The Treatment of Drinking Problems
A Guide for the Helping Professions
Fifth Edition
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This book is dedicated to anyone struggling with a drink problem
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Foreword

Welcoming the fifth edition

The publishing history of this book since its first appearance in 1982, is outlined in the editorial note that immediately follows this Foreword. It is exciting to see a previously British text now become an Anglo-American production. I want to commend this most recent contribution, and congratulate the current writing team on a job eminently well done. But I want also to try to identify what I see as a key intention which has guided the development of this book throughout its history and up to the present point.

This manifestly is a book committed to enhancing the motivation and commitment of the professionals who will make the treatment happen. I believe that the present volume like its predecessors has, as a core intention, the purpose of persuading all manner of professionals practising in this arena, whether they are dedicated to a specialist career or are for the first time encountering a drinking problem in some generalist setting, that they must learn how best to use themselves as agents of change. Treating drinking problems is portrayed in this volume as embedded in human interactions rather than a tick-box enterprise. The reward that can come from the varied and challenging engagement with this type of experience, potentially offers to the practitioner considerable reinforcement in terms of heightened understanding of the human condition and of one's own human potential as therapist. There are few other areas of practice where skilled intervention can so greatly help an individual to turn their life around. In some ways the deeper intention of this book is itself to act as change agent, with the relevant professions the target for change.

There are, no doubt, several other intentions woven into this fifth edition which the authors themselves would identify if asked so to do: the staying close to reality; optimism coupled with the admitting of difficulties and frustrations; the definition and interpretation of the science base and repeated consideration of how science and the wisdom of clinical experience are to be brought together; the rejection of stereotype; acknowledgement of the diversity of settings where the problems will be encountered; the reality of dependence as dimension rather than category and with non-dependent drinking also within the remit. Those threads and more are embedded within a book which in masterly fashion speaks to the reward to be found in the treatment of drinking problems. The quality of the writing serves to support the ambitions of this book.

Griffith Edwards
National Addiction Centre
A note on the fifth edition

The Treatment of Drinking Problems: A Guide for the Helping Professions was first published in 1982 as a single author text. That author, Griffith Edwards, wrote that he had drawn freely from the 'two major resources which must be the foundations of any treatment text – the worlds of clinical experience and of scientific research'. He acknowledged the many clinical colleagues with whom he had worked for over 20 years at the Maudsley and Bethlem Royal Hospitals. This edition appeared in 1982 and was translated into German, Spanish, Portuguese, Japanese and Swedish. The second edition appeared in 1987, again as a single author work.

The third edition was published in 1997 with Griffith Edwards as senior author and Jane Marshall and Christopher Cook as 'equal partners in the writing team'. The book was substantially revised and four new chapters added. The same writing team contributed to the fourth edition (2003).

The fifth edition has been entrusted to a new writing team, Jane Marshall, Keith Humphreys and David Ball. Jane Marshall contributed to the third and fourth editions and so offers continuity. Keith Humphreys brings a North American freshness to the text and David Ball a clinician–scientist perspective. Christopher Cook, addiction psychiatrist and priest/theologian, now a Professorial Research Fellow at Durham University, has maintained links with the team, and contributes a new chapter on spiritual and religious issues in treatment. To have been entrusted with a book of this nature is an honour, but brings with it a very great challenge. How does one develop the subject, while at the same time staying faithful to the essence of the original text? The current authors owe an enormous debt of gratitude to Griffith Edwards for his generosity in passing on and supporting the project and 'keeping faith' with it. They have endeavoured to ensure that the book is as fresh and relevant to the clinician of today as it was almost 30 years ago. Some text originally contributed to earlier editions is reproduced verbatim or with editing and enlargement in the present edition.
Introduction

This book is intended for anyone, generalist or specialist, whose responsibilities bring them into contact with people who have drinking problems. We hope that generalists will find it a helpful introduction to the field, and that generalists and specialists from all backgrounds will use it to enhance their diagnostic and therapeutic skills.

Drinking problems occur across all social structures and cannot be neatly confined to the specialist addiction sector. The text considers the treatment of drinking problems across the range of approaches from informal, through non-specialist to specialist treatment. Most drinking problems are not encountered in specialist care, so we are keen to highlight the benefits of early interventions in reversing, preventing or delaying the progression of alcohol problems. The broadening of the base of treatment means that generalists from a variety of fields including primary care, the general hospital, Social Services and the criminal justice system are involved in the identification of alcohol problems, the provision of brief interventions and referral onwards for specialist treatment. Specialist treatment begins with a comprehensive assessment of the individual and usually involves a 'package' of treatments, ideally evidence-based. Because many professional groups are employed in the specialist field, we have employed the generic word 'therapist' to describe the person doing the helping and hope that the text is equally relevant to the needs of psychiatrists and other medical practitioners, nurses, psychologists, social workers, occupational therapists and counsellors. Different professional groups inevitably bring their own skills to the treatment of drinking problems, but there is much in common and we have much to learn from each other. The fifth edition of the book describes screening and brief interventions for hazardous and harmful drinking as well as the specialist treatment of alcohol dependence and the different settings in which alcohol problems are encountered.

The authors have sought to retain the spirit of previous editions and, in particular, to maintain the style, accessibility and readability of the book.

The chapters are grouped into two parts. Section 1, 'Background to understanding' comprises Chapters 1–8, while Section 2, ‘Treatment: context and content’ (Chapters 9–18) considers non-specialist and specialist interventions and includes chapters on Alcoholics Anonymous and spirituality.

