

Excessive **drinking by drug-using patients** is the one major area where the English treatment services studied in NTORS made virtually no impact. As well as being a problem in its own right, the heightened risk of overdose and of aggravation of hepatitis C infection make identifying and treating excessive drinking a priority for addiction services. The **first British study** to address this issue reports on an English methadone clinic which responded to the shortcomings of a disciplinary approach (no methadone if breathalyser test positive) by seeking to raise the patient's own motivation to curb their drinking.¹ Clinic staff identified problem drinkers using the AUDIT screening test and through indications of heavy drinking such as alcohol on the breath or in the blood. As a result, 39 patients were referred to a specialist nurse of whom 28 attended. Six were not in fact drinking hazardously. Of the remaining 22, five refused further intervention, three left before this could be undertaken, and 14 went on to attend typically five sessions of counselling. Using a motivational interviewing style, these provided feedback on the client's drinking and its consequences and fostered development of an action plan. 11 patients achieved a marked reduction in their drinking, six via inpatient detoxification. How many sustained these reductions is not known. The main barrier to intervention was the patients' underestimation of the risks posed by their alcohol use. They were unaware, for example, of its role in overdose (experienced by 8 in 10, mostly after drinking) and shared the general view that heroin is the overriding danger. Similar views on the part of staff and planners probably play their part in the lack of attention to drinking in many drug treatment services.

1 Bennett G.A. *et al.* "Helping methadone patients who drink excessively to drink less: short-term outcomes of a pilot motivational intervention." *Journal of Substance Use*. 2002, 7, p. 191–197.