



*National Treatment Agency
for Substance Misuse*

Promoting safer drinking

A briefing paper for drug workers

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This guidance, and other resources designed to reduce drug-related deaths, are available to download or order online at: **www.nta.nhs.uk**

They can also be ordered from:

Prolog

PO Box 777

London SE1 6XH

Tel: 08701 555 455

Fax: 01623 724 534

Email: nta@prolog.uk.com

Please quote reference DRD Alcohol if you wish to order this report.

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Introduction

Most adults, and a large proportion of young people in the UK, drink alcohol. Many people drink daily at levels that are likely to eventually damage their health, and/or drink such large amounts on occasion that they are in danger through physical deterioration, accidents or involvement in violence. A small percentage (but still a substantial number) become dependent on alcohol. A small, but increasing, number drink so much at one time that they poison themselves and die of an overdose.

Alcohol consumption among clients of drug services is well above the national average, and alcohol is a major contributor to illness and death for clients of drug services. Opiate users, particularly those who inject, are at much higher risk of overdose involving alcohol than the general population.

Alcohol is a depressant drug that interacts with other psychoactive substances; in particular it increases the sedative effects of particular drugs, including heroin, methadone and benzodiazepines. It can also reduce the effectiveness of many medicines.

The National Treatment Outcome Research Study (NTORS) found that 33% of those entering residential treatment or community methadone programmes were drinking at levels above those recommended as safe, and at follow-up a year later a substantial proportion were still doing so. The proportion of drug users treated in the community drinking above safe limits (23%) did not alter over the year, nor did the proportion drinking daily (11%) (Gossop *et al.* 2000).

Drug users are at increased risk of developing a variety of problems related to their alcohol use. These include the facts that:

- those in treatment may be on prescription drugs (including methadone) which interact with alcohol in an unhelpful or dangerous way
- alcohol is metabolised by the liver – drug users whose livers are impaired through hepatitis C (as are 30% outside London) may need to greatly reduce, or abstain from, drinking to avoid accelerating liver damage
- using alcohol and cocaine together results in the formation of coca-ethylene in the body. This has similar effects to cocaine, but lasts longer in the bloodstream and has significantly greater toxic effects on the cardiovascular system and the liver
- some people use opiates to cope with other distress in their lives – if they reduce their drug intake or go on to methadone, they may switch to heavy drinking instead and develop a dependence on alcohol
- mixing depressant drugs such as alcohol, heroin, tranquillisers, methadone or buprenorphine is particularly dangerous as they increase each other's sedative effects – opiate users who are heavy drinkers are more likely to die from overdose than those who drink less
- alcohol use can be implicated in relapse to drug use through poor decision-making skills whilst intoxicated.

In the past, treatment agencies for those using illicit drugs have often been set up separately from agencies for people with alcohol problems. This has sometimes contributed to alcohol use and illicit drug use being seen as separate issues. Staff and clients of a drug agency should routinely ask drug users about their alcohol intake – modification of drinking is an important (and achievable) treatment goal.

This briefing paper aims to clarify how clients of drug agencies might be helped to keep themselves safer and healthier by addressing their drinking alongside their other drug use. It looks at the issues of:

- safe drinking limits
- screening and assessment
- what drug users need to know to use alcohol safely
- how to help drug users who are at risk through their drinking
- equipping a drugs agency to help clients to drink safely
- resources
- useful addresses and web sites.

Safe drinking limits

The Department of Health recommends a daily level of not more than 4 units of alcohol for men and not more than 3 units for women. Alcohol consumption of more than 21 units per week for men and 14 per week for women is associated with a greater risk of harm. These safe drinking limits are for healthy adults and do not necessarily apply to active drug users. It is not clear what a safe limit would be for someone regularly using cocaine, heroin or methadone. The safe drinking limit for people with hepatitis is zero.

