

# The Alcohol Related Brain Damage Conference

8<sup>th</sup> of November 2017  
Tweed Horizons Newtown St Boswells

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Event Report and Evaluation: Dionne Chamberlain ARBD Coordinator  
Scottish Borders Health and Social Care partnership.  
February 2018.

With Thanks to

The Speakers

The Facilitators at Tweed Horizons

The Stall Holders

The Scottish Borders Council Training Department

Angela. Joe. Mark. Willie.

Thank-you for sharing your recovery journey and enabling others to see that recovery is possible. Your courage and strength was inspiring.

The service user's contributions were  
powerful and very moving



Scottish Borders  
**Health and Social Care**  
PARTNERSHIP

# Alcohol-related Brain Damage Conference



Wednesday 8<sup>th</sup> November 2017 – Tweed Horizons

9.00am	Registration & coffee	
9.30am	<b>Introductions</b>	John Fotheringhame Professional Development Team Leader
	<b>Welcome: Background</b>	Haylis smith Mental Health Strategy & Commissioning Manager
	<b>ARBD: Borders Perspective</b>	Dionne (Dee) Chamberlain ARBD Coordinator
	<b>ARBD: Definition, Presentation &amp; Issues 5 Stage Model</b>	Dr Julia Lewis Consultant Addiction Psychiatrist
	<b>ARBD: Specialist Recovery Recovery Journey Support</b>	Heather Clark, ARBD Care Manager Fullarton ARBD Care Home
11.15	Coffee	
11.30	<b>A Multi-agency, Multidisciplinary Approach</b>	Grant Brand, Team Leader ARBD Team/Homeless Addiction Team Glasgow City H&SC Partnership
	<b>Sharing recovery through song</b>	Joe Boyle
	<b>Photo opportunity</b>	
12.45pm	Buffet lunch & networking	
1.30pm	<b>Milestone: Recovery - A shared experience</b>	Dr Lynn McCallum Consultant - Acute Medicine, Head of Service for Unscheduled Care
	<b>Sharing the recovery journey and the way forward</b>	Leslie Forbes Manager Penumbra Milestone and Dr Clare Gordon. Angela. Willie. Mark. Joe
	<b>Summary of the day</b>	Haylis Smith
	<b>Greater Glory</b>	Joe Boyle
2.45pm	Tea/coffee & networking	
3.00pm	Finish	

## **Background**

On the 8<sup>th</sup> November 2017 an Alcohol Related Brain Damage (ARBD) Conference was held at the Tweed Horizons Conference Centre, Newtown St Boswells. This Conference brought together speakers from across Scotland and Wales. These speakers were asked to share best practice and lessons learnt throughout their time working with individuals with an ARBD that could help and support service providers currently working in the Scottish Borders.

The Conference delegates were invited to the Conference informally during a scoping exercise by the ARBD Coordinator and once a definite date had been set all delegates had to register following a conference flyer through the Social Work and NHS training sites.

The Conference was planned by the ARBD Coordinator with the support of the Scottish Borders Council Training Department and approval of Haylis Smith, Strategic and Commissioning Manager Mental Health and Addictions.

Initially 95 delegates noted an interest in the conference; this number was then reduced to a maximum of 75 delegates with the others being added to a waiting list. Due to the demands on services the number of delegates on the day was a total of 67 from the following services.

-  Community Support workers detox
-  Nurse Specialist and ARBD Team Forth Valley
-  Addiction services
-  Paraprofessionals
-  Homelessness
-  Glasgow ARBD Team
-  Loretto Care, Fullerton Care Home
-  Clinical Psychology
-  Social workers
-  Care Inspectorate
-  Addiction Psychological Therapies
-  Alcohol and drug Partnership
-  Professional development team
-  Reviewing officers
-  Consultant in Acute Medicine

- + Addaction
- + Service Volunteers
- + Adult Protection
- + Discharge Liaison
- + Carers Centre
- + Action for Children
- + Community Care Assessors
- + Occupational and Physiotherapists
- + Police
- + Community Psychiatric Nurses
- + Students
- + SBC Carers

