



Alcohol Factfile

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About this resource

The Alcohol Factfile has been designed to support non-alcohol specialist staff identify alcohol use disorders, provide brief advice and recommend specialist services where suitable. This practice is commonly referred to as “identification and brief advice” (IBA). The easy and quick advice commonly consists of key stages including:

- assessment of level of use / risk
- simple feedback of lower risk advice and how their own drinking relates to it
- goal setting (where ready) and some suggested simple material / techniques to succeed

With 1 in 4 people drinking above safe limits and alcohol related deaths being more likely in areas of higher deprivation, NHS Manchester have been rolling out a series of alcohol IBA training for health, social care and third sector staff. The training aims to support staff to under the key IBA stages, have an awareness of what approach is most helpful for people thinking about change and be able to highlight the reciprocal benefits to other goals/targets around health, safety and social well-being.

To support knowledge and skills development, the alcohol IBA training and the Alcohol Factfile have been designed with the Drug & Alcohol National Occupational Standards (DANOS) in mind. DANOS competencies are in line with mainstream health and social care standards, as well as NVQs/SVQs.

If you would like further training or support around alcohol identification and brief advice please do not hesitate to contact our training support team.

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Quiz

1. Alcohol is a stimulant drug

TRUE FALSE

2. The alcohol content in different drinks is described in units of alcohol but what does a unit of alcohol represent?

- a) one drink
- b) the strength of a drink
- c) the size and strength of a drink

3. Red wine is good for the heart

TRUE FALSE

4. Can you think of 3 problems associated with “pre-loading” (drinking at home / at a friend’s before going out)?

- i)
- ii)
- iii)

5. Which of these drinks contains the same amount of calories as a doughnut?

- a) a large glass of wine
- b) a bottle of alcohol free lager
- c) a small single measure of gin

6. Drinking regularly and heavily reduces the body’s stores of which important vitamin?

7. How long does it take a healthy liver to break down one unit of alcohol?

- a) one hour
- b) two hours
- c) depends on the person

8. How many people would need to be offered brief advice before one reduces the lower risk levels?

- a. 1 in 8
- b. 1 in 20
- c. 1 in 100

9. After drinking more than double your lower risk limit in one sitting, how long should you allow before your next alcoholic drink?

Bonus Questions!

10. It is against the law to sell alcohol to someone who is already drunk

TRUE FALSE

11. It is legal to buy beer, cider or wine on behalf of 16 and 17 year olds with a table meal

TRUE FALSE

Identification and brief advice

What is 'identification and brief advice'?

The potential risks and actual consequences of alcohol use disorders brings people into contact with a wide range of non-alcohol specialist staff. These opportunistic moments can be used to target patients / clients by:

- Identifying alcohol use disorders and making links to the presenting problem
- Offering brief advice to improve other goals or targets
- Enhancing intrinsic motivation to change drinking behaviours

Simple questionnaires have been designed to help identify the range of alcohol use disorders as well provide personalised feedback on risk. While a questionnaire cannot diagnose any condition, the total score gives an indication of risk in relation to current and potential future health and social harm. This can help structure feedback when giving brief advice.

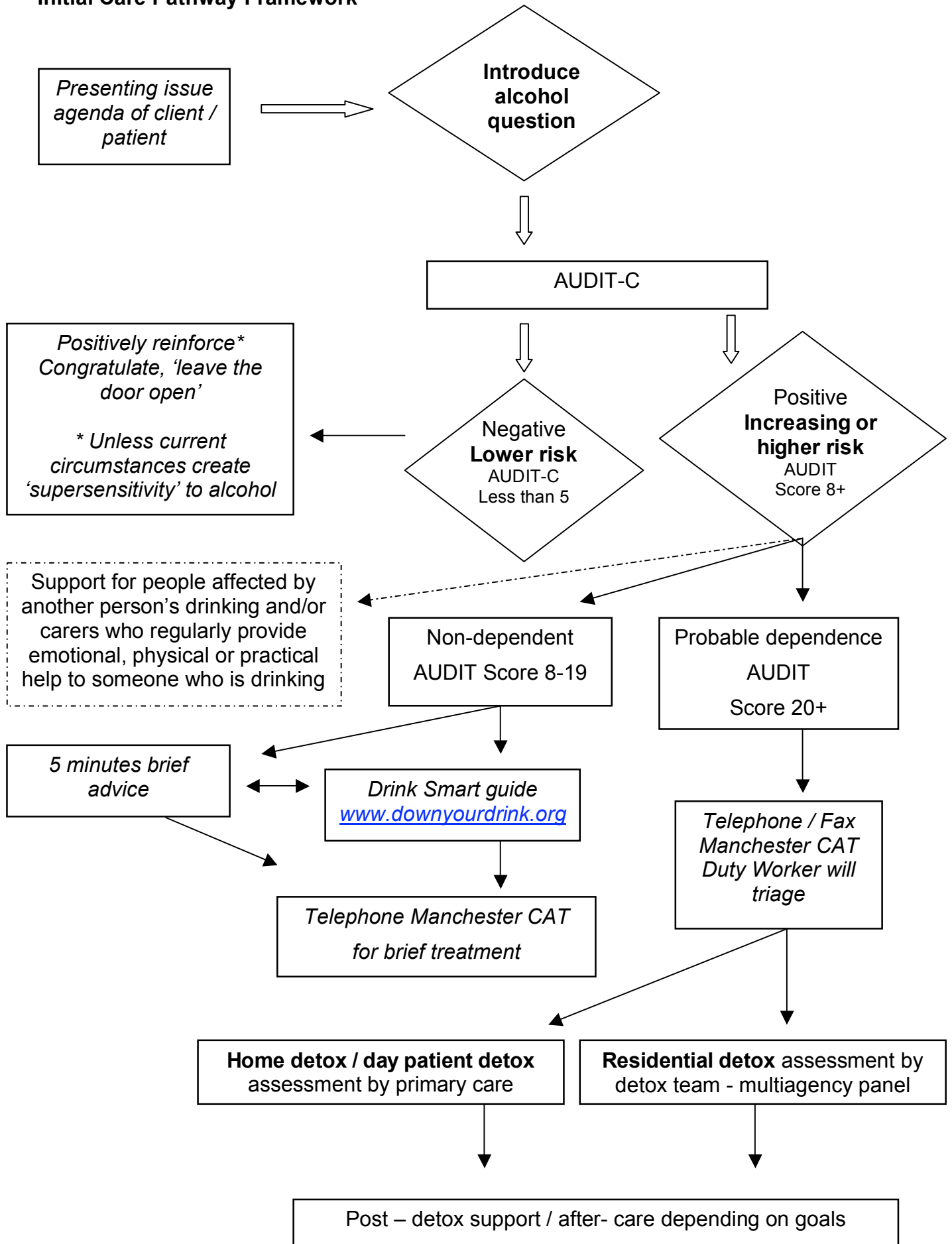
Simple brief advice (5 minutes) and brief treatment (20-45 minutes or several sessions) has been found to be effective among increasing risk and higher risk (non-dependent) patterns of drinking. People drinking dependently benefit from a comprehensive assessment with an alcohol specialist.

Conclusions from research in primary care demonstrated that **1 in every 8** "increasing risk" and "higher risk (non-dependent)" drinkers reduce to lower risk drinking levels after brief advice. This compares well to smoking cessation rates: for every 20 smokers seen, one will stop smoking.

Conclusions from research carried out in Accident & Emergency departments demonstrates that a person is **twice more likely** to moderate their drinking after receiving a brief advice than someone who does receive anything passing through.

Similar studies are currently being repeated in criminal justice settings for example through alcohol arrest referral (from custody suites) and within offender management (probation service).

Initial Care Pathway Framework



How to introduce the alcohol question(s)

It is common to hear practitioners express doubt about how truthful patients / clients are in response to the alcohol question(s). It is important to remember therefore that:

1. Most patients / clients are more likely to answer truthfully when they understand the reason behind the question(s) i.e. what's in it for me
2. The conversation style should be friendly and non-threatening
3. Public awareness of unit conversions of alcoholic drinks is still very low so phrase your alcohol question(s) in terms of "drinks" and then work out the unit contents together (this can double up as a 'teachable moment')
4. It is estimated that only 13% of people in England count up how much they drink so initially the patient / client may simply agree to keep a drink diary for a trial week

Examples

- We routinely ask all our clients whether they drink alcohol because we know it can affect their blood pressure / mood / sleep / condom use
- Did you know that some people find that changing their drinking habits can help them to achieve a healthy weight
- I think it would help to look at your drinking habits because it is common for people to drink more than usual when they aren't working
- Because alcohol use can affect many areas of health (and may interfere with certain medications), it is important for us to know how much you usually drink and whether you have experienced any problems with your drinking
- I'm concerned about your health / safety. How would you feel if we went through a 'Drink Check' questionnaire as a start?

What is alcohol?

Alcohol is a depressant drug, meaning that it temporarily slows down or switches off the control centres in the brain and central nervous system. A lot of people like drinking alcohol for these initial effects e.g. losing inhibitions, not feeling shy (i.e. feeling confident), feeling more relaxed. As a person drinks increasing amounts of alcohol, and at a faster rate than the body can break it down, the other control centres of the brain are affected such as speech, co-ordination, memory, emotions and vital signs (breathing, heart rate, consciousness).



The number of units in an alcoholic drink depends on the size of the measure or serving and the % alcohol by volume (abv) strength of the drink. The following formula is used to calculate the unit content: **abv multiplied by ml divided by 1000 = number of units**

Some common drinks

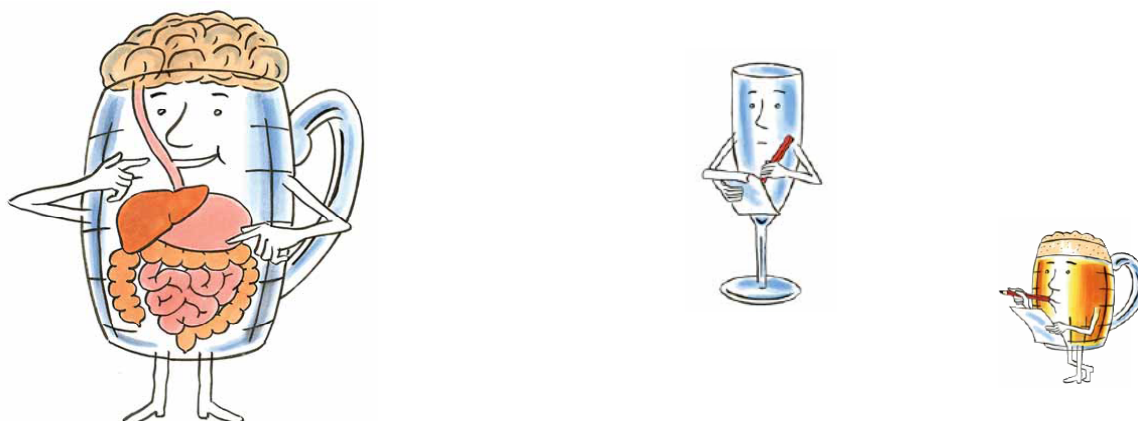
35ml measure of vodka	40% abv	1.4 units
275ml bottle of alcopop	5% abv	1.4 units
1 pint of premium lager	5.2% abv	3 units
250ml glass of wine	14% abv	3.5 units
500ml can of super strength lager	9% abv	4.5 units
1 litre of strong cider	7.5% abv	7.5 units
750ml bottle of wine	14% abv	10.5 units
70cl bottle of spirits	40% abv	28 units

Lower risk levels

- Adult men should not regularly* drink more than 3-4 units in one day
- Adult women should not regularly* drink more than 2-3 units in one day
- Pregnant women and those trying to conceive should avoid drinking alcohol altogether and never more than 1-2 units once or twice a week.