Too much alcohol can act upon nearly every organ of the body, and can cause damage to:

- the liver (which is especially important for injectors, many of whom have hepatitis C)
- the digestive system (stomach, oesophagus and pancreas)
- the brain and nervous system
- the heart and circulatory system
- bones, skin and muscles
- sex organs
- nutritional state
- cell reproduction, leading to the development of some types of cancer
- development of a foetus.

A unit is approximately the amount of alcohol to be found in a half pint of ordinary strength beer or lager, or in a small (125 ml) glass of wine or 25 ml single shot of spirits.

To calculate the units in a particular drink, you can use the formula:

Volume x %ABV/1000 = units
(ABV is alcohol by volume)

For example, a 330 ml can of lager with a strength of 5% ABV is: $330 \times 5/1000 = 1.7$ units.

A large can (440 ml) of super strength (9% ABV) lager would be: $440 \times 9/1000 = 3.9$ units.

A pint contains 586 ml. A pint of normal strength beer is likely to be around 4% ABV: $586 \times 4/1000 = 2.3$ units.

In practice, heavy drinkers tend to drink in doses of around 2 units. A pint of bitter, a large glass of wine, an 'alcopop' bottle and a double rum and coke would each be close to 2 units, **which makes the safe limit for a man more like 'a couple of drinks a day'**. Above these levels the risks to health and the risks of accidents increase, and people wanting to drink safely should thus aim to keep their drinking within these boundaries.

Drug users may be more concerned about immediate, short-term harm than they are about long-term health risks. They may consider they are drinking too much if they get so drunk that they take risks they might not otherwise take, or cannot remember the next day what they did. The immediate risk of overdose when combining alcohol with methadone or heroin may be of more concern than the longer-term risk of a stroke.

Alcohol is a major cause of accelerated liver damage in people with hepatitis C. Serious liver damage – cirrhosis – is almost inevitable if someone with hepatitis C drinks heavily over a prolonged period of time. Any reduction in drinking will reduce risk, although it is thought that even regular drinking within the safe limits may increase the risk of cirrhosis.

Health risks are not the only or often the most pressing concern. Factors such as the effect of disinhibited behaviour towards a partner, leading to increased anxiety levels or relationship breakdown, are often those which motivate users to want to change.

Screening and assessment

The first step is to find out enough about a client's drinking so that, between you, a decision can be made about whether there is cause for concern. There are a number of ways to do this. Some agencies use formal questionnaires and screening instruments, other settings are more suited to informal enquiries. The important thing is to find the right way, in your own context, to get useful and accurate information.

People are likely to be most open about their drinking when they understand that the information is being collected in order to help them, that it is confidential, and that giving accurate information will enable the worker to help them better. If the client thinks that the information is going to be used in a punitive way against them, they are less likely to be forthcoming about their drinking.

The first stage, therefore, is to establish a good therapeutic relationship and rapport, and to explain why you are interested in their drinking.

There is nothing complicated about assessing someone's drinking. Basically, use questions to establish:

- how much they drink (going back over the last week a day at a time can be a useful way of helping people to think about their drinking)
- how often and what they drink
- whether they take other drugs when they drink
- whether they get intoxicated in potentially dangerous situations, such as before driving or operating machinery
- whether they have a medical condition or take medication that will be adversely affected by alcohol
- whether they, or their families, are concerned that their drinking may be harmful to them
- whether their drinking has led to them having problems with the law (e.g. driving ban, drunk and disorderly conviction).

If there seems to be reason for concern, the next questions should include:

- how important do they think it is to change their drinking?
- if they do not think it is important that they change now, how would things have to be for them to consider change necessary?
- do they have all the information they need to decide what to do for the best?
- if they want to change, how hard might that be and what support can be given?

Assessment tools

There are a range of structured and quick screening questionnaires available for use. They screen for different things, so before using an assessment tool, it is important to understand what a positive screen tells you. It may screen for hazardous drinking, harmful drinking or dependence. Hazardous drinking is a pattern of drinking carrying a high risk of harm; harmful drinkers are already experiencing problems and dependent drinkers would find it very hard to stop.