The speakers at the conference were

- + Dr Julia Lewis Consultant Addiction Psychiatrist Aneurin Bevan University Board Wales
- + Grand Brand ARBD and Homelessness Team Manager Glasgow
- + Glen Harold and Heather Clarke Lorretto Care
- + Dr Lynn McCallum Consultant Acute Medicine Borders General Hospital
- + Dr Claire Gordon Clinical Lead, Milestone Edinburgh
- + Leslie Forbes, Manager Penumbra Milestone Edinburgh
- + Angela Peer Support worker Penumbra Milestone
- + Mark Peer Support worker Penumbra Milestone
- + Willie Peer support worker Penumbra Milestone
- + Joe Musician and Peer support workers Penumbra Milestone.
- + Haylis Smith Strategic and Commissioning Manager Mental Health and Addictions, Borders Health and social care partnership.
- + Dionne Chamberlain ARBD Coordinator Scottish Borders Council.

Speakers were identified through the ARBD Coordinator's scoping exercise, as organisations and individual who are held in high regard across Scotland and the UK.

Information stands were also provided by Addaction, The Borders Addiction Service, The Borders Carers Centre and Action for Children (which included a

representative from the Serendipity Recovery Café). Representatives from these organisations were available to answer questions and give advice and support, which helped to meet the aim of the day.

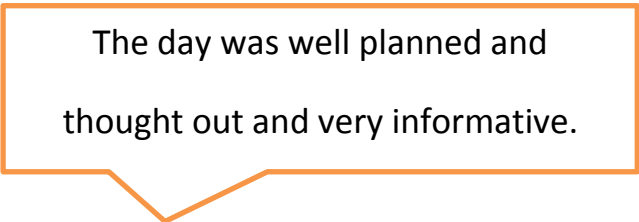
The overall aim of the day was to educate and raise awareness and understanding of Alcohol Related Brain Damage. The intention was to facilitate networking opportunities that could lead to links within the proposed ARBD Integrated Care Pathway and to share lessons learnt from other specialist services across Scotland and Wales.

The target audience was anyone currently working with individuals with a diagnosis or suspected ARBD or anyone who had an interest in this area. An awareness of ARBD had been reignited by the initial scoping exercise by the ARBD coordinator from April 2017. This coordinator role is funded by the Integrated Care Fund, following an ARBD service review and a needs assessment commissioned by the Borders Alcohol and Drug Partnership in 2012.

### **The Conference**

John Fotheringham, Professional Development Team Leader at The Scottish Borders Council, welcomed everyone and encouraged delegates to network, with a stranger. This led to brief conversations as an ice breaking exercise. He then handed over to Haylis Smith Mental Health Strategy & Commissioning Manager.

Haylis gave a brief background report around the ADP Commissioning Strategy, the ARBD needs assessment and service review in 2012, outlining the process to obtain funding for the project management of ARBD in 2014. Haylis also highlighted the work to gain funding from the Integrated Care Fund by the ARBD Project Initiation Document. This then led to the appointment of the ARBD Coordinator in April 2017.



The day was well planned and thought out and very informative.

## **Presentations**

### **Dionne Chamberlain ARBD Coordinator,**

Dionne gave an outline of the work she intended to achieve over the next 2 years up until April 2019. This involved developing an Integrated Care Pathway, commissioning strategy and action plan for individuals with ARBD and their families.

She outlined two further proposed developments: a tiered approach to checking and assessing for ARBD, so that staff at different levels knew which assessments they should be using; and a programme of awareness raising, education and training. One of the main challenges highlighted has been identifying individuals with an ARBD or suspected ARBD to enable these individuals to be reviewed regularly and receive the appropriate services at the appropriate time by the most appropriate person. The following progress so far was also shared:

- ✚ An ARBD leaflet has been published at SBC and all delegates had one in the training package.
- ✚ An audit of hospital case notes for individuals with a diagnosis of ARBD or suspected ARBD had taken place under the ICD F10 codes.
- ✚ An ARBD steering group has been established
- ✚ The MOSIAC user group had added ARBD and Suspected ARBD to the MOSIAC system
- ✚ Research of best practice throughout Scotland had taken place and the speakers of the day were from services of best practice.
- ✚ Conference planning.
- ✚ Results of a staff questionnaire in relation to the confidence, ability and learning needs of staff groups to provide appropriate services for individuals with an ARBD were also shared. These questionnaires were sent to staff following a scoping exercise earlier in the year.

