

Helping with problem drinking

Alcohol and your health



Te Whatu Ora
Health New Zealand

The Alcohol and Your Health booklets

This booklet is one of the six booklets in the Alcohol and Your Health series.

Each of the booklets is written for a particular group. Four are for the drinker experiencing problems, one is for those close to the drinker, and one is for practitioners working in a brief intervention setting.

The series Alcohol and Your Health (2013) is by Ian MacEwan and is the fifth edition of the series originally called Your Drinking and Your Health written by Ian MacEwan and Greg Ariel, and based on concepts developed by the Scottish DRAMS project.

The Alcohol and Your Health series includes:

Is your drinking okay?

Cutting down

Stopping drinking

Maintaining the change

Concerned about someone's drinking?

Helping with problem drinking

Introduction

This booklet is for those working with people who are having trouble with their drinking. It is not a counselling or therapy manual, it is a guide for a practitioner negotiating change in drinking behaviour with a client or patient.

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Helping people

This booklet presents a brief intervention for drinking-related problems. It is not designed to assist with alcoholism or alcohol dependence where a more intensive intervention will be required.

Helping people with drinking problems can be really difficult because they often make positive changes and then slip back into old behaviours.

This is a normal part of the process of change. As this can be frustrating, it is important that you get the support you need as the helper. Clinical supervision from a trained AOD clinical supervisor will help you process any frustrations you may experience during the helping journey, as well as keep you on track in terms of the person's treatment plan. It is also important for you to think about how you will care for yourself as you work with the person you are helping. This is likely to include scheduling things into your week that you enjoy and keeping good boundaries with the person you are working with.

Boundaries

When you are helping someone who has an alcohol problem you can be drawn into solving their problems if you don't keep good boundaries. This is not helpful to them or to you. Keeping good boundaries will protect you from burnout and will help the person to take responsibility. Good boundaries include:

- making a decision on how much contact you'll have
- being clear what you're responsible for and what is their responsibility
- helping them to make their own decisions rather than telling them what to do or trying to make them conform to what you think they should do
- understanding that their decisions are their decisions and not a reflection of you
- being clear about what you will and will not accept.

Drinking problems

The hook of repetitive heavy drinking – the thing that keeps people drinking in spite of continuing problems – is that it gives people feelings and gratification that they are not getting in other ways.

It may block out pain, uncertainty, discomfort, disappointment, despair, shame and grief. It may create powerfully distracting feelings that focus and absorb attention. It may enable a person to forget or feel okay about insurmountable problems. It may provide feelings of security or calm, of self-worth or accomplishment, of power or control, of intimacy or belonging.

This explains why a person keeps drinking heavily – it accomplishes something for that person, or the person anticipates that it will do so. Sometimes a person with a harmful drinking pattern asks for help and advice. More usually, their difficulties become apparent through other members of their family or their friends or their employer. Often by then, physical and/or social and family damage has already occurred.

If harmful drinking is to be recognised early and so tackled more effectively, use a simple screening procedure and be vigilant to the signs of heavy drinking. One effective screen is the World Health Organization approved Alcohol Use Disorders Identification Test (AUDIT), which has been validated for Māori, European and Pacific peoples, and can be found on page 4.

AUDIT can also be found in HPA's *DrinkCheck* pamphlet. An online version of the AUDIT questionnaire (the 'Is Your Drinking OK?' test) is available on the website alcohol.org.nz.

AUDIT

1. How often do you have a drink containing alcohol?

Never	0
Less than monthly	1
Two to four times a month	2
Two to three times a week	3
Four or more times a week	4

Your score:

2. How many standard drinks do you have on a typical day when you are drinking? (see page 6 for section on standard drinks)

One or two	0
Three or four	1
Five or six	2
Seven to nine	3
Ten or more	4

Your score:

3. How often do you have six or more drinks in one session?

Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4

Your score:

4. How often in the past year have you found you were not able to stop drinking once you had started?

Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4

Your score:

5. How often during the past year have you failed to do what was normally expected from you because of drinking?

Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4

Your score:

6. How often in the past year have you needed a drink in the morning to get yourself going after a heavy drinking session?

Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4

Your score:

7. How often during the past year have you had a feeling of guilt or remorse after drinking?

Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4

Your score:

8. How often in the past year have you been unable to remember what happened the night before because you had been drinking?

Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4

Your score:

9. Have you or someone else been injured as a result of your drinking?

No	0
Yes, but not in the past year	2
Yes, during the past year	4

Your score:

10. Has a relative, friend, doctor or other health worker been worried about your drinking or suggested you should cut down?

No	0
Yes, but not in the past year	2
Yes, during the past year	4

Your score:

Add up the scores

High risk:	women: 13 points or more men: 15 points or more
Medium risk:	women: 6-12 points men: 7-14 points
Low risk:	women: 0-5 points men: 0-6 points

Low-risk alcohol drinking advice



Reduce your long-term health risks by drinking no more than:

- 2 standard drinks *a day for women* and no more than 10 standard drinks *a week*
- 3 standard drinks *a day for men* and no more than 15 standard drinks *a week*
AND at least *two alcohol-free days* every week.

Reduce your risk of injury on a single occasion of drinking by drinking no more than:

- 4 standard drinks *for women* on any *single occasion*
- 5 standard drinks *for men* on any *single occasion*

Stop drinking if you could be pregnant, are pregnant, or are trying to get pregnant.

There is no known safe level of alcohol use at any stage of pregnancy.

When not to drink

It's advisable not to drink if you:

- are **pregnant** or planning to get pregnant
- are on **medication** that interacts with alcohol
- have a **condition** that could be **made worse by drinking alcohol**
- feel unwell, **depressed**, tired or cold, as alcohol could make these things worse
- are about to **operate machinery or a vehicle** or do anything that is risky or **requires skill**.

Standard drinks

There is a simple measure of alcohol called a standard drink (SD).



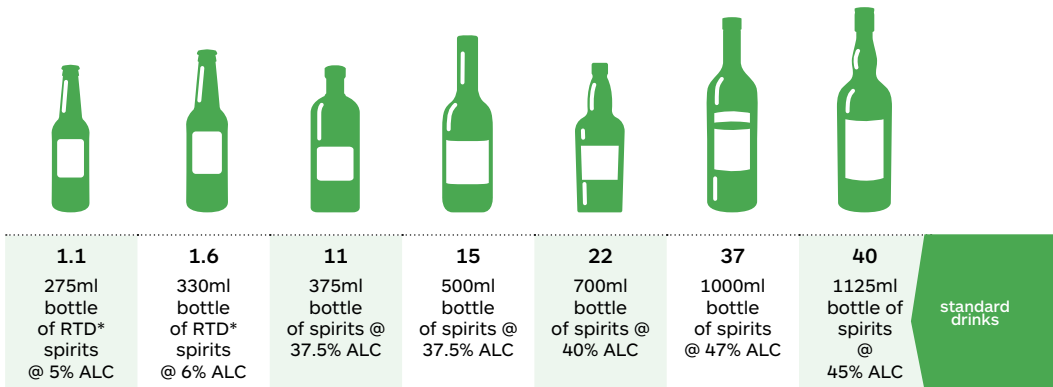
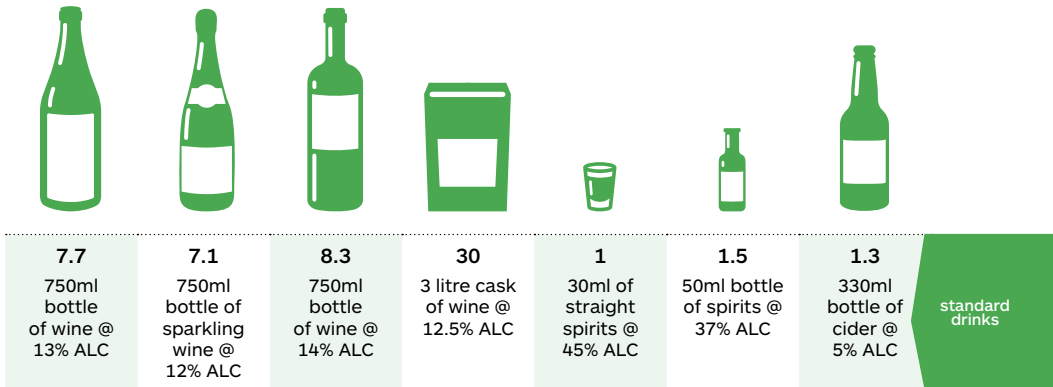
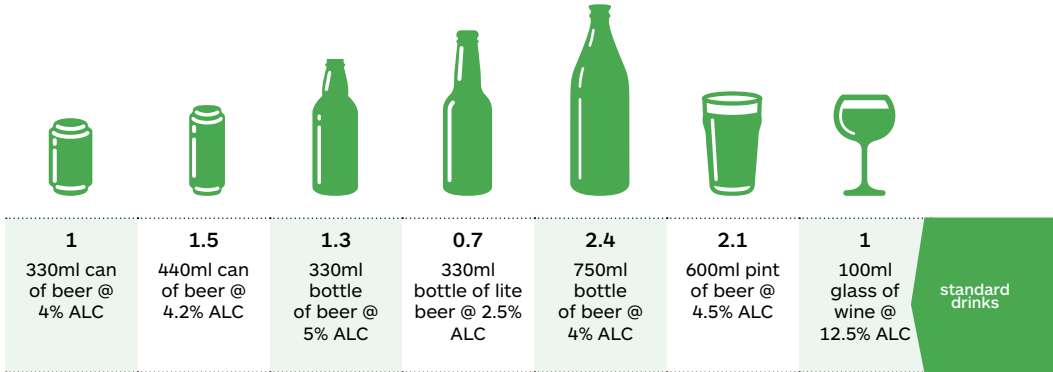
One SD contains 10 grams of pure alcohol.