Alcohol Concern's web site has an overview of screening and assessment questionnaires with full references for accessing them: www.alcoholconcern.org.uk/NDN/Publications/Briefings/Briefing02.htm

The Alcohol Use Disorders Identification Test (AUDIT) questionnaire assesses hazardous and harmful as well as dependent drinking. The questions take a couple of minutes to complete. It has been validated in various cultures, in six countries and in a range of community and hospital settings. You can download a booklet about it from the World Health Organization's web site:

www.who.int/substance_abuse/docs/audit2.pdf

The Fast Alcohol Screening Test (FAST) was developed from the AUDIT for settings where time is even shorter. It contains four items and can be completed in an average of less than 20 seconds. This has been found useful in medical settings and accident and emergency units, and it has been validated for people as young as 16 years old. You can download it from the Health Development Agency's web site:

www.hda-online.org.uk/documents/manual_fastalcohol.pdf

Neither of these questionnaires will assess for specific risks associated with illicit drug use, but taken with what else is known about the client, each will flag up where further discussion about drinking is required.

In a counselling context, the best approach is probably a person-centred enquiry into the way alcohol fits into someone's life, coupled with some specific questions about quantity and frequency of consumption. This will begin the process of the client identifying their own concerns about their drinking and contemplating change.

Essential interventions

In order to ensure that clients have the information they need to make informed choices about their drinking, drug services need to include in the care planning process:

- information
- motivational interventions
- continuing assessment and treatment.

Information

In order to use alcohol safely, drug users need to know that:

- although alcohol is a mind-altering substance that can be life-enhancing, when taken to excess it can be very dangerous
- just because it is legal to drink (within certain limitations regarding age, place, etc.), it does not mean that drinking is risk-free
- drug services are concerned with helping clients manage their use of alcohol as well as their use of illicit drugs
- alcohol can be particularly dangerous when used in conjunction with other drugs, including prescribed methadone, buprenorphine and benzodiazepines
- people who have stopped using a drug that they have been dependent on are at greater risk of developing a dependence on another drug, such as alcohol
- there are recommended 'benchmarks' for safe drinking
- the benchmarks given here apply to healthy adults. They are too high for young people, those with poor health or liver damage and those using opiates or cocaine
- tolerance to alcohol reduces considerably after a period of abstinence (e.g. when in prison or rehab), so people who resume drinking after a break need to take special care
- people who have had alcohol problems in the past and have moved on from alcohol to heroin are likely to be at risk of drinking heavily again if they go on to a methadone programme.

Motivational interventions

Drug users who are identified as drinking in a harmful or hazardous fashion need:

- feedback that they are putting themselves at risk
- an opportunity to talk about their use of alcohol and decide whether they want to make changes to their drinking
- help to set safer drinking goals and develop strategies for change.

Further assessment and treatment

Drug users who need to make changes to their drinking require:

- assessment to check the degree to which they are physically dependent
- referral for detoxification if they have developed physical dependency
- support throughout the process of change.

Given the difficulties in attracting people to, and engaging them in, services, it makes sense for the drug programme staff to meet as many of these needs as possible rather than to refer on. Drinking is most usefully addressed in the context of the rest of the drug user's life, not as a separate issue. The rapport established when discussing illicit drug use will facilitate assessment and intervention around alcohol use.

Drug users who drink heavily often minimise the effects of their drinking by being very drug-focused, for example by interpreting alcohol withdrawal symptoms as drug withdrawal symptoms.

Alcohol use may have different functions for drug users than the other drugs they take; for example, opiate users often describe that alcohol reduces anxiety and increases feelings of relaxation, a different effect from the feelings of detachment produced by opiates. Alcohol can enhance the effects of other drugs and drinking can make it feel easier to mix with 'normal' people. Understanding the function of drinking for people is likely to make motivational work more effective.