### **Dr Julia Lewis Consultant Addictions Psychiatrist.**

*Dr Julia Lewis qualified in 1992 from University College London then returned to her Welsh roots where she has worked since then. Initially she trained as a GP but jumped ship into psychiatry initially swearing she would never work in*

*addictions. Fate had another plan for her and she became a consultant addiction psychiatrist in 2005. She is currently the Clinical Lead for Gwent Specialist Substance Misuse Service, a complex needs addiction service covering the county of Gwent in South Wales. She is a member of the Advisory Panel on Substance Misuse (APoSM), the independent advisory body to Welsh Government and was part of the working group that updated the UK guidelines on the clinical management of drug misuse ('Orange Guidelines').*

*Her interest in ARBD started in 2014 with a frustration that patients were falling between the gaps in services and Julia, together with several of her nursing staff, decided to put something in place themselves. They now run a small ARBD service within their main addiction service, without any additional funding (which was probably a foolish move). Julia provides sessions to Brynawel Rehab, a residential treatment provider in South Wales that offers cognitive rehabilitation for ARBD, and also sits on the Welsh Government Steering Group for ARBD, currently engaged in writing a treatment framework for the condition. She has developed a comprehensive patient and carer information leaflet and a motivational workbook designed specifically for people with ARBD.*

Dr Julia Lewis presented on the

- ✚ Epidemiology
- ✚ History of our understanding of alcohol and the brain
- ✚ Current understanding
- ✚ Brain Pathology and symptoms of ARBD
- ✚ Management of ARBD

The presentation also included outlining Dysexecutive Syndrome, memory Impairment, the prevention and natural history of ARBD and Recovery rates. Dr Julia Lewis further spoke of the 5 stages of rehabilitation for ARBD these being

- ✚ 1. Physical stabilization and withdrawal
- ✚ 2. Psychosocial Assessment
- ✚ 3. Therapeutic Rehabilitation
- ✚ 4. Adaptive Rehabilitation
- ✚ 5. Social Integration and relapse prevention



Dr Lewis further highlighted best practice in relation to supporting individuals with orientation and memory support and of the myths and truths around ARBD. She noted that the appropriate intervention for ARBD can reduce hospital readmission rates by up to 85% (Wilson et al 2013)

### **Glen Harrold and Heather Clark, Fullerton Care Home in Glasgow**

Fullerton Care home is a specialist ARBD care home where individuals with a diagnosis of ARBD can continue on their journey of recovery.

The care home has an overall objective to improve the quality of life for people experiencing the effects of Alcohol related Brain Damage. They aim to help everyone they work with to live their lives as fully and as independently as possible. They shared that their experience in providing ARBD services has highlighted that;

- ✚ Wellbeing fluctuates day to day and week to week, therefore flexibility and adaptability are crucial.
- ✚ Individuals needs can be complex and are dependent on history, lifestyle and physical health status
- ✚ Strong focus on activity, involvement and engagement in a way that is meaningful for each person is essential.

Heather and Glen shared that the philosophy at Fullerton was that individuals would move in, live in and move on. This worked with the support of the multi-disciplinary and multi-agency teams both within and out with the Fullerton Road complex. The key to this was having the appropriate assessments at the appropriate time by the appropriate person. Service user feedback was also presented and Conference delegates were invited back to view a video link about the work of the Fullerton Care Home later in the day.

Following this presentation there was a break for refreshment and an opportunity to network both with other delegates and stall holders from Addaction, The Borders Addiction Service, The Borders Carers Centre and Action for children.

