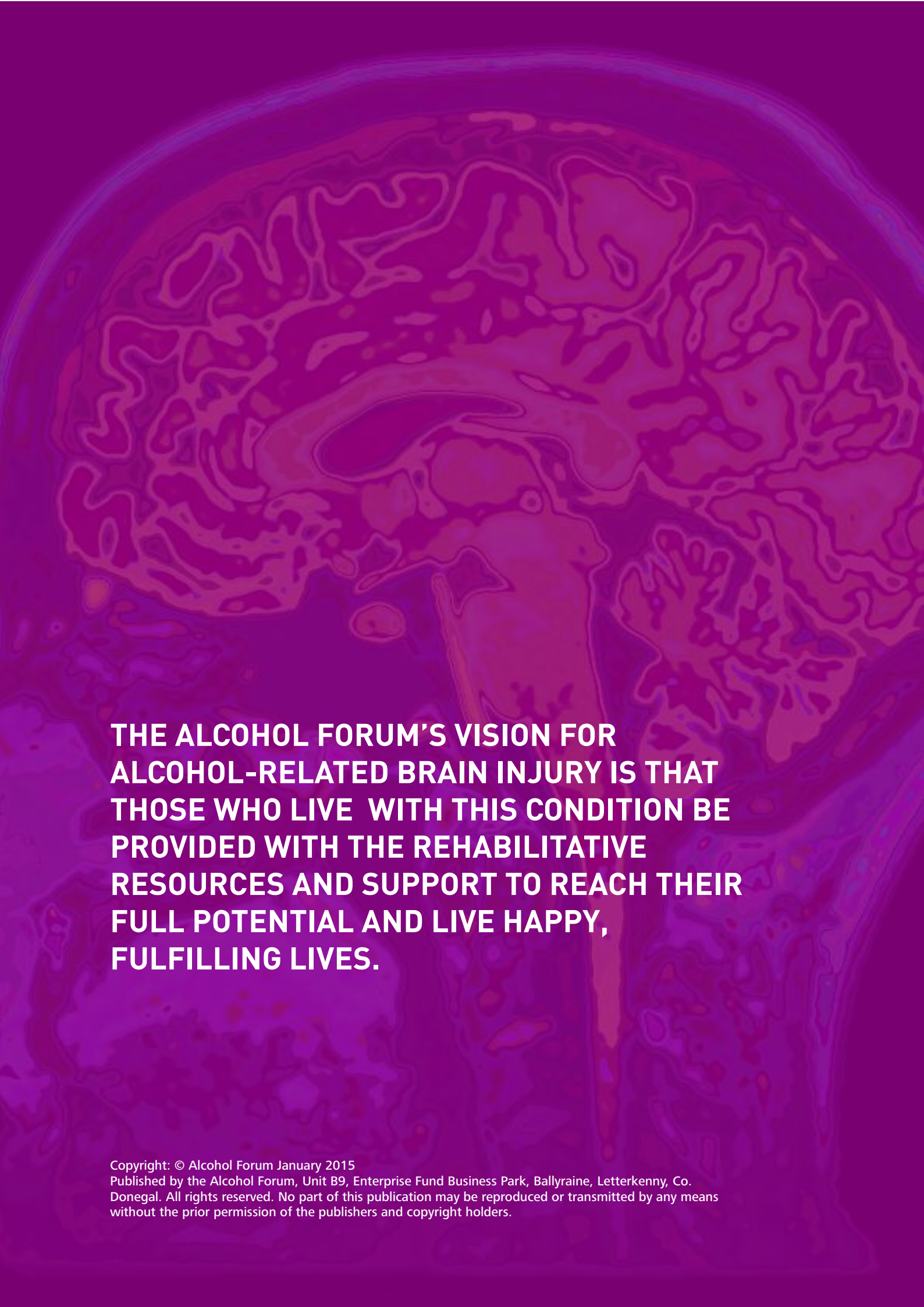




ALCOHOL-RELATED BRAIN INJURY

A GUIDE FOR PROFESSIONALS



**THE ALCOHOL FORUM'S VISION FOR
ALCOHOL-RELATED BRAIN INJURY IS THAT
THOSE WHO LIVE WITH THIS CONDITION BE
PROVIDED WITH THE REHABILITATIVE
RESOURCES AND SUPPORT TO REACH THEIR
FULL POTENTIAL AND LIVE HAPPY,
FULFILLING LIVES.**

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**THE ALCOHOL FORUM'S VISION IS THAT THE
STIGMA ATTACHED TO ALCOHOL-RELATED
BRAIN INJURY IS CHALLENGED AND
OVERCOME.**



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THE ALCOHOL FORUM



A MESSAGE FROM KIERAN DOHERTY, CEO OF THE ALCOHOL FORUM

Alcohol-Related Brain (ARBI) Injury is a hidden but growing problem across Irish communities. The lack of professional awareness surrounding the condition continues to prevent the early identification, treatment and rehabilitation of ARBI.