Helping those at risk

A drug user who is using alcohol in a hazardous or harmful way may well benefit from one or more of the following:

- an opportunistic brief intervention to alert them to the risks they are running
- motivational interviewing to help them to think about their drinking and decide whether to make any changes
- problem-solving and cognitive-behavioural treatment to help them to work out how to change.

All of the above are forms of brief interventions. There is a considerable body of evidence for the effectiveness of brief interventions to moderate clients' drinking. For an authoritative review of such evidence, see Heather *et al.* (2001).

There are two categories of brief interventions, both of which are useful in drug treatment settings.

Brief treatment

Brief treatment is provided to heavy drinkers who are seeking help to change their drinking (albeit, perhaps, with considerable ambivalence). Intensive treatments (such as inpatient care and residential rehabilitation) have been compared with briefer forms of treatment for alcohol problems.

It has repeatedly been found that many clients with drink-related problems can achieve marked improvements in their drinking with just a few counselling or treatment sessions. Motivational interviewing and cognitive-behavioural therapy are two of the most well-established forms of brief treatment for people seeking help with alcohol problems. For an account of how one British drug service attempted to put these into practice to help methadone patients who drink excessively, see Bennett *et al.* (2002).

Opportunistic brief interventions (OBIs)

These take place outside of specialist alcohol agencies and are directed at people who have not sought help for their alcohol use. They may take only a few minutes, but can be longer. Typically, they include an enquiry into the client's drinking, giving information and feedback relating to their consumption and risk level and, finally, advice on how to reduce risks.

Most of the research into the effectiveness of OBIs has been with general populations in a wide range of settings and countries, but a recent study at a needle exchange programme provided the first direct evidence that brief interventions can produce decreases in alcohol use among active injecting drug users with drinking problems (Stein *et al.* 2002). In short, research shows that delivering such brief interventions opportunistically is significantly more effective than doing nothing. **A small but significant proportion of heavy drinkers reduce their consumption after only a few minutes' intervention.**

Opportunistic interventions can usefully include a more person-centred, motivational component to begin the process of the client considering whether or not to change. Rollnick *et al.* (1999) have adapted key features of motivational interviewing to be applicable to brief health promotion interventions. Such an approach is more likely to fit well with the non-judgemental, enabling culture of many community drug agencies, than an authoritative, advice-based approach.

Further help

On occasion, an enquiry about a drug user's drinking will uncover a physical dependence, and the client will need to be referred for more intensive help and/or detoxification.

In these situations, those helping with the drinking and those helping with the drug problem will need to work together to provide integrated care.

Where patients undergo alcohol detoxification and do not have the support of specialist alcohol workers, drug workers may be in the best position to support the person in their attempts to remain abstinent from alcohol and to carry out formal relapse prevention work.

Equipping your agency to reduce alcohol-related risk

Many drug agencies are already doing some or all of the things described in this briefing paper. Below is a checklist to help you ensure you are providing a high standard of care in this area. Do you have all of the following in place?

Policies that require:

- all assessments of drug users to include an assessment of their drinking
- a questionnaire or guidelines for informal assessments
- a format for recording alcohol consumption and areas of concern in clients' notes and care plans
- functional links with local specialist alcohol agencies that ensure seamless care for clients who are in receipt of care from both services.

Information:

- leaflets giving appropriate information about alcohol for drug users
- reference material available for staff (including the Drinkline number and key web-site addresses).

Trained staff, so that:

- all staff who do assessments are trained to enquire about alcohol and assess overdose risk
- all clinical staff are trained to deliver brief interventions advising clients about the risks associated with drinking
- all staff are trained to assess clients for alcohol dependence and to refer appropriately
- all staff are familiar with the way in which local alcohol services work and with medication (such as acamprosate) that is commonly used by them
- relevant clinical staff are trained to use motivational interviewing and cognitive-behavioural therapy skills in the context of alcohol use.

