



Alcoholis

ISSN 1351-0541

THE BULLETIN OF THE MEDICAL COUNCIL ON ALCOHOL

Committed to improving medical understanding of alcohol related problems

Volume 25

Number 2

JUNE 2006

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NEW ADDRESS

The MCA has moved. Our new address is now 5 St Andrews Place, Regent's Park, London NW1 4LB. Telephone, fax and email remain the same as before

This bulletin will be published quarterly. Items for publication to be forwarded to the Editor.

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Registered Charity Number 265242

Health Warnings

The recommendation that alcohol beverage containers in the UK should carry a health warning seems to be gathering momentum. Not before time, some might say. The National Alcohol Harm Reduction Strategy of March 2004 recommended all alcohol beverage producers and retailers add messages encouraging sensible consumption alongside unit content. What should these messages stipulate? Safe limits for alcohol consumption would be an excellent starting point. 'Don't drink and drive' would be another. Specific messages about the liver, the risk of dependency, and the impact on the cardiovascular system figure among others. Should any messages promoting possible positive affects of drinking alcohol in moderation be included? Perhaps a few reminders about the rate of alcohol metabolism by the liver would be valuable too.

Health warnings on cigarette packets have been mandatory for several years. What is not immediately clear is how much impact they have had in reducing tobacco consumption. I dare say that the impact lessens with time, which possibly explains why new health warnings illustrated with graphic pictures are being considered at present. Nevertheless, the anti-smoking lobby has made significant progress over the last few years, with or without the aid of health warnings.

The primary aim of a health warning is that it is read and understood; this does not mean of course that the message is heeded. Moreover, with respect to alcohol, the impact is likely to be inversely proportional to a rising blood alcohol level.

The idea of combining a health warning with a stipulation defining units of alcohol contained is eminently sensible; the complication factor here is a lack of uniformity in the size of a unit throughout the world. We will return to this subject in the next issue. Meanwhile, on a recent trip to India I discovered that all Indian beer bottles must carry a simple warning. Surely if the Indians can do it, we can! The population at large needs to be able to make



an informed choice about their alcohol consumption. It is incumbent on us to provide that information.

Dr G E Ratcliffe, Editor

Royal College of General Practitioners Pilot Screening and Brief Interventions Training for Primary Care Professionals

Dr Linda Harris, Clinical Director of the Wakefield Intergrated Substance Misuse Services

Access to education and training for primary care professionals to better identify and manage harmful and hazardous drinking has been a Government pledge since the publication of the National Alcohol Harm Reduction Strategy. The publication of the National Treatment Agency's *Models of care for alcohol*, in draft form, further endorsed the importance of primary care in identifying problem drinkers and offering them appropriate levels of information and advice to enable them to make positive changes in their drinking.

Access to timely assessment and treatment for alcohol problems is extremely patchy and only a very small number of areas benefit from primary care alcohol liaison workers whose role is to support GPs and practice nurses in delivering brief interventions. Whilst the gap between resource

continued overleaf

allocation for drug treatment as compared to alcohol has widened year on year since the beginning of the National Drugs Strategy, there is evidence emerging of resources being made available through future public health allocations.

The Royal College of General Practitioners has a proven track record of designing and delivering evidence-based training in substance misuse. In recent years, over 4,000 GPs have accessed level one or level two training in drug misuse, which has greatly increased primary care's involvement in the treatment of drug misusers, helping the Government meet the targets set in their Anti-Drug Strategy.

In 2002 the RCGP Substance Misuse Unit ran a training day on alcohol misuse interventions as a Training the Trainers' event; over 80 practitioners received skills based training which was accompanied by a resource pack containing everything they needed to enable them to cascade the training out to a small number of local practitioners in their area. The style and format of this training proved successful and further consolidated the Unit's desire to develop an accredited programme in the delivery of primary care interventions for alcohol misuse.

The Unit has remained steadfast in its resolve and was awarded a small bursary to undertake a scoping exercise to develop a more detailed costed proposal for multidisciplinary training in screening and brief interventions for hazardous and harmful drinkers.

Despite our failure – as yet – to unlock central resources, a number of local clinical and commissioning leads for alcohol, aware of previous work undertaken by the RCGP in alcohol, have commissioned the Unit to design bespoke training for GPs, nurses and alcohol liaison workers linking the training programme to the development of a locally enhanced service for targets in their local alcohol strategy. So far we have trained over 30 GPs from Thameside and Glossop and are awaiting commissioning to undertake similar training for RCGP Wales and for two PCTs in West Yorkshire. A series of regional alcohol awareness raising events will have a presence from experts from the Substance Misuse Unit and we have already received a number of enquiries from GPs who are keen to explore whether or not they can use their new-found powers of practice-based commissioning to improve alcohol services in their local area.

Research in the past has suggested that GPs lack both confidence and skills to offer brief interventions for alcohol misuse and years of under-funding has meant that alcohol services in primary care have been slow to develop. This has left many problem drinkers undetected and unsupported, such that increasing numbers of individuals are suffering severe alcohol related complications creating an increasing burden on our cash-strapped NHS. Feedback and training from recent education and training events indicates that GPs are now ready to embrace their responsibilities in respect of screening and brief interventions for their patients with alcohol problems, and that funding to provide more alcohol liaison workers in primary care combined with small incentives for GP practices will significantly increase the number of successful interventions with harmful and hazardous drinkers.

■ **Doctors working with local public health specialists should consider lobbying their primary care trusts for investment in alcohol services, alcohol and training. For further information on the range of courses and bespoke training on screening and brief interventions for alcohol misuse please contact the RCGP Substance Misuse Unit, Suite 314 Frazer House, 32/38 Leman Street London E1 SEW. Tel: 020 7173 6095.**

MCA MCQs

1. Alcohol and immunosuppression – True or False

- A Alcohol impairs T helper cells.
- B In alcohol dependency alveolar macrophages produce less TNF-alpha.
- C High alcohol consumption is a high risk factor in developing hospital-acquired infection.
- D Alcohol increases the production of reactive oxygen molecules by macrophages.
- E Postoperative pneumonia is more prevalent in alcohol-dependent patients.

2. Alcoholic liver disease – True or False

- A Alcoholic liver disease is one of the most common indications for liver transplantation in the UK.
- B Alcohol decreases gut permeability to macromolecules including endotoxin.
- C Evidence that endotoxin plays a role in alcoholic liver disease is lacking.
- D Severity of fatty liver on first biopsy predicts subsequent risk of cirrhosis in patients who continue to drink.
- E The incidence of significant recidivism after liver transplant is more than 20%.

3. True or False

- A In the UK 3.5 million people consume high risk quantities of alcohol (more than 50 units per week for men; more than 35 units per week for women).
- B Children of problem drinkers are more likely to display emotional difficulties and antisocial behaviour than their peers.
- C Physical and psychological morbidity often leads to increased attendance at primary care facilities in patients with underlying alcohol problems.
- D Family members of a dependent alcoholic may suffer violence, poverty and social isolation.
- E Shame and embarrassment can make it difficult for children to disclose problems which emanate from parental alcohol abuse.

Answers on back page

Equine-assisted psychotherapy

Dr Neil Brener, Medical Director,
The Priory Hospital North London

Equine-assisted psychotherapy (EAP) harks back to the experiential therapy movement of the 1970s, when alternatives to traditional talking therapies were created. Most EAP programmes are based on the belief that people who are susceptible to addictions and have a baseline of unresolved historic trauma creating an unbearable level of anxiety that leads to self-medication with alcohol, drugs, food, sex and other behaviours. EAP has been successful in helping to treat patients with these mental health issues by providing a powerful and moving experimental therapy for trauma resolution that incorporates teaching and practising essential life skills; riding is not incorporated into EAP. The Priory Hospital North London has recently launched an EAP programme as part of its highly successful addiction treatment programme. The hospital's Medical Director, Dr Neil Brener, discusses EAP.

Horses don't lie: they provide immediate, highly accurate feedback about their handlers' personalities, attitudes and moods by precisely mirroring what human body language tells them. Weighing 1,500 lbs or more and standing seven feet plus, the horse's physical reality unleashes powerful positive and negative emotions in most people – delight and despair, love and loathing, friendliness and fear are commonly experienced when confronted by these powerful, intelligent, high-spirited and kind animals.

Most equine therapy is conducted in groups, with an equine therapist responsible for the horses' and patients' safety and a primary psychotherapist who facilitates the process through experiential techniques that promote the relationship between the patients and horses and maximises the therapeutic

process. The EAP therapist–patient interaction helps to both assess and process feelings, behaviours and patterns. Working with horses reveals specific coping skills and styles, while the use of metaphor allows the therapist and patient to transfer the human–horse relationship into human interactions. For example, a patient who finds it difficult to set healthy boundaries in relationships will allow a horse to nip at his or her hands and clothing. While the patient might think that this behaviour is affectionate, it is actually aggressive and the therapist can explore this misconception as a clinical issue.

The options are as diverse as the therapists' desires to develop and implement them. The horse's response to the physical and emotional state of the client provides an excellent opportunity for the therapist to explore the patient's cognitive and emotional processes as they experience the results of following instructions, being aware of themselves and others, setting boundaries and mindfulness. Ultimately, if the patient's interactions with the horse are rewarding and productive, similar intentions related to one's self and other human beings and activities will be equally effective.

'Working with horses lets patients engage in a new experience of themselves on a very fundamental level while they relate to a large, intelligent and essentially forgiving and kind animal. Few people have neutral reactions to horses,' says Dr Brener. 'For some patients, EAP reinforces their positive experiences of being closer to and more comfortable with animals, while others approach this therapeutic



Photograph by kind permission of *The Daily Telegraph*

model with trepidation. These presets generate enormous emotional energy at the outset, completely transforming the therapeutic process. Being and working with horses encourages people to identify and express their feelings – in turn, horses are measurably more comfortable with and better-behaved around people who are congruent within themselves.'

“How patients approach their horses and related tasks offers irrefutable insight into how they approach other life challenges”

Choice is an important part of the EAP experience. The process begins with the patient choosing a horse and most select equines that reflect important aspects of themselves. Patients' verbal descriptions of their chosen animals are usually pure projection of their own personalities, issues and body types. If more than one person selects a particular horse, issues around sharing and negotiating arise and must be resolved before the session can begin.

'How patients approach their horses and related tasks offers irrefutable insight into how they approach other life challenges,' says Dr. Brener. 'Working

with and caring for horses takes time and physical, mental and emotional effort. The patient's need for control and structure, safety and familiarity and physical comfort add an extra dimension to the anxiety experienced when entering a new therapeutic environment. Talk is replaced by tasks involving touch, movement and other elements that aren't part of the usual therapeutic environment, enabling dysfunctional behaviours or patterns to emerge during the therapy session. With the therapist's help, patients learn about and practise successful new behaviours that will help them in all facets of their lives. Horses may also be used as role players in psychodramatic vignettes and to reveal transferred emotions.'

Activities as simple as the grooming process – picking mud out of feet, untangling manes and tails and brushing the horse's coat – help patients to work on issues like nurturing, attention, asking for help, isolation, dependence, performance anxiety, connection and intimacy. Patients frequently find that these seemingly simple activities lead to feelings of fear, inadequacy, anger and frustration and it is at this point, when emotions are high and defences are low, that issues become obvious to the patient and therapist. Working with a horse offers an excellent opportunity to explore new behaviours and experience new results, which has a swift and profound effect on patients that fosters personal growth and connection to the environment and peers.

'For their own safety, patients must be aware of their bodies and where they are in relation to their horses,' says Dr Brener. 'The lack of self-nurturing and healthy boundaries is often evident in patients with addictions and their responses to the horses are often similar to their responses to their home and work environments. Horses inform patients about their level of connection by ignoring or walking away from them, being distracted by other horses or movements on the yard or eating. The moment when the horse responds to the patient is an excellent opportunity to practise congruence with feelings and behaviours. Patients often complain

■ **The Priory Hospital North London offers equine-assisted therapy as part of its addiction treatment programme. For more information and referrals, contact: Addiction Treatment Programme, The Priory Hospital North London, The Bourne, Southgate, London, N14 6RA. Tel: 0208 882 8191; fax: 0208 447 8138; email: northlondon@prioryhealthcare.com.**

To discuss EAP directly, contact Mr Steve Cole, Addiction Treatment Programme Co-ordinator, North London Priory.

about horses being lazy or stupid, but then learn that if they change their attitudes and behaviours, the horse responds positively to them.'

EAP work must be done outdoors, in all weathers and at all times, which has a significant impact on EAP's effectiveness, and guided imagery can help patients immerse themselves in the experience. Clinical issues usually emerge as patients experience the unusual sensations of the equestrian site and the setting is particularly useful for those who have experienced multiple interventions and are blocked. 'EAP provides a way for patients to heal and integrate parts of

themselves that have been wounded or underdeveloped, as well as a platform for rapid, sustainable change and growth,' says Dr Brener.

Presently there is only anecdotal evidence that EAP contributes to the overall abstinence-based programme. As a brief intervention of 4–7 sessions, there is positive effect on behavioural issues with EAP acting as a catalyst for things that might be going on with the individual person. The intercession with the horses makes the patient think more about what they are doing and helps the patient realise that their behaviour may need to change.

MCA MCQ answers

1. A True, B True, C True, D False (produces a reduction), E True.
2. A True, B False (increases permeability), C True, D True, E False (10–15%).
3. A False (2.5 million), B True, C True, D True, E True.



The Medical Council on Alcohol is a small national charity committed to improving the medical understanding of alcohol-related problems

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Registered Charity Number 265242

Alcoholis, the quarterly bulletin for medical and allied professions is published by the Medical Council on Alcohol, in association with the Royal College of Physicians. Views expressed by contributors are not necessarily those of the MCA who, nevertheless, welcome comments from other parties and will publish selected signed correspondence.

This bulletin has been supported by an unrestricted educational grant from Link Pharmaceuticals.