## **Grant Brand, Glasgow Addiction Services.**

*Although involved in supporting people in a variety of roles for charitable organisations and third sector agencies since 1993, Grant Brand has worked for Glasgow Addiction Services since 2003. Initially employed as an Addiction Worker to specifically support services for younger persons in the North East area of Glasgow, he transferred to work in Glasgow Addiction Services' Alcohol Related Brain Damage Team in 2006 when the Team began operation. Grant has been Team Leader since 2008, moving from an initial temporary role, to a subsequently substantiated post.*

Grant continued the day by presenting on the formation of the Glasgow ARBD Team, the lessons learnt and the way forward. He included the Fuller Life report and the focus of the service now which included

- ✚ Assessment, recognising diversity of age, need, and level of cognitive impairment
- ✚ Liaison across the range of statutory and third sector service provision
- ✚ Person centred support and care planning to optimise recovery
- ✚ A reduction in admissions to care homes
- ✚ Joint working with existing services, not to replace them or to take on care management.

Grant shared his experience of lessons learnt, the use of Pabrinex and Thiamine in the recovery process of ARBD and the importance of having Neuropsychologists within services.

He also highlighted the issue of whether individuals were unable or unwilling to engage. Stating that:

- ✚ Between 50% and 80% of individuals with alcohol use disorders experience mild to severe neurocognitive impairment." (Bates et al,2002)
- ✚ Evaluation of executive functions can be of particular importance in competency assessments of alcoholics since the relative preservation of language....may lead to normal results on mental status testing and an overestimation of the person's actual capacity" (Hazelton et al, 2003)
- ✚ "It may be thought that they are "poorly motivated" or are "pre contemplative" about their addiction." (Bell & Craig, 2013)

Grant further highlighted the potential for recovery of ARBD, stating that there was further health promotion needed to promote the early intervention and prevention of ARBD before it reached the crisis point. That individuals and services needed to challenge the stigma that ARBD was self-inflicted. This would need to be achieved across service boundaries and support networks through staged assessment, integration and follow up support; ensuring care pathways and appropriate placements were available for individuals.

### **Photo Opportunity and buffet lunch**

In the pre-conference information, conference delegates were asked to bring an umbrella. As ARBD is an umbrella term to describe a number of conditions for which excessive alcohol consumption is found to be the primary cause of physical brain damage. This was to continue the awareness of ARBD through a photo opportunity, and this photo would be placed on The Scottish Borders Council intranet and Facebook page. It was also hoped that the local press would pick this up as a press release; however, this did not happen.

Prior to the photo opportunity Joe a peer support volunteer at Milestone Edinburgh, shared his ARBD recovery story through song. Sharing songs he had written through his recovery journey, both in his darker days and the brighter times.

A buffet lunch enabled further networking and an opportunity for the stall holder to give advice and support.

### **Dr Lynn McCallum, Consultant, Borders General Hospital.**

*Dr Lynn McCallum is a Consultant in Acute Medicine in the Borders General Hospital. As an Acute Physician, she has an interest in improving the patient experience by utilizing the patient's voice in redesign of services. In her previous role as a Consultant in Lothian, she led the proposal to open a rehabilitation and recovery facility for patients suffering from Alcohol Related Brain Damage, after realizing that these people would often spend prolonged periods in hospital beds, receiving little or no stimulation or re-enablement. This resulted in the opening of the 10 bedded Milestone House in Edinburgh. She is an*

*enthusiastic advocate of multi-disciplinary working and recognizes the enormous benefits of bringing together health and social care and working closely with the third sector to deliver high quality, holistic care.*

Dr McCallum shared the experience of an innovative and integrated solution to the patient flow. This led to the prevention of bed blocking in acute wards as individuals had a shorter length of stay, reduced re-admission and less A&E admissions. Patients experienced better outcomes because of the rehabilitative/enablement of the environment and a coordinated approach for individuals with an ARBD on discharge both from the hospital environment and Milestone.

### **Lesley Forbes and Dr Clare Gordon, Penumbra Milestone**

*Lesley Forbes is a Service Manager with Penumbra who works with people diagnosed with Alcohol Related Brain Damage (ARBD) to take control of their lives. Lesley is passionate about social care and believes that health and social care integration, collaborative working, shared care and doing the right thing is achievable in any setting. Lesley has more than 20 years' experience of planning, developing and implementing social care services, with excellent leadership and project management skills. She is action-oriented with a strong ability to communicate effectively with all stakeholders.*