The law requires all bottles, can and casks of alcoholic drinks to be labelled with how many standard drinks they contain. The number inside the standard drinks image has the approximate number of standard drinks in a container.

The number of standard drinks in different alcoholic drinks varies. It depends on the size of the container and the amount of alcohol it contains.

The website alcohol.org.nz has more information about standard drinks, including interactive tools that teach about standard drinks.

How many standard drinks in different drinks?



* RTD (READY TO DRINK)
ALC refers to alcohol content by volume

Negotiating change

Before looking at strategies to work with problem drinking, think about what is involved in helping people to change their drinking.

Basic assumptions

Some principles about helping people in trouble with their drinking:

- Labels like 'alcoholic' or 'problem drinker' are unimportant, can be unhelpful and are likely to create resistance to our efforts to help. Labelling is unproductive – there is no evidence that labelling oneself as an alcoholic improves the outcome. However, for some dependent drinkers, labelling oneself an alcoholic makes sense of it all for them. Accept labels that people give themselves.
- Drinking makes sense to the drinker even when causing problems. The drinker is seen as rational and responsible.
- Some people drink problematically but they see it as unproblematic.
- The principal difference between the person sitting in front of you and other drinkers is that you or they are concerned about the consequences of their drinking. The individual is responsible for making decisions to change or stay the same – encourage internal attributions.
- People ask for help when faced with a crisis, rarely before.
- Loss of control over drinking is experienced by around nine percent of drinkers in difficulty; most have a range of life problems that have led them to drink problematically to cope. Cognitive or affective dissonance is an aid to change – starkly drawing the difference between values and goals and the drinking behaviour is part of the change process.
- Simple caring skills are good. Believe in the possibility of change and instil hope.
- Drinking goals (stopping or cutting down) should be negotiated, appropriate, attainable and meaningful.
- People believe what they hear themselves say and become stronger in this belief when it is affirmed by somebody they respect. They are then more likely to carry out their own words and thinking.
- Your task is to work with the drinker to the point where they feels ready, willing and able to make changes.

Drinking in context

Understand the person's drinking in the context of their life and in the context of the family or social network. Even drinking that damages the drinker may make sense when seen in the context of life expectations, pressures and problems. To misunderstand and respond inappropriately may escalate it.

To work with a person on changing their drinking:

- build rapport
- set an agreed agenda of concerns to be discussed
- assess for the importance of the need to change
- assess for the confidence to achieve change
- assess for a readiness to begin change
- build the confidence to succeed.

Stages of change

It's useful to consider that there are five stages through which a person who is drinking harmfully must pass before lasting change is achieved.

1. I have no intention of changing.
2. I am seriously considering changing.
3. I am intending to change.
4. I am changing now.
5. I have changed.

Pre-contemplation – “I don't need to change my drinking”

You can:

- feed back personal information about them and their drinking
- explore their views of their problems
- present the benefits of changing
- explore their feelings about demands placed on them and their potential solutions
- encourage their understanding of others' demands on them and how their behaviour affects others.