*Regularly here means most days or every day. The NHS gives daily limits to make it clear that you can't store up your whole week's 'allowance' until the weekend and be 'risk-free'.

There are additional times or situations where these lower risk levels do not apply e.g. before driving or operating machinery, before or during work, while taking certain medicines, when experiencing certain health conditions (including Alcohol Dependency Syndrome).



In 1995 there was a review of the “Sensible Drinking Guidelines”. Daily benchmarks replaced the weekly benchmarks on the grounds that “weekly consumption can have little relation to single drinking episodes and may mask short term episodes of heavy drinking which correlate strongly with both medical and social harm”.

There have been concerns that in the absence of two alcohol free days each week, the daily benchmarks represent a **50%** rise on the previous weekly benchmarks for women and a **33%** increase on the previous weekly benchmarks for men (British Medical Association and Royal Colleges of Physicians, Psychiatrists and GPs).

Definitions of alcohol use disorders

Alcohol use disorders cover a whole range of drinking patterns. The thresholds for 'risk' or 'harm' are often lower than people expect. Research suggests that non-alcohol specialist staff are less likely to identify alcohol use disorders among:

- Professionals
- Women
- Black and minority ethnic groups
- Over 50s
- "Patients / clients who drink the same as me or less"

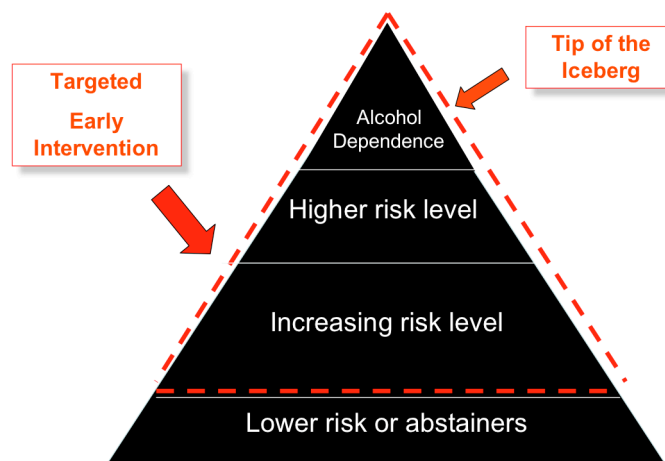
Increasing risk levels

Regularly drinking above lower risk levels but less than 50 units in one week for men and less than 35 units in one week for women. Continuing at these levels increases the likelihood of future health and social harm including alcohol dependency.

Higher risk levels

Regularly drinking above lower risk levels - more than 50 units in one week for men and more than 35 units in one week for women. It is common for people to experience health or social harm without realising the relationship to alcohol. Higher risk drinking levels can occur with and without any evidence of Alcohol Dependency Syndrome.

Spectrum of alcohol use disorders



Single Alcohol Screening Question (M-SASQ)

Useful when you only have time to ask one question.

How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

Scores:

Lower risk drinking = a total of 0-1

Congratulate and positively reinforce continuing at lower risk drinking levels.

Increasing or higher risk drinking = a total of 2-4

Offer feedback and brief advice / referral on where necessary. See page 16.

AUDIT-C

Useful as an initial filter to guide whether full AUDIT questionnaire is needed, saving time for both the practitioner and the client who are within lower risk levels.

Please circle the answer which best applies to you:

1. How often do you have a drink containing alcohol?

- (0) Never
- (1) Monthly or Less
- (2) 2-4 times a month
- (3) 2-3 times a week
- (4) 4 or more times a week

2. How many units of alcohol do you have on a typical day when you are drinking?

- (0) 1 or 2
- (1) 3 or 4
- (2) 5 or 6
- (3) 7 - 9
- (4) 10 or more

3. In the last six months, how often have you had more than 6 on any one occasion if female or more than 8 units if male?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

If score less than less than 5, congratulate and positively reinforce continuing at lower risk drinking levels. If score + 5 = explain you would like to complete full AUDIT, only 7 more questions, for a clearer picture.

Full AUDIT questionnaire

1. How often do you have a drink containing alcohol?

- (0) Never
- (1) Monthly or Less
- (2) 2-4 times a month
- (3) 2-3 times a week
- (4) 4 or more times a week

2. How many units of alcohol do you have on a typical day when you are drinking?

- (0) 1 or 2
- (1) 3 or 4
- (2) 5 or 6
- (3) 7 - 9
- (4) 10 or more

3. In the last six months, how often have you had more than 6 on any one occasion if female or more than 8 units if male?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

If score less than 5, congratulate and positively reinforce continuing lower risk drinking levels.

If score + 5 = explain you would like to complete full AUDIT, only 7 more questions, for a clearer picture

4. How often during the last year have you found that you were not able to stop drinking once you had started?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

If score + 1 on questions 4-6 We know that people scoring highly in this section may have current or emerging alcohol dependence (“dependent drinking”).

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

- (0) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year

10. Has a relative or friend or doctor or other health worker been concerned about your drinking or suggested you cut down?

- (0) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year

If score + 1 on questions 7-10 We know that people scoring highly in this section are drinking at higher risk levels. This means there will be benefits to reducing drinking levels to your health.

Total SCORE _____ / 40

Simple brief advice

Simple brief advice is aimed to be deliverable in 5 minutes following completion of a questionnaire. Since the goal here is to identify risk at the earliest opportunity, for some people it may be the first time he/she has ever thought about their drinking (*pre-contemplative*). For others, it may trigger an internal 'argument' of whether to 'stay the same' or 'make a change' (*contemplative*). There will also be some people who have already been thinking about it and your intervention will nudge a decision to cut down or have some time off (*action*).

Simple brief advice should also include feedback on scores with suggested information that can be taken away:

Score 0 -7 Lower risk levels

Positively reinforce unless other circumstances create 'supersensitivity' to alcohol. Congratulate and 'leave the door open'.

Score 8-15 Increasing risk levels

Feedback on scores, benefits to making changes to presenting circumstances and suggested information to take away e.g. Drink Smart guide.

Score 16-19 Higher risk levels

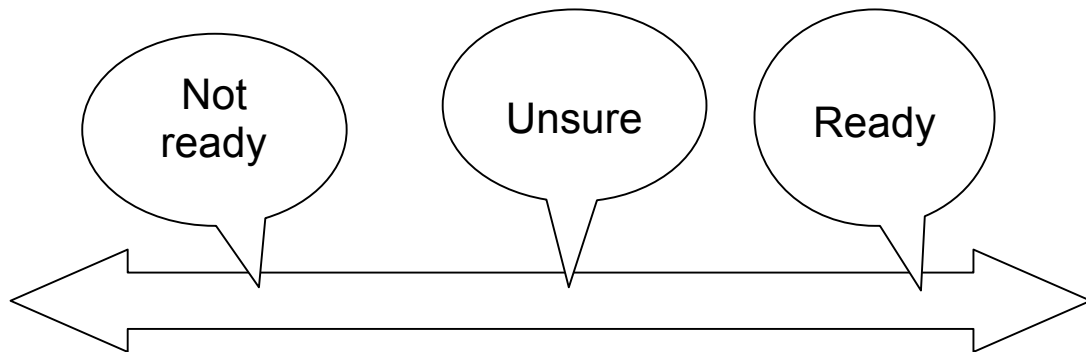
Feedback on scores, benefits to making changes to presenting circumstances and suggested information to take away e.g. Drink Smart guide. A certain number of people will also benefit from brief treatment so it is a good idea to highlight additional services available.

Score 20+ Higher risk levels with possible dependence

Brief advice with suggested self-help material has not been found to be effective at this level. Feedback on scores should include suggested referral to see alcohol linkworker for specialist assessment.

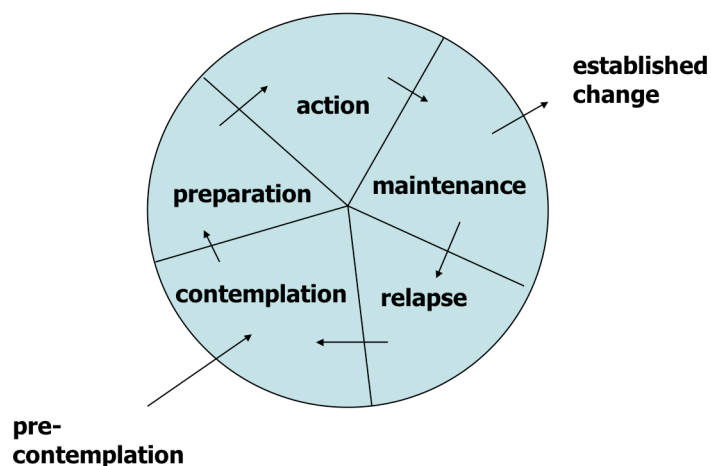
Working with motivation

Motivation to change any lifestyle can vary within the same day or over a week so it is important to match the topic of conversation to the readiness to change of the client.



In *pre-contemplation*, the person often has not reached a certain threshold for the issue to feel important to them yet. In *contemplation*, the issue is gaining increasing importance but is also influenced by how confident the person feels they will succeed if they 'have a go'. In *action*, people feel the issue has a high enough importance to them to do something and also they feel confident enough that they will succeed / get the support of others when they make a start. See appendices for more conversational tools.

Empathise with stage of change



Source: Prochaska & DiClemente, 1986

The challenge for practitioners is to pay close attention to matching (being congruent) with the readiness to change of the client. We can all hold dangerous assumptions about a patient/client's readiness to change, which can become a barrier to accurate matching (congruence). There is then more likelihood that the client will disengage (either passively head nodding or actively not attending the follow-up appointment).

Short-term benefits of reduced drinking

There may be small changes that a person is willing to make even though they may not be ready to reduce how much or how often they drink. For example, it may be worthwhile to discuss safety and vulnerability to build in protective factors even if the person isn't ready to reduce actual unit intake. People are also more likely to consider behaviour change when they identify a potential benefit to other personal goals, personal values or individual needs. Here are a few examples:

Personal safety

- Retain natural feelings of fear and caution e.g. get a trusted taxi home, stay together with friends
- Turn cookers off / grills off and extinguish cigarettes safely at home (one in three fires in Manchester are alcohol-related, particularly amongst single men)

Sexual health

- Have pleasurable and safe sexual experiences, not regretted the next day
- Remember to use condoms and / or use them correctly
- Give consent and understand when consent has been given

Alcohol and drugs

- Stay on track - resist offers to 'have one last smoke', 'just one line', 'try something new'
- Avoid premature heart problems caused by 3rd toxic product of cocaine + alcohol (cocaethylene) = pressure on heart + liver
- Break cycle of 'coming down' - using one drug to ease the after effects of another drug
- Reduce risk of methadone refusal when blood alcohol level is contraindicated to issuing script

Alcohol, weight and exercise

- Drinking less = reduced calories
- Avoid snacking at the end of the night or the 'morning-after'
- Gain more energy to exercise through better sleep and reduced hangovers
- Stick to plans to exercise the 'morning-after' or replace an evening's drinking

The 'Drink Smart' guide contains lots of useful hints and tips to help the person make a personal plan of action.