*Dr Clare Gordon is a consultant in acute and general medicine at the Western General Hospital in Edinburgh. She took over as clinical lead for Milestone in December 2015, when Lynn McCallum moved to the Borders. She has learnt a lot about ARBD and life in general since then!*

*Penumbra Milestone ARBD service won the Scottish Health Award for Innovation in 2015.*

The speakers were Knowledgeable  
and passionate

Both Leslie and Dr Clare Gordon shared the philosophy, structure, function and features of the support and rehabilitation at Milestone. This Rehabilitation and recovery of individuals included 5 strands:

- ✚ Social
- ✚ Addiction
- ✚ Cognitive
- ✚ Physical
- ✚ Mental Health

#### The service features included

- ✚ 12 Week programme
- ✚ “Dry” Unit
- ✚ Assessed by Psychiatry, Psychology, GP, Physiotherapy and Occupational Therapy within first 2 weeks
- ✚ Individually tailored recovery/rehabilitation plan
- ✚ Group-work programme
- ✚ Transition to Community Plan
- ✚ Community Outreach Team & CARDS
- ✚ Staff available 24/7
- ✚ Attachment-Based Framework

#### **Peer Support Volunteers: The Recovery Journey**

The recovery journey for individuals who had lived at Milestone was further explained by 4 peer support volunteers during a question and answer session. Initially Angela took to the stage to share her recovery journey, explaining that she had had an academic background and was a high flyer. Her life changed when alcohol became part of her life and she struggled until she was asked by the manager of Milestone to move to Milestone. Angela stated saying yes to Milestone was the turning point in her life and in her recovery.

Willie, Mark and Joe shared their stories and answered questions. Mark stating he would have died if he had not gone to Milestone. He wanted to emphasise that people can die if they don't receive the right treatment and support.

It is hard to capture the impact of the question and answer session and all the aspects covered within the individual recovery journeys in this report. It is one of those situations that you need to be present to appreciate the impact, this was also apparent in the conference evaluation responses, where it was noted in the feedback that the peer support recovery journey's had had an effect on those present.

A key question was: There are no services in the Borders like Milestone, what advice would you give to people in the community who have an ARBD? Willie responded, "Raise awareness of ARBD, tell people about it and get people to say yes to services, get involved make sure people come to appointments." Angela, Joe and Mark agreed, engage people, and encourage them to say yes to services and support. Tell people they could die without the support they need.

## **Summing up**

Haylis Smith Commissioning and Strategic Manager Mental Health and Addictions gave an overview of the day. She thanked Angela, Mark, Willie and Joe for sharing their recovery journey with those present.

Haylis stated that it is usually a huge effort to get 6-7 people around a table to discuss anything, but to have 6-7 tables of people was amazing to discuss ARBD. Haylis continued ...."We have heard lots about holistic care, compassionate responses and a person led approach rather than a diagnosis led approach, which has given me hope for the future, that we can all work together to achieve this. We have heard that people can be unmotivated, have poor decision making and problems with strategic planning due to Dysexecutive syndrome, we all need to ensure that services are not guilty of Dysexecutive syndrome. From the figures discussed within the presentations there is a potential according to my calculations that there may be 1425 people throughout The Borders with an ARBD

As a Strategic and Commissioning Manager I have heard what people are saying and I will support the ARBD Coordinator in her role to develop an ARBD Integrated Care Pathway, Commissioning Strategy and Action Plan for individuals with an ARBD or suspected ARBD and their families.” She thanked all the speakers for their participation in the Conference and the ARBD Coordinator for organising the event.

Joe had kindly agreed to play the Conference to an end.

“We are bound for greater glory.....”

# Greater Glory

We are bound for a greater glory  
Through storm and hail we prevail  
Times to come will tell the story  
Of how the hardships of our day  
Became our lanterns along the way  
Through the darkness to the dawn of a beautiful day  
Rivers will run where mountains have crumbled  
Heroes will rise with shields of fire  
Eagles will fly where dragons have tumbled  
From the battlefields of the skies  
To join our demons will all their lies  
In the darkness of a world without beauty or love  
And if our strength should stumble or stall  
Or our courage falter or fall  
Then together shoulder to shoulder we will stand  
Till our hope recovers and shines  
Till our faith reinforces our lines  
And we'll find that together  
We can deal with any weather  
And move on hand in hand  
We are bound for greater glory.....

