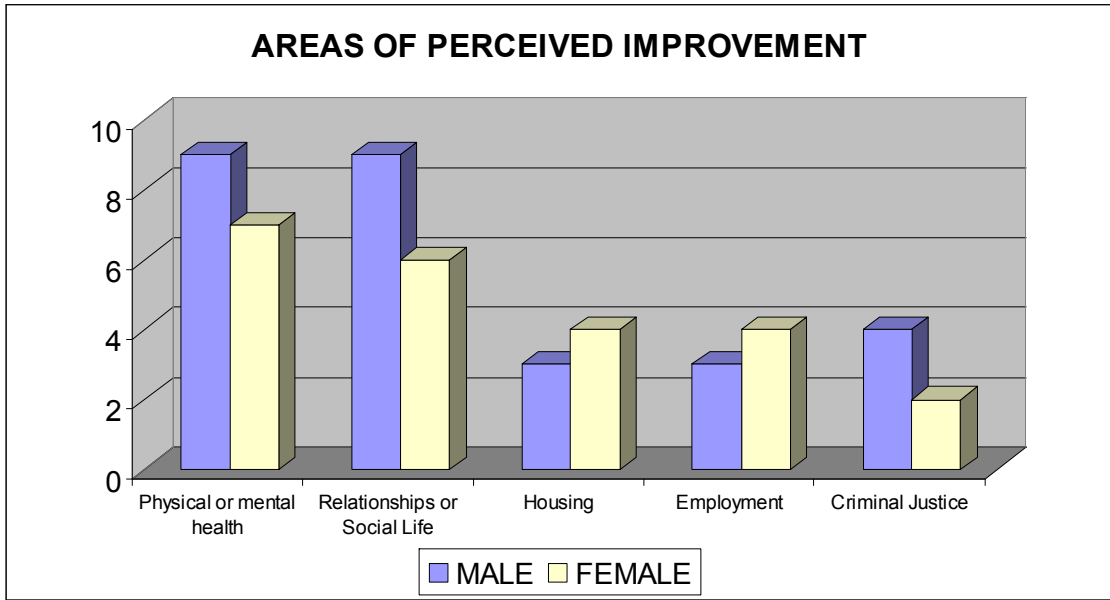


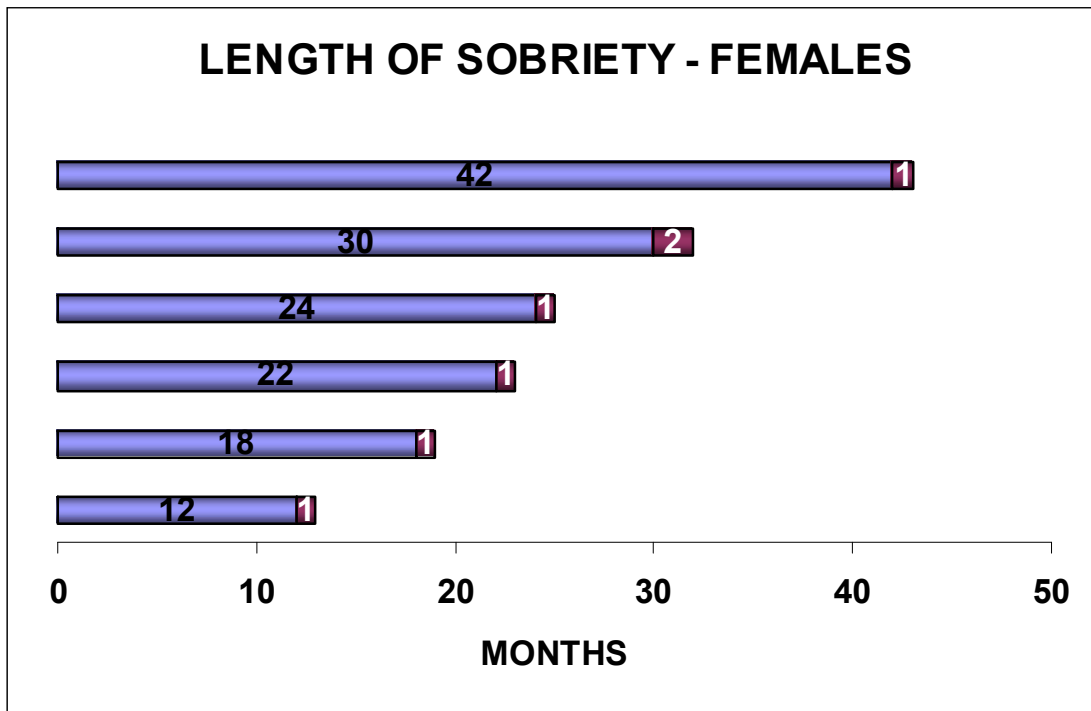
REFERRAL SOURCES MALE



REFERRAL SOURCES FEMALE







46 clients completed the eight week abstinent group (Pre-Treatment Group 2 – PTG2), with 38 deciding to complete their treatment in WGCADA’s Primary Treatment Group. Although 8 clients decided to stop treatment at the end of the eight week PTG2 programme, research has proved that the treatment intervention will have changed the way these clients drink in the future. To quote Swansea WGCADA’s community support worker Dave Watkins, *‘Seeds were sown kid.’*

The Primary Treatment programme WGCADA provides has helped 45 clients achieve sobriety in the last 2 years. A further 23 clients are sober and continuing in treatment, 8 of whom will have completed Primary Treatment by the end of this year and will then be eligible to access WGCADA’s Aftercare Treatment.