Long-term benefits of reduced drinking

Regularly drinking double the lower risk levels increases the risk of certain long-term health conditions. This can be particularly useful to share with clients who are already receiving treatment for any of these conditions or for clients who know their family history and have a tendency towards developing one. High blood pressure is one very common condition which can immediately benefit from reduced drinking levels.

Condition	Risk for men	Risk for women
High blood pressure	Four times	Double
Stroke	Double	Four times
Coronary heart disease	1.7	1.3 times
Pancreatitis	Triple	Double
Liver disease	13 times	13 times

Other conditions	Benefit
Epilepsy	Increased periods seizure free
Cancer	Reduced risk of breast, bowel, mouth and throat cancer
Diabetes	Increased control over blood sugar levels especially reduced risk of 'hypos' and reduced risk of peripheral neuropathy
Falls	Reduced risk of falls and increased sense of control

The liver is the largest organ in the body and has over 100 functions including storage of important nutrients and vitamins as well as the metabolism of toxins including alcohol. After drinking, the liver breaks down 90% of the alcohol at an average rate of one unit every hour (a healthy liver). Damage to the liver can occur without feeling any pain because the organ itself does not have a large nerve supply. There are three stages of liver damage: fatty liver (stage one), inflamed liver (stage 2), and cirrhosis (stage 3). The liver can repair itself if drinking habits change at stage one and stage two.

Liver function tests (LFTs) can show how busy the liver has been working or whether it is recovering but should not be used to identify alcohol use disorders. With regular heavy drinking, the size of red blood cells in the body enlarge and this can also be checked by measuring the "Mean Corpuscular Volume" (MCV).

Alcohol Dependency Syndrome

Alcohol is an addictive drug both psychologically and physically. With time and regular use, 'tolerance' increases which means that more and more alcohol is needed to feel the old effect. Psychologically alcohol can become repeatedly associated with certain situations, certain times of the day or week or certain moods and feelings. Thoughts for an alcoholic drink often become more frequent and also more intense.

The more heavily someone drinks on a daily basis, or drinks heavily in a binge over 3 or 4 days, the more likely they are to develop physical withdrawal symptoms when they cut down or stop. When Alcohol Dependency Syndrome is well established, withdrawal symptoms arrive rapidly within a 24 hour cycle. The person may only need to go without alcohol for 6-8 hours before they start to feel unwell and need to drink alcohol just to avoid or relieve symptoms (hence relief drinking cycle / drinking on wakening).

The physical withdrawal symptoms range from mild discomfort to severe and life threatening complications. Common mild withdrawal symptoms include shakes, sweats, dry heaving, anxiety and insomnia in the first 72 hours. Severe symptoms include seizures/convulsions and hallucinosis. Complications can occur such as Delirium Tremens (DTs) as well as Wernicke's Encephalopathy. For safety reasons, people drinking at dependent levels are not advised to suddenly cut down or stop without medical help but are advised to continue to drink alcohol at a stable (yet harmful) level.

International Classification of Diseases - Diagnosis of Alcohol Dependency Syndrome

Evidence of three or more of these symptoms in the last 12 months:

- a) a strong desire or sense of compulsion to drink alcohol;
- (b) difficulties in controlling drinking in terms of starting, stopping, or levels of use;
- (c) a physiological withdrawal state when stopping drinking or trying to cut down;
- (d) evidence of tolerance where increased doses of alcohol are required in order to achieve effects originally produced by lower doses;
- (e) progressive neglect of alternative pleasures or interests because of alcohol use
- (f) continuing to drink despite experience of harmful consequences

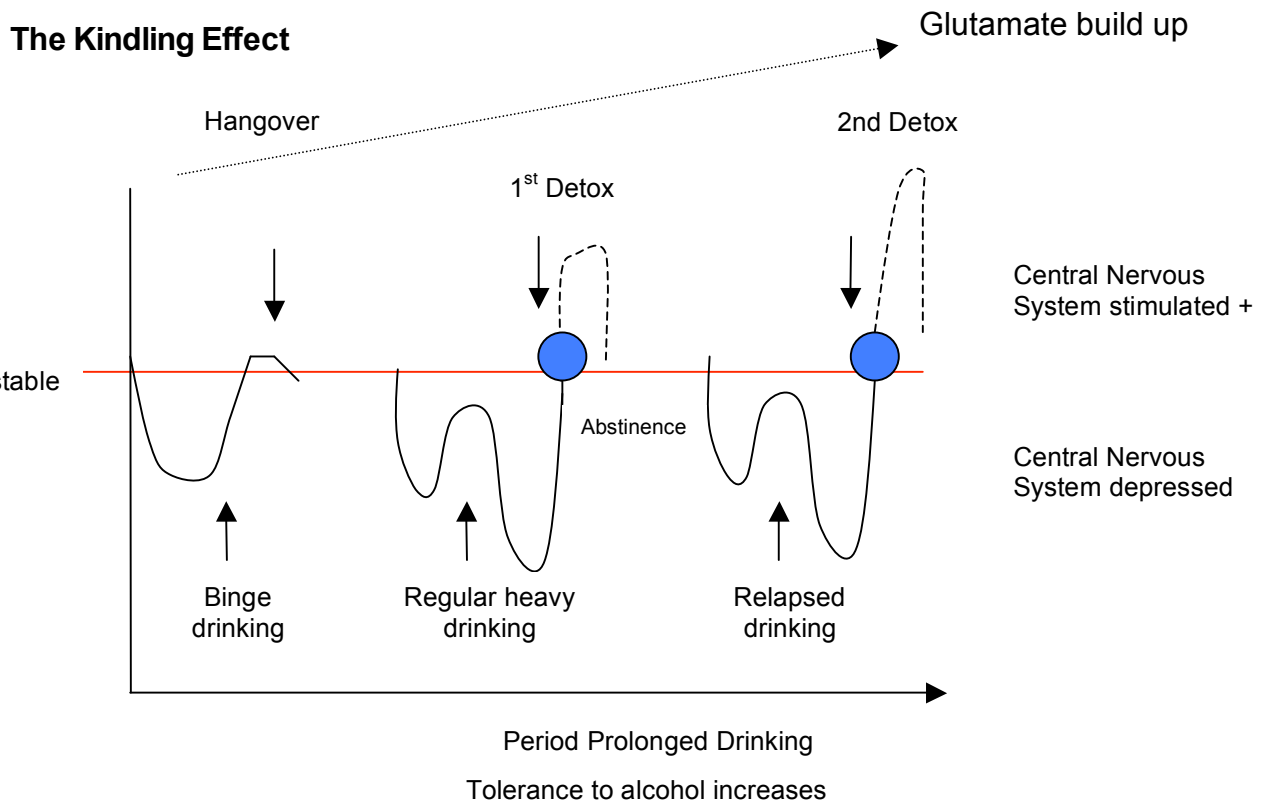
Managing physical alcohol dependence

Brief advice has only been found to be effective with increasing risk levels and non-dependent higher risk drinking patterns. Where alcohol dependence is emerging or already established, a more comprehensive and specialist assessment should be offered. An alcohol specialist will assess the level of physical and/or psychological withdrawal experienced by the patient / client, their level of motivation, their future goals, and if necessary, what type of alcohol detox will be suitable to optimise their safety and success.

Alcohol withdrawal is a profoundly unpleasant and potentially life-threatening condition so a detox aims to ensure the person's safety and provide a relatively comfortable and non-stressful return to a non-dependent state. A percentage of people are at risk of more serious complications, such as Delirium Tremens, withdrawal seizures and Wernicke's Encephalopathy. The Severity of Alcohol Dependence Questionnaire (SADQ) or Leeds Dependence Questionnaire (LDQ) is often used to help assess the severity of dependence (see appendices for a copy of the Leeds Dependence Questionnaire).

Alcohol Detox is a clinically managed process where a physically dependent person is weaned off alcohol over 7-10 days by substituting it for a similar drug (drug of choice is usually Chlordiazepoxide /Librium®). At the end of this period the person is neither alcohol nor drug dependent. Regular observations should be undertaken each day using a validated withdrawal rating scale such as the "CIWA-ar" (Modified CIWA-ar – see appendices) to monitor the efficacy of the prescribed medication and identify any signs of 'breakthrough' symptoms as soon as possible. Anyone undergoing alcohol detox must also be routinely prescribed Thiamine and Vitamin B complex. Thiamine may be given orally or by injection (IM or IV) depending on a nutritional risk assessment for Wernicke's Encephalopathy. Vitamin B levels, particularly Thiamine (B12), become very low as the liver uses up Vitamin B to help break down the alcohol. The initial acute phase, which can be treatable, is known as Wernicke's Encephalopathy. If not treated, or not treated in time, a type of dementia (Korsakoff's) can result.

There is evidence to suggest that repeatedly undergoing alcohol detox can have detrimental effects, both psychologically and physically. The physical effect of repeat detoxification has been termed the "kindling effect".



Repeat withdrawal/detox from alcohol can cause a build of a glutamate, an excitatory brain chemical. Increased glutamate levels in the brain are thought to contribute to the intensity of cravings and the severity of withdrawal symptoms. Cravings can become so intense the person can't think of anything else but the taste or smell of alcohol. Severity of withdrawal symptoms can worsen and the person starts to experience seizures (otherwise known as fits).

Levels of glutamate have not yet been found to 'normalise' following detox or stopping drinking; this has been called the "kindling" effect. Similar to the "kindling" that can be seen in a dwindling fire when it is always ready to ferociously blaze again. Patients / clients recognise this when they have relapse, wake up with severe withdrawal symptoms and return to a relief drinking cycle. This is called a "rapid reinstatement of withdrawal".

In the best interests of the client, both for reaching their goals as well as for their safety and well-being, the number of alcohol detoxifications should be minimised and therefore be considered within a longer-term package of care and support.

Alcohol services



Menu of options

If my goal is to reduce drinking or I want to explore my goals:

<i>Prefers 1:1</i>	<i>Prefers group</i>	<i>Does not want referral at this time</i>
Community Alcohol Team	Zion Alcohol group	Use drink diary for monitoring or Drink Smart self-help guide
	Frank Cohen support group	Practitioner telephone advice

If I need a detox:

<i>Detox assessment</i>
<p>Community Alcohol Team</p> <ul style="list-style-type: none"> • The duty worker will triage potential detox clients by telephone • If a home detox is suitable, clients will be referred to an Alcohol linkworker • If day patient detoxification is suitable, clients will be referred to the Brian Hore Unit • If a residential detox is needed, clients will be referred to the Detox Assessment Clinic <p>Residential alcohol detox in Manchester is currently taking place in treatment units outside of Manchester. An after-care plan is put in place prior to the detox depending on the client's goals. Day patient detox is available at the Brian Hore Unit.</p> <p>While there is no equivalent to Methadone in alcohol treatment, there are two types of pharmacological treatment available to support abstinence: Disulfiram (Antabuse®) and Acamprosate (Campral®). Both of which should not be used without additional psychological interventions. Disulfiram produces a sensitivity to alcohol which results in a highly unpleasant reaction when the patient under treatment ingests even small amounts of alcohol. Acamprosate is thought to reduce the 'craving' that is experienced by alcohol dependent clients (reducing increased glutamate levels). Acamprosate should be initiated within 72 hours of alcohol withdrawal.</p>

If my goal is to maintain abstinence:

<i>Prefers 1:1</i>	<i>Prefers group</i>	<i>Does not want referral at this time</i>
Community Alcohol Team	Brian Hore Unit	Practitioner telephone advice
	Alcoholics Anonymous	
	Zion Alcohol Group	
	Frank Cohen support group	
	A.D.A.S (requires community care assessment for funding)	

If I am affected by someone else's drinking or regularly provide care for someone whose drinking causes them problems* e.g. partner, friend, relative:

* Most partners, relatives or friends do not identify themselves as "carers" so will not identify with questions such as "are you a carer?" or "would you like a carer's assessment?"

