

MoCAM (Models of care for Alcohol Misusers)

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 tier 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.

TIER	TIER DEFINITION	SERVICE SETTINGS	EXAMPLES OF GENERIC SERVICES	SERVICES IN NEWCASTLE	GAPS	OUTCOMES FOR THE SERVICE USER	EVIDENCE OF EFFECTIVENESS
0 PREVENTION	Citywide or targeted campaigns developed to meet local need and the strategy	the use of different media to relate key consistent message information	Connexions Tyne & Wear	A local campaign giving consistent messages has been identified. Best Bar None Scheme	no city wide campaigns have been run in the city. Lack of workforce policies prevents progress Peer mentor approach No coherent prevention for adults	reduction of alcohol consumption (abstinence or moderation goal) improvement in health and social functioning	Effectiveness of Mass Media Campaigns for Reducing Drink and Driving and Alcohol related crashes. A Systematic Review The Effectiveness of Public Health Campaigns (NICE) Can be effective where 'awareness' is the main goal; Where wide exposure is desired; Where representatives are 'on side'
1	Interventions: alcohol-related information and advice; screening; simple brief interventions; and referral	Delivered in a very wide range of settings, the main focus of which is not alcohol treatment e.g. primary care, A&E, psychiatric services, social services, the prison service, homelessness services, custody cells, occupational health services, probation services, hospital wards, antenatal clinics	* alcohol advice and information * targeted screening, assessments and brief interventions * referral for specialised treatment * partnership or shared care with specialised treatment services	A&E in response to urgent need of treatment of care. Current services are mainly reactive. Brief interventions and advice is given in specific hospital wards. (only 3 detoxification beds in the city) The Cyrenians in Newcastle provide stable accommodation for men with alcohol problems NORCARE	Brief intervention in GPs surgeries do not exist currently. Criminal justice settings do not offer brief interventions or extended intervention. Referral pathways and integrated pathways are not currently established. GAP IDENTIFIED No formal assessment process in place in PCT localities specifically aimed at alcohol misusers	reduction of alcohol consumption (abstinence or moderation goal)	Robust evidence exists to support Brief interventions in primary care and the community. (Alcohol Misuse Interventions DoH 2005) There is some evidence of effectiveness for extended interventions, however, it is less robust when linked to any behaviour change
2	Interventions: open access, non-care planned, alcohol-specific interventions	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	* all 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	NERAF - community alcohol workers supporting individuals and groups. Promotes interdependence NECA	no floating support Not enough workers in the city to cope with the demand	improvement in health and social functioning reduction of alcohol consumption (abstinence or moderation goal)	There is sound evidence of 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
3	Interventions: community-based, structured care planned alcohol treatment	normally 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)	* 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	Plummer Court CPNs - RVI NECA - structured counselling Homelessness unit may be required at this stage. Ron Eager Centre and/or other support may be needed to create stability	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	reduction of alcohol dependence amelioration of alcohol-related social problems (e.g. family matters avoidance of criminal activity)	Outcomes for individuals at 12 & 36 months can be the same
4	Interventions: alcohol specialist inpatient treatment and residential rehabilitation Therapeutic rehab.	specialised inpatient facilities for medically assisted alcohol withdrawal (detoxification) and stabilisation, they include residential rehabilitation units. Other complex needs requiring hospitalisation are associated with liver disease and sometimes pregnancy. Medium to long term therapeutic rehab support.	* inpatient assessments and treatment	RVI inpatient services D&A Team (Gatekeepers for Rehab) Alcohol Anonymous (Elliott House) Up to 30 residential rehab beds	limited number of detoxification beds in the city (x3 only). Other detox services need to be developed.	reduction of alcohol dependence amelioration of alcohol-related health problems (e.g. liver disease, nutrition, psychological problems)	Outcomes for individuals need to be explored as evidence indicates wide variability (12 & 36 months can be the same) Therapeutic communities (Robust evidence exists for their effectiveness)

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