**HEALTH LIAISON USEFUL INFORMATION**

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**The Role of Health Liaison**

**Intergroup Health Liaison**

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* Much of this role is outlined in Chapter 6 of the AA Service Handbook
* 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 health care 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 Email. .

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 coordinating care for all patients with Alcohol problems

**AP AS** 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**

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.

**NAlR**

National Alcohol Information Resource

**NHS Trusts and Clinical Commissioning Groups (CCGs)**

A National Health Service Trust is a division within the [English NHS](https://en.wikipedia.org/wiki/National_Health_Service_(England)) or [NHS Wales](https://en.wikipedia.org/wiki/NHS_Wales) generally serving either a geographical area (commonly the nominal service area of a hospital) or a specialised function (such as an ambulance service). In any particular location there will thus usually be two or more such bodies involved in the different aspects of health care for a resident.

All GP practices belong to a CCG, which commission most services on behalf of patients, including emergency care, community care, planned hospital care, and mental health and learning disability services in their local areas

**NICE**

National Institute for Health and Care 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 cow-se 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

**Wemicke 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.