<i>Prefers 1:1</i>	<i>Prefers group</i>	<i>Requires carer's assessment</i>
Family & Carer's Support Worker	Manchester Alcohol & Drugs Focus Group	Manchester City Council Adult Social Care Contact Centre
	Manchester Carers' Centre	
	Manchester Carers Forum	
	Adfam	

Individual needs / personalised support

<i>Identified need / circumstances</i>	<i>Service</i>
Under 19 years of age	Eclipse 0161 273 6686
Advice on drugs and alcohol issues for Black and Minority Ethnic (BME) people of all ages.	BME Drugs and Alcohol Helpline 0161 232 5395 Advisors available in English, Urdu, Punjabi, Bangla, French, Patios, Swahili, Luganda, Italian, Portugese and Shona.
Family interventions for parent(s) misusing alcohol and/or drugs and the children of parent(s) misusing alcohol and/or drugs	Eclipse Family Service 0161 273 6686
Children of parent(s) misusing alcohol and/or drugs	Turning Point Basecamp 0161 839 8829
A child or young person is at immediate risk from a parent or carer who appears to be incapacitated by substance misuse and you cannot otherwise safeguard them	You should report without delay to the police service as a 999 emergency and contact the Manchester Contact Centre. 0161 255 8250
Detox assessment	Community Alcohol Team 0161 882 1300
Pregnant or thinking about conceiving	Specialist midwifery service 0161 226 6669
Co-existing mental health or illicit drug problem	Dual Diagnosis Service 0161 720 2005 Brian Hore Unit Psychiatric Out-Patients Clinic 0161 217 4166 Mental Health Services Single Point of Contact 0161 276 6155
Suspected cognitive impairment /alcohol related brain damage	Refer to GP for assessment and/or refer to the Brian Hore Unit's consultant psychiatrist 0161 217 4435. Assess immediate risk and consider referral for community care assessment 0161 255 8250
Seeking dry accommodation or residential rehabilitation	All assessments for residential rehabilitation and the Minimum Support Network are carried out by Adult Social Care 0161 255 8250

Police Custody (Bail Condition) or Magistrates Courts: Alcohol Treatment Requirement	Manchester Community Alcohol Team - Criminal Justice Alcohol Workers 0161 882 1300
Currently in custody HMP and seeks follow-up support on release (returning to Manchester City Council boundaries)	Manchester Community Alcohol Team 0161 882 1300
Seeking support to remain at home eg. home care	Adult Social Care (the Alcohol Care Managers from 18-64 or Older People's Adult Social Care team 65+) 0161 255 8250
Seeking support to reduce harm whilst continuing to drink	Drop-in "Booth Centre", Drop-in "Cornerstones", "Heavy Drinkers Project", Mary and Joseph House
Single Irish Men	People First Community Support Service 0161 226 1917
Dedicated support for lesbian, gay, bisexual and transgender men and women	Brian Hore Unit LGBT support group 0161 217 4435
Dedicated support for men or women only	Brian Hore Unit support group 0161 217 4435
Homeless outreach work whilst continuing to drink	Counted-In 0161 835 5920
Homeless and needing temporary accommodation	Women's Direct Access: 0161 219 6050 Men's Direct Access: 0161 273 7306
Suffering from domestic abuse	Consider risk assessment and safety plan Women's Domestic Abuse Helpline 0161 636 7525 Male Advice and Enquiry Line 0808 801 0327
Dedicated support for over 50s – general advice, home safety, repairs, personal support, counselling	Manchester Care and Repair 0161 872 5500 Age Concern Manchester 0161 205 3851
Problems observed by you, a client, a relative/carer of a client, or a local resident regarding a pub, club, bar, off-licence, supermarket	Please email or fax to Public Protection Team Email EnvH.Licensing@manchester.gov.uk Fax 0161 274 7245

Citywide alcohol services

Manchester Community Alcohol Team 5th Floor, Mauldeth House, Manchester M21 7RL
Tel: 0161 882 1300 Fax: 0161 882 Web: www.manchestercat.org Monday – Friday, 9am - 4pm. The team combines both Alcohol Primary Care Linkworkers (NHS) and Alcohol Care Managers (Adult Social Care). A duty officer is available to take referrals, enquiries, and offer telephone consultation to staff from other agencies. *Telephone, fax or post referral*

Alcohol Linkworkers are accessible city wide offering weekly/fortnightly clinics in GP surgeries or at nearby Health Centres. It is a confidential service offering up to 6-8 sessions on a 1:1 basis for anyone aged 16 +. A service is offered to individuals who want to explore their goals, people who want to cut down or give up drinking (brief treatment), as well as sign-posting for people who are affected by other people's drinking.

Alcohol Care Managers offer assessment to adults 18-64 who have alcohol problems and commission social care services to meet assessed needs. They also see carers of problem drinkers to complete carers' needs assessments. The team also has management responsibility for a "dry" dispersed minimal support housing network for men. Referrals are made through the Contact Centre Tel: 0161 255 8250 (24 hour referral line).

Manchester residents who may require a detox will be assessed by telephone initially and referred to an Alcohol Linkworker (home detox) or the Detox Assessment Clinic (Alcohol Linkworker + Alcohol Care Manager).

North Linkworkers

Christian Pickford, Marion Rowbottom

Central, East and West Linkworkers

Darren Hill, Pat Bardsley, Michelle Cunningham, Karen Checksfield, Mark Merchill

South Linkworkers

Paula Shelmerdine, Emma Earley, Jean Horrocks (Floating Cover)

Primary Care Alcohol Trainer

Louisa Wall

Brian Hore Unit – Alcohol Day Treatment Service Elizabeth Slinger Road, Withington, Manchester M20 2LR. Nurses Tel: 0161 217 4435 Reception Tel: 0161 217 4166 Fax: 0161 217 2936. Open 365 days a year, Mon- Fri 9am to 8pm, Sat and Sun 9am-3.30pm. NHS service open to Manchester residents. Self-referral to nurse clinic. The service supports individuals who are maintaining long term abstinence or who are working towards long term abstinence.

The unit provides daily support groups, a structured programme, one-on-one counselling, drop-in centre, out-patient detoxification, specialist prescribing, and supervision of Antabuse. Single sex support groups are available as well as a new lesbian, gay, bisexual and transgender support group. Individuals experiencing both alcohol problems and co-existing mental health problems can be referred to the Brian Hore Unit's consultant psychiatrist and seen in the out-patient clinic (referral by health professional or GP). *Telephone, fax or post referral*

Dual Diagnosis Service Beech Ward, Park House, North Manchester General Hospital, Delaunays Road, Crumpsall, Manchester M8 5RB Tel: 0161 720 2005 Fax: 0161 720 2770 Mon-Fri, 9am-5pm not including bank holidays. Offer advice and interventions to help clients cut down or abstain from substance use (including alcohol). Referral forms available on request. *Telephone, fax or post referral*

Manchester Specialist Midwifery Service Zion Community Resource Centre, 339 Stretford Road, Hulme, Manchester M15 5FQ. Tel: 0161 226 6669 Fax: 0161 226 7126. Mon-Fri 9am-5pm not open bank holidays. The Manchester Specialist Midwifery Service is a team of midwives who provide specialist support to women and their families around issues of drugs, alcohol, and HIV. They offer advice regarding the effects of drugs and alcohol on mother and baby and on sexual health issues. *Telephone, fax or post referral*

Alcohol Specialist Nurse Liaison Service Accident & Emergency Department, MRI, Oxford Road, Manchester M13 9WL Pager: 07659531974 or MRI Switchboard - 0161 276 1234. Brief advice clinic is available to patients (+ 16 years old) whose admission was alcohol related. Liaison service and out-patients clinic available between Mon-Fri 8am-4pm. Acute hospital staff can also access telephone advice on alcohol related conditions including Alcohol Dependency Syndrome.

Eclipse – Under 19s alcohol and drug service Tel: 0161 273 6686 Mon-Fri 9.30am-5pm, not including bank holidays. Eclipse provides a range of interventions to children and young people under 19 years of age who use or misuse substances, or who are at risk of using or misusing substances. Eclipse provides interventions from two teams: (a) The Early Intervention and Outreach Team and (b) The Care Management Team. Diversionary activities are also provided.

Eclipse – Family Service Tel: 0161 273 6686 Mon-Fri 9.30am-5pm, not including bank holidays. The team is made up of one parent's worker, two young peoples practitioners and a family therapist. We work with the whole family: delivering parenting / family programmes, working with children individually and in group settings to increase protective factors and resilience for children and families affected by substance misuse, reducing harm to children and young people of problem drug and alcohol users, delivering family therapy. The family service works within a multi agency care plan adopt a systemic approach to support families to function more positively.

Turning Point Basecamp Tel: 0161 839 8829 Support for young people aged between 8-18 affected by alcohol problems in the home. We support young people through group and 1:1 work in coping with parental alcohol use. We help young people reintegrate into education, training, employment, and their local community.

Wentworth House, 8 Westminster Road, Ellesmere Park, Manchester M30 9HF. Telephone Tel: 0161 707 7366. Telephone service Monday – Friday, 9am-5pm. Wentworth House is a unit designed for individuals with alcohol dependency and complex needs offering in-patient and out-patient services. For both in-patient and out-patient groups, the service offers mental health assessments, a care programme approach, one to one counselling, men & women's groups and family/carer through groups and clinics. Referrals are accepted from specialist services, consultant psychiatrist, and Community Mental Health Teams.

Frank Cohen Support Group 233 Moston Lane, Moston, Manchester M9 4HE. Telephone Tel: 0161 205 7508. Opening times are Monday – Friday, 9am-12.30pm. Offers drop-in, non-judgemental support help and advice to people with dependency problems and signposting to other services.

Zion Alcohol Group Zion Community Resource Centre, 339 Stretford Road, Hulme, Manchester M15 4ZY. Tel Helpline: 0161 226 5412 www.zioncentre.org.uk Referrals are accepted by agencies and by self-referrals.

Alcoholics Anonymous, Suite A, 4th Floor, St Margarets Chambers, 5 Newton Street, Manchester M1 1HL. Tel: 0161 236 6569. Telephone Helpline open 11am - 11pm, 7 days a week. Answerphone service at other times. Offers a number of AA meetings across the city. This is no referral procedure. People contacting the AA get a list of meetings and go to meetings they choose. Please note no AA meetings are held at the office base, this houses the help line only.

Alcohol and Drug Abstinence Service (A.D.A.S.) 483 Buxton Road, Stockport SK2 7HQ. Tel: 0161 484 0000. www.adas-uk.org ADAS offers reduction and motivation counselling (RAMP), working with people still using alcohol but with a clear desire to stop, structured day programme, 6-week family therapy programme. Applicants would require assessment for funding through the Alcohol Care Managers Team (referrals through the Contact Centre 0161 255 8250).

Family and Carers Support Worker Glentop House, Pimblett Street, Manchester M3 1FU. Tel: 0161 819 2020 Fax: 0161 837 3378. This is a dedicated service for relatives, friends or neighbours who are concerned about some else's alcohol or drug use. Appointments are held on a one-to-one basis at a local NHS Health Centre. Time is provided to discuss how your life has been affected, what support options are available to you as a concerned relative, friend or neighbour and also advice and information about alcohol and drugs and treatments available.