You can explore the drinker's view of their problems and ask:

- what are the main problems at present?
- what's troubling you the most?
- what's troubling your partner the most?
- what gets said when you two row?

And you can tell the drinker the things that don't fit together:

“If I understand you so far, you can see that you've been drinking too much and that you've been damaging your health, but you're not sure you want to change your drinking?”

Contemplation – “I am considering changing my drinking”

You can:

- recognise and work with their ambivalence: the costs and benefits of changing and of not changing
- work on reducing the costs of changing
- encourage their commitment to what they value more than the problematic drinking, or discuss how resolving the problem would be consistent with what they value
- explore the kind of person they want to be
- support a change in drinking
- encourage the belief that life could be better without the problem.

Preparation – “I am intending to cut down or stop my drinking”

You can:

- help to identify the best option
- help them to prepare, which may include referral for assessment or detoxification or treatment
- agree on a simple contract setting out the goal
- encourage them to tell at least one other person of their decision.

Action – “I have stopped or cut down my drinking”

You can:

- suggest alternatives to problem drinking
- support and be trustful
- help to plan ways of avoiding or managing situations that will tempt the person to breach their goal
- encourage self-rewards and rewards from others to support the change
- encourage self-praise when progress is made.

Maintenance – “I no longer drink or drink too much and there are new things in my life now”

You can:

- continue to encourage the new things
- continue to help plan ways of avoiding high-risk situations.

Termination – “I am coping well and have successful strategies for managing high-risk situations”

You can:

- congratulate them on their achievement
- help to ensure they have ongoing support.

Stages of change

1

PRE-CONTEMPLATION

Current behaviour

"I don't need to change my drinking"

Has no intention of changing the behaviour.

2

CONTEMPLATION

Current behaviour

"I am considering changing my drinking"

Is seriously considering changing the behaviour.

3

PREPARATION

Current behaviour

"I am intending to cut down or stop my drinking"

Is intending to change in the next month, or has taken action unsuccessfully in the past year or has made small behavioural changes.

4

ACTION

New behaviour

"I have stopped or cut down my drinking"

Has successfully altered the behaviour in a way that lowers the risk for problems.

5

MAINTENANCE

New behaviour

"I no longer drink or drink too much and there are new things in my life now"

Is remaining free of the behaviour and/or has been engaging in a new (incompatible) behaviour.

6

TERMINATION

New behaviour

"I am coping well and have successful strategies for managing high-risk situations"

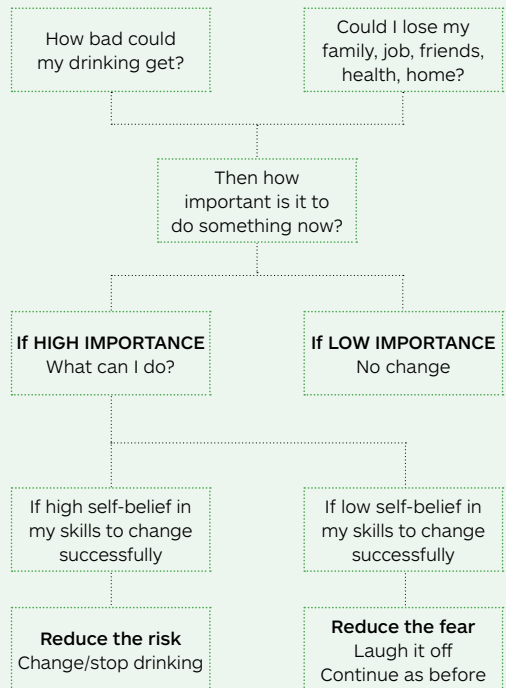
Has reached the end of the cycle of change. Is experiencing no temptations, and is confident in all previous high-risk situations.

Note

People are unlikely to be fixed at any stage but may be more fluid as they contemplate the variety of drinking situations and possible strategies for reducing the undesirable consequences. For example, a drinker might be at **Pre-contemplation** about drinking a few beers after a game with friends, at **Contemplation** about stopping drinking two double spirits each night before dinner, at **Preparation** about finding alternatives to drinking at lunchtime on workdays and at **Action** about not drinking and driving.

So concentrate on lowering levels of resistance to change by assisting the drinker to resolve the inner conflict between positives and negatives about changing their drinking, or stopping altogether.

