ABSTRACTS OF THE 11th INTERNATIONAL CONFERENCE ON ALCOHOL

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ADVANCES IN THE PHARMACOLOGIC TREATMENT OF ALCOHOL DEPENDENCE: RATIONALE FOR COMBINED PHARMACOTHERAPY AND PSYCHOTHERAPY

By RAYMOND ANTON. Alcohol Research Center, Medical University of South Carolina, 171 Ashley Avenue, Charleston, SC 29425, USA

The treatment of alcohol dependence is undergoing a major paradigm shift. Advances in the neuroscience of addiction coupled with improved clinical trial design have provided the opportunity to explore the utility of medication in treatment of alcoholism. A number of studies have been performed in the last few years which support the efficacy of the opiate antagonist naltrexone and the amino acid like drug acamprosate. Specifically, naltrexone has been shown to cut the relapse rate during the first 12 weeks of treatment in half while acamprosate has been shown to double the rate of continuous abstinence over the first year or so after the initiation of abstinence. Serotonergic drugs (Fluoxetine and buspirone) may be useful in individuals who have comorbid depression or anxiety disorders. Importantly, the most efficacious studies to date performed with naltrexone, acamprosate, and the serotonergic drugs have provided simultaneous psychosocial interventions.

This presentation will briefly review the underlying neuroscience of addiction as a basis for pharmacological treatment. The role of medications in the reduction of craving will be mentioned. The most important studies involving naltrexone and acamprosate will be highlighted including a recently completed 131 subject controlled study of naltrexone versus placebo combined with cognitive behavioural therapy conducted by the author. A summary of the findings with serotonergic drugs and an algorithm for the choice of medication in relationship to primary and comorbid alcoholism will be provided. As time permits the interactions of pharmacotherapy with behavioural therapy will be highlighted.

PROFESSIONAL ACCREDITATION FOR THOSE WORKING IN THE ALCOHOL FIELD

By IAIN ARMSTRONG. Alcohol Concern, Waterbridge House, 32—36 Loman Street, London SE1 0EE, UK

Alcohol Concern's VACTS scheme pioneered accreditation in the alcohol field. In early 1997 to build on this and other successful work on accreditation and prompted by increasing pressure from the field, AC set up a working group to develop a practical model of accreditation for individuals working in all capacities within the alcohol field. The Professional Accreditation Review Working Group (PARWG) started the review by conducting a major consultation exercise with the field. The response related to the survey was excellent and provided the working group with a clear mandate.

The key parts of the survey with regard to individual accreditation were quite clear, i.e. that: (1) there is a perceived need and widespread support for individual accreditation of workers in all types of job within alcohol services but primarily for managers/coordinators, supervisors and counsellors/sessional workers; (2) within alcohol services a third of paid workers and half of volunteers have no qualifications which are relevant to their current role; (3) accreditation should be portable, nationally recognised and locally available; (4) assessment should be competence based, carried out continuously in the workplace and should possibly include a thesis or project; (5) the primary drives for accreditation are to assure clients, management and funders of quality and to provide a framework for personal development.

The working group is now developing a highly innovative model for accreditation which will address this mandate.
A MOTIVATIONALLY INTERVIEWED COMMUNITY: THE ARDAL PROJECT

By TOM BARTH. The Bergen Clinics Foundation, Box 297, Bergen, 5001, Norway

Motivational Interviewing (MI) is a counselling method based on client centered counselling skills with a focus on the client’s ambivalence to change, avoidance of resistance and strategies for eliciting arguments for change from the client. MI consists of open-ended questions, reflective listening and frequent summarising.

The Ardal Project is a community based substance use prevention project in the municipality of Ardal in western Norway. The project has three main objectives; (1) prevention of drug and alcohol problems in the community; (2) improving the quality of community-based treatment services for clients with severe drug/alcohol problems; (3) facilitating cooperation and communication between various public services/organisations (treatment services, the school system, voluntary organisations, the local administration).

Consultants from the ‘The Bergen Clinics Foundation’ have assisted the municipality in defining project objectives, as well as organisation of the project and follow-up of its development. This process has gone through phases of fact finding, decision making, commitment strengthening, competence enhancement and project implementation and evaluation.

The paper will focus on the process of consultation as a structured, but non-directive approach, based on strong support of local treatment and prevention initiatives. The process will be described using concepts from the Motivational Interviewing methodology and it will be suggested that the MI method is relevant in assisting community-action programmes.

‘HARRY HAMMOND’ IN CITYLANDS: PROVIDING YOUNG PEOPLE WITH INFORMATION ABOUT DRUGS

By ANDREW BENNETT, KIRSTEEN SHEPPARD, SHEILA HENDERSON and JON MITTON. HIT, 1st Floor, Cavern Court, 8 Mathew Street, Liverpool L2 6RE, ¹Henderson Associates and ²Anarchy Advertising, UK

As a consequence of the increase in young people’s drug use, HIT has developed innovative and successful approaches to communicating with different target groups of drug users in an effective, credible and culturally recognisable way. This presentation will focus on the conceptual development, implementation and evaluation of a social marketing campaign.

A multi-component campaign ran from October 1996 to February 1997. It aimed to provide information about alcohol, tobacco and illegal drugs to young people aged between 11 to 14 years in Citylands, Wirral. The area is a designated European Pathways area with a predominately white population of 29,000.

The campaign comprised: (1) the invention and personal appearances of two characters: ‘Harry Hammond’ and ‘Zaps’; (2) the production and distribution of badges, promotional posters, 3D cards and interactive posters; (3) the painting of murals in prominent places; (4) promotion in the local media; (5) the provision of evening drug awareness courses for the wider community.

Two important aspects of the campaign were: the target group ultimately controls and determines the meaning of visual imagery and a recognition of the key role played by collectibility in youth culture.

The campaign was successful in meeting its aims. A pre-campaign evaluation provided a qualitative measure of the target group’s and the wider community’s knowledge of drugs. A post-campaign evaluation gauged any increase in knowledge, established an account of the target group’s and the wider community’s views about the campaign and provided an overall analysis of the campaign methodology.

The campaign provides a valuable model for delivering drug information in a small community. The high level of cooperation from local schools,
community groups, local shop-keepers and the wider community in Citylands indicates a commitment to respond to drug problems in a pragmatic, imaginative and effective way.

CURRENT LIFESTYLES OF JUNIOR DOCTORS IN THE NORTH-EAST OF ENGLAND

By D. BIRCH, C. ASHTON, P. KELLY and F. KAMALI. Wolfson Unit of Clinical Pharmacology, University of Newcastle, Newcastle-upon-Tyne NE2 4HH, UK

Personality, alcohol, tobacco, illicit drug consumption and other lifestyle variables were assessed anonymously in a cohort of Junior House Officers in the North-East of England using a questionnaire in July 1997. Initially 114 House Officers were contacted and 90 (39 male, 51 female) agreed to take part.

Mean ± SD scores for personality (Eysenck Personality Questionnaire) were:
- Psychoticism (P) 4.3 ± 2.6
- Extraversion (E) 15.5 ± 4.0
- Neuroticism (N) 10.6 ± 5.8

Prevalence of regular smoking was 23% (M) and 33% (F). Six doctors (3 male, 3 female) were non-drinkers. The mean alcoholic intake among the drinkers was 28.9 ± 20.1 units/week (range 1–84 [median 24.5] (males) and 19.9 ± units/week [range 1–60 (median 16.5); female]. A 47% (M) and 42% (F) exceeded weekly limits of 28 units (male) and 21 units (female).

Among illicit drugs, 36% (male) and 20% (female) reported currently taking cannabis. Other drugs included 'magic mushrooms', LSD, Ecstasy, amyl nitrate, cocaine and amphetamines; 13% (male) and 10% (female) reported they are currently using one or more of these drugs.

Mental health was assessed using the General Health Questionnaire (30 questions version); 26% (male) and 43% (female) scored over the threshold score of 4. They had high levels of anxiety measured by the Hospital Anxiety and Depression Scale: 21% (male) and 45% (female) had anxiety scores ≥8.

Action is needed to alleviate the problems of heavy drinking, illicit drug use and high levels of stress in Junior Hospital Doctors.

THE IMPACT OF ALCOPOPS ON THE DRINKING PATTERNS OF YOUNG PEOPLE IN WALES

By VIRGINIA BLAKEY, CHRIS ROBERTS and CHRIS TUDOR-SMITH. Health Promotion Wales, FFynnon- Las, Ty Glas Avenue, Llanishen, Cardiff CF4 5DZ, UK

This paper presents findings on alcopop consumption among 11–16 year olds in Wales in 1996. Data are taken from the Welsh Youth Health Survey, which also provides information on trends in the consumption of other alcoholic drinks from the five previous surveys since 1986. The data indicate that, in 1996, 17% of young people reported consuming alcopops at least weekly. These proportions exceed those for cider, wine and spirits, but not those of weekly beer consumption for boys. Findings also indicate that a substantial minority of 11–16 year olds report drinking alcopops only and do not consume other alcoholic drinks. Finally, analysis shows that for both boys and girls in the 11–12-year-old group, the increase in weekly drinking between 1994 and 1996 exactly matched the proportion drinking alcopops and no other alcoholic drink. Alcopops would also appear to account for approximately half of the increase among 13–14 year old boys and girls and for most of that among 15–16 year old girls. The implications of the findings for future initiatives in this area are discussed.

AMINO ACID METABOLISM IN MALE ALCOHOLIC ABUSERS UNDERGOING DETOXIFICATION


Background: Cognitive changes are associated with effects of ethanol on tryptophan metabolism (Bonner and Martin, 1997). Dietary tryptophan concentrations influence cerebral (5-HT) and 90% of dietary tryptophan is degraded by tryptophan pyrrolyse to L-kynurenine (a cerebral convulsant) and its metabolite quinolinic acid (an NMDA receptor agonist). These molecular changes have
been implicated in behavioural events occurring in Alcoholic Withdrawal Syndrome, AWS (Oretti et al., 1996). The ratio of tryptophan to the concentrations of the six competing large amino acids, controlled by the proportions of carbohydrate to protein in the diet, is a key factor in the control of brain 5-HT synthesis.

**Method:** 22 males residing in a Salvation Army Alcohol Recovery Centre were studied over a two week detoxification programme. 10 ml of blood were taken on days 1, 4, 7, 10, and 13 after admission and stored at −80°C until analysis. HPLC was used to determine the concentrations of amino acids, and the kynurenine metabolites. Neuropsychological assessment was carried out by autobiographical recall.

**Results:** Significant increases in tryptophan \((P < 0.02)\) and significant decreases in Tyrosine \((P < 0.01)\) were found together with effects on the ratio of Try or Tyr to LNAAs. There was no significant change in serum total protein and albumin during the period of observation. Significant correlations were found between the memory related scores and amino acid metabolic changes.

**Discussion:** This preliminary analysis of the data indicates a statistically significant link between amino acid metabolism and neuropsychological functioning in long-term alcohol abusers. The underlying mechanisms will be discussed.


**SOCIAL SUPPORT AND ALCOHOL TREATMENT IN THE RURAL UNITED STATES**

By BRENDA BOOTH. Department of Psychiatry, University of Arkansas for Medical Sciences, 4301 West Markham, Slott 755, Little Rock, AZ 72205, USA

There is some evidence that rural social networks in the USA are both qualitatively and quantitatively different from networks in urban areas. There is also evidence that certain aspects of social support are positively associated with treatment seeking for alcohol problems, including support for sobriety and the proportion of drinkers in the network. We have conducted a four-wave community survey of 733 at-risk drinkers in six Southern states to study prospective factors predicting use of treatment services. Participants were recruited into the study once they were identified as at-risk drinkers in a brief telephone screening interview that over-sampled rural residents. Longer study telephone interviews were spaced at 6-monthly intervals and obtained information on current and lifetime substance use disorders, comorbid psychiatric diagnoses, access to treatment services, use of treatment services, and a variety of measures of social support. These included a multi-dimensional general social support survey, a social network assessment including network density, network attitudes towards the subject’s drinking and support for sobriety, and network involvement with drinking. Early analyses have found no differences in any measures of general social support between rural (40% of sample) and urban at-risk drinkers. However, general social support was positively associated with subsequent one year treatment entry after controlling for demographics, financial, and illness severity factors \((P < 0.05)\) This presentation will explore more detailed aspects of rural social support for sobriety and how these are associated with decisions to enter treatment for alcohol problems. Funded by NIAAA.

‘DID THEY LEARN IT?’ — A DESIGN FOR ASSESSING THE EFFICACY OF MOTIVATIONAL INTERVIEWING SKILLS TRAINING

By TORE BORTVEIT. Bergen Clinics Foundation, PO Box 297, Bergen, 5001, Norway

During the last 10 years, about 1500 Norwegian social workers and health professionals have received Motivational Interviewing (MI) training, often in the form of a 3-day workshop. Previous evaluation suggests that the trainees experience this training as being useful and relevant in their daily work. These positive evaluations are
reported up to 2-years after participating in a workshop. We are therefore fairly confident that these MI-workshops are very well received among a large majority of participants. However, we do not know the answer to the question ‘Does training result in actual acquisition of MI skills and strategies?’ Our presentation will suggest a design for addressing this question.

In a pilot-study, 12 social workers were trained in MI skills. They were divided into two equally large groups. Each group received 10, 2-hour sessions of MI training over a period of 25 weeks. Each participant was videotaped before and after the training. The video recordings were simulated client counselling sessions and lasted about 20 min. The recordings were evaluated by experienced clinicians familiar with the MI. Counsellor behaviour was operationalised and quantified. The results from the pre- and post-simulated client roleplay were our main outcome measure. We have also compared the objective behavioural ratings with the trainees ‘subjective’ post-training evaluation. Results from the pilot study will be presented, along with suggestions for improving the research design.

THE EMERGENCE OF THE POST-MODERN DRINKER

By KEVIN BRAIN. Trafford Community Drug Team, Chapel Road, Cheshire, Sale M33 1PD, UK

During the nineties, alcohol has been recommodified and a new alcohol market has emerged. New drinks have been produced, the strength of alcoholic drinks has increased and alcohol products are now sold as lifestyle makers. As a consequence, youth drinking patterns have changed. Young people now consume a vast range of drinks and consume more alcohol per drinking session. They drink alcohol for a psychoactive effect (mirroring youth drug use) in a form of hedonistic consumption and choose drinks to achieve this effect and reflect image and style. Such consumption, for the majority, remains bounded, that is, limited by integration into school, work, family etc. However, for some, unbounded consumption develops. Here heavy drinking merges with other high risk behaviours in patterns of spectacular consumption.

How are we to understand such changes? Post-modern societies are consumer societies, based on individual freedom to choose. They generate multiple consumer identities and promote cultures of instant gratification. Changes in the alcohol market reflect the need to appeal to, and simultaneously recreates and exploits, new consumer identities.

The emergence of hedonistic consumption reflects the culture of instant gratification but it is also made possible in the alcohol field by the changing alcohol market. However, post-modern societies, as they seduce us all as consumers, also exclude roughly a third of the population. It is here amongst the socially excluded that unbounded consumption patterns will cluster. Bounded and unbounded drinking styles are the logical product of a post-modern society.

IMPLEMENTATION OF A SERVER TRAINING PROGRAM IN A NUTRITION DISCIPLINE OF A SPECIALISED HOSPITALITY SCHOOL — SHORT TERM RESULTS

By J. BREDA et al. Centro Regional de Alcoologia de Coimbra, Conraria, Castelo-Viegas, 3040, Portugal

The recent development of server training programmes represents a new and potentially effective tool for the prevention of drinking and driving and other alcohol-related problems. Attempts to reduce deaths and injuries resulting from drunk driving have focused almost in education of the driver and the use of criminal sanctions. Server training is an entirely different approach. By focusing on drinking environment, it represents a relatively new and potentially important strategy to reduce alcohol problems and especially drinking and driving. The aim of this study was to evaluate the impact of a training programme for future barmen and restaurant employees teaching how to deal with an intoxicated client. This programme was delivered in the discipline of nutrition and hygiene in a context of teaching healthier food habits and safety practices, namely focusing on the knowledge of alcoholic beverages and food. This is a quasi-experimental study with the programme being delivered to one class of the school, but not to another. Evaluation was based
on a survey and on observation during performance. Differences were obvious between groups in what concerns knowledge of nutrition, alcoholic beverages and how to deal with intoxicated clients.

**NO FORCE BUT ARGUMENT: TURNING RELUCTANT PATIENTS INTO WILLING COLLABORATORS**

By COLIN BREWER. The Stapleford Centre, 25a Eccleston Street, London SW1W 9NP, UK

Probation orders cannot be imposed on convicted offenders without their agreement. There is always plenty of time for the offender to consider the alternatives. Very often the alternatives will not include prison. If prison is a possibility, it would often be a short sentence because of time already spent in a prison on remand. Offenders whose abuse of alcohol and/or other drugs is clearly a major factor in their offending have usually had experience of treatment and know how their motivation can easily change from day to day. Accordingly, they often welcome treatment within a probation framework. Controlled studies have clearly demonstrated that probation-linked naltrexone is at least twice as effective as similarly intensive probation input without naltrexone. Studies in Singapore show that 70% of heroine-related offenders are opiate-free and probation-compliant after two years on naltrexone compared with only 25% after one year without naltrexone. Though there are no exactly comparable controlled studies using Antabuse (disulfiram) in a probation setting, there are strong indications that similarly encouraging results may be obtained with probation linked Antabuse in recurrent alcohol-related offenders. Antabuse and naltrexone do not remove the need for conventional psychological and social components of treatment but greatly increase their effectiveness. However, probation-linked naltrexone without counselling is more effective than probation-linked counselling without naltrexone.

**CHILDREN OF PROBLEM DRINKING PARENTS**

By TONI BRISBY. Alcohol Concern, Waterbridge House, 32–36 Loman Street, London SE1 0EE, UK

In 1997 Alcohol Concern commissioned a study into the needs of children whose parents drink too much. With approximately 13.5 million parents in the UK, of whom 7% will be drinking at harmful levels, there are some 920,000 children in the UK living in a family where a parent has an alcohol problem. The study found that, although children in this situation have difficult, stressful lives, and should be regarded as children in need, there is actually very little help available to them. Specialist alcohol services often have no tradition of working with young people, and many expressly exclude children; and other services which encounter children, for example teachers, youth and community workers, and medical and nursing staff, on the whole are not well equipped to recognise or respond to this problem. The study identified an urgent need for specialist and non-specialist agencies to recognise that they have a responsibility towards children in this situation, and for Government and local planners to support this, where necessary by making extra resources available.

**ASSESSING THE IMPACT OF SOUTH ASIAN MALE ALCOHOL USE ON THEIR FEMALE RELATIVES**

By K. I. M. CLARKE. Substance Misuse & HIV Directorate, Lewisham & Guy’s Mental Health NHS Trust, 307 Borough High Street, London SE1 1JJ, UK

**Aim:** The aim of this study was to carry out a needs assessment to determine the characteristics, impact and extent of difficulties experienced by female family members of alcohol using South Asian (SA) men.

**Methods:** Two parallel non-randomised sampling strategies were used. Data collection was undertaken by a female research assistant with English, Hindi and Punjabi language skills. Eight key informants from local ethnic minority and health agencies (including drug and alcohol) were interviewed using a qualitative approach including...
range of services offered, and service contact with SAs. Twenty two SA women were interviewed using a semi-structured instrument looking at demographics, patterns of family alcohol consumption, associated problems, help-seeking and service response.

Results: All key informants reported having had contact with either SA drinkers or families of SA drinkers but reported that SA people underused specialist alcohol services. Evidence from this survey indicates that when SA men drink they tend to drink heavily. Associated problems included verbal abuse (61%), rows about drinking (61%) and violence resulting in injury to the subject (9%). Husband’s problems included jaundice (23%) and alcohol-related injuries (15%). Both samples reported service gaps and believed a specialist alcohol worker would be an important way forward.

Conclusions: Although the findings are ungeneralisable, the impact of excessive alcohol consumption upon the drinkers and their families is alarming. What is required is a partnership approach whereby the South Asian community is included in future developments so that appropriate solutions will be developed for and by the local community.

WHO’S HOLDING THE BABY?

By SUE CLEMENTS and SAMANTHA ALFORD. The Women’s Alcohol Centre, 66A Drayton Park, Islington, London N5 1ND, UK

In November 1997 two reports were published, one by Childline entitled Beyond the Limit, the other by Alcohol Concern entitled Under the Influence. Both reports examined the adverse effects of parental alcohol use on children, estimating that probably in excess of 1 million children a year suffer some form of abuse and/or neglect as the direct result of one or both parents drinking. The reports focus on the invisibility of these children and the failure of services to tackle what appears to be a growing problem for a number of reasons. The reports conclude with a series of recommendations.

This abstract outlines a specific project at the Women’s Alcohol Centre that has been running for the last 18 months, which has attempted to address some of the issues discussed in the above reports by working with both the parents and the child. It will explore both the positive and negative outcomes of the project and how it has developed in terms of response to user need and limitations both within the organisation and other agencies. It will explore issues around the need to develop new and innovative models of intervention when working therapeutically both with the parent on the alcohol problem and parenting skills and therapeutically with the child. The work has proved to be highly complex and has highlighted huge gaps in existing service provision and the need for a sophisticated interagency approach if one agency is not to be left holding the baby.

WORKING WITH RELATIVES AND CONCERNED OTHERS IN PRIMARY CARE TO REDUCE ALCOHOL AND DRUG RELATED HARM

By ALEX COPELLO1,2, JIM ORFORD2, RICHARD VELLEMAN3, LORNA TEMPLETON2, MYA KRISHNAN1,2, LYNSEY JONES1 and GAVIN PARISH3.

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The primary care setting offers opportunities for the prevention of alcohol and drug related problems. This paper describes work conducted as part of a two-centre research project aimed to recruit and train primary care health workers to carry out a brief five step, Manual-based intervention with relatives of those experiencing alcohol and drug problems. The intervention was based on the stress-coping-health model and was developed from previous research. One hundred primary care health workers were recruited and trained. This group included General Practitioners, Primary Nurses and Health Visitors who were asked to use the intervention with one relative within their practice. This paper will report on: the proportion of those trained who succeeded at testing the intervention with a relative; the relatives’ symptoms and coping both prior to and following the intervention and various process
measures. These results will be used to refine and develop this novel approach to the prevention of addiction.

POLY DRUG USE AND YOUNG PEOPLE IN SOUTH AFRICA

By LEE DA ROCHA-SILVA. Human Sciences Research Council, Private Bag X41, Pretoria, 0001, South Africa

This paper leans heavily on a comprehensive and integrated drug-related surveillance project on the nature/extent of drugs use and related problems. Various stakeholder agents in South Africa mobilised the project in 1995 against the background of (a) an expected increase in drug use and related problems (e.g. diseases such as HIV/AIDS, TB and Fetal Alcohol Syndrome; traffic accidents; crime; violence) and (b) a fairly fragmented information base hampering cost-effective prevention.

The paper comprehensively and critically reviews research on alcohol/other drug use among South African youth (10–25 years old) covering approximately the last three decades. Concern is with level of drug use (e.g. type, frequency and quantity of use) reasons for use and settings within which drugs are used (e.g. company, place and time of use). 'Core' patterns/trends in drug use are identified and 'placed' within the context of adult drug use patterns/trends as well as of pattern/trends in other African/overseas countries. Areas of vulnerability in terms of drug related biopsychosocial impairment are pointed out, based on the reviewed South African data on youthful drug use patterns/trends and a South African-oriented theoretical understanding of the development of such impairment. The preventive implications of the areas of vulnerability are also briefly discussed.

In fact, the paper suggests that South African youth are in various ways vulnerable to drug-related biopsychosocial impairment and to an increase in the prevalence of poly-drug use. It suggests comprehensive and integrated preventive policies/programmes and their regular scrutiny for relevance.

OLDER PEOPLE AND ALCOHOL: IMPROVING COMMUNITY HEALTH NURSE THERAPEUTIC COMMITMENT

By IAN DAVIDSON. Alcohol & Health Research Group, Department of Psychiatry, University of Edinburgh, Kennedy Tower (7th Floor), Edinburgh EH10 5HF, UK

This study was jointly funded by Edinburgh Healthcare NHS Trust and the Scottish Office. Three methods of improving community health nurse therapeutic commitment to older people who drink alcohol in a harmful way were compared. All community health nurses, health visitors, district nurses and practice nurses in the Edinburgh City area were mailed. Volunteers were randomly allocated to one of four conditions: educational pack, training pack training and educational pack, and training and educational pack followed by thirteen weeks of specialist support. ANCOVA has been used for analysis of pre and post test measures. A review of the case for involving community health nurses in intervening with older people who are drinking alcohol in a harmful way is included, alongside the implications for the dissemination of minimal interventions to community health nurses.

REHABILITATION COURSES FOR DRINK/DRIVERS

By GILLIAN DAVIES and GORDON HARLAND. Transport Research Laboratory, Old Wokingham Road, Berkshire, Crowthorne RG45 6AU, UK

The Road Traffic Act 1991 allows certain Courts to offer drink/driving offenders the opportunity of attending a rehabilitation course. If an offender successfully completes the course, the period of disqualification from driving can be reduced by up to 25%. The Transport Research Laboratory is monitoring the effect of the course for the Department of Environment, Transport and the Regions.

This paper summarises the design of the experiment. It reports changes in alcohol knowledge and attitudes to drinking and driving of offenders after they have attended a course, and
examines reconviction rates of course attenders and non-course attenders.

AN INTEGRATED APPROACH TO ALCOHOL ABUSE WITHIN GROUPS OF YOUNG PEOPLE

By CONNELL DEVITT. Chief Executive’s Department, St Helens MBC, Town Hall, Corporation Street, St Helens WA10 1HP, UK

The Newton Community Safety Partnership oversees a one million pound budget provided by the single regeneration budget for a town with a population of 20,000.

This project involves police, teachers, youth workers and social businesses in a series of related activities; (1) Blue Light discos aimed at 9—10 year olds; (2) ‘frenzy’ club nights aimed at 10—14 year olds; (3) healthy life style sessions in school for 12—16 year olds; (4) out reach youth work at targeted public areas; (5) high visibility policing at key sites; (6) seminars and visits for off-sales staff and pub landlords; (7) awareness-raising sessions for parents.

THE BRAZILIAN STUDENTS BEFORE THE DRUGS — CONFRONTING THOUGHTS AND ATTITUDES

By RICHARDO ESCH and WALLACE DE OLIVEIRA. Universidade Salgado De Oliveira, Jose Clemente, 86/3’ Andar, Niteroi, RJ, 24020-101, Brazil

In Brazil, epidemiological research has demonstrated that the drugs most used by the student population are specifically those that may be legally sold.

In spite of these data, the media campaigns are urging the non-use of drugs such as marijuana and cocaine. This fact is responsible for the creation of erroneous concepts that have a direct impact on the attitude of the adolescent regarding the consumption of drugs.

This study seeks to evaluate the concepts current among the 11 to 17 year-old student population as well as its correspondence with their consumption of drugs.

With this objective, to a random sample of 213 students of both sexes was requested a written essay on ‘What do you know about drugs?’

It was observed that, in spite of being perceived as harmful, drug use is understood as something specifically referring to illicit substances.

Therefore, little self-protection measures are adopted in regard to the use of licit substances.

These observations were confirmed through an epidemiological survey applied to the same sample of students. It was found that:

1. The drugs most used by these students were: alcohol, tobacco, tranquillisers, inhalants and amphetamines.

2. Only 3.3% of this population have ever experimented with illicit drugs.

3. It is usual for the abuse of alcohol and tobacco to occur after 14 years old.

4. Despite sales prohibition, almost 70% of the students have used alcohol before 18 years old.

These results demonstrate that information directed to the student population in Brazil must be reformulated and based upon realistic data.

EVALUATION OF AN ALCOHOL EDUCATION PROGRAMME FOR TEACHERS IN CENTRAL ZONE OF PORTUGAL

By H. FRAZAO et al. Centro Regional de Alcoologia de Coimbra, Conraria, Castelo-Viegas, 3040, Portugal

Alcohol is the world’s widest used psychoactive substance. General dissemination, use and abuse among Portuguese people and territory is a cruel fact. About 1,700,000 people are excessive (hard) drinkers or alcoholics. Portugal has one of the world’s highest ‘per capita’ consumption rates, about 11L pure alcohol in 1995 (No. 3 in world ranking). The Regional Alcohology Centre of Coimbra (CRAC) is a public institution that coordinates the Alcohol related Problems prevention activities in the central zone of Portugal. It covers a population of almost 2.5 million people. The awareness of alcohol problems dimension in Portugal has motivated the development of prevention strategies involving education personnel, namely teachers. Many of the teachers and school personnel do not have the necessary knowledge and information so that they can approach alcohol problems among students and in the community.
schools. In this sense, the Alcohology Regional Centre has developed a basic alcohol education programme, which consists of two seminar days with lectures and former alcoholic participation. The ‘formation’ team consisted of a general practitioner, a nutritionist and a social worker. In 1995, there were 10 courses involving 775 teachers. Results from a survey after course delivery are presented. We found that teachers do believe that they have an important role in alcohol prevention at school and that they really needed this kind of training so that they can improve their ability to deal with alcohol problems among young.

HEAVY DRINKING PATTERNS OF COLLEGE STUDENTS

By TERUO FUKUDA and MITSUNE YAMAGUCHI, Showa College of Pharmaceutical Sciences, 3-chome, Higashitamagawagakuen, Machida-Shi, Tokyo, 194, Japan

In order to contribute to measures to solve the problems caused by heavy drinking college students, we studied heavy drinking patterns of college students with a questionnaire composed of 25 questions.

Methods: Subjects were College senior students (male 75, female 211). Survey time: July 1996. The questions for questionnaire were used mainly from the method proposed by Kurihama Alcoholism Screening Test (KAST) — (12 questions), and Adolescent Alcoholic Involvement Scale (AAIS) — (5 questions) and others — (8 questions). Totalling and Analysis: The NIKKEI Personal Computer Software for totalling and Soft Attached Pasocon Statistical Analysis Handbook of Kyouritu Syuppan Ltd for analysis were used.

Results: Significant differences were observed between drinking patterns of male and that of female in the following six items (impossible to keep the resolve of not drinking just ‘this day’ ($P < 0.05$), drunk on themselves to insensibility ($P < 0.01$), amnesia in the morning about the evening before ($P < 0.01$), to be absent or unable to keep important appointment due to a hangover ($P < 0.01$) (good). Drunk on themselves to insensibility ($P < 0.01$), to be absent or unable to keep important (Normal). Comparison between good and normal of health condition related to drinking did not find significant differences in the case of all males, females and both sexes. Investigation of the relation between health and AAIS confirmed fairly the trend of the relation.

HARM REDUCTION WITH HEAVY DRINKERS

By IAN GILLAN, Aspinden Wood Centre, 1 Aspinden Road, London SE16 2DR, UK

Homeless heavy drinkers are to be found in most towns and cities in the UK. In some areas, ‘Zero Tolerance’ initiatives have been implemented in an attempt to drive drinkers, and the problems associated with them, e.g. begging, away from the city centres, shopping centres and tourist attractions. Whether any of the zero tolerance initiatives has been successful is open to conjecture. However, what is certain is that such initiatives do little to confront the problems facing the individuals concerned.

For the long term heavy drinker there are few options. Many homeless resources will not allow alcohol or those consuming alcohol on the premises. The majority of residential alcohol services insist on an abstinence goal.

As a consequence, the cycle of homelessness — public drunkenness-arrest — hospitalisation, is perpetuated at great cost to the individuals, the police, the NHS and the taxpayer.

Harm minimisation in a residential setting has been demonstrated to be an effective intervention with this client group. The presentation will summarise the outcome of providing such a service over a 5-year period.
DAY SERVICES FOR PROBLEM DRINKERS

By KATH GREEN. Windsor Clinic Alcohol Treatment Unit, Fazakerley Hospital, Longmoor Lane, Liverpool L9 7AL, UK

There has been a shift in recent years towards outpatient modes of care for problem drinkers and away from residential settings. This change is supported by randomised clinical trials comparing efficacy of day- and in-patient treatment, which have concluded that neither has superiority over the other and that day treatment is an effective and cheaper alternative. In 1995 Alcohol Concern described day care as 'The Next Alcohol Service Development', and called for more day services for problem drinkers. However, information on appropriate programmes is lacking.

A jointly financed project is being undertaken with the following aims: to compile a list of existing literature on this subject; to assess the need for day care services for clients at different stages of treatment; to audit day care in existing specialist and non-specialist facilities, and to examine the outcome of specialist day care currently provided for Liverpool clients of the Windsor Clinic. This will hopefully provide interested parties in Liverpool with information enabling considered choices to be made on day care for the first time in the UK. The results available to date will be presented.

ALCOHOL PROBLEMS IDENTIFIED IN PRIMARY CARE

By CATHERINE GREGSON, SUSAN FÖRSTER and OLWEN O'LEARY. Sefton Health Authority, Burlington House, Crosby Road North, Waterloo L22 0QB, UK

Sefton Primary Care data Project was established in 1993. Data managers in participating practices collect and analyse morbidity and health care activity information. The data managers do this using practices' computer systems together with patient records. The project was used to identify the number of individuals presenting with an alcohol problem to four participating practices between 1.4.95 and 31.3.96. Individuals were identified using READ code searches (all the participating practices use READ codes), information from health promotion screens and medication searches (chlordiazepoxide, chloromethiazole, disulfiram and acamprosate calcium).

Between 1.4.95 and 31.3.96, 15 per 1000 of the practice population aged 18 and over were identified as suffering from an alcohol problem, drinking above recommended limits or being prescribed any of the medications noted above. Rates were much higher among males (24 per 1000) than females (7 per 1000). Forty-four per cent of males identified drank more than 40 units of alcohol weekly and 29% of females did the same.

The fourth national study of morbidity statistics from general practice (1991—92) found that patients presenting to a study doctor made an average 3.8 contacts annually. Among the patients we identified, 32% consulted more than six times in twelve months. Nine per cent consulted eleven or more times.

Of the patients identified, 22% were referred by the general practitioner, most commonly to the local specialist alcohol service. However, a significant proportion of referrals were also made to general psychiatric or general medical services.

THE COMMUNITY REINFORCEMENT APPROACH (CRA) AS APPLIED TO ALCOHOL AND DRUG SERVICES IN TRAFFORD, MANCHESTER

By JILL HANCOCK, CLAIRE HIGSON, TONY RYAN, IAN SMITH and MIKE SMITH. Turning Point, The Smithfield Project, Thompson Street, Manchester M4 5FY, UK

The Community Reinforcement Approach (CRA) has been established in the United States for some time and has met with varying degrees of success. To date this approach has not found its way into many services in the UK. This paper describes an adaptation of the CRA applied to a community alcohol service in Trafford, Greater Manchester. The paper presents a brief overview of the CRA and how this has influenced the development of two services in Trafford that are managed in partnership by the Trafford NHS Trust and
Turning Point. The Connect Project provides a volunteer befriending service that matches clients to befrienders after treatment.

The Next Step Project provides vocational guidance and employment support. Both services are described before presenting an evaluation of service outcomes from the first 18 months of operation. The evaluation combines data using the Outcome Management methodology and qualitative data from service users. Outcomes are described in relation to physical, psychological and social aspects of the client’s life in addition to their drinking behaviour. The paper concludes with a discussion of the relevance to community based services and in particular their efficacy in working with women.

**ALCOHOL AND YOUNG PEOPLE: A STUDY OF DRINKING STYLES WITHIN A SAMPLE OF 16—24-YEAR-OLD MEN IN EAST LONDON**

By ROBERT HARNETT. The Centre for Research on Drugs & Health, 200 Seagrave Road, London SW6 1RQ, UK

I propose to present a study we conducted in a relatively deprived ward within the London Borough of Waltham Forest. The research focuses on the perceptions and experiences of a sample of young men aged between 16 and 24 years regarding their use of alcohol and the meanings they attach to it. The broad aims of the study were to examine young people’s alcohol consumption patterns and, to a lesser extent, identify the relationship alcohol use has with other consumption choices and illicit drug use. Ultimately we work toward constructing a framework which describes and examines the multitude of drinking styles exhibited in our sample over varying drinking contexts. Most research into alcohol use either focuses on ‘problem drinkers’, or on school, college or university populations. We believe it is equally important to understand current trends within ‘normal’ populations of drinkers and to look at drinking patterns in samples taken from ‘natural’ settings like pubs, bars or wine bars. To this end we firstly carried out an observational study of the defined area and conducted a preliminary examination of all the drinking establishments, interviewing selected publicans, local people and youth workers. The second phase of the research used both a structured questionnaire and unstructured interviews with 40 young men within local public environments. Our results indicate that it is important to look specifically at changes in drinking styles over time, and at lifestyle changes which occur during young people’s transition through adolescence.

**RESPONDING TO ALCOHOL PROBLEMS IN THE ACCIDENT AND EMERGENCY DEPARTMENT: NURSES’ PERCEPTIONS**

By RACHEL HERRING. Centre for Research on Drugs and Health Behaviour, Imperial College, University of London, 200 Seagrave Road, London SW6 1RQ, UK

There is an increasing consideration of the role of Accident and Emergency (A&E) departments in screening for and intervening in patients’ alcohol consumption and problem drinking. Nurses working in A&E departments were interviewed as part of a study of alcohol related attendances in the A&E departments of two London hospitals. The interviews explored both attitudes towards identifying and responding to alcohol problems, and nurses perceptions of structural factors which may facilitate or impede responses. Although nurses recognised the importance of alcohol as a factor in many attendances, the research raised doubts about the possible preventative role of A&E departments in responding to alcohol problems, as well as suggesting some ways in which response could be improved. This paper is intended to raise discussion about current views that A&E departments might expand this role, both by adopting a wider range of screening and preventative approaches and by providing interventions for patients with more problematic drinking.
THE EUROPEAN SCHOOL SURVEY PROJECT ON ALCOHOL AND OTHER DRUGS
By BJORN HIBELL. CAN, The Swedish Council for information on Alcohol and Other Drugs, Box 70412, Stockholm, SE-10725, Sweden

In 1995 the first large scale European school survey about alcohol and other drugs was conducted. Data were collected simultaneously in 26 countries in the European School Survey Project on Alcohol and other Drugs (ESPAD). The surveys were conducted on students aged 15–16 with a standardised methodology and a common questionnaire to provide data that were as comparable as possible. The number of participating ESPAD students in different countries varied between 543 and 8940, with a large majority of the countries around or above the recommended level of 2400 students. Data are assumed to be rather valid in most ESPAD countries. However, the cultural context in which the students have answered most probably differ between countries and, thus, have differently influenced the willingness to answer honestly.

The questionnaire which contained both core and optional questions, included questions about the consumption of tobacco, different kinds of alcohol beverages as well as illicit drugs. Other examples are drunkenness and binge drinking. The consumption pattern differed widely between the ESPAD countries. The students in the United Kingdom and Ireland showed high or very high prevalence rates on most of the drugs included in the ESPAD Project.

PHYSICAL ACTIVITIES IN THE THERAPEUTIC PROGRAM OF ALCOHOLICS
By IZTOK RINK and MARTINA TOMORI. Psychiatric Clinic, Studenec 48, Ljubljana, 1260 Slovenia

The study is part of research into the role of physical activities in the therapeutic and rehabilitation program for alcoholics. With application of a specifically constructed and focused inventory in 228 adult persons of both sexes addicted to alcohol, who entered therapy at the Therapeutic Center for Alcoholics, we gathered data about their experiences, attitudes and motives for physical activities.

We found that, despite their positive attitudes, they have almost no adequate experiences in this field in comparison with the normal population in Slovenia. We further found some significant differences relating exercise, sports and recreation between male and female subjects. Men more often than women appreciate social aspects of these activities, the possibilities for self-assertion and self-realisation.

The results of this study have confirmed our opinion that physical activities are the most effective in the specific somatic and psychological needs and potentials of each alcoholic, his motivations, sociocultural norms and objective conditions.

ABOUT THE TREATMENT OF DRUG AND ALCOHOLIC PATIENTS BY USE OF SUGGESTION METHODS AT THE PRIVATE NARCOLOGICAL CLINIC ‘VARPAS’

We have treated narcological patients with alcohol addiction, narcomania, toxicomania by using suggestion methods — developed by myself — emotional stress catharsis psychotherapy (ESCPT) and our modified A. Dovzenko coding method. 327 patients have been adapted to coding by use of ESCPT before it, ESCPT was very effective in suppressing the unhealthy inclination and making the reduction of abstinence easier. 762 patients were treated only by ESCPT, remission was sought by 60% after 1 year. We have treated 11894 patients with alcohol addiction and 267 patients with toxicomania and narcomania by our modified coding method. 11.4% of all the patients are women; 11.1% are highly educated patients. 32.7% from all coded patients had been treated at the dispensary before or at a narcological inpatient department or at compulsory isolation rehabilitation institutions. Most of the treated patients (46.1%) were 30–39 years old, 21.6% 20–29 years old, 32.2% 40 and older, and only
0.1% 18–19 years old. Of our cathamnesis data, 15.5% of coded patients used alcohol or drugs in the coded period; from this number 13.3% violated the code in the first 3 months, 20.3% in the period of 3–6 months, 44.9% in the period 6–12 months, 21.5% after more than 1 year after coding. We have no cathamnesis data about 17% of coded patients and we can maintain on the whole reliably, that not less than 70% of all treated coded patients kept the healthy way of living, these are well done remissions from 1 to 8 years. We think that modified A. Dovzenko coding method, excluding any danger for patient’s health by accidental use of intoxicant, renders a secure feeling for the patient. In addition, 49% of violators of the code, i.e. using intoxicants, were cured by repeated coding. After curing the patients can choose the acceptable rehabilitation element freely.

DRINKING PATTERNS AMONG DIFFERENT PROFESSIONAL GROUPS OF THE CITY POPULATION

By A. KALININ and P. SIDOROV.
Department of Psychiatry, State Medical Academy, 51 Troitsky Ave, Arkhangelsk, 163061, Russia

According to the data of the WHO, Russia takes the first place in the world in the annual pure alcohol consumption level which was 14.5 litres per person in 1996.

The aim of the present research was to study the characteristics of the drinking patterns in different professional groups of the urban population in the European North of Russia: workers of big industries, staff of Aeroflot Airline Company, drivers of public transport, railway workers and others.

The analysis of the data obtained allowed us to systemise the main provoking factors of ‘occupational alcoholism’. Different rates of alcoholism prevalence were diagnosed (from 10% to 39.7%).

The following two leading social and psychological mechanisms of alcoholism development were revealed: ‘massive and forced alcoholisation’ and ‘pseudo adaptation’.

Various drinking patterns of the different professional groups demand both the development of specific screening procedures and prevention of alcoholism.

ABUSE OF ALCOHOL IN BANGLADESH

By M. KASIMUDDIN. Human Rights & Welfare Mobilization Forum, Bahar Complex, District Council Road, Wireless Gate, Manikgonj, 1800, Bangladesh

Use of alcohol as drink is strictly prohibited socially as well as religiously by most of the religions in Bangladesh. The problem of alcoholism is becoming a threat to the nation day by day.

Information from the law enforcement authorities, treatment providers and other sources indicate that the problem of alcohol and other drug abuses are quite common in Bangladesh. With the passage of time the problem is increasing. There is no doubt that the number of addicts may vary from many thousands to about a million.

The problem is more serious in urban areas of the country probably due to easy accessibility. However, there are indications that it is emerging in an increasing rate in rural areas as well. Alcohol is produced in some pharmaceutical industries in Bangladesh. Moreover, some crude forms are produced and used by the poor addicted population usually by crude fermentation of boiled rice, juice of sugar cane, molasses etc. The addicts use these alcohols secretly but this became obvious when some of them behaved abnormally creating various social problems.

ASSESSING ALCOHOL RELATED HARM IN THE COMMUNITY: BACKGROUND AND METHODS

By M. Kelly and H. Sutcliffe. HEA, Trevelyan House, 30 Great Peter Street, London SW1P 2HW, UK

In recent years, there has been growing concern to address the acute, short-term problems associated with alcohol consumption and intoxication as well as the longer-term health and social problems arising from alcohol dependency. Such acute problems include alcohol-related accidents, invol-
ovement in violent episodes, and drink driving. One way of tackling alcohol-related harms in this broader sense is to develop interventions aimed at community as well as at individual level. A key methodological issue is the development of ways in which community perceptions and attitudes regarding alcohol use and related harms can be measured. A rapid situation assessment approach has been used here to collect information on perceptions of alcohol use, harms and nuisance, attitudes, and responses (perceived and actual) in two different communities in England. The rapid situation assessment approach has been developed for use in the drugs field. It is designed for conducting community evaluation through quantitative and qualitative research. This study has involved collecting information from professionals and people who work in local businesses who come into regular contact with those who drink or who have been drinking, and the public, within practical constraints such as time and budgetary resources. It aims to incorporate existing relevant data in communities, as well as interviews with samples of population, and an ethnographic picture of the area. This paper will describe the background to the study, its rationale and the process of the research.

ALCOHOL AND YOUNG PEOPLE — A PACK FOR PARENTS

By SUSAN KERR and RUTH SHEPHERD. Greater Glasgow Health Board, PO Box 15328, Dalian House, 350 St Vincent Street, Glasgow G3 8YY, UK

The ‘So you think you know what your child drinks’ is an information pack and supporting local radio campaign aimed to support parents in encouraging children to adopt a responsible approach to alcohol.

The material was targeted at parents of children aged 10 to 17 years and was produced by Greater Glasgow Liaison Committee, who identified a lack of informative educational material for parents on this topic. It contained basic facts about alcohol, information on the law and on the so called ‘designer drinks’, along with tips for parents, a quiz, and a pack on alcohol use and driving.

A radio campaign took place in September 1996 to launch the pack and provide a mechanism for distribution. Over 2000 packs were distributed directly to parents and interested individuals working with young people.

In conjunction with the radio campaign a postal survey was conducted to evaluate the pack and 83 responses were obtained. These respondents found that the information packs provided useful information, improved confidence in addressing alcohol issues, and prompted discussion of such issues with children and young people.

As a result of the success of the pack a poster presentation has been designed to demonstrate this model of good practice to agencies and others working with young people on alcohol related issues.

THE USE OF COMPULSORY ALCOHOLISM TREATMENT IN COUNTRIES OF CENTRAL AND EASTERN EUROPE

By PHILIP LAZAROV. National Centre for Addictions, Suhodol, Sofia, 1362, Bulgaria

Historically, we can find the roots of ideology and practice of compulsory alcohol treatment, and the compulsion in the treatment as a whole, in the moral explanatory model of alcoholism. This model leads to concepts that place the problem and its solution on the axis: sin (guilt) — redemption (punishment). It is obvious that this universal civilisation model applied to the problem of alcoholism can not be integrated in a modern treatment concept that works with personal motivation, partnership, therapeutic contract, etc. The idea for a punitive approach (compulsory treatment) as a whole is a symbol of the therapeutic inability. On the other hand, this approach integrates naturally into the totalitarian concept for society. The so-called working-correction camps as an extreme version of that approach are a correlate of the working-corrective camps from a country no-more existing. The process of change in the countries from Central and Eastern Europe shows a significant reappraisal of the use of compulsion in treatment of alcoholism. These differ for the particular countries tendencies to go along with the process of building a modern society ensuring opportunities for a successful realisation of the
organisational, structural, and professional potential of these countries. The results of the analysis of the current alcohol situation show that liberalisation of the treatment policy significantly increases treatment demands and supposedly the economic effectiveness.

CHANGING OFFENDERS’ ATTITUDES AND BEHAVIOUR; WHAT WORKS? — WORKING WITH OFFENDERS WHO DRINK

By K. LEAFE. Rugby House Project, Humatt House, 146–148 Clerkenwell Road, London EC1R 5DS, UK

Alcohol has often been linked with crime. Such concerns are not new.

Given this long established association between alcohol and crime the question remains: ‘What is to be done?’ ‘Changing offenders attitudes and behaviour, what works?’ (Home Office 1997) identifies that studies evaluating different forms of treatment have not evaluated programmes located within the criminal justice system, or focused on rates of re-offending in this country.

Reconviction rates and alcohol as a factor in offending are beyond the scope of this paper. This presentation will focus on one approach used to address the continuing association between alcohol and crime, that of Rugby House Project in partnership with Inner London Probation Service.

The service brings specialist alcohol workers’ services and expertise into the criminal justice system via satellites at probation offices, and so bridges the gap between the criminal justice system and alcohol services.

What is being done, how, why, what are some of the issues raised and how do we know it works?

It is recognized that a court appearance can be the point at which an individual first becomes aware of the ‘problem’, a catalyst for change and an opportunity for early intervention. Issues regarding alcohol use can also arise during supervision of clients in the community, and upon release from imprisonment. (The All Party Group on Alcohol Misuse, 1995).

The satellites offer both a one-to-one and groupwork service which: (1) is client centred, accepting clients’ where there at, whichever model of dependency they identify with; (2) makes use of the Cycle of Change recognizes that clients may be at very different stages of change, and used motivational interviewing techniques; (3) adopts a harm minimization and health promotion perspective; (4) offers relapse prevention strategies; (5) uses cognitive and behavioural interventions.

The individual work focuses on assessment, advice, information, counselling, support and onward referral. The groupwork programme includes a Drink Impaired Drivers Course and Alcohol and Offending Course, in addition to Alcohol Education Groups. Clients can access any of the services through a number of referral points. Consistency of service delivery is seen as being significant in the take up of services. Close liaison with supervising probation officers is maintained at all times.

Issues raised: confidentiality, compliance with orders, conditions, significant others, follow up, monitoring and evaluation.

The benefits of such a service to clients, the probation service, the courts and the alcohol project will be explored.

ALCOHOL USE AMONG THE HOMELESS IN AMSTERDAM: HOW THE TRADITIONAL ALCOHOLIC BECOMES REPLACED BY THE POY-DRUG USER WITH PSYCHIATRIC PROBLEMS

By DIANA LETTINK. Amsterdam Bureau of Social Research & Statistics, O & S, Weesperstraat 79, Amsterdam 1018, The Netherlands

The general policy in Amsterdam towards the homeless, alcoholics and drug addicts is dominated by a public health approach. This includes a wide variety of institutions, offering walk-in centres, shelters and psychosocial and medical care.

Early in 1997, we conducted a study among the homeless in Amsterdam, in collaboration with the University of Amsterdam, Department of Sociology. The latter was responsible for counting the homeless who were actually sleeping in the open air, while we were responsible for a survey among the homeless in walk-in centres and shelters (N = 199). It was concluded that alcohol use and
abuse is still rather common among the homeless, but also that the use of illicit drugs is widespread. Half of the respondents were addicted to alcohol and/or hard drugs, such as heroin and/or cocaine. Moreover 40% of the respondents had been in contact with psychiatric institutions.

At the conference, findings of our study will be presented and discussed, in particular a typology of the homeless, based on addiction and psychiatric problems.

RELAPSE AND THE ALCOHOLIC/ADDICT

By JAMES LOGAN. Priory Hospitals Group, Marchwood Priory Hospital, Hythe Road, Marchwood, Southampton SO40 4WU, UK

During my last two years at one of the largest free standing alcohol programmes in New York state, I developed a relapse programme for the patients there. During this workshop, I would like to show the dynamics of the relapse programme. These patients were sent to me on a daily basis and consisted of approximately 50 to 70 patients. These patients came from the five boroughs of New York and various areas throughout the county surrounding the up-state New York region in which I worked.

The workshop will consist of many components. There will be a lecture on the BUD phenomenon which stands for Build Up to a Drink or Drug developed by Terry Gorski, a known relapse specialist from Chicago, Illinois. There will also be lectures and discussions on post acute withdrawal as well as steps I, II and III from Alcoholics Anonymous which are used a great deal in relapse prevention. Also there will be a didactic involving the words drunk and sober. I will also go over treatment planning that is used in relapse prevention. There will also be a lecture on forgiveness. I also will go over two case studies involving two particular alcoholics, their treatment plans and present plans which could have been used to help keep these two cases from relapsing.

The material that I present was actually used over a 2-day period during workshops that I presented in New York.

DRUG EDUCATION: MEETING THE CHALLENGES OF THE NEW MILLENIUM

By ANNETTE LYONS and PETER DUGGAN1. Liverpool LEA and 1Merseyside Police, UK

In October 1988, Liverpool LEA in partnership with Merseyside Police launched a school based drug counselling initiative in secondary schools in Liverpool, the first of its kind in the country.

The initiative aimed to establish a city wide network of support for schools, young people and their families experiencing drug related problems.

The LEA recognises the need for change and envisages this initiative as a positive means of moving forward the very successful ‘Liverpool Schools Drug Prevention Charter’ launched in 1994.

COLLEGE FAD: LIFETIME SENTENCE HIGH RISK GROUPS AND SPECIAL POPULATIONS

By DOROTHY MALAKA. University of the North, PO Box 191, Sovenga 0727, South Africa

Alcohol misuse continues to escalate despite an array of diversified efforts (e.g. treatment, rehabilitation and prevention) that have been mounted to respond to the direct and indirect manifestations of alcohol misuse. A range of variables including situational, environmental and social factors that prevail within institutions of higher learning reflect the overall normative drinking patterns. Disengagement of students from parents to peer groups, coupled with perceived sources and access to alcohol (e.g. at parties) as well as a shift from a restrictive community social control to a permissive one, are critical dimensions in youth drinking behaviours.

The sources of alcohol misuse rather than the symptoms should be tackled. This then necessitates not only transformation and reconfiguration of alcohol prevention programs but also the development of the ethos and values of Ubuntu: culture of caring and sharing with institutions. It is on the basis of the aforesaid that this paper seeks to highlight the challenges facing historically disadvantaged institutions of higher learning in
the RSA in preventing alcohol misuse and in summarising available data in order to allow provision of more informed alcohol prevention strategies.

**DRUG SCENARIO IN BANGLADESH**

By A. S. M. MANNAN. Rural Youth Council- Bangladesh, 16 South Goran, Khilgaon, Dhaka 1219, Bangladesh

Officially known as the People’s Republic of Bangladesh, covering an area of 1 044 000 km² of land, the home of more than 110 million people, Bangladesh is a part of south Asia. It has borders with India and Myanmar and is bounded on the south by the Bay of Bengal. Drug abuse, nowadays, poses a problem with similar consequences for every country of the world. Bangladesh, it ought to be made clear, is not a producer of narcotic substances, except some amount of low quality cannabis, illicitly cultivated in most cases by the consumers themselves for their own local consumption. However, because of its geographical location, its proximity to the golden triangle and the golden crescent, it is an extremely vulnerable country, as far as drug trafficking is concerned. Most of the drugs that enter into Bangladesh through smuggling are intended for destinations in other parts of the world, although a small amount of the wares left behind by the international smugglers trickles into the local market creating a problem of drug abuse for the country. At present, heroin, hashish, cannabis, alcohol, medicinal drugs like phensedy, pethidine tidigesic injections and some psychotropic substances comprise the list of drugs of abuse in Bangladesh.

**EMERGING MODELS OF TREATMENT FOR CO-MORBIDITY**

By JANE MARSHALL. National Alcohol Unit, Maudsley Hospital, Denmark Hill, London SE5 8AZ, UK

Dual diagnosis patients overlap substantially with the homeless mentally ill and mentally disordered offenders. Unfortunately most services lack provision and strategies for managing this challenging group and for providing integrated care for mental illness and substance misuse. Less severe substance use disorders are amenable to treatment but continued use may be related to poorer outcomes. Thus it is important to tackle even minor use of psychoactive substances in individuals with severe mental disorders. Lessons can be learned from innovative dual diagnosis treatment models in the United States. Johnson (1997) points out that there may be fewer obstacles to integrated care in the United Kingdom, compared with the United States and that services for these patients might, therefore, be best delivered by sector community mental health teams. Three strategies are outlined: (1) closer links between addiction and general adult services, possibly by attaching an addictions professional to each sector team; (2) provision of extra training and supervision in addiction techniques for all community mental health team staff; (3) attachment of a specialist dual diagnosis specialist key worker to each community team. Community teams must develop a greater awareness of effects of substance misuse on mental illness. Addiction and forensic services also have a role to play. Comprehensive risk assessment and management, and co-ordinated local provision of care are central to the needs of these patients. Various management strategies need to be tried and evaluated to allow the development of an effective and workable service model.

**OLITA: A NEW APPROACH IN THE TREATMENT OF SEVERELY AFFECTED, PREVIOUSLY THERAPY-RESISTANT CHRONIC ALCOHOLICS**

By UTA MATTHIES, WOLFGANG POSER, THILO WAGNER, WOLF DORING, FLORIAN MARTIN and HANNELORE EHRENREICH. Max Planck Institute for Experimental Medicine, Hermann-Rein Strasse 3, Göttingen, D-37075, Germany

The Outpatient Long-term Intensive Therapy for Alcoholics (OLITA) is a four-step programme of care for severely affected alcohol-dependent subjects that, after in-patient detoxification, extends over a total of two years. Supported by the public health insurances, it aims at an immediate therapy-guarded and guided social reintegration. High-frequency short-term (15 min) individual therapeutic contacts, initially
daily, are followed by a slow tapering of individual contact frequency and resolve in a group session once weekly (‘OLITA Group’, accompanied by a therapist) towards the middle of the second abstinent year. Further elements of OLITA are: (1) support of social reintegration; (2) induction of alcohol intolerance by the application of aldehyde dehydrogenase inhibitors; (3) introduction of control factors i.e. controlled intake of deterrent medication and regular urine analysis for alcohol.

Thus far, 62 alcoholic patients (57 male, 5 female) reaching the highest ratings in the Addiction Severity Index (ASI) have been treated for 11 to 53 months. They were recruited for OLITA between October 1993 and April 1997, were 44 ± 8 years old upon entering the programme, had an average duration of alcohol dependence of 17 ± 7 years, and 6 ± 7 years failed inpatient detoxification treatments as well as 1 ± 1 failed inpatient long-term alcoholism therapies; 58% of the patients were unemployed. The present follow-up success rate, expressed as continuously abstinent patients one year or more after termination of the two-year OLITA programme, amounts to 57%. The unemployment rate declined to 28%. In conclusion, OLITA, based on the gradual tapering of high-frequency contacts in long-term community-based therapeutic attachment, without precedent among outpatient programmes for alcoholics, represents a promising approach in the treatment of therapy-resistant chronic alcoholics.

A RANDOMISED CONTROLLED TRIAL OF METHODS TO INFLUENCE GP UPTAKE AND UTILISATION OF EARLY INTERVENTIONS FOR HAZARDOUS ALCOHOL CONSUMPTION. UK RESULTS FROM THE WHO COLLABORATIVE STUDY

By B. MCAVOY, N. HEATHER, E. KANER, C. HAIGHTON and E. GILVARY. Primary Health Care, School of Health Sciences Medical School, University of Newcastle Upon Tyne, Medical School, Framlington Place, Newcastle NE2 4HH, UK

Problem drinkers form 20% of patients presenting to Primary Health Care. Research shows that problem drinkers who are given early and brief advice by their GP can reduce alcohol consumption by 25–35%. Many GPs are either unaware of new research findings, not helped by them or not incorporating them into practice. Thus there is a need for researchers to investigate methods of effectively disseminating and implementing research findings into clinical practice.

A randomised controlled trial incorporating 729 GPs from the former Northern and Yorkshire region was performed. Three marketing techniques (direct mail, telemarketing and personal marketing) were used to encourage GPs to take up a brief intervention programme. Thereafter, GPs from each marketing group were randomly assigned to three levels of training and support (control, training but no support, training plus ongoing support) to encourage programme implementation.

Uptake rates were 20% for direct mail, 82% for telemarketing and 68% for personal marketing. Implementation rates in these groups were; 32%, 16% and 29% respectively. GPs receiving training or training plus support screened and advised significantly more patients than those in less intensive training/support conditions.

Telemarketing was most effective at encouraging GPs to take up brief alcohol intervention but personal marketing was more effective in influencing GPs to implement it. Training plus support produced the most effective implementation. Ongoing health economic analysis will identify
the cost-effectiveness of these dissemination and implementation strategies in primary health care.

**ALCOHOL COUNSELLING FOR PATIENTS IN THE MANCHESTER ROYAL INFIRMARY**

By S. McMANUS, F. CREED and J. HIPKINS. Department of Psychiatry & Behavioural Sciences, Manchester Royal Infirmary, Rawnsley Building, Manchester M13 9WL, UK

The aim is to identify and provide a brief intervention counselling service for problem drinkers in the General Medical Ward setting and evaluate the effectiveness of this service. The main objectives were:

1. To set up a service to intervene in early alcohol misuse in order to prevent more serious problems;
2. To train nursing and medical staff to detect problem drinkers;
3. To assess patient outcomes of counselling interventions.

The target groups of clients (organisation, community, individuals) were:

1. Patients admitted to general medical wards at Manchester Royal Infirmary;
2. Men drinking over 50 units of alcohol per week;
3. Women drinking over 35 units of alcohol per week;
4. Excluding patients with chronic liver damage and overdoses.

The interventions/methods used were:

1. Brief intervention counselling;
2. Comparison of patients not receiving counselling (controls) with patients having 1 session and 2 sessions counselling.

Monitoring of progress included the following measures: Drinking Diary, CAGE, Alcohol Related Problems Questionnaire and recorded alcohol consumption in nurses and medical notes. Measures taken at baseline and 6-month follow-up.

The research project started in December 1996 and is due for completion in December 1998. We have achieved the goal of setting up a brief intervention counselling service with an increasing number of referrals from nurses and medical staff. At present we are collecting follow-up data from patients in the study to demonstrate the effectiveness of counselling. The research project will lead to recommendations about: (1) setting up a hospital-based brief intervention counselling service; (2) training nursing and medical staff to detect alcohol problems; (3) the benefits of brief intervention counselling.

**USE AND PERCEIVED EASE OF OBTAINING DRUGS AMONG 15–16-YEAR-OLDS IN CITY, SUBURBAN AND RURAL COMMUNITIES IN THE UK**

By PATRICK MILLER. Alcohol & Health Research Centre, New Medical Block, City Hospital, Greenbank Drive, Edinburgh EH10 6PY, UK

Results will be reported from a study based on the UK data from the European School Survey Project on Alcohol and Other Drugs (ESPAD). This large survey was carried out in many countries of Europe in the early months of 1995, and some of the UK findings have been reported. The 69 British schools surveyed were situated throughout the UK, some in inner cities, some in suburbs and some in far-flung rural areas. This paper addresses the question of whether, in early 1995, the prevalences of drug use among teenagers in these different types of area were equal. It was expected that there might be lower rates in the more rural areas. Also investigated are the perceptions of the school children about how easy it would be to obtain the various illicit drugs studied.

**INTRODUCING THE DOMINO PROJECT**

By G. MORGAN. Lechyo Morgannwg, 41 High Street, Swansea SA11 1LT, UK

DOMINO stands for Development Of Motivation In New Outlooks. Funded by the Lottery, DOMINO works closely with the West Glamorgan abstinence based agency WGCADA.

Before 1997, there was no service available in West Glamorgan that could meet the needs of alcoholics who were not ready for abstinence, or to prevent relapse in individuals in the early stages of recovery. Colleagues from Social Services and Health Authority discussed ideas with WGCADA to meet this need. The proposal was to set up both community and individual client based projects. It
was agreed that the project should have a knock on effect by influencing people away from their alcoholic behaviours. Hence the name DOMINO.

A DOMINO coordinator and administrator were appointed. DOMINO was launched in April 1997. Eligible clients were soon recruited to the project and several initiatives started. An ongoing allotment project has been extremely successful. Individuals working on the allotment have made great progress in their treatment. Teamwork is an important aspect of this success. Other activities include a film club and a Cybercafe. There are now plans to assist a group known as the Sisters of Mother Theresa. This will involve refurbishing a property so that care can be provided to people living on the streets. DOMINO is therefore fulfilling its original role to have a knock on effect and influence both people in treatment and the community in a positive way.

KNOWLEDGE AND ATTITUDES OF PRACTICE NURSES IN CARING FOR PATIENTS WITH ALCOHOL-RELATED PROBLEMS

By L. OWENS, M. PIRMOHAMED, I. GILMORE and KEVIN PARK. Department of Pharmacology & Therapeutics, Liverpool University, New Medical Building, Ashton Street, Liverpool L69 3BX, UK

Approximately 10% of the population of Liverpool abuse alcohol. Such patients may be amenable to intervention to prevent them from progressing to a state of alcohol dependence. General Practice clinics may be the first, and often the only, part of the health-care system with which these patients come into contact, and thus such clinics could be used to deliver advice on sensible limits of drinking. The clinics are often run by practice nurses, but little is known about their knowledge, skills and attitudes in delivering such advice.

In this study, therefore, we have conducted a postal questionnaire of all practice nurses (n = 132) in the Liverpool area. The response rate was 77%. The results of our survey indicate that there is a knowledge and skills-gap in delivering effective advice regarding alcohol consumption. For example, only 19% of practice nurses knew the recommended weekly consumption of alcohol in both men and women despite the fact that 91% routinely gave advice on the subject.

Of the nurses surveyed, 91% indicated that they would benefit from further training of alcohol related issues.

In conclusion, the knowledge base of practice nurses in delivering advice on sensible drinking is limited. This could be remedied by further training; this would be a cost effective measure since practice nurses are ideally placed to facilitate positive attitudes toward sensible drinking and prevent progression on an alcohol continuum with its attendant toll on the health of the population and the already overstretched economic resources.
PORTUGUESE ADOLESCENTS DRINKING PATTERNS, ALCOHOL INFORMATION AND ATTITUDES

By A. PINTO et al. Centro Regional de Alcoologia de Coimbra, Conraria, Castelo-Viegas, 3040, Portugal

It is a great challenge for modern societies and individuals to learn to live with alcohol in a healthy way, reducing the consumption to levels that do not disturb health. In Portugal, like other countries of Europe, actual consumption is too high to be considered compatible with health, creating one of the major public health problems. Young people form one risk group for alcohol consumption. The comprehension of alcohol consumption and behaviours among young people should integrate a global comprehension of adolescence. We needed to know the patterns of alcohol consumption in a representative group of adolescents from the central zone of Portugal. The present study aimed to evaluate knowledge, attitudes and behaviours related to alcohol among young students. This was a cross-sectional study developed with the application of a survey to students from grade 10, aged between 15 and 17 years. Students (1157) were surveyed. Cronbach’s alpha was 0.87. Students started drinking on average at the age of 12. The first consumption was mostly at home. Girls started drinking wine, and boys beer. More than half of the adolescents started drinking with peers. We found a positive correlation between father consumption and the precocity of drinking and between the number of drunkenness and earlier alcohol contact. Students who drink beer reported higher numbers of drunkenness. Earlier contact with alcohol is correlated with more physical, school and social problems, such as problems with the police. Boys started drinking earlier and more beer. Beer is the preferred drink (63%) and 6% of the adolescents said they used to drink beer every day.

AN AUDIT OF THE MANAGEMENT OF ALCOHOL WITHDRAWAL IN A TEACHING HOSPITAL

By M. PIRMOHAMED, L. OWENS, C. BROWN, I. GILMORE and KEVIN PARK. Department of Pharmacology & Therapeutics, Liverpool University, New Medical Building, Ashton Street, Liverpool L69 3BX, UK

A large proportion of patients with alcohol problems are admitted to general hospitals whilst withdrawing from alcohol. This is rarely a planned withdrawal, and thus these patients often need to be treated in a non-specialist setting. However, there is little data on the management of these patients in such settings. We have therefore undertaken an audit of patients admitted with alcohol withdrawal to the Royal Liverpool and Broadgreen University Hospital Trust. A total of 71 patients (76% males) with a discharge diagnosis of alcohol withdrawal were identified by ICD10 coding over a 4-month period. Most (98%) of the admissions were through the A&E department and were unplanned. The length of hospital stay ranged from 1—47 (mean 6) days. The medical treatment was inconsistent with three different drugs and different dose regimes being used, there being no correlation with severity of alcohol withdrawal. Chlormethiazole was the commonest drug to be used. The drugs used in patients with liver failure were similar to those used in patients with no liver disease. Vitamins were not given to all the patients, and there was no consistent approach in the treatment of seizures. Many patients were never referred to outside agencies for support and counselling.

In conclusion, the results of the audit have shown that the management of alcohol withdrawal within general hospital settings may be inadequate, inconsistent, often outmoded, and occasionally potentially deleterious. The development and implementation of clinical guidelines may help to optimise the management of alcohol withdrawal in a general hospital setting.
ALCOHOL: MINIMISING THE HARM: WHAT WORKS?

By MARTIN PLANT. Alcohol & Health Research Centre, City Hospital, New Medical Block, Greenbank Drive, Edinburgh EH10 5SB, UK

This presentation will offer a definition of ‘harm minimisation’ in the context for the reduction levels of alcohol-related problems. It will be emphasised that the value of specific strategies depends upon clear evidence of positive impact sustainability, together with social and political acceptability. These general issues will be illustrated with reference to some specific examples. The latter include policies on alcohol impaired driving, the use of toughened drinking glasses in bars, the application of laws and by-laws and ways of making bars safer. Such strategies include bar layout and design, staff training and the operation of a responsible beverage service.

WOMEN IN TREATMENT: COSTS AND BENEFITS

By PAMELA RAINE. Lancaster University, 120 Chapel Street, Dalton in Furness, Cumbria LA15 8RX, UK

This paper describes a small scale research project, concerning treatment experiences of women with alcohol and drug problems. The aim was to examine the perceived costs and benefits of seeking formal treatment for women experiencing alcohol and drug problems. An initial pilot study took place in an alcohol rehabilitation unit in Manchester. This entailed conducting a focus group and five semi-structured interviews with service users. Twenty three semi-structured interviews were then carried out with women in treatment in the Morecombe Bay and Cumbria area, seventeen of whom were in residential facilities. This paper is based largely on the experiences of these seventeen women. Nine of the women involved were using alcohol as the primary substance, and eight were illegal drug users, mainly heroine and amphetamines. The age range of the women interviewed was from twenty to forty nine. Ten interviews were also conducted with senior agency staff in voluntary and statutory facilities. The costs for the women of entering treatment are focused on such issues as separation from children, service orientation, personal space, group work, minority group status and relationships with other clients. Paradoxically, however, the benefits of residential treatment for women are also recounted as group work, minority group status, and relationships with other clients. It is the most vulnerable group of women, those who have previous histories of physical or sexual abuse for example, who appear to have the most difficulty in integrating into a mixed sex facility.

‘TACKLING ALCOHOL TOGETHER’ TOWARDS A NATIONAL ALCOHOL POLICY FOR THE UK

By DUNCAN RAISTRICK. Leeds Addiction Unit, 19 Springfield Mount, Leeds LS2 9NG, UK

The last major review of services for problem drinkers was the Kessle report of 1978 which established the principle of district services which are community based. Since that time the importance of minimal interventions and a broader public health strategy has been recognised. In 1994 a Government inter-departmental working group produced a controversial report, Sensible Drinking, which relaxed safe limits for alcohol consumption. A year later the WHO Regional Committee for Europe adopted the European Charter on alcohol and most recently the green paper Our Healthier Nation has, for the first time, promised a UK national alcohol strategy.

The key questions to be considered in developing policy are: (1) the balance between the reported protective effect of drinking modest amounts of alcohol against the variety of alcohol related harms which are well known; (2) mechanisms for controlling alcohol consumption within the population as a whole; (3) whether the idea of harm reduction borrowed from the illicit drugs field can be applied equally well to the alcohol field; (4) the problem of finding independent analysis of alcohol related data.

The Society for the Study of Addiction is an independent organisation and the Tackling Alcohol Together project which is financed by the Society is intended to provide the scientific evidence which is needed in the UK in order that policy makers and other interested parties can
debate the benefits of different policy strands. Getting the right policy mix is the key to a successful national alcohol strategy.

MOTIVATION TO CHANGE DRINKING BEHAVIOUR: COMPARISON OF ALCOHOL DEPENDENTS IN A GENERAL HOSPITAL AND A GENERAL POPULATION SAMPLE

By HANS-JURGEN RUMPF, ULFERT HAPKE, CHRISTIAN MYER and ULRICH JOHN. Department of Psychiatry, RGSAD, Ratzburger Allee 160, Luebeck, D-23538, Germany

The general hospital can be regarded as a suitable place to provide secondary prevention for problem drinkers because prevalence rates of alcohol dependence or abuse are high in this setting. Moreover, it is hypothesised in this study that being admitted to a hospital has an impact on the motivation to change drinking behaviour. To test this hypothesis, stages of change according to the model of Prochaska and DiClemente are compared in two samples: alcohol dependents admitted to a general hospital and alcohol dependents in the general population.

The general hospital sample consisted of all admissions during a period of 6 months (n = 1,167). Subjects were detected as alcohol dependent by a two-step diagnostic procedure including screening instruments and a diagnostic interview (SCAN). Subjects in the general population were drawn from a randomly selected sample of 4,075 individuals and diagnosed using a German version of the CIDI administered in a computer assisted personal interview. Individuals were allocated to the stages of changes using the Readiness to Change Questionnaire (RCQ).

The readiness to change drinking behaviour differed significantly (P < 0.0001) between alcohol dependents in the general hospital and the general population revealing a shift towards a higher stage of change in the hospital subjects. Logistic regression analysis revealed that both groups differed in age besides the stages of change distribution. It is concluded that motivational prerequisites in the general hospital are supportive for interventions.

ALCOHOL RELATED PROBLEMS IN DEVELOPING COUNTRIES

By SHEKHAR SAXENA. Department of Psychiatry, A. I. I. M. S., All India Institute of Medical Sciences, New Delhi 110029, India

The majority of drinking as well as heavy drinking population lives in developing countries. Though a significant proportion of the population in these countries is abstinent, per capita alcohol consumption among the drinking individuals in these countries is comparable to or higher than the same in developed countries. There is some evidence to suggest that an equivalent amount of heavy drinking in developing countries causes more health, economic and social problems, higher extent of disability and more impairment of quality of life among users, their families and the society than the developed ones. Lack of sufficient health and social services further compounds these problems. Inadequate awareness of the extent of alcohol related problems along with large amounts of revenues generated directly or indirectly through alcohol have led to policies being pursued by the governments in developing countries that have contributed to increasing alcohol use in the recent past. High pressure marketing efforts by transnational alcohol companies and decreasing control over alcohol availability as a part of economic liberalisation and tourism development are also contributing to the worsening situation in these countries. This is in marked contrast to most developed countries where alcohol use as well as related problems have declined over the recent years. Developing countries should develop policies that aim to reduce the public health consequences of alcohol use by decreasing overall consumption as well as developing harm reduction strategies at the population and the individual levels. There is a need to learn from the experience of developed as well as other developing countries in order to achieve these aims.
DEVELOPING A NATIONAL CAMPAIGN ON DRUNKENNESS

By ANDY SEALE and ANGELA HOLLING.
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The Health Education Authority launched an integrated campaign called Too much drink? THINK in November 1997. The campaign was based on an integrated model involving: research; national and local alliances and partnerships; the national and local news and feature media; and the production of materials (posters, postcards, leaflets) for use by people working in alcohol education. Market research was instrumental in shaping the approach used.

This presentation will explore the techniques in developing the campaign and offer an insight into the pitfalls and successes encountered.

DRINKWISE-DRIVEWISE — A PACK FOR NEW DRIVERS

By RUTH SHEPHERD and SUSAN KERR.
Greater Glasgow Health Board, PO Box 15328, Dalian House, 350 St Vincent Street, Glasgow G3 8YY, UK

The last fifteen years have seen a massive fall in the numbers killed or seriously injured in drink-driving accidents. However over the past few years the numbers are starting to increase slightly in one particular group, namely young males aged 20–24 years.

In response to this, Greater Glasgow Alcohol Liaison Committee developed a pack for new drivers which has been distributed through Driving Test Centres in the Glasgow area. The pack contains information about; alcohol, drinking and driving, drugs and driving and first aid. Promotional Materials branded with the Drinkwise-Drivewise logo were also included to serve as a permanent reminder of the campaign messages. The pack was contained in a plastic box which could be used to hold a car first aid kit.

The first of the packs were distributed to new drivers in September 1996 and the project has now been running for one year, with approximately 75 packs per week being distributed.

A postal survey was conducted to evaluate the pack and approximately 550 responses have been obtained. The results suggest that the packs were popular with the respondents, who found the contents to be generally informative and useful. Key messages learnt from the pack included dangers of drinking any alcohol and driving, time taken for alcohol to leave the body, and consequences and penalties for drink-driving.

As a result of the success of the pack a poster presentation has been designed to demonstrate this model of good practice to agencies and others working to prevent alcohol related harm.

A SYSTEM FOR STAGING DRINKERS AND THEIR PARTNERS

By GEOFFREY SMERDON. Cornwall Alcohol and Drugs Agency, CADA House, Infirmary Hill, Truro TR1 2HY, UK

Alcohol workers have long needed some way of evaluating the progress of their clients, and purchasers the value of services. The work of Prochaska and DiClemente in identifying the stages of changes through which recovering addicts move was inspirational in concept, but is not a usable tool. Outcome indicators are logical but a selection is needed, and there is no agreement on which to choose or how to weight one against another.

The author has conducted a non-experimental cohort study in his general practice of 126 patients with recognised alcohol problems and notes covering many years. It was found that the original four Prochaska and Diclemente stages had to be increased to nine to accommodate all the patients and so cover a cross section of the population. A number of assessable behavioural criteria for entry to each stage had been evolved using Gruned theory. The criteria were checked for reliability and are now in their twenty-first version. A list of interventions appropriate to each stage had been added and the system extended to partners of drinkers. The Cornwall Alcohol and Drugs Agency has placed an alcohol counsellor in every general practice in the county. All patients are staged at every consultation (7746 last year). This database is currently being used to compare the performance of counsellors, asking them to explore differences.

The instrument has considerable potential once norms are established. With suitable software such
as intelligent data analysis and using X and Y distance methods, it will become possible to identify patterns, explore hypotheses, and provide hard information about results.

PROJECT MATCH: TREATMENT IMPLICATIONS OF LONG-TERM RESULTS

By ROBERT L. STOUT and THE PROJECT MATCH RESEARCH GROUP. Center for Alcohol & Addiction Studies, Brown University, Box G-BH, Providence, Rhode Island 02912, USA

Long-term follow ups of Project MATCH out-patient subjects have recently been completed. Interviews were done at 39 months after intake, or three years after scheduled end of MATCH treatment. Three year follow-up data were obtained from 806 subjects, or 85% of the original sample. A substantial proportion of participants were markedly improved at 39 months. Almost 30% of subjects were totally abstinent across months 37—39. Two a priori matching hypotheses were confirmed at months 37—39; (1) Clients high in anger had better outcomes in Motivational Enhancement Treatment (MET) than in Cognitve—Behavioural Treatment (CBT) or Twelve Step Facilitation (TSF), while for those in low anger the opposite pattern prevailed. (2) Clients high in social support for drinking were found to have the best outcome when treated in TSF rather than MET. The anger matching effect emerged between months 15 and 37. Matching effects for psychiatric severity, which had been significant during months 4—15, were not observed at month 39. Overall, clients treated in TSF tended to have somewhat better outcomes than those treated in the other conditions. Among the implications of these findings are that some matching and main effects can have an impact over extended periods of time, and these effects are not small. Therefore matching, at least in the sense of special attention to specific individual needs, may be important to consider in treatment planning.

ASSESSING ALCOHOL RELATED HARM IN THE COMMUNITY. ITS FINDINGS AND OBSERVATIONS

By H. SUTCLIFFE and M. KELLY. Centre for Research on Drugs & Health Behaviour, 200 Seagrave Road, London SW16 1RQ, UK

This paper will present findings from a community study to assess alcohol related harms (background described in paper by Kelly and Sutcliffe). The process of carrying out the research will also be described. The study was carried out in two communities in England using the rapid situation assessment approach. Fieldwork was carried out between October and December 1997. The study will describe perceptions and attitudes towards alcohol use and misuse at local level from a range of respondents. This includes a summary of key points raised in qualitative one-to-one interviews with professionals interested in alcohol related harms, such as those who work in the criminal justice services. Information will also be presented from surveys of police, cab drivers, publicans/club managers, and the general public. Implications of the findings for the development of indicators to be used to measure change in alcohol related harm over time will be considered. This will form the basis of a preliminary framework for planning and evaluating interventions to reduce alcohol related harms appropriate to culture and locality.

AN HISTORICAL OVERVIEW OF THE DRUGS COERCION IN THE TREATMENT OF ALCOHOL DEPENDENCE IN THE UK

By BETSY THOM. The Centre for Research on Drugs and Health Behaviour, 200 Seagrave Road, London SW6 1RQ, UK

With the passing of the Habitual Drunkards Act (1879) and the Inebriates Act (1898) the 19th century saw the introduction of compulsory treatment for chronic drunkenness offenders whereby they could be detained and treated against their will in State or Certified Inebriate Reformatories. In the post world ward two period, the Criminal Justice Act (1948) opened the possibility of compulsory admission to hospital as a condition of a probationary order. The Mental
Health Act of 1959 provided for the compulsory treatment of individuals deemed to be mentally ill through drink, although alcoholism or drunkenness alone did not constitute sufficient reason for psychiatric detention. But the need for compulsory treatment and the efficacy of this approach to the problem have been contested ever since such legislation was introduced. In the light of current consideration of compulsory treatment for drug addiction (drug courts), this paper will discuss the history of compulsory treatment for alcoholism in England. In particular, the paper will examine the specific social contexts within which debate on compulsory treatment hasrecur ed over the past century. It will address questions of shifting responsibility for the problem within government departments, and the influence of different interest groups and of changing conceptions of the nature of the alcohol problem on the outcome of debates and legislation on compulsory treatment. The reasons why compulsory detention has largely been rejected as an appropriate approach to the treatment of alcoholism, and the evidence on which reflection rests, will be briefly reviewed.

LONELY AT THE TOP
By DAAN van PRAAG. Jellinek Consultancy, Stadhouderskade 125, Amsterdam, 1074 AV, The Netherlands

Achilles (a Jellinek initiative) is located in Amsterdam. It is a treatment unit, specially organised for people who need very discreet help, because they are very well known by the general public. Because of that they are vulnerable. Think about politicians, doctors, lawyers, professors, actors and musicians.

In the project we work with modern methods and treatment plans. Important is the possibility to offer psychotherapy. Important themes are: loneliness, boredom and intimacy problems in marriages. It is not the stress of the job that is the most important.

In the workshop we will explore these themes. There is ample space for discussion and questioning. Participants will be invited to share their own experiences with this special group of clients.

ALCOHOL POLICY IN HUNGARY AND THE EUROPEAN UNION
By ZSUZSA VARVASOVSZKY. Hungarian Ministry of Welfare World Bank, Program Unit, Frankel Leo U. 30–34, Budapest 1023, Hungary

Chronic liver disease and cirrhosis mortality — an indicator of alcohol related problems — showed an unprecedented increase in Hungary in the past decade. Hajdu showed that by 1994 compared with 1979 60% of the total excess mortality was due to chronic liver disease and cirrhosis and alcoholic psychosis and alcohol dependence.

The extent of the problem seeks policy action. A stakeholder analysis of the alcohol policy field, and study of major movements and legislative changes of the past decades took place in Hungary. It showed that actors of the policy field formulate four major groups. Actors hardly consider more than one or two policy means as coherent parts of alcohol policy. Health and safety actors refer mainly to education programmes, while business actors mention advertising and pricing, often referring to EU directives. Hungarian policy makers consider EU directives as golden standards, which are essential to meet to open the opportunity of joining the EU.

Hungary is an applicant for the European Union membership. Discussion between the Hungarian government and the EU have already started to synchronise the legislative and financial background.

EU directives with regard to public health issues — apart from the tobacco field — are rather vacuous. Directives, however, are more firm about market measures, such as taxation, customs, agricultural production, etc. These are reflected in the changes of the Hungarian legislation with impact especially on pricing, advertising policy and availability.
UNDERSTANDING DRUG USE WITHIN THE WIDER SOCIO-ECONOMIC CONTEXT IN SOUTH AFRICA, USING GEOGRAPHIC INFORMATION SYSTEMS TECHNOLOGY

By G. WEIR-SMITH, C. A. SCHWABE and L. ROCHA-SILVA. Human Sciences Research Council (HSRC), Private Bag X41, Pretoria, 0001, South Africa

This paper discusses the value of Geographical Information Systems (GIS) technology in examining the spatial patterning of alcohol/drug taking and especially interactions between drug use and the wider socio-economic environment in South Africa. The importance of such analyses in post-apartheid efforts at meeting major socio-economic and health challenges comprehensively and in an integrated manner is emphasised.

In fact, the paper presents the major results of a recent effort of the GIS Unit of the Human Sciences Research Council (HSRC) to examine the spatial patterning of HSRC sample survey data on the nature and extent of drug use in South Africa, specifically within the wider socio-economic context (e.g. the distribution of recorded crime, service provision, unemployment and poverty). It critically discusses the methodology used to link various data sets in a comprehensive spatial database format and examines relationships. Special attention is given to the approach followed in integrating the sample survey and census data and indeed extrapolating national sample survey data to magisterial districts in the country as whole.

PATHWAYS TO TREATMENT: ALCOHOL PROBLEMS IN THE GENERAL POPULATION AND HEALTH AND SOCIAL SERVICE AGENCIES

By CONSTANCE WEISNER. Alcohol Research Group, 2000 Hearst Avenue, Suite 300, Berkeley, California 94709-2176, USA

This workshop will examine data from our Community Epidemiology Laboratory (examining alcohol problems in the general population and in the criminal justice system, welfare departments, emergency rooms, primary health clinics, mental health centers, drug treatment agencies, and alcohol treatment agencies), look at prevalence of problems and patterns to and from treatment, multiple service use, and the way problems are triaged across systems. Then, informed by that earlier study, from our new study in the same county, we are interviewing a cohort of problem drinkers over time (in the general population and treatment sample) and watching them enter/re-enter and not enter treatment, and the factors influencing that. There are interesting findings on how both organizational factors (e.g. different forms of managed care, gatekeeping) and individual characteristics (demographics, severity, social influences including informal and formal pressure) impact getting to alcohol treatment. I could stress either substantive or methodological issues on this.

COERCION AND ALCOHOL TREATMENT: THE CASE OF THE USA IN THE 1990s

By CONSTANCE WEISNER. Alcohol Research Group, 2000 Hearst Avenue, Suite 300, Berkeley, California, 94709-2176, USA

This paper address coercion in alcohol treatment in the US in the 1990s. A review of the 80s found that pressure to enter treatment was commonplace, but not well conceptualized or measured in the literature. While coercion from the criminal justice system was most typical, coercive referrals were also found in the workplace, welfare agencies and the family. When considering coercion, the outcome literature primarily focused on compliance. Several developments have occurred during the current decade which substantially change the nature and type of coercive referrals. Changes in the treatment system and broader health policy (privitization, move to managed care, available resources, and the merging of alcohol and drug treatment); changes in other institutional systems (such as welfare and criminal justice and their relationship to alcohol and drug abuse); and changes in public attitudes toward alcohol and drug problems and their attribution to other health and social problems all have impacted the nature
of coercion. Alcohol problems alone are seldom a target of coercion in the criminal justice system, unless they are combined with other drug abuse. While the major exception is drinking driving, the basic nature of these diversion programmes has changed as well. At the same time, alcohol problems are of growing concern in the workplace and in welfare reform and the referrals from such institutions have an increasing prevalence in the treatment system. Fundamental issues regarding the definition of alcohol problems as disease, public health or public safety problems re-emerge as part of understanding the patterns of coercion, as well as goals of treatment.

DETERMINANTS FOR SOBRIETY IN LONG-TERM ALCOHOL DEPENDENT PATIENTS AFTER DETOXIFICATION

By STEVE WICKS, JONAS HAMMAR and ULOF WISEN. Addiction Centre South, Huddinge University Hospital, Huddinge University Hospital, Huddinge, 141 87, Sweden

Long-term alcohol dependent patients show a tendency to relapse and poor after-care compliance. Our aim was to study if an association exists between the ability to develop and maintain problem solving strategies and the number of sober days after detoxification in long-term alcohol dependent patients.

Eighteen consecutive patients admitted for detoxification were offered participation in the study. On day 2 or 3 after admission the patient completed a battery of questionnaires; Readiness to Change (RC), Beck’s Depression Inventory (BDI), Clinician’s Hopelessness Scale (CHS), Alcohol Use Inventory (AUI) with Trail Making (TMT) and A&B Wisconsin Card Sorting Test (WCST) was administered the following day. At follow-up two months after discharge the same battery was used with alcohol consumption estimated by Time Line Follow Back.

According to the AUI, the severity of dependency was high [median 9.5, interquartile (IQ) range 9–10]. The percentage of non-drinking days at follow-up was median 78 (IQ range 57–100). A majority of patients (83%) were in the contemplation stage with little change at follow-up. Depression and Hopelessness were high at admittance with significant \( P < 0.05 \) improvement at follow-up. No significant correlation between BDI or CHS scores and non-drinking days was recorded. TMT performance was 37 (IQ range 34–46) at the initial assessment improving to 43 (IQ range 37–55) at follow-up \( (P < 0.02) \). There was no correlation between TMT performance and non-drinking days. WCST results were generally low. There was a positive correlation between WCST and percentage of non-drinking days.

We conclude that in long-term alcohol dependent patients impairment of the ability to develop and maintain problem solving strategies (as measured by the WCST) correlates with poor short-term prognosis, whereas no such association was found for functional brain damage as measured by TMT.

BREATH ALCOHOL CONCENTRATIONS FOLLOWING PROLONGED DRINKING WITH AND WITHOUT FOOD

By NEIL WRIGHT and DOUG CAMERON. Department of Psychiatry, University of Leicester, 5th Floor RKCSB, Leicester Royal Infirmary, Leicester LE2 7LX, UK

This study examines the breath alcohol concentrations (BACs) of young men after a 1.5 h lager drinking session (1 ml alcohol per kg body weight) whilst fasted. This was repeated with a standard meal eaten in the first 40 min of the drinking session. Other additional influences on BACs were controlled.

Fasted BACs are lower and show a markedly different time course to standard reported curves produced in single dose ingestion. There is wide inter-individual variation in peak, time to peak and post peak decrements. Eating further reduced BACs but the magnitude of the effect varied widely between subjects.

The results of this study have important implications for drink drive behaviour and policy.