Joe Boyle.

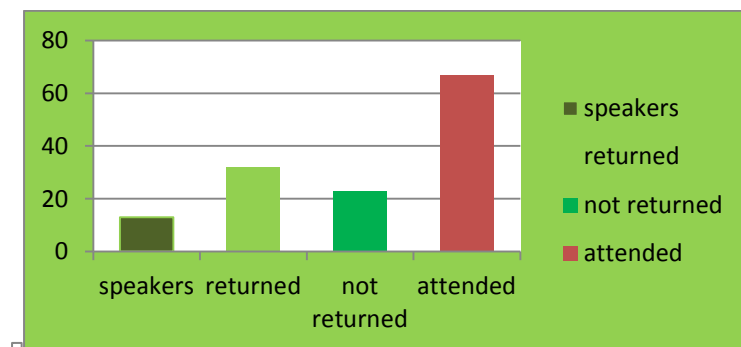


# The Alcohol Related Brain Damage Conference Evaluation

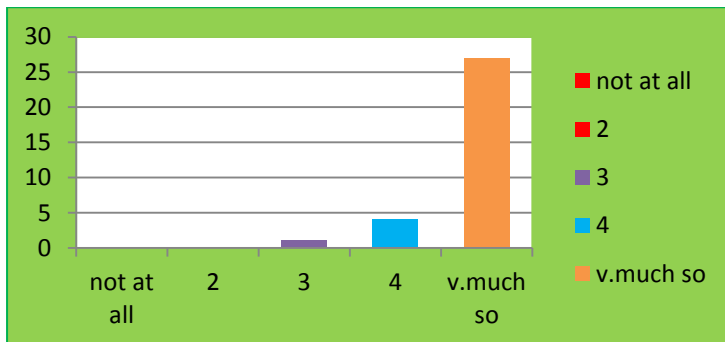
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Following the Conference a Survey Monkey was devised by the ARBD coordinator and the SBC training department. This was sent as an email attachment with a covering email to all delegates. The plan was to send the power point presentations to delegates once the Survey Monkeys were returned.

67 people attended	100%
15 Speakers (3 returned evaluations)	18%
32 evaluations were returned.	48%
23 evaluations not returned	34%



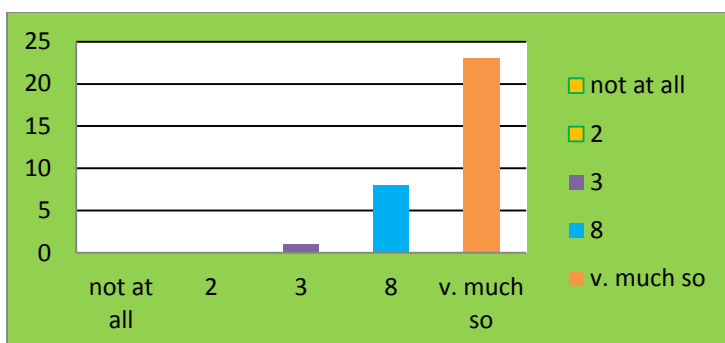
**Q1 the overall aims of the day were to educate and raise awareness and understanding of Alcohol Related Brain Damage, to facilitate networking opportunities that could lead to links within the ARBD Integrated Care Path way and to share lessons learnt from other specialist services across Scotland and Wales. Do you feel that the aims of the day were met?**



Scale. Not at all 1, to 5 very much so.....

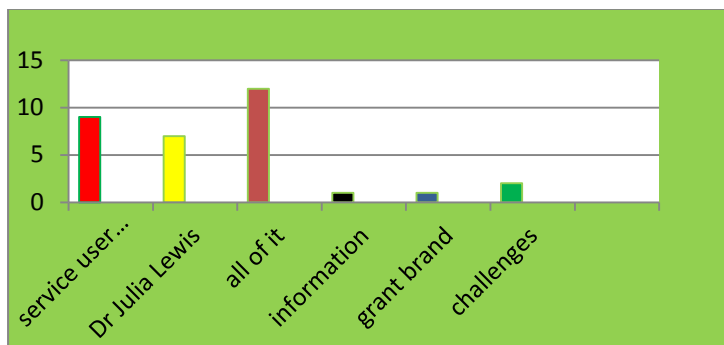
- 1. 0.00% (0)
- 2. 0.00% (0)
- 3. 3.13% (1)
- 4. 12.50% (4)
- 5. 84.38 % (27)