As women are now drinking more in the UK and the USA, we have not included a separate chapter on women's issues but have chosen to weave material about women drinkers throughout the book.

Section 1: Background to understanding

Definitions of drinking problems (Chapter 1)

This chapter opens with a number of vignettes describing the many faces of drinking problems and this is followed by an account of 'sensible' drinking guidelines. Three categories of alcohol misuse are defined: hazardous drinking, harmful drinking and alcohol dependence. The clinical genesis of the concept of the alcohol dependence syndrome is outlined, the individual elements of the syndrome are discussed and the relevance of an understanding of dependence to the specifics of treatment is considered.
Alcohol as a drug (Chapter 2)

Alcohol is a drug which has important pharmacological and toxic properties upon most systems in the human body. Knowledge of these pharmacological effects is basic to understanding the problems that arise from its use as well as the treatment adopted. The language in this chapter is necessarily technical but we have tried to write it in a way that is accessible to the non-medical reader.

Causes of drinking problems (Chapter 3)

This chapter endeavours to explain why some people and not others develop drinking problems. Environmental factors, such as the availability of alcohol and cultural norms, are addressed as well as economic factors, genetic predisposition and psychological mechanisms. The relevance of these factors to the practical business of treatment is discussed.

Alcohol-related problems (Chapters 4–7)

These four chapters deal with the complications of alcohol problems which encompass a number of domains: social (Chapter 4); physical (Chapter 5); psychiatric illness and comorbidity (Chapter 6); alcohol and other drug problems (Chapter 7).

Various presentations (Chapter 8)

This chapter describes a number of clinical presentations spanning the life course, presentations encountered by clinicians on a daily basis: the 'young' drinker, the patient on a general hospital ward, the patient from a different cultural background, the older patient.

Section 2: Treatment: context and content

Introduction, settings and roles (Chapter 9)

Only a small minority of people with drinking problems actually make contact with specialist services. We take a broader view of where problem drinkers may find help, and in this chapter we explore help-seeking trajectories which include informal, non-specialist and specialist treatment paths. We recognize that treatment is often ‘messy’ and complex, and that support can be derived from a number of sources and vary over time.

Non-specialist settings (Chapter 10)

Non-specialist settings offer the opportunity to intervene earlier in the life course/drink- ing career before problems become severe. Even a small intervention made early enough can have significant long-term impact. A number of non-specialist settings are described, ranging from primary care to the workplace. We include general psychiatry services where drinking problems are all too often overlooked, despite the capacity to treat them. Case finding and detection are considered, and this is followed by a review of biological markers and screening questionnaires. Intervention within the non-specialist setting is described, and a more detailed account of brief motivational interviewing and medical management given.
Assessment as the beginning of therapy (Chapter 11)
This chapter covers practical issues related to the art and technique of history-taking. Separate sections describe the assessment interview with the patient and spouse, and outline an approach to case formulation.

Withdrawal states and treatment of withdrawal (Chapter 12)
Detoxification is an important prelude to the further treatment of the dependent drinker. This chapter covers the medical and clinical basics of alcohol withdrawal, but also guides the non-medical reader as to the underlying principles. The diversity of withdrawal states, the choice between community and in-patient settings and the correct use of medication are all addressed.

The basic work of treatment (Chapter 13)
Here we emphasize that the relationship between the therapist and patient or client is as important as the treatment techniques or therapeutic tactics used. Likewise, changing behaviour is impossible without significant motivation on the part of the patient, and the nurturing of this motivation is core work for the therapist. Some guiding principles for working with the patient are given, together with a discussion of the framework and content of sessions. We consider the thorny question of how to deal positively with relapse and basic work with the family of the drinker. 'House keeping' issues, such as the spacing of appointments and the duration and termination of treatment, are also considered.

Specialist treatment (Chapter 14)
Chapter 14 reviews the evidence base for specialist treatments, with a particular focus on motivational interviewing and motivational enhancement therapy, cognitive behavioural therapy and pharmacotherapy. We lay particular emphasis on the view that treatment should be research based.

Alcoholics Anonymous and other mutual-help organizations (Chapter 15)
Alcoholics Anonymous (AA) is an international self-help organization that has helped countless millions of people with drinking problems since it was founded in 1935. This chapter provides an introduction to how AA operates and to its beliefs and practices. The importance of effective co-operation between treatment professionals and AA is emphasized.

Spiritual and religious issues in treatment (Chapter 16)
Spiritual and religious issues are important in all areas of healthcare because of their influence on outcomes and in helping to understand the whole person and their meaning and purpose in life. They have particular resonance in the addiction field because addiction can be viewed as a fundamentally spiritual problem which affects the common humanity of the drinker. This chapter explores the meaning of spirituality and religious belief, considers the spiritual 'fallout', which occurs as a result of addiction, and tries to make sense of what all of this means when working with someone who has an alcohol problem.
Working towards normal drinking (Chapter 17)
For patients who are not significantly alcohol dependent, normal or 'controlled' drinking may be a feasible and preferred goal. The criteria for supporting this choice are outlined and treatment approaches discussed.

When things go wrong and putting them right (Chapter 18)
This is a practical chapter that deals with common clinical situations where treatment comes up against difficulties: the therapeutic impasse. It considers how to unblock or reconfigure the therapeutic strategy in such situations in order to get on course again