Manchester Carers' Forum & Young Carers' Forum Tel: 0161 819 2226, Mon-Fri 9am-5pm, not including bank holidays. www.manchestercarersforum.org.uk) Provides a forum for all carers' and former carers' who are/were caring for somebody in Manchester

Manchester Alcohol and Drug Focus Group Manchester Carers Centre, Beswick House, Beswick Row, Millar Street, Manchester M4 4RP Carers' Line Tel: 0161 835 2995. The aim of the Focus Group is to support carers of people with the dual difficulties of alcohol, drugs & mental ill health through promoting the health and well being of carers, promoting and publicizing the rights of carers to have a carers assessment, sign posting carers to relevant services.

Manchester Carers' Centre, Beswick House, Beswick Row, Millar Street, Manchester M4 4RP Carers' Line Tel: 0161 835 2995, Mon-Fri 9am- 4.30pm Provides information, advice and support to carers' who live or care in the city of Manchester. The staff can provide one to one support and can act as advocate for carers'. There are also various carer groups and drop-in sections within the centre.

Booth Centre Manchester Cathedral, Victoria Street, Manchester M3 1SY. Telephone Tel: 0161 835 2499 Fax: 0161 835 3030 Web: www.boothcentre.org.uk Open to people who are still drinking and/or using drugs and works on a harm reduction model. A drop-in service with advice and a garden where people can drink their own alcohol Tuesdays and Thursdays 9am-12pm, Mondays and Wednesdays 9-10am. Full programme of structured activities including arts, catering training, sports and outdoor activities plus help to move on to education, training, voluntary work and employment.

Cornerstones 104 Denmark Road, Moss Side, Manchester M15 6JS. Tel: 0161 232 8888, Mon-Fri 10.30am- 4pm including bank holidays. Offers drop-in and support to the homeless who may be street drinkers/heavy drinkers. They have a place on the premises where drinking is permitted. Anyone can refer including self referrals.

Counted In Tel: 0161 835 5920, Mon-Fri 9am-5pm. Counted In is the lead agency delivering outreach and resettlement services to people sleeping rough in the city of Manchester. Outreach team can actively locate client, help with accommodation, access to services (GP, drug, alcohol, mental health services, resettlement team can follow on from outreach to offer long term support, move on from temporary accommodation).

People First Community Support Service Tel: 0161 226 1917 Fax: 0161 232 8422, Write to PFHA, 179 Royce Road, Hulme, Manchester M15 5TJ or email admin@peoplefirsthousing.co.uk. Sensitive floating support is provided to Single Irish Men. The service is open to men of all ages who have issues with alcohol, homelessness and maintaining their tenancy. Support on a wide range of issues such as: housing, alcohol issues, independent living, health issues, advocacy at medical appointments, as well as access to treatment services.

Citywide residential services

Turning Point Redbank Supported Accommodation Offers supported “dry” / “drug free” accommodation for anyone working on alcohol or drug issues, currently abstinent. Drug users can be on a methadone/subutex script. Self-referrals or referrals from professionals welcome. Men’s Supported Accommodation: telephone 0161 203 5615 . Mixed Supported Accommodation: telephone 0161 203 5634.

Newbury House – English Churches Housing Group 80 Daisy Bank Road, Victoria Park, Manchester M14 5GJ. Telephone 0161 224 5729. Telephone is staffed Monday - Friday, 9am-5pm. Offers dry accommodation within a structured programme. Particular services include key working, information and advice, group work, and abstinence support. Length of stay is approximately 12 months.

Wilson Carlisle House - English Churches Housing Group 172 Plymouth Grove, Longsight, Manchester M13 0AF. Telephone 0161 273 3574. Telephone is staffed Monday - Friday, 9am-5pm. Dry accommodation for men only aged 18 and over. Particular services include key working, information and advice, group work, and abstinence support. Sister house to Newbury House.

Heavy Drinkers Project 133-135 Barlow Moor Road, West Didsbury, Manchester M20 2PW
Tel: 0161 448 2210 Fax: 0161 445 5660 Web: www.greatplaces.org.uk Supported accommodation for men and women who are unable to maintain independent accommodation because of difficulties related to alcohol use. Based on harm reduction model, individual “drinking plans” are agreed with residents to stabilise their alcohol consumption, and reduce the harm caused by heavy drinking. The project has a variety of accommodation, offering different levels of support. All accommodation is long term, residents are not expected to move on. Please ring or write for an application form and to enquire about vacancies.

Mary and Joseph House 217 Palmerston Street, Ancoats, Manchester M12 6PT. Tel: 0161 273 6881 Fax: 0161 273 6874. Residential care home service staffed 24 hours. Care home for residents who have past or present mental disorders or alcohol dependency. Care programmes include alcohol reduction programmes, detoxification programmes, nutrition guidance, life-skills coaching and assistance in dealing with outside agencies. Referrals are accepted from Adult Social Care, Housing or Probation.

Bennett House 16-18 Bennett Road, Crumpsall, Manchester M8 5DX. Tel: 0161 795 4003. Staff are available Monday – Friday, 9am-5pm. Bennett House provides a safe, supportive and therapeutic environment for alcohol dependent men who have identified the need for residential support and abstinence. The residential programme is supported by a full range of communal facilities and offers many activities including social, recreational and educational opportunities. Within the home are six self-contained flats, which provide independent living with a high level of support for residents preparing to move back into the community. Applicants would require assessment for funding through the Alcohol Care Managers Team at Adult Social Care (referrals through the Contact Centre 0161 255 8250).

Morning Star Hostel. Frank Dove House, 104 Denmark Street, Moss Side, Manchester M15 6JS. Tel: 0161 868 0606, staffed 24 hours a day, 7 days a week. Temporary accommodation for homeless men who continue to drink. Alcohol is allowed in certain areas. Residents can access the building 24 hours a day. Offers temp accommodation to homeless men, significant number have alcohol problems. Referrals are made by agencies via the homelessness system and the Cornerstones Day Centre.

Greater Manchester Alcohol Service Providers

The following list of Greater Manchester Service Providers is by no means exhaustive.

Trafford C.A.T	0161 747 1841
Stockport C.A.T	0161 474 0558
Salford C.A.T	0161 745 7227
Tameside C.A.T	0161 343 1133
Bolton C.A.T	01204 380 948
Bury C.A.T	0161 253 6488
Rochdale C.A.T	01706 860033

Further reading



Binge drinking

Binge drinking is often referred to as 'drinking to get drunk' or 'drinking a lot of alcohol in a short amount of time'. Binge drinking can occur within increasing risk and higher risk levels. Despite the media portrayal, binge drinking is not exclusive to young people. In terms of risk, the Department of Health defines binge drinking as drinking more than double your daily limit in one sitting.

Binge drinking is defined as drinking more than 6 units in one sitting for women

Binge drinking is defined as drinking more than 8 units in one sitting for men

After binge drinking, it is advisable to avoid alcohol for 48 hours

Pre-loaders, people who drink at home or at a friend's before going out, are 2.5 times more likely to get into trouble later that night. It is important to consider how easy it is to drink double the lower risk levels with a lot of **popular alcoholic drinks stronger** and **measures larger** than they used to be.

2 pints of Stella 5.2%	6 units
5 bottles of Alcopops 5%	7 units
2 large glasses wine 14%	7 units
1 litre strong cider 7.5%	7.5 units
4 pints of Carling 4.1%	8 units
3 large (70ml) doubles 40%	8.4 units
2 cans super strength lager 9%	9 units
1 bottle wine 14%	10.5 units

Some people drink in a binge pattern over a couple of days e.g. Friday – Sunday, and although may not seem obviously dependent, suffer mild physical and/or psychological withdrawals from Monday – Wednesday (the first 72 hours). This can often be the start of the relief drinking cycle as alcohol is drunk earlier in the week to 'feel better' or to 'get off to sleep'. Thoughts for an alcoholic drink can also start to become more intense and more frequent.

Alcohol and pregnancy

In 2007, the Department of Health updated its advice to women about alcohol and pregnancy. The new guidance, reiterated by the National Institute of Clinical Excellence (2008) stated that **pregnant women** and **those trying to conceive** should avoid drinking alcohol altogether with particular emphasis on the first three months of pregnancy due to an increased risk of miscarriage.

Alcohol can affect:

The way the baby develops in the womb

The baby's health at birth

The child/adult's behavioural and neurological/cognitive functioning

The impact on the unborn baby varies along a continuum of harm from structural/physical differences to behavioural and neurological/cognitive impairments. Harm along this continuum varies according to the level of alcohol use (how much), the pattern (how often) and timing (when within the pregnancy). The continuum of harmful effects is called Fetal Alcohol Spectrum Disorder (FASD).

Women who do not wish to abstain should be advised to limit their alcohol use to no more than 1 - 2 units once or twice a week because this low level has not been found to harm the unborn baby. There is however strong evidence to suggest 'binge drinking' or 'getting drunk' throughout the pregnancy can be harmful to the unborn baby.

Unit awareness is crucial to helping women make informed choices about whether to drink or what to drink during their pregnancy. "1-2 units" can easily be mistaken for "one - two drinks", for example:

Strength/drink	Size	One drink	Two drinks
14% abv wine	250ml glass	3.5 units	7 units
12% abv wine	250ml glass	3 units	6 units
5% abv alcopop	275ml bottle	1.4 units	2.8 units
40% abv spirits	25ml single	1 unit	2 units
40% abv spirits	70ml large double	2.8 units	5.6 units

Fetal Alcohol Spectrum Disorder

Alcohol interferes with the normal development of the unborn baby because the fetus is totally unprotected from alcohol circulating in the blood system. The long-term effects can include intellectual disabilities caused by the impact of alcohol on fetal brain development and the central nervous system. Damage to the brain is often, though not always, accompanied by distinctive facial deformities, physical and emotional developmental problems, memory and attention deficits, and a variety of cognitive and behavioural problems (BMA Board of Science, 2007).

Advice after pregnancy

If breastfeeding, it is important to advise new mothers that the body will clear alcohol from breast milk at a rate of 1 unit every 2 hours.

Because of the nature of alcohol and its effects on concentration, reaction times, alertness, it is important to talk about the lower risk drinking levels with any new parent or guardian and raise awareness of how alcohol affects their responsive to their baby's needs.

Parents / guardians should not co-sleep with their baby in a bed, chair or sofa after consuming alcohol as this can be dangerous and even fatal.

Hidden Harm

It is recognised that the use of drugs and/or alcohol in itself may not affect a parent's capacity to look after their child. There is however clear evidence that substance misuse (alcohol and/or drugs) can have a negative impact on parenting skills and on the level of attention a parent may give to their child. Between 780,000 and 1.3 million children are affected by parental alcohol problems (Cabinet Office Strategy Unit, 2004). Statistics suggest that alcohol plays a part in around ¼ of known cases of child abuse but there are many families where the impact of a parent or carer's alcohol use is a "hidden harm".

Parental substance use should only be of concern when it adversely affects the quality of care that a child receives and consequently poses a risk to their health and development. The role of the practitioner is not to determine whether someone is dependent on drugs or alcohol but to establish the extent to which their substance use is affecting parenting capacity. See MSCB "Flowchart for responding to parental substance misuse" on page 51.