**Q2 Did you find the day useful in terms of content and delivery?**



- 1. Not at all 0.00% (0)
- 2. 0.00% (0)
- 3 3.13% (1)
- 4 25.00% (8)
- 5 Very much so 71.88% (23)

### Q3 which area of the conference did you find most useful and why?



- |   |          |
|---|----------|
| 1. Service user involvement                               | 28% (9)  |
| 2. Dr Julia Lewis   | 22% (7)  |
| 3. All of conference                                      | 38% (12) |
| 4. Information  | 3% (1)   |
| 5. Grant Brand  | 3% (1)   |
| 6. Challenges of other services and greater understanding | 6 % ( 2) |

### Q4 How will this conference change the way you work with individuals with an ARBD now or in the future?

The above question received a variety of answers which seemed to be best collated under the following categories.

The Conference gave 41% of delegates a better understanding of ARBD and they felt this would change the way they would work with individuals presenting with alcohol difficulties.

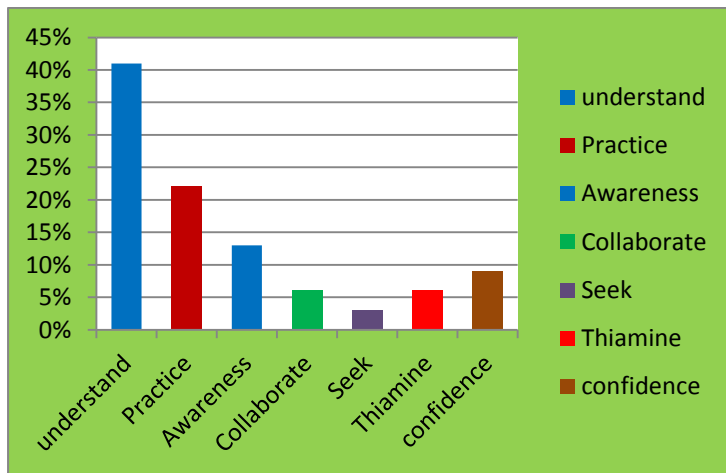
22% of delegates stated they would examine their own work practice and reflect how they could work differently. Raising awareness meant 13% of people wanted to raise awareness and best practice with the others they worked with.

This also meant that 6 % of people wanted to work more collaboratively and have joined up practice.

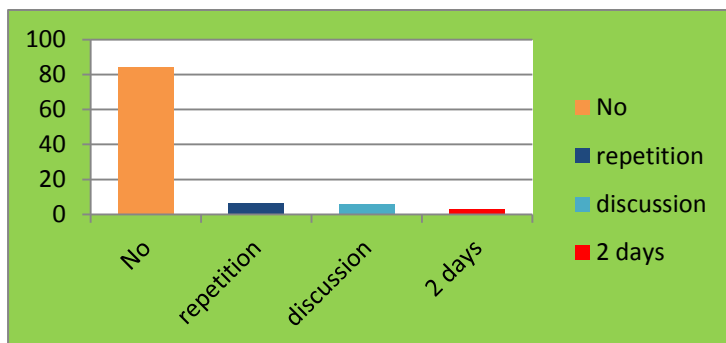
3% commented that they would seek further inspiration to continue to do what they were already doing well.

The use of Thiamine and an improved diet was already being cascaded throughout a service by 6%, as a result of the information given two individuals were now taking thiamine.

The conference informed 9% of individuals and this then gave them increased confidence to question a diagnosis and ensure ARBD was considered.



**Q5. Do you have any additional comments or suggestions? Anything you would change about the day?**



84.4 % of delegates stated that they would change nothing about the conference.

6.3% of delegates felt there was some repetition of key points.

6.2% of delegates felt that they would have liked further group discussion or further discussion individually with the key speakers.