In our first report studying ARBI published in 2011, we highlighted the lack of specialised care pathways in Ireland to meet the needs of people affected. We believe that our Health Service will be failing some very vulnerable people unless we provide a commitment to bettering our ways of working across the spectrum of disorders which ARBI encompasses.

Our hope is that this guide will provide a comprehensive overview of the crucial roles that various disciplines can play in improving rehabilitative outcomes, and facilitates skill development amongst those professionals most likely to come into contact with ARBI. Ultimately we hope to improve the quality of life of those affected and ensure that they meet their fullest potential.

WHO WE ARE

The Alcohol Forum is a small registered charity that works to prevent and reduce alcohol related harms in communities. Based in the North West of Ireland and influencing across the island of Ireland the Alcohol Forum operates in conjunction with the Health, Justice, Education, Community and Business sectors to change the culture of alcohol in Ireland.

We are the only alcohol charity in Ireland working at community level to reduce alcohol consumption levels through community action. We are instigators of action on alcohol for community, voluntary and statutory agencies working to tackle alcohol harms nationally.

OUR VISION FOR ALCOHOL-RELATED BRAIN INJURY

- A health service which recognises ARBI as a national health priority.
- That those who live with Alcohol-Related Brain Injury be provided with the rehabilitative resources and support to reach their full potential and live happy, fulfilling lives.
- That the stigma attached to Alcohol-Related Brain Injury be challenged and overcome.
- A world where Alcohol-Related Brain Injury can be prevented.



ALCOHOL-RELATED BRAIN INJURY IRELAND'S FORGOTTEN CONDITION

The physical and behavioural consequences of heavy drinking and intoxication are, unfortunately, all too familiar to professionals working in the Irish health service today.

The impact of our societal drinking practices will be more than apparent to those treating the one-in-four emergency-department patients whose admissions can be directly attributed to alcohol consumption¹. With 88 deaths a month in Ireland now being directly related to the use of alcohol², the physical health and economic burden of this universal problem cannot be refuted.

Among the growing numbers of people presenting with alcohol-related injuries and physical health problems is a sub-group of people with a condition that remains largely undiagnosed and untreated. Up to 80% of people with a disorder known as Alcohol-Related Brain Injury (ARBI) are diagnostically missed by attending medical practitioners and allied professionals.

The low identification rates associated with this disorder serve to create a vicious cycle of repeated and increasingly extended hospital admissions, progressive deterioration, reducing prognosis and rising morbidity³. Despite having one of the highest rates of alcohol-consumption in the world, Irish professionals remain largely uninformed of this serious condition. The implications of this, not only for the affected individual, but for our health service and Irish families and communities, are enormous.

For example, ARBI now accounts for 10% of the dementia population⁴ and for 12.5% of dementias in people under the age of 65⁵. It is thought that ARBI could account for 21% of the homeless of population⁶ and up to 42% of the prison population⁷. There is a significant burden on our acute services with individuals with alcohol-related cognitive impairment being significantly over represented in populations of in-patients who are hard-to discharge⁸. This is not to mention the Irish families who suffer through the emotional turmoil of watching a loved one deteriorate cognitively, psychologically, physically and functionally over a period of many years.

It is difficult not to question why a condition that was initially discovered over a century ago, and currently affects an estimated 18,200 - 128,000 Irish people⁹, is still not comprehensively provided for within the Irish health service. The lack of professional awareness surrounding ARBI means that there is a growing group

of Irish people who are silently perishing away in the context of scant professional expertise, limited resources and stigmatisation.

Regrettably, ARBI is often viewed as “somebody else’s problem” and a culture of professional nihilism in relation to the disorder is sometimes apparent. A growing body of literature and international interest conclusively indicates that positive outcomes can be achieved for these clients. When appropriate service responses are offered (or developed in accordance with client needs), acute hospital bed-day usage can be reduced by 85% and 75% of affected people can be supported successfully in community settings with only a 10% relapse rate⁸⁵.

Over over-arching aim of this guide is to improve the overall quality of care individuals with ARBI receive during their contact with services. By encouraging a chain of intra and inter-professional dialogue around ARBI we hope to cultivate a multi-disciplinary cross-tier approach to the identification, assessment, treatment and rehabilitation of this disorder.

Many professionals may not recognise that they have a whole host of skills applicable to the rehabilitative process of this disorder. For example, professionals across addiction, psychology, mental health, general practice, nursing and acquired brain injury are all equipped with skills and knowledge that are fundamental in informing an integrated service response and achieving successful outcomes for people affected by ARBI. It is more a question of how core professional skills can be adapted to meet the needs of this population, and how willing we might be to extend our services to people who do not typically “fit” within our remits.

Being attuned and responsive to the individual needs of people with ARBI (and of those who care for them) will be key in preventing the progressive deterioration usually observed when the condition is overlooked or missed. By providing clear guidance on how to respond to ARBI we hope that you will see more clearly your professional role within their rehabilitation. While not a definitive guide, we hope that there will be enough information for you to begin adapting your practices to meet the very unique needs of this client group.



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