Resources

Information for clients

There are some excellent leaflets on alcohol available from national agencies, but very little particularly relating to the links between drug use and alcohol:

- for general information about alcohol and for leaflets on alcohol designed for young people and women, contact Alcohol Concern. They also have a range of fact-sheets that can be downloaded from their web site
- the DrugScope web site has good sections on 'Alcohol' and on 'Drug Interactions' in the Drugsearch pages. Both of these contain information about overdose risk
- the Urban 75 web site has, in its section on drugs, a page on alcohol that draws particular attention to the immediate problems associated with drinking too much, and is written in a style that might be particularly accessible to younger drug users
- the HIT drug cards and mini drug card packs include information on alcohol.
- Drinkline (0800 9178282), the national alcohol telephone help-line, is a useful source of information.

Reference information for staff

All of the above resources can be equally informative for staff. To find out about alcohol services in your area (that might have their own leaflets and offer training too), either ring Drinkline or search on the Alcohol Concern web site for your town or city.

Training resources

A key skill for this work is motivational interviewing, either in its 'pure' form for those involved in counselling or in an adapted short form for those doing opportunistic brief interventions. As this approach does differ in style from some of the nursing, medical or social work interventions that may be in use in other areas of an agency, it is suggested that, as a minimum, all staff using brief forms of motivational interviewing receive at least one full day's training and those using motivational interviewing in counselling work receive 2–3 days' training. Experience shows that shorter training events are inadequate to develop competency and confidence in most drug workers.

There are a number of ways to access training:

- the DrugScope web site lists local training providers. It doesn't specify which run courses on brief interventions, motivational interviewing or cognitive-behavioural therapy, but contact details are provided
- various agencies such as HIT and Mainliners run a national training programme that includes courses on motivational interviewing and on cognitive-behavioural therapy
- the Motivational Interviewing web site has a list of members of the Motivational Interviewing Network of Trainers with information on how to contact them to run in-house training. It also lists open training events
- Drug Action Teams may be able to help, either by running their own programmes or knowing about local provision.

See page 15 for full details of web site and contact addresses.

Further information

References

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HEATHER N (2001) Brief interventions. In: Heather N, Peters T, Stockwell T (eds) *International Handbook Of Alcohol Dependence And Problems*. Wiley, Chichester.

STEIN MD, CHARUVASTRA A, MAKSAD J and ANDERSON BJ (2002) A randomised trial of a brief alcohol intervention for needle exchangers (BRAINE). *Addiction*, **97**(6), 691–700.

Texts on delivering brief interventions

PETERSON T and MCBRIDE A (2002) *Working with Substance Misusers: a guide to theory and practice*. Routledge, London.

ROLLNICK S, MASON P and BUTLER C (1999) *Health Behaviour Change: a guide for health professionals*. Churchill Livingstone, Edinburgh.

Useful addresses

Alcohol Concern: fact-sheets on alcohol, briefings on assessment and brief interventions, directory of alcohol services

Waterbridge House

32–36 Loman Street

London SE1 0EE

Tel: 020 7928 7377

Email: contact@alcoholconcern.org.uk

www.alcoholconcern.org.uk

DrugScope: fact-sheets on alcohol and drug interactions, listings of local training providers and Drug Action Teams

Waterbridge House

32–36 Loman Street

London SE1 0EE

Tel: 020 7928 1211

Email: services@drugscope.org.uk

www.drugscope.org.uk

HIT: cards featuring information on alcohol and national training programme on motivational interviewing and cognitive-behavioural therapy

Hanover House

Hanover Street

Liverpool L1 3D2

Tel: 0870 990 9702

Email: stuff@hit.org.uk

www.hit.org.uk

Motivational Interviewing: listing of trainers and information on training courses

www.motivationalinterview.org

Urban 75: web-based information on alcohol

www.urban75.com/Drugs/alcohol.html

World Health Organization: to download booklet on AUDIT screening instrument

www.who.int/substance_abuse/docs/audit2.pdf

Health Development Agency: to download booklet on FAST screening instrument

www.hda-online.org.uk/documents/manual_fastalcohol.pdf

Drinkline: telephone helpline

0800 9178282

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