3.1% felt they would have liked the conference to be over a period of 2 days.

## Additional Comments

I could not fault the speakers and layout of the day and the food and venue.

How can we assist ARBD assessment when the disorder makes it difficult for these individuals to engage or stop drinking?

I have a better understanding of the issues, especially symptoms and difficulty in diagnosis, pathways for our own community. The Conference helped me build on my knowledge and feel more confident to help identify symptoms of ARBD and how to refer and who to.

Best Conference I have been to yet

Having a bit more time towards the end to discuss potential options for developing Borders Services specific to ARBD would have been helpful

I think it would have been good for it to be over two days to allow more insight and networking to happen between services.

## **Q6 What ideas or suggestions would you like the ARBD Coordinator to take to the next ARBD Steering Group as conference feedback?**

- ✚ Not having a dedicated pathway or service for people with ARBD costs money. Without dedicated services, these guys present in Crisis across the full range of provision.
- ✚ We need somewhere local for people to stay following detox so that a full assessment of their needs can be made.
- ✚ To be kept up to date on the work of ARBD in SBC, to ensure that we are not working in isolation
- ✚ What kind of group interventions could be developed for people with ARBD in the Borders a regular coping skills/social group for people with ARBD living in the community who would otherwise be completely or very isolated). What therapeutic approaches/adaptations (e.g. nodelink mapping) could be explored to facilitate the engagement of individuals with ARBD in community addiction services interventions?
- ✚ I hope that all is not lost and the hope and motivation from staff in borders to improve recognition and provide a service whether jointly with Lothian or????? will be taken on board and progress to something concrete, i.e. not just a talking shop lets have action now, it's been a long time of talking about this in the Borders and nothing done!
- ✚ It would be very useful to have access to a facility like Milestone. We sometimes have patients in the BGH and it's difficult to know where the best place is for them.
- ✚ We need to have a similar model in the Borders as they have in Edinburgh.
- ✚ It would be wonderful to see a similar model to the Milestone one here in The Borders. Thank you for organising the day
- ✚ A self-contained unit for patients with long term issues of ARBD, however being realistic suggest open discussions with Milestone to allow borders patients access to the resource.in Edinburgh.
- ✚ I would like to join the steering group in the Borders so that I can continue to learn and work with clients in this field as I have many duty clients of 17 upwards and feel that I need to progress them to try and help them with their lives. I also have older clients too who need help.
- ✚ Just keep up the good work.
- ✚ How can we assist ARBD assessment when the disorder makes it difficult for these individuals to engage or stop drinking?
- ✚ What an amazing amount of work that has been put into her time at the project and it is great to see the ADP and other funders getting behind the service with such enthusiasm.

- ✚ Can we get funding for posts :)
- ✚ Develop local strategy and implementation plan for ARBD for the Borders - local and regional services
- ✚ It was extremely useful and I think more staff should be educated - in particular clinical staff because the knowledge regarding ARBD is very limited.
- ✚ A&E staff being more aware of ARBD - repeat attendance at A&E due to alcohol related incidents/accidents. System where repeat attendance is flagged up - similar to system where Child attendance at A&E is flagged up as possible child protection?
- ✚ It was an inspirational conference and I hope that services for people with ARBD are significantly moved forward in the Borders.
- ✚ Having families of sufferers involved and being able to discuss their journey.
- ✚ Maybe the need for a more joined up way of working with BAS with regards to non-compliance etc, understanding that this is not always intentional on the part of the client but due to ARBD.
- ✚ Continue to fight for provision for people within the Borders.

Thank –you to everyone who returned the conference evaluation. Your comments and feedback were taken to the ARBD Steering Group on the 23<sup>rd</sup> January 2018. You are all now involved.

It was fantastic, very well done to everyone  
involved – thank-you

## Local Services

Borders Addiction service	01896 664430
Addaction Galashiels	01896 757843
Borders Carers Centre	01896 752431
NHS 24	111
Action for Children	01896 750173

If you have any further queries you can contact  
The Alcohol Related Brain Damage Co-ordinator  
Scottish Borders Council  
Council Headquarters  
Newtown St Boswells  
Melrose  
TD6 0SA

01835 824000





