# Health Liaison Service Information

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The Role of Health Liaison

Intergroup Health Liaison

- Much of this role is outlined in Guideline 9
- Once the person is appointed at Intergroup they should be given the contact details of the Region HLO. If there is no HLO in place at Region, the Secretary of Region may be able to help or they could get in touch with the GSB Sub-committee for Health via GSO.
- The Intergroup HLO should deal with all matters to do with health.
- Attends and regularly reports to Intergroup
- It is important that the Intergroup HLO sends regular reports to the Region HLO
- Takes part in other events as appropriate, including local health events.
- Remember to let the local telephone service know of any initiative which might lead to an increase in calls.

Region Health Liaison

- Should have details of all Intergroup HLOs and keep in regular contact with them.
- Send a copy of any report given to Region to each Intergroup HLO and to the GSB trustee for Health.
- Attend Region meetings and workshops and the annual regional liaison Health meeting at York
- Be willing to visit Intergroups to help with workshops on Health if required.
- Help with any Health workshops at Region.
- Be prepared to help sponsor Intergroup HLOs into their role.
- Takes part in other events as appropriate.
General Hands-on Suggestions

The following is a list of hands on suggestions for Intergroup Health liaison officers, there may be other suggestions that are very specific to your area.

GP surgeries and Health Centres

1. Look for opportunities to display AA literature, ask to talk to the Practice Manager first and make sure you have their permission.
2. There is likely to be a central distribution point for sending information out to GPs and Health Centres, it will usually be run by the local Primary Care Trust or similar organisation.
3. Make sure that staff have a supply of contact cards with the local helpline number, local meeting lists may also be useful.
4. Speak to your own GP about how AA has helped you
5. Offer to arrange a speaker to tell the Practice more about how AA works e.g. help with training days.
6. Share and Roundabout magazines may be useful for waiting rooms, remember to remove centre pages

Hospitals

1. Look for opportunities to display AA literature, ask for permission first.
2. Find out if there is an Alcohol Liaison Nurse, try to contact them directly to see what help they require
3. Share and Roundabout magazines may be useful for waiting rooms, remember to remove centre pages
4. Find out if they need speakers to help with staff or student training
5. Try to get a local group to develop a good working relationship with the hospital.

Other Local Contacts may include

Alcohol Forums, Alcohol Support Services, Alcohol Problems Advisory Services, Drug and Alcohol Teams (ADATS in Scotland), Social Work departments, Treatment centres, Rehabilitation and Substance Misuse Teams and various other alcohol awareness projects.

Also look at contacting Psychiatric Day Hospitals/Centres, Home detox teams, Clinics, Dentists, and Community Health Centres/projects.

Try to keep an up to date list of contacts and make sure they are supplied with relevant AA Literature including meeting lists and contact cards. Also try to make them aware of how AA is able to help.
Health Education Services

Many educational establishments that deal with Health Education would appreciate talks from AA members to their students, these include;

Schools of Nursing

Schools of Medicine

Local Colleges with Health and Social care departments or those that run Counselling Courses

Local Health Initiatives run by PCTs or DAATs

The following points may be useful when doing a talk to healthcare students;

- It can be helpful to show a video or DVD as part of the talk
- Bring enough literature for each student (one item per student can be enough)
- Talk about how AA can help their clients
- Often it is helpful to have some facts and figures available

Remember that all appropriate expenses for Health Liaison work (including literature, DVDs etc) should be approved and met by either Intergroup or Region.
Giving a talk to Health Professionals

The following is a suggested outline of some of the information that could be included in a talk to health professionals. The actual content of the talk will depend on who is present and the type of information required e.g. student nurses may want more information on actual nursing care. As a general rule health professionals do not want to hear personal stories but rather want to hear about how AA works in general and how we can help their clients. It is often helpful to include some relevant personal information.

**Always be aware of time constraints**

Suggested outline for a talk/presentation

Introduction
- Who we are and what we do, how AA started and how it works. Number of countries in which there are meetings, number of meetings in your specific area.
- possibly include what we do not do,
- Alcoholism is a disease

Main body of talk
- How the helpline and web site work
- What are the 12 steps/ Traditions
- What is sponsorship
- Open and closed meetings
- How we co-operate with professionals, include prison meetings, talks to students etc.
- How people come into AA
- Emphasise that AA is a free resource

Conclusion
- How AA continues to work, growth in the fellowship
- How they can contact us, the information we can provide.
- Possibly show video or CD
- Allow some time for questions and answers.
- Thanks for listening

Hand out information packs
Draft letters

The following are suggested draft letters that you may find helpful to use. If you chose to write your own letter remember to try to keep it brief and to the point.