When people are confronted by the consequences of their drinking and are contemplating making changes by either cutting down or stopping, they go through a thinking exercise like this:



This process emphasises the importance of determining the likelihood of whether an individual will do something about their drinking.

The key is the perceived element of risk – the level of threat as understood by the drinker. This is influenced by two factors: how likely it is to happen and, if it did happen, how bad it would be. These interact to determine the overall level of risk. Unless there is a high level of concern, there is unlikely to be sufficient motivation for change.

A high level of perceived risk leads to a search for possible actions to reduce the risk, and also arouses anxiety. On its own this does not lead reliably to changing the drinking. What is also needed is the belief that one has the skills and the confidence to make the change.

Help the drinker to think of at least one strategy that is both:

- acceptable and possible
- likely to be effective.

With such a strategy the person is more likely to reduce or stop their drinking. If only anxiety is aroused, with no effective strategy in place, the individual reduces the anxiety by diminishing their discomfort and carrying on as before.

Ambivalence

Ambivalence is the state in which a person's motivations experience a mixture of thoughts and feelings both favouring and resisting change. Like a seesaw, one side favours change while the other favours the status quo. On the change side are the perceived negative effects of drinking and the potential benefits of cutting down or stopping. On the other side are the perceived benefits of drinking and the feared or real negative consequences of stopping or cutting down.

When a person is at the contemplation stage, both sides of the seesaw can be discussed. If confronted with arguments on one side ("*You should stop drinking*"), the person is likely to respond by defending (possibly silently) the other side. They want to even the seesaw because this is what they are feeling. This ambivalence is normal in those looking at making significant changes to their drinking. Encourage the person to explore their ambivalence about the possibility of change. Much of what you can do is prepare people for change.

Motivational interviewing

This uses some basic counselling skills to help people move from beginning to think about change and, finally, to carrying out. You can use:

- **open-ended questions:** questions with more than one possible answer and that encourage the drinker to give more information (“Tell me about...” or “Why do you think that...?” or “What happened then?” or “What worries you?”)
- **affirmation:** encouraging, affirming, supporting, praising, appreciating the efforts of the drinker to think about, decide about and carry out change (“I know how hard it was for you to get here today” or “I can see that this is very important to you” or “You are working hard on this” or “Well done for getting this far”)
- **reflective listening:** deep listening; really trying to hear the thinking behind the words and reflecting those feelings back in a way to encourage a direction toward change (“Sounds like you are worried that...” or “Seems like you are wondering if this might work for you?” or “You’re thinking that not drinking might be your only option and that feels a bit frightening” or “I’m getting the idea that if you could get help with the kids, you could cut down on the drinking. Is that right?”)
- **summarising:** people believe what they hear themselves say and become stronger in this belief when it is affirmed by somebody they respect. They are then more likely to carry out their own words and thinking (“Now let’s see if I’ve got this right? You’re wanting to be there for your grandchildren and to be well and in control so that you can support them as they grow up” or “All right, you’ve been telling me you have some goals and your drinking is getting in the way of achieving them” or “Let me recap on your ideas this last half hour and see if we are beginning to make some headway”).

When drinkers are becoming engaged in the possibility of change, listen for the following signs of progress being made:

- **desire** – I want to change my drinking
- **ability** – I can make this change
- **reasons** – change would be good because...
- **need** – I must make this change because...
- **taking steps** – I’ve begun to change by...

Resistance

Resistance has more to do with the helper than the drinker. A strong bias by the helper is likely to generate a counter-argument, not always voiced, from the drinker about continuing. This is not a characteristic of drinkers but of humans. Direct argument or persuasion is ineffective in changing attitudes and is often the worst way to try to change someone else's opinion. Continued pressure from the helper increases the commitment of the individual to the opposite position.

Resistance:

- is not an inherent part of alcohol dependence or problems
- can be seen and felt:
 - arguing
 - interrupting
 - denying
 - ignoring
- fluctuates
- is influenced by the helper (you confront, it goes up)
- is part of decision-making.

Risky assumptions about helping a drinker to change:

- this drinker ought to change
- this drinker is ready to change
- this drinker's health is a prime motivating factor
- if they don't decide to change, I have failed.

And more:

- this drinker is either motivated to change or not
- now is the right time to consider change
- a tough approach is best
- I'm the expert – they must follow my advice.

Negotiating behaviour change requires the helper to use some principles of good practice to reduce the probability of resistance in the drinker seeking help, including:

- respