



Founded 1967

Alcoholis

The bulletin of the Medical
Council on Alcohol

Volume 32

Number 4

October 2012

ISSN 1351-0541

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From the editor



Dr Dominique Florin

The MCA's principle sphere of interest has always been educational. In this issue, we publish accounts of two projects which have recently been completed, discussing alcohol and substance misuse education. The 'Drug and alcohol core competencies' project was carried out under the auspices of the Academy of Medical Royal Colleges. A number of approaches, including a Delphi technique, were used to define the basic core competencies required for all postgraduate medical specialties. The 'Substance misuse in the undergraduate medical curriculum' project has also now finished, and its outputs include mapping existing teaching and factsheets for different specialties. The two articles published here have useful information for those involved in undergraduate and postgraduate teaching and training. As ever, the challenge is to implement and build on these findings.

The Michael Frowen essay competition this year was won by Mayur Murani; his really excellent essay will be published in the forthcoming MCA Annual Report. The biennial National Alcohol Awareness Week competition attracted

a high number of entries. The task was to produce a postcard on the theme of 'student drinking'. The three very attractive winning entries are reproduced in this issue. We have had these produced as A5 postcards with alcohol facts on the back, and they are available from the MCA office. Do think of ordering some – they are ideal to distribute to students and other health professionals in educational or service settings. The MCA office is also in the final stages of producing a new leaflet on alcohol for medical students, jointly with the BMA. This is full of information and will be distributed to medical students during their freshers' weeks. It will also be available to order from the MCA office.

LawCare is a charity founded to support lawyers with alcohol problems. They have given us a summary of their activities in this issue. I was intrigued that while in the past the majority of calls for help came from lawyers with alcohol problems, these are now in a minority, and issues such as stress and other addictions form more of their caseload.

The founder of Alcoholp, one of the sponsors of our annual meeting this year on 'Alcohol and adolescence', has written an account of the important work they carry out educating school pupils about alcohol. This thoughtful piece recounts how the author's own early experiences with alcohol led both to his subsequent problems and to his current work with young people. This is a challenging

area which is likely to be discussed further at the meeting. Do please register for the MCA Symposium on 14 November if you have not already done so. An updated programme for this excellent event is included in this issue.

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My early experiences

My first 'proper' drink was in 1965 when I was about 13. It was a half pint of 'mild'. My last alcoholic drink was in September 2000, some 35 years later. It was a bottle of vodka. The years in between saw my drinking progress from 3.2 ABV beer through to neat spirits gulped straight from the bottle. In September 2000 I was admitted to the Priory Hospital. I was a jaundiced-looking, thin shadow of my former self who was told that if I continued drinking I would probably be dead inside two weeks. I made a decision to live, and to this day, 12 years later, I have not had an alcoholic drink. I am an addict in recovery, one whose drug of choice was alcohol.

After several years in recovery, a couple of fellow alcoholics and I formed a charity, Alcohelp. Apart from a strong desire among us to 'give something back' to the society we had so badly treated, we had no fixed direction. We researched many avenues to do with alcohol and spoke to many people in the fields of medicine, psychology and teaching. We decided to pledge ourselves to 'raising alcohol awareness' in children. Eight years later, the charity is hugely successful, and through its workshops reaches more than 10,000 adolescents each year.

Adolescence

Those years as a youngster from about 12 to 18 that begin with the onset of puberty and end with the 'coming of age'. For me they were the most formative years. I was academically reasonably bright; I passed the 11+ exam and attended a boys only grammar school. This was in the early 60s, the era of sex, drugs and rock and roll. I had an inner yearning to be part of this scene, and many of my impulsive decisions, including that of drinking, were taken not solely because of peer pressure but also through my yearning to base my lifestyle either on role models who were part of the music scene at the time, or else older children and parents whose 'positive' attitudes toward alcohol

I envied. It was a time of rebellion and change.

Adolescents of today are still faced with very similar scenarios, but with the advent of social networking, proliferation of the media, immediate communication and ubiquitous point-of-sale alcohol, pressures on them to drink are everywhere.

Alcohelp is extremely privileged to have the opportunity to connect with children first hand. Part of this is achieved by liaising with local councils and becoming an integral part of safety days that are organised by them for those in school.

Primary education

Our first encounter is with children in Year 6 (10- to 11-year olds) in their last year of primary education. We take small groups of approximately ten children, and in a ten-minute brainstorming session we convey a large amount of valuable information regarding keeping themselves safe around alcohol. We think our experiences of our 'drinking careers' act as a powerful tool in commanding their attention. We ask 'How do you feel around adults who are drinking?'. Inevitably their responses highlight their discomfort, ranging from 'sad' and 'upset' through to 'vulnerable' and 'scared'. Since 2005, we have worked with some 30,000 Year 6 children, and these responses have been consistent in this age group. I'm sure that the majority of adults who these children 'fear' are oblivious to the notion that their actions engender such feelings. We also ask, by a show of hands, 'Have you ever had any alcohol ... even if it was just a sip at Christmas?' A staggering 98% raise their hands! When asked 'Who gave it to you?', invariably they tell us it was a family member, usually one of their parents. We feel that the time has come for adults to realise that it is *not* OK to let their children try alcohol. Statistics indicate that approximately 20% of 11-year-olds are already drinking alcohol regularly. During our sessions we emphasise that, conversely, 80% of 11-year-olds are *not*

drinking. These are in the huge majority, and are thus empowered to withstand the mounting peer pressure that continues into secondary education.

Secondary education

There is a marked change in children during their early years in secondary school. Where these innocent primary youngsters were the 'elders' in their previous school, all of a sudden they are plunged into 'big' school, where they must sink or swim, lead or be led, and where all the pressures mentioned earlier begin to kick in. When they are in Year 8 (12–13 years old) we work with the children again, this time for longer (40 minutes) and in groups of 20–30. We highlight, sometimes in graphic detail, the consequences of binge drinking (drinking to get drunk), and discuss with them the effects of alcohol on their bodies, and in particular their brains. We think this angle is highly effective, as prior to this they are unaware of the effects, thinking that the primary organ affected is the liver. By this age, approximately one third of them will be drinking regularly, one third will be (and will remain) disinterested in alcohol, and one third will be ambivalent, not sure whether they will give in to peer pressure or keep away from alcohol until their bodies and intellect can better cope. It is unlikely that all children of this age who are drinking regularly will develop a serious problem, but those who also have alcohol problems in their family are those most at risk of developing an alcohol problem.

During our workshops with Year 10 children (14- to 15-year-olds), we find that many aspects of the UK's alcohol culture are by now entrenched. While they concede that drink-driving and drinking while pregnant are both socially unacceptable, they are still unaware of the enormous harms that this drug causes within society in general and to their bodies in particular. There is a strong belief that 'it won't happen to me'. Our 2012 workshops have, for the first time, revealed some students who are deeply

concerned about their own (and others') drinking. There was a youngster only the other week who earnestly asked me 'how can I stop my cravings for booze?'. Up until this year we had always noticed the 'having a good time' aspect that students attached to their drinking. This new development is of concern to us and we are looking to launch support groups in secondary schools to help address these issues.

Some of those adolescents who began their 'drinking careers' earlier in school life have, by the age of 16 or 17, either stopped or cut down their drinking. The majority, however, have continued and their drinking has become excessive. This can lead to impairment of the memory centre of the brain and affect decision-making and judgment. There is also a high incidence of truancy among excessive adolescent drinkers, as well as their possible involvement in risky, violent and dishonest situations.

There is news emerging, based on recent research, which indicates that the number of those drinking during adolescence

is starting to fall, and that's encouraging. However, those who are starting to drink are hitting it much harder, and that's worrying. We firmly believe that educating youngsters on alcohol awareness is the way forward. Alcoholcare cares deeply about young people and feels that it is the shared responsibility of parents, drinks companies, retailers and the press to ensure that the harsh medical and social facts regarding alcohol and adolescents are publicised and actioned.

Conclusion

Much of what I have written is drawn from my charity's own close involvement with adolescents. I have focused on those children in adolescence prone to drinking, and many of them doubtless have addictive personalities. I have also tried to keep as objective as possible; however, I do recognise traits and behaviours similar to my own during adolescence.

Substance misuse in the undergraduate curriculum – an update

Christine Goodair, national coordinator, St George's, University of London

In the April 2011 issue of *Alcoholis* the above project was described.¹ Since then, the project has been completed; the following article provides an update.

In the late 1990s, research had demonstrated very low levels of exposure of future doctors in UK medical schools to teaching around drug and alcohol misuse issues. The first phase of the 'Substance misuse in the undergraduate medical curriculum' project, 2005–7, funded by the Department of Health, worked with all UK medical schools to develop consensus guidance on the integration of alcohol, drugs and tobacco training in medical undergraduate curricula.² The UK corporate guidance included key objectives and recommendations on providing high-quality training and assessment, and was endorsed by the chief medical officer and the General Medical Council. It is cited in *Tomorrow's doctors*.³ In 2008 a second phase focused on implementing the guidance in English medical schools. This took place between 2008 and 2011. It was done through the appointment of time-limited curriculum coordinators in English medical schools, working with local academic champions, to identify the suitability of the current substance misuse teaching, and to recommend and support changes to ensure that substance misuse issues were fully covered, in line with corporate guidance.

In each participating medical school, the current teaching and learning of substance misuse was identified. Coordinators undertook a mapping exercise that enabled them to construct a comprehensive overview of substance misuse teaching within their respective school, and for their findings to be aligned to the substance misuse learning outcomes from the core curriculum guidance developed in Phase 1. This process identified what was covered, what was not covered, and what could be added to with regards to substance misuse

teaching, including areas of commonality across the schools. The mapping identified variation in the instances of teaching between schools and within schools, and variation in the extent of provision, as well as certain areas needing further development.

During the project, a toolkit and a series of factsheets were written and developed to aid the mapping and implementation processes. The factsheets were used by the schools to supplement existing teaching material, with additional titles being developed in response to demands from individual teaching staff.

This major initiative has, through the national guidance and changes, enhanced the training and education of student doctors, and established a basis for substance misuse teaching that has already influenced the learning of our future doctors. Both stages of this project have raised the awareness in medical schools of the need to include learning about drugs, alcohol and tobacco in all the disciplines of medicine.

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- 3 General Medical Council. *Tomorrow's doctors: outcomes and standards for undergraduate medical education*. London: GMC, 2009.

LawCare – a unique charity

LawCare is an independent charity, which was established in 1997 with the purpose of providing help and support for solicitors who were abusing alcohol. The intention was to prevent mistakes being made, careers being ruined and the profession being brought into disrepute, as well as protecting the public from the terrible problems which could ensue because their trusted solicitor was rendered not fit to practise by an alcohol addiction.

Over the years, LawCare's remit has changed considerably, in terms of the areas and people covered by our services, the problems reported to our helpline, and the range of services offered.

LawCare's services have been extended to cover all jurisdictions of the legal profession in the UK, Ireland and the Isle of Man. The charity covers solicitors, barristers, advocates, judges, sheriffs, senators, paralegals, barristers' clerks and legal executives: a total of over 250,000 people. Unusually for a charity, LawCare also supports and assists the families and staff of lawyers.

Funding is provided by the professional bodies representing these groups. They make an annual donation to allow the charity to function and support their members.

The LawCare 365-day-a-year helpline is manned by LawCare staff, who are lawyers and former lawyers, who know what life is like at the 'coal face' and can talk knowledgeably about life in practice.

LawCare acts as a referral service to those in need of expert / in-house treatment, and will help with trying to source funding for this treatment, if it is not readily available. When callers are referred to one of the resources, they are monitored to ensure that recovery is an ongoing process

Relatively few calls (around 20%) to our free and confidential helpline are now about alcohol, with the majority being related to stress, depression and other problems including eating disorders and gambling addiction. We know that lawyers are

drinking to excess to cope with the stresses in their lives, so we are always looking for new ways to reach out to them, and to let them and their families know that we are there to help.

LawCare also provides educational presentations to chambers, local law societies, firms and special interest groups aimed at preventing some of the problems from arising in the first place. These seminars and workshops are offered free, and we ask only that our expenses be met. Many branches of the legal profession, in common with other professions, are required to do a certain amount of training (known as continued professional development, or CPD) per year. LawCare's presentations count towards this training.

There are numerous excellent information packs on various topics (bereavement, debt, counselling, stress management etc) which can be downloaded from our website or can be sent by post, on request.

There are also 176 volunteers throughout the UK and Ireland who offer one-to-one, ongoing support to helpline callers referred on to them. Most of the volunteers are lawyers, or former lawyers, who have personal experience of the issues being suffered by helpline callers.

Many former LawCare callers 'pay it forward' by becoming LawCare volunteers (although we do require two years in recovery before anyone can support others as a volunteer, to protect both the volunteer and the caller).

As far as we are aware, the law is the only profession in the UK which has this 'one-stop shop', specialist and wide-ranging support available to members of the professions, their families and staff.

LawCare helpline

Tel: 0800 279 6888

9am–7.30pm on weekdays

10am–4pm at weekends and

on UK public holidays

www.lawcare.org.uk



Alcohol and other drugs: new core competencies for all doctors

Virtually every doctor in the UK, whatever their medical specialty, will see patients whose health is affected by alcohol and other drugs. In England alone, 25% of the adult population (7.6 million people) drink at hazardous levels,¹ and there were 1.2 million alcohol-related hospital admissions in 2010/11.

All doctors therefore need to be adept at identifying problematic use of alcohol, as well as other drugs, so they can deliver effective treatment for the presenting condition, and also so they can provide brief advice to help prevent or reduce future harm. There is strong evidence that brief advice on alcohol use is effective, as set out in NICE public health guidance 24.²

Yet harmful alcohol use and dependence are currently under-identified by health professionals, which is one reason why only about 6% of people per year who are alcohol dependent receive treatment.³

To address this, a working group of medical colleges and faculties, sponsored by the Academy of Medical Royal Colleges, has identified 11 core competencies on alcohol and other drug use, which *every* doctor should have. The participating colleges are now incorporating these competencies into their postgraduate curricula. The working group's final report, including a full list of the core competencies, is available at www.rcpsych.ac.uk/publications/collegereports/op/op85.aspx.

References

- 1 National Audit Office. *Reducing alcohol harm: health services in England for alcohol misuse*. London: NAO, 2008. www.nao.org.uk/publications/0708/reducing_alcohol_harm.aspx
- 2 National Institute for Health and Clinical Excellence. *Alcohol-use disorders: preventing the development of hazardous and harmful drinking*. Public health guidance 24. London: NICE, 2010. <http://guidance.nice.org.uk/PH24/Guidance/pdf/English>
- 3 HM Government. *Drug strategy 2010: reducing demand, restricting supply, building recovery: supporting people to live a drug-free life*. London: Home Office, 2010. www.homeoffice.gov.uk/drugs/drug-strategy-2010

MCA Symposium Programme

14 November 2012

9:30	Registration and coffee	Max Glatt Lecture
10:00	AGM commences (MCA members only)	11:00 Prof Colin Drummond, Prof Jonathan Chick and Dr Bruce Ritson
10:30	Essay and NAAD winners	Professor Griffith Edwards and his contribution to the field of addiction
10:45	AGM finishes	
Session break		11:40 Presentation of the Max Glatt Medal 2012
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12:00	Lunch	12:45 Regional Advisers Meeting (MCA regional advisers only)
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Seminar: Alcohol and adolescence		Session break
13:15	Prof Colin Drummond (MCA chairman) Welcome and introduction	15:00 Tea and coffee break
13:30	Dr Anne Hope 'Lead us not into temptation': adolescents and alcohol policy	15:15 Prof Eilish Gilvarry Treatment of alcohol misuse in adolescence
14:10	Prof Gunter Schumann Genetic aspects of young people's drinking behaviour	15:55 Dr Simon Barton Alcohol and sexual health
		16:35 Panel and question time
		16:55 Meeting summary and close

To book your place, please contact Sapphire Ellison directly:
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The Medical Council on Alcohol is a small national charity committed to improving the medical understanding of alcohol-related problems.

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