It is essential that children and young people who maybe at risk as a result of parental substance misuse be identified. This means that practitioners who work with adults and those who work with children and young people work together to identify families who are entitled to support and protection. Manchester Safeguarding Children Board has produced local guidance "Safeguarding and Promoting the Welfare of Children and Young People affected by Parental Substance Misuse Multi-agency Guidance" (www.manchesterscb.org.uk) that should be used in all contacts with children and adults as a matter of routine to determine:

- The potential that a parent or carer may misuse substances
- The potential harm to children as a result of parental substance misuse
- The potential harm as a result of an expectant mother or partner's substance misuse
- The potential harm as a result of someone who misuses substances living in a household where children also live.

A feature of this guidance is the link between the Common Assessment Framework (CAF) and any response to parental substance misuse. The CAF is a key part of delivering frontline services that are integrated and focused around the needs of children and young people. The CAF is a standardised approach to conducting an assessment of a child's additional needs and deciding how those needs should be met. The CAF Pre-Assessment Checklist is available on <http://www.manchesterscb.org.uk/> or CAF Pre-assessment Checklist.

The most effective response to children and families affected by parental substance misuse comes through routine enquiry, good communication and information sharing, joint assessment of need, joint planning and action in partnership with the family.

www.manchesterscb.org.uk

A common theme for children affected by their parents or carer's substance misuse is the child's commitment to keeping secret the family dynamic of substance misuse and their depth of understanding of these issues. There are a range of indicators that may be a warning that a child is affected by parental substance misuse. These can include:

- Being left at home alone or with inappropriate carers
- Emotional difficulties e.g., crying for no apparent reason, inexplicable feelings of anger
- School problems e.g., poor attendance, non-attendance, levels of attainment dropping, poor concentration
- Offending behaviour
- Early use of substances – minimisation of the risks associated with, or a very strong dislike of substances
- Self harming/suicidal behaviour
- Neglect and other forms of abuse, high levels of accidents in the home, possibly due to poor parental supervision
- Attachment issues and behavioural difficulties
- Feelings of gloom, worthlessness, isolation, shame and hopelessness, poor self- esteem, disempowerment
- Unwillingness to expose family life to outside scrutiny, social isolation, not taking friends home
- Tendency to keep secrets
- Developmental delay
- Role reversal and confusion e.g., protecting others, acting as a mediator and/or confidant, taking on an adult role
- Extreme anxiety and fear, fear of hostility, violence
- Family dislocation e.g., moving schools, relationship conflict, domestic abuse

Visit www.manchesterscb.org.uk for a full copy of the guidance and details of training

Domestic Abuse

Women experiencing domestic abuse are up to 15 times more likely to misuse alcohol than women generally. Women who report domestic abuse are up to nine times more likely to misuse drugs (including prescription drugs) than other women. 42% of Asian women who seek treatment for alcohol misuse are experiencing domestic abuse. Between 50% and 90% of women attending substance misuse services may have experienced abuse, either in childhood or adult life, or both (Women's Aid).

Women who misuse alcohol or drugs often experience or fear discrimination from statutory or voluntary sector services:

- Fear that she won't be taken seriously
- Fear that she won't be believed
- Fear that she will be seen only in terms of her drug or alcohol use
- Treated by agency only in terms of her drug or alcohol use
- Fear that she will be labelled
- Fear that nobody will help her
- Believes that she doesn't deserve to be helped
- Abuser might make counter-allegations against her
- Agencies believe that she is as bad as him and don't help
- Believes agencies won't take women in who use drugs/alcohol and are in chaos or don't have support for drug/alcohol use

Manchester's vision is of a city where abuse is not tolerated and many local organisations are working together to achieve this aim. They have formed the Manchester Domestic Abuse Management Group. For more information on Manchester's Domestic Abuse Strategy please contact Juliet Appleby, Manchester Partnership Domestic Abuse Co-ordinator by email to j.appleby@manchester.gov.uk or tel 0161 234 3177. For a range of policy and guidance documents as well as the latest newsletter, visit www.endthefear.co.uk.

Alcohol and workplace health

It is estimate that the economy loses £6.4 billion per year as a consequence of the effects of alcohol. In order of priority, when surveyed (HSE, 2007), personnel managers were most concerned about:

- 1) Loss of productivity and poor performance
- 2) Lateness an absenteeism
- 3) Safety concerns*
- 4) Effect on team morale and employee relations
- 5) Bad behaviour or poor discipline
- 6) Adverse effects of company image and customer relations

* Drinking even small amounts of alcohol before or while carrying out work that is 'safety sensitive' will increase the risk of an accident.

Employers have a general duty under the Health and Safety at Work Act 1974 to ensure, as far as is reasonably practicable, the health, safety and welfare of your employees. Similarly, employees are also required to take reasonable care of themselves and others who could be affected by what they do. It is important for every workplace to have a Workplace Alcohol Policy.

A workplace alcohol policy is a statement of intent about how the workplace views alcohol use by its employees and how the organisation will act when alcohol use is causing a problem at work. It acts as a clear resource, outlining assurances, limits and procedures.

Research exploring factors that could increase the likelihood of employees drinking at increasing and higher risk levels included:

Work environment factors

- Long working hours, some type of shift work
- High risk of injury at work
- High physical demands
- Monotonous work
- Tight deadlines
- Job insecurity
- Poor supervision
- Culture of regular drinking

Individual factors

- Young and male
- Single, separated or divorced
- Low educational and skill level
- More than usual recent stress
- Low self-esteem
- Depression

Alcohol in later life www.drinksafeover50.com

Staff described additional barriers to asking patients/clients about alcohol because of worries about 'offending the patient' or 'taking away a last remaining pleasure'. Older adults are also the least likely age group to know about units, often because of they are not targeted in wider health promotion campaigns. Asking about "alcoholic drinks" in terms of tonic wines or any alcohol added to hot drinks (e.g. spirits) is also useful for capturing the hidden units not always associated with questions like "do you drink alcohol?" or "how much do you drink?".

Older adults are more likely to drink regularly (5 or more days a week) and wine has become becoming increasingly popular among men (40% of spending habits) and women (70% of spending habits) aged 40 – 64. The increased social acceptability of drinking, with reduced price, suggests that the proportion of older people drinking at higher levels is on the increase (Acquire, 2002). As age increased, research found consumption increased amongst Sikh, Hindu, and Asian, Muslim men (Acquire, 2002).

A lot of myths about alcohol originate from old alcohol adverts e.g. stout contains a lot of iron, tonic wines help recovery, alcohol warms you up. None of the adverts would pass today's advertising standards because they are not true however some older adults may have never had a reason to doubt these claims. The effects of alcohol are also stronger and last longer as we get older. This is because there is a reduced ratio of water to fat in the body meaning any alcohol consumed becomes more concentrated. Also because the liver breaks toxins down more slowly in later life, the alcohol consumed circulates around the body for longer.

Two types of drinking patterns are researched among older adults: "**early-onset**" drinking patterns (the individual had an existing chronic problem) and "**late-onset**" drinking patterns (the individual developed the problem later in life). Some causes or triggers identified are:

- Mental stress
- Physical ill health
- Loneliness and isolation
- Loss – including loss of occupation, function, skills, income or loss of important people in their lives.
- Bereavement – death of partners, family members and friends

Alcohol and illicit drug use

Combining alcohol with illicit drugs is of increasing concern due to the heightened risks to users not only while under the influence but to long term health as well. Here are some examples:

Amphetamines and alcohol Stimulant (Class B) and depressant

Amphetamines put a lot of strain on the heart. They can lead to anxiety, depression, irritability and aggression as well as psychosis and paranoid feelings. While under the influence, users can feel like they have more capacity to drink alcohol. It can be difficult to relax or sleep after taking amphetamines so alcohol may then be used to relieve the 'come-down'. Regular use of speed and alcohol weakens the immune system so people easily pick up colds, flu and sore throats.

Cocaine and alcohol Stimulant (Class A) and depressant

Taking cocaine with alcohol is particularly dangerous because a third toxic chemical is produced in the body, cocaethylene. Cocaethylene puts extra pressure on the heart and liver but also increases body temperature. Healthy young people have been known to have a convulsion or heart attack. Whilst under the influence, users can also appear over-confident or aggressive in the absence of typical signs of intoxication such as slurred words, staggered walk, etc. While under the influence, users can feel like they have more capacity to drink alcohol. Cocaine can make people feel depressed, anxious or paranoid so alcohol use can increase to relieve the 'come down'.

Ecstasy and alcohol Stimulant (Class A) and depressant

Taking ecstasy with alcohol increases the likelihood of dehydration and overheating. People can get so intoxicated that they don't realise they are in danger of overheating or getting dehydrated ('double heat-stroke'). Ecstasy can also cause the body to release a hormone which prevents the production of urine. It can put extra pressure on the heart, the liver and the kidneys.

Mixing alcohol with stimulants often makes users feel less drunk than they really are so they can keep drinking for longer

GHB and alcohol Depressant (Class C) and depressant

GHB on its own can cause sleepiness, nausea, vomiting, muscle numbness or stiffness, and confusion. Small doses can feel like someone has had a few drinks of alcohol, inhibitions are lowered and sex drive can increase. High doses can lead to convulsions, coma and respiratory failure. Taking GHB with alcohol increases the intensity of their effects. Because it's almost tasteless (and can knock someone out), it has been associated with cases of Drug Facilitated Sexual Assault*. ***Alcohol is still thought to be the most significant hazard within opportunistic drug facilitated sexual assault (EMCDDA, 2008)**

Heroin and alcohol Depressant (Class A) and depressant

Smoking or injecting heroin with alcohol increases the risk of overdose and death due to unpredictable effect on lowering levels of consciousness. Drinking alcohol while prescribed methadone can put clients at risk of overdose due to the unpredictable effect of lowering levels of consciousness.

Ketamine and alcohol General anaesthetic (Class C) and depressant

Ketamine users may be physically incapable of moving while under the influence feeling like their mind and body are separated. High doses alongside alcohol can dangerously suppress breathing and heart function and can lead to death due to lowering levels of consciousness. Because ketamine numbs any feelings of pain, users can injure themselves badly without realising it.

Cannabis and alcohol Mild sedative / hallucinogen (Class B) and depressant

Taking cannabis with alcohol increases the chances of feeling sleepy and sick. They both affect coordination, which is why drug driving or riding is just as illegal as drink driving or riding. There is also a link between cannabis use and mental health problems like psychosis and memory loss. Regular, heavy use makes it difficult to concentrate, some people begin to feel tired all the time and can't seem to get motivated which can be more intense after alcohol use.

Mixing alcohol with depressant / sedating drugs intensifies the 'slowing down' or 'switching off' effects, increasing the likelihood of accidental injury, passing out or overdosing
--

Dual Diagnosis

The links between mental health, alcohol and drugs are multi-faceted. While the term 'dual diagnosis' suggests the co-existence of 'two' issues, essentially it refers to the co-existence of mental health and substance misuse issues which can take a number of forms (in no particular order):

1. A primary psychiatric illness leads to substance misuse
2. Use of substances makes a mental health problem worse or alter its course
3. Intoxication and/or substance dependence leading to psychological symptoms
4. Substance misuse and/or withdrawal leads to psychiatric symptoms or illnesses

There is no current diagnostic code for 'dual diagnosis' within international classification systems such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and International Classification of Diseases (ICD-10).