Letter 1
(For educational establishments)

Dear

I am the Health Liaison Officer for Alcoholics Anonymous (AA) in ......

Alcoholics Anonymous is a fellowship of men and women whose primary purpose is to stay sober and help others to recover from alcoholism. As individual members we try to remain anonymous but we believe that the Fellowship itself is not anonymous and should be promoted to the professional community who deal with those who have problems with alcohol.

Our members are available to come and give talks or presentations to students, we can provide literature and show videos which explain how AA cooperates with the professional community. We do not charge any fees for this nor do we accept any expenses.

If you think that we may be of help or you would like further information please contact me at the above address. My phone number is ....... E-mail .......

Yours sincerely

(Enclose leaflet AA as a Resource for the Medical Profession)
Letter 2
(For healthcare professionals)

Dear

I am the Health Liaison Officer for Alcoholics Anonymous (AA) in ......

Alcoholics Anonymous is a fellowship of men and women whose primary purpose is to stay sober and help others to recover from alcoholism. As individual members we try to remain anonymous but we believe that the Fellowship itself is not anonymous and should be promoted to the professional community who deal with those who have problems with alcohol.

Initially we would like to provide you with some information which may be useful to your patients, I have enclosed a poster with contact numbers which could be used on your information board. We are also available to offer talks and presentations to staff.

If you think that we may be of help or you would like further information please contact me at the above address. My phone number is....... E-mail....... 

Yours sincerely

(Enclose poster, contact cards and leaflet AA as a resource for the Medical Profession)
GLOSSARY AND ABBREVIATIONS

AAT
Alcohol Action Team

Acute
(of an illness) Rapidly becoming severe

Alcohol Development Officers
Government-funded personnel appointed to support local Alcohol Action Teams in promoting and executing local alcohol misuse strategies.

Alcoholic dementia
Loss of intellectual and memory functions due to the toxic effects on the brain of chronic alcohol use.

Alcoholic hepatitis
Inflammation of the liver due to alcohol.

Alcohol Liaison Nurse
Nurse responsible for co-ordinating care for all patients with Alcohol problems

APAS Alcohol Problems Advisory Service

CAT
Community Alcohol Team

Chronic
Present over a long period of time

Cirrhosis
Liver disease characterised by replacement of normal liver cells by harder tissues and loss of function, which leads to yellowing skin, accumulation of fluid in the legs and abdomen, swelling of veins in the lining of the gullet and stomach, and failure of body chemistry causing disturbances such as a bleeding tendency.

CPN
Community Psychiatric Nurse

DAAT
Drug and Alcohol Addiction Team

Drinkwise
A campaign to promote the reappraisal of personal drinking behaviour.

Korsakoff's syndrome
Found in people with chronic alcohol problems, characterised by very poor short-term memory, which results in disorientation and concoction of stories to make up for the gaps in memory.

LFT
Liver Function Test

Multidisciplinary
A multidisciplinary team is a group of people from different disciplines (both health care and non-health care) who work together to provide care for patients with a particular condition. The composition of multi-disciplinary teams will vary according to many factors. These include: the specific condition, the scale of the service being provided and geographical/ socio-economic factors in the local area.

NAIR
National Alcohol Information Resource

NICE
National Institute for Clinical Excellence

Patient pathway
The pathway taken through the health care system by the patient.
Peripheral neuropathy
Damage due to alcohol in the nerves in the limbs causing weakness and numbness.

Prognosis
An assessment of the expected future course and outcome of a person's disease

RSI
Rough Sleepers Initiative

SACAM
Scottish Advisory Committee on Alcohol Misuse

SIGN
Scottish Intercollegiate Guideline Network

SPS
Scottish Prison Service

STRADA
Scottish Training on Drugs and Alcohol

Trusts
There are two types of trust (in Scotland): Acute Hospital Trusts and Primary Care Trusts. Acute Hospital Trusts are responsible for a defined set of acute hospital services. Primary Care Trusts have the responsibility for the provision of the full range of primary care, GPs, community and mental health services including Psychiatric wards in General Hospitals. Both types of trust operate within the geographical boundaries of an individual NHS Board, which may not correspond to AA service areas.

Wernicke syndrome
A syndrome found in people with chronic alcohol problems due to a thiamine (vitamin) deficiency and characterised by disturbances in eye movements and control, unsteadiness and disorientation; and may co-exist with Korsakoff's syndrome.