The Mental Health Foundation carried out a survey called the "Cheers Report" (2006) exploring popular reasons why people liked drinking alcohol:

- 77% say alcohol makes them feel relaxed
- 51% say alcohol makes them feel less inhibited
- 41% say alcohol makes them feel more confident
- 44% say alcohol makes them able to fit in socially
- 40% say alcohol makes them feel less anxious
- 31% say alcohol makes them able to make friends more easily

See appendices for an introduction of some of the interactions that can occur between psychiatric medicines, alcohol and drugs

Drug and alcohol services should provide specialist support, "consultancy", and training to mental health services to support "mainstreaming" of clients with severe mental health problems. In a study of 353 drug and alcohol service users, 75% and 85% respectively reported past mental health condition in the last year (Weaver et al, 2003).

Mental health services should offer the same sort of packages of support to drug and alcohol services so that they can deal effectively with people with less severe mental health problems. In a study of 400 mental health services, 44% reported illicit drug or harmful alcohol use in the last year (Weaver et al, 2003).

Drug Services



Citywide drug services

The following list of drug treatment providers is by no means exhaustive.

For more information on local drug services see “Coming Off, Staying Off”.

Manchester Drug Service Offering substitute prescribing, shared care in partnership with GP’s, as well as structured counselling and testing for Hepatitis. Manchester Drug service is also delivered from three locality bases these are: **The Bridge**, Fairfield Street, Manchester 0161 273 4040. **Central Manchester** The Zion Community Resource Centre, 339 Stretford Road, Hulme 0161 232 7359; **Cheetham** Youth in Action Building, Brentfield Avenue, Cheetham 0161 792 6922; **South Manchester** Alderman Downward House, The Birtles Shopping Centre, Wythenshawe, M22 5RF 0161 490 2251

Manchester Stimulant Service Glentop House Glentop House, Pimblett Street, Cheetham M3 1FU Tel: 0161 819 2020 Fax: 0161 837 3390 Open 9-5pm (except Tuesday – open until 8pm, Friday open until 4.30pm) (Closed Monday morning) Out of hours answer phone available, response to all messages leaving contact details by next available working day. A specialist service for people with cocaine and amphetamine misuse problems. Drop-in service for clients, advice and information, acupuncture, therapeutic work with a key worker, counselling, cognitive behavioural therapy, volunteer placements, complimentary therapies, group work. This service is available to adult cocaine/crack and amphetamine misusers aged 18 and over. Women only groups provided also, please enquire for further details.

A.D.S (Addiction Dependency Solutions), 29a Ardwick Green North, Manchester M12 6FZ Tel: 0161 272 8844, www.alcoholanddrugservice.org.uk Opening hours 9-5pm (Except Thursday open till 7pm) and Saturday 10.00-12.30pm. For anyone aged 19 + in Manchester, having problems with illicit drug use. We offer individual counselling, key working and education and social support. We offer on-site housing support and advice, and we also offer a fast-track into prescribing services through Manchester Drug Service. Our service also provides a counselling and mentoring service for adults currently subject to statutory supervision and can be used at the pre-sentence report stage and those remanded in bail hostels that are managed by the Probation Service. We also offer a range of complimentary therapies and will accept professional or self-referrals.

DASH (Drug Advice and Sexual Health) This service offers needle exchange as well as drop in and day care activities. Please call for further details. Zion Centre, 339 Stretford Road, Hulme, Manchester 0161 226 0202 and Positive Futures Building, Claremont Road, Moss Side, Manchester 0161 868 0249

Lifeline – Community detox support team - 101-103 Oldham Street, Manchester M4 1LW 0161 839 2054 Provide pre-detox, detox, and post-detox support for drug users. Referrals can be made to this team from your GP Manchester Drug Service or the care management team.

Lifeline – Outlook East Manchester 1 Kay Street, Openshaw, Manchester M11 2DX Phone: 0161 231 7012 Fax: 0161 220 8592 Opening Hours Monday – Friday 9.30am – 5pm. Outlook day service provides a range of recreational, educational, employment and leisure activities to Manchester residents aged 19 + who have a history of Class A drug use. All clients have a key worker and an action/care plan. The project also has counselling advice sessions and group-work sessions.

Kenyon House – Adult Drug Dependence Treatment Unit Kenyon House, Prestwich Hospital, Bury New Road, Prestwich Manchester M25 3BL Tel: 0161 772 3537. This is a 24 hour/7 day a week in-patient unit. The outpatient department is open Monday to Friday 9am to 5pm. This unit provides detoxification from illicit drugs (including opiates, stimulants, crack cocaine) prescribed drugs and alcohol. Rapid opiate detoxification is also offered where clinically indicated. Stabilisation of drug use is also a valid treatment option.

Ancoats Community Clinic Carruthers St, M4 6FB Tel: 0161 203 4033 Fax: 0161 205 5624. Needle Exchange/Harm Reduction Service (Adults over 19 only for this service), open Fri 4pm-9pm, Sat & Sun 12noon-8pm, Mon & Tues 11am-7pm. Minor Injury/Treatment Centre, open 9am - 9pm everyday including weekends and all public holidays, referrals from anyone including self.

Websites and helplines



Self-help websites

www.units.nhs.uk

National website promoting unit awareness and safer drinking as part of “know your limits” campaign

www.drinkcheck.nhs.uk

National website containing the AUDIT questionnaire online called the ‘DrinkCheck quiz’

www.downyourdrink.org.uk

Six week online self-help programme funded by Alcohol Concern

www.drinksafeover50.com

Local website aimed at over 50s including printable drink diary, unit awareness and common myths and facts

www.manchestercat.org

Local website providing information about alcohol, self-help guides, and details of the local community alcohol team

Family / carers’ self-help websites

www.adfam.org.uk

National website aimed at family members facing problems caused by drug or alcohol use

www.famanon.org.uk

Families Anonymous is a world wide fellowship of relatives and friends of people involved in the abuse of mind-altering substances, or with related behavioural problems.

www.carers.org/local/north-west/manchester

Local website aimed at providing carers in Manchester with information on services, news and publications

www.manchestercarersforum.org.uk

Local website providing a voice for carers and various services including young carers

Related issues

www.endthefear.co.uk

For people living or working in Manchester experiencing domestic abuse, or know and care about someone who is experiencing domestic abuse

www.mentalhealthinmanchester.org.uk

Information about mental health services in Manchester, providing a path to other websites

www.fasaware.co.uk

Information and support for people affected by and interested in Fetal Alcohol Syndrome

Support for professionals

www.manchesterscb.org.uk

The MSCB is a statutory organisation whose main objective is to coordinate and ensure the effectiveness of work that is done in safeguarding and promoting the welfare of children and young people under the age of 18 in Manchester.

www.manchestercat.org

Local website providing information about alcohol, self-help guides, and details of the local community alcohol team including a referral form to download.

www.alcohollearningcentre.org.uk

Online support and resources to commissioners, service managers and practitioners with a responsibility for, or an interest, in the prevention and treatment of alcohol misuse or alcohol-related ill health. **New online IBA course soon available.**

www.motivationalinterview.org

Motivational interviewing is a client-centred, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. This web site includes general information about the approach, as well as links, training resources, and information on reprints and recent research.

Helplines

Drinkline Telephone service 24 hours **0800 917 8282**

Drinkline offers to listen to callers worried about their own drinking, to listen to the family and friends of people who are drinking, to offer advice to callers on where to go for local help. Drinkline is confidential and no names need be given. Calls are free from landlines and will not show up on your bill. No language line available.

BME Drugs and Alcohol Helpline Mon – Fri, 10am-5pm **0161 232 5395**

Advice and referrals on drugs and alcohol issues for Black and Minority Ethnic (BME) people of all ages. Information provided on: drugs and alcohol, screening to identify your needs, drug and alcohol treatment services, counselling services, and any other drugs and alcohol issue. Helpline advisors are able to speak to you in English, Urdu, Punjabi, Bangla, French, Patios, Swahili, Luganda, Italian, Portugese and Shona.

Domestic Abuse Helpline Tel: 0161 636 7525. If the person is gay, lesbian, bisexual or transgender and experiencing domestic abuse they can contact **Broken Rainbow Helpline** (9am-5pm Monday to Friday) **08452 604460**. If the person (adult or child) has been raped or sexually assaulted contact St Mary's Sexual Assault Centre (24 hours/7 days a week) **0161 276 6515**

Lesbian and Gay Foundation Helpline 0845 3 30 30 30 (local call rate), 6pm-10pm (Staffed), 10pm-6pm (automated system). The Helpline operates 365 days a year, every evening from 6pm until 10pm.

Sexual health line Telephone service 24 hours 7 days a week **0800 567123**

For free confidential advice and information on sexual health, sexually transmitted infections including HIV, and signposting to local services.

Talk to Frank Telephone service 24 hours 7 days a week **0800 77 66 00**

For free confidential drugs information and advice 24 hours a day talk to FRANK. If you're deaf you can Textphone FRANK on 0800 917 8765. Or email frank@talktofrank.com Calls from landlines are free and won't show up on the phone bill. You can talk to FRANK in 120 languages - just call the same number and a translator will be there if necessary.

Appendices



Conversation tools to explore motivation

Where some practitioners have more time, perhaps 20-30 minutes or repeat sessions with the same person, these conversational tools are particularly useful when exploring readiness to change. These scaling questions are particularly welcomed by patients/clients who are pre-contemplative or contemplative to making any changes to drinking behaviours.

How to explore importance

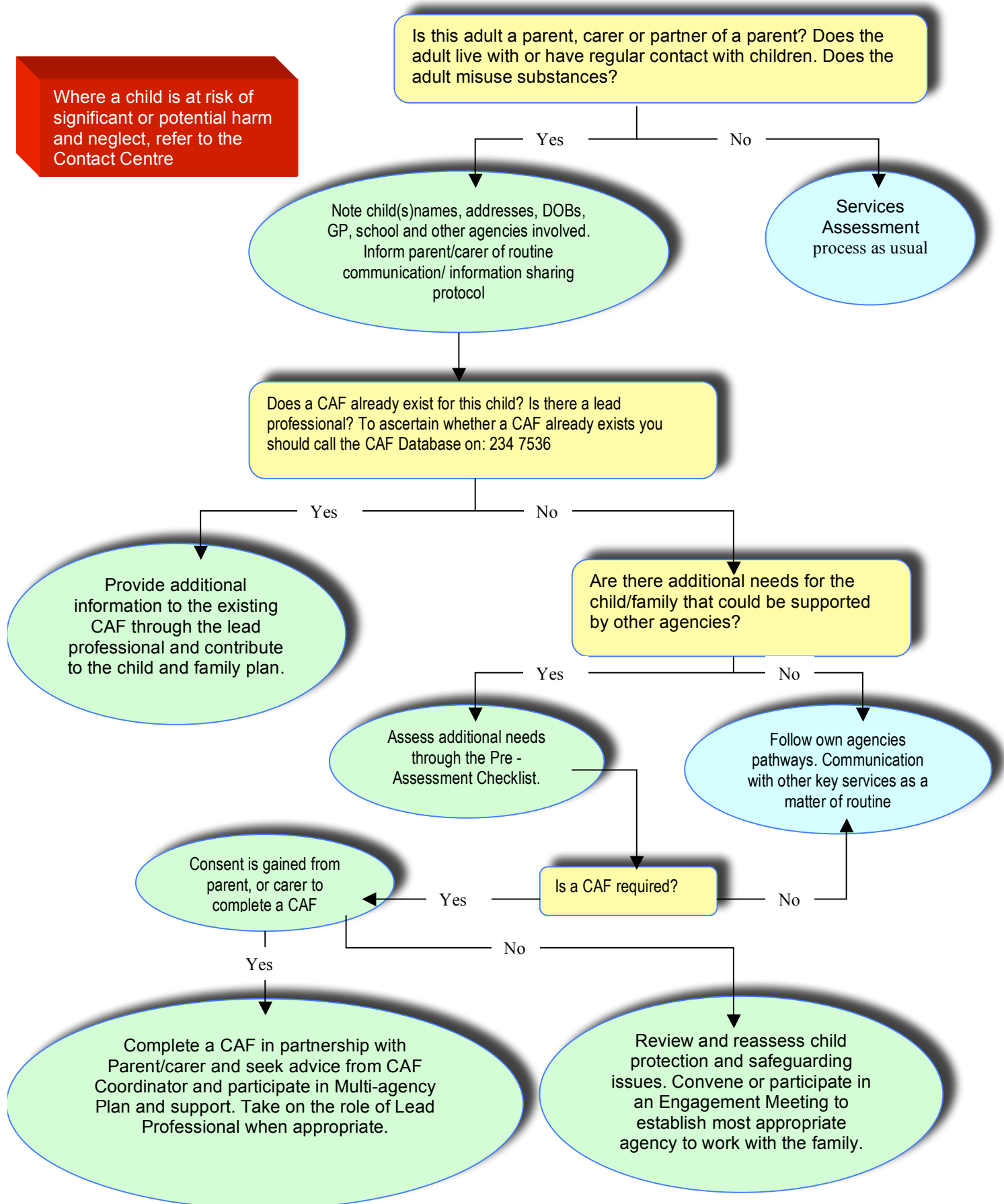
- Tell me about the *good things* about your drinking right now?
- And how about any *not so good things* about your drinking right now?
- How important is it for you to make any changes to your alcohol use?
- If 1 was “not important” and 10 was “very important”, what number would you give yourself?
- Why have you given yourself a “5” and not a “4” (go for one below on the scale)?
- What would need to happen for your score to move one step higher?
- What score would you have to be at for you to have a go? (not everyone has to get to 10)
- Where does this leave you now?

How to explore confidence

- If you decided right now to make some changes, how confident do you feel about succeeding?
- If 1 was “not confident” and 10 was “very confident”, what number would you give yourself?
- Why have you given yourself a “5” and not a “4” (go for one below on the scale)?
- What score would you have to be at for you to have a go? (not everyone has to get to 10)
- Is there anything you have found helpful in previous attempts to make lifestyle changes?
- Are there any ways you know about that worked for other people?
- Would you like me to tell you some things that I know have worked for other people?

Flowchart for responding to parental substance misuse

Where a child is at risk of significant or potential harm and neglect, refer to the Contact Centre



Leeds Dependency Questionnaire (LDQ)

Think about the last 12 months, circle the answer most appropriate to you:

Questions	Never	Sometimes	Often	Nearly always
Do you find yourself thinking about when you will next be able to have another drink?	0	1	2	3
Is drinking more important than anything else you might do during the day?	0	1	2	3
Do you feel your need for drink is too strong to control?	0	1	2	3
Do you plan your days around getting drink and drinking?	0	1	2	3
Do you drink in a particular way in order to increase the effect it gives you?	0	1	2	3
Do you drink morning, afternoon and evening?	0	1	2	3
Do you feel you have to carry on drinking once you have started?	0	1	2	3
Is getting the effect you want more important than the particular drink you use?	0	1	2	3
Do you want to drink more when the effect starts to wear off?	0	1	2	3
Do you find it difficult to cope with life without drink?	0	1	2	3
<u>Total score</u>				

Scoring:

Scores 0-9 = low dependence

Scores 10-22 = medium dependence

Scores 23-30 = high dependency

Modified Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA-ar)

Temperature (0) 37.0-37.5°C
 (1) 37.6-38.0°C
 (2) Greater than 38.0°C

Pulse (0) 90-95
 (beats per min) (1) 96-100
 (2) 101-105
 (3) 106-110
 (4) 111-120
 (5) Greater than 120

Respirations: (1) 20-24
 (inspirations per min) (2) Greater than 24

TREMOR - Arms extended, fingers spread apart Observation:

(0) No tremor
 (2) Not visible—can be felt fingertip to fingertip
 (4) Moderate with arms extended
 (6) Severe even with arms not extended

SWEATING -- Observation:

(0) No sweat visible
 (2) Barely perceptible, palms moist
 (4) Beads of sweat visible
 (6) Drenching sweats

ORIENTATION AND CLOUDING OF SENSORIUM -- Ask "What day is this? What is this place?"

(0) Orientated
 (2) Disorientated for date by no more than two days
 (3) Disorientated for date
 (4) Disorientated for place (re-orientate if necessary)

QUALITY OF CONTACT

- (0) In contact with examiner
- (2) Seems in contact, but is oblivious to environment
- (4) Periodically becomes detached
- (6) Makes no contact with examiner

AGITATION – Observation:

- (0) Normal activity
- (2) Somewhat more than normal activity
- (4) Moderately fidgety and restless
- (6) Pacing, or thrashing about constantly

THOUGHT DISTURBANCES – flight of ideas, paranoid ideas

- (0) No disturbance
- (2) Does not have much control over nature of own thoughts
- (4) Constantly troubled by unpleasant thoughts
- (6) Thoughts come too rapidly and in a disconnected fashion

VISUAL DISTURBANCES -- (photophobia, seeing things):

- (0) Not present
- (2) Mild sensitivity (bothered by the lights)
- (4) Intermittent visual hallucinations (occasionally sees things you cannot)
- (6) Continuous visual hallucinations (seeing things constantly)

Scoring guidance

Score four-hourly routinely
 If greater than 6 score two-hourly
 If greater than 9 score hourly

“With the modified scale, the reaction is significant at a score of 6, with benzodiazepines recommended after two scores of 9 or one of 12.”

Reference: cited in *St Mary's Hospital In-Patient Alcohol Guidelines May 2007*

“Clinical use of a shortened alcohol withdrawal scale in a general hospital”

A. Foy, S. McKay, S. Ling, M. Bertram and C. Sadler *Internal Medicine Journal* 36 (2006)
 150–154

Interactions between psychiatric medicines, illicit drugs and alcohol

Here are a few examples of some of the interactions that can occur between psychiatric medicines, illicit drugs and alcohol. Interactions with other prescribed or purchased medicines can be found in the latest edition of the BNF or on www.bnf.org. For a copy of the full “Drug Interaction Matrix” which includes caffeine and nicotine please contact Mark Holland Tel: 0161 720 2005 (Manchester Mental Health and Social Care Trust)

- Antipsychotics reduce the psychotropic effect of almost all drugs of abuse by blocking dopamine receptors (dopamine is the neurotransmitter responsible for reward). Patients prescribed antipsychotics may increase their consumption of illicit substances to compensate.
- Patients who have taken ecstasy may be more prone to EPSEs
- Tricyclic antidepressants potentiate opiate effect. Greater respiratory depression
- Avoid very sedative antidepressants and antipsychotics in clients with heavy alcohol use (e.g. Mirtazapine. Olanzapine)
- Anticholinergics should be avoided if possible, as misuse is likely. Use an atypical antipsychotic. Anticholinergics can cause hallucinations, elation and cognitive impairment
- Always consider the effects of dehydration for alcohol users (or ecstasy users) prescribed Lithium.
- Lithium can be very toxic if taken erratically.
- Carbamazepine reduces methadone levels. Dangerous if Carbamazepine stopped suddenly.
- Benzodiazepines. Liable to be misused. Over sedation and respiratory depression possible with heroin. Widely used after cocaine intoxication, risk of over sedation.
- Little documented evidence of interaction with hallucinogens (LSD, magic mushrooms, mescaline). Ketamine and phencyclidine are analgesics, so sedative effect likely to increase.

References

The Maudsley Prescribing Guidelines 2005-6
 Psychotropic Drug Directory, 2005 Stephen Bazire
 Dangerous Cocktails. Your Mental Health Medication and Alcohol
 What are the facts? Alcohol Concern 2001

Contributors

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 Petra Brown – Chief Pharmacist
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 Mark Holland – Consultant Nurse, Dual Diagnosis

Resource and Information Library Service

You can collect national and local publications (see below) and loan resources (models, DVDs, interactive games) from the Public Health Development Service Resource Centres.

North base (Victoria Mill) Contact Carnell Bell-Smith on Tel 0161 861 2913

South base (Withington Hospital site) Contact Sarah Race on Tel 0161 611 3642

Unit and drug calculator	Wheel includes units and illicit drug effects
One drink isn't always one unit	A3 Poster
Alcohol time to check?	Guidance leaflet for frontline staff in SBIs
Drink Smart	Self-help booklet
Drink Smart Text Service	Flyer advertising text service
Drink Smart Text Service	A4 Poster
Think you might be drinking too much?	Advice leaflet for over 50s
Think you might be drinking too much?	Set of 3 A4 posters
B a M8, Fone & W8	Pocket booklet aimed at young people
B a M8, Fone & W8	Set of 5 A3 posters
Alcohol & Sport	Pocket booklet aimed at young people
241 – what will your next drink cost you?	Advice leaflet for 18-25 yr olds
241 - what will your next drink cost you?	A4 Poster
Are you pregnant or thinking about it?	A4 Poster
Where to get help (z-card)	English pocket directory *
Information about the liver and liver disease	British Liver Trust leaflets

* Where to get help (z-card)

This resource and its translations into other languages is currently being updated and reviewed.

For more information on current developments around translated materials as well as other formats such as large print, braille or audio please contact:

Liz Burns Public Health Development Advisor 0161 882 2310

Elizabeth.burns@manchester.nhs.uk

Know Your Limits (Department of Health) publications

The following materials can be ordered free from the Department of Health by visiting www.orderline.dh.gov.uk, by phoning **08701 555455** or by emailing dh@prolog.uk.com

A3 photographic posters

Wall Chart	Ref: 287818
Pregnancy	Ref: 287656
Lager	Ref: 287657
Wine	Ref: 287658

Leaflets

Pregnancy	Ref: 287652
Units and you	Ref: 287653
Alcohol factsheet	Ref: 287820
Fold out z-card	Ref: 287819

Visit www.alcoholstakeholders.nhs.uk to see examples



Units and you



Quiz Answers

Alcohol is a stimulant drug

FALSE - alcohol is a depressant drug

The alcohol content in different drinks is described in units of alcohol but what does a unit of alcohol represent?

c) the size and strength of a drink

Red wine is good for the heart

FALSE - it is not a universal message and is isolated to 1-2 units of alcohol a day only for men over 40 and post-menopausal women

Can you think of 3 problems associated with “pre-loading” (drinking at home / at a friend’s before going out)?

- i) Drinking more than intended
- ii) Being a victim of crime
- iii) Becoming an offender of crime

Which of these drinks contains the same amount of calories as a doughnut?

a) a large glass of wine

Drinking regularly and heavily reduces the body’s stores of which important vitamin?

Vitamin B

How long does it take a healthy liver to break down one unit of alcohol?

a) one hour

How many people would need to be offered brief advice before one reduces the lower risk levels?

a. 1 in 8 (this compares to 1 in 20 stop smoking rates)

After drinking more than double your lower risk limit in one sitting, how long should you allow before your next alcoholic drink?

_____ 48 hours _____

Bonus Questions!

It is against the law to sell alcohol to someone who is already drunk

TRUE - staff face £80 fines if caught

It is legal to buy beer, cider or wine on behalf of 16 and 17 year olds with a table meal

TRUE - the adult must buy the alcohol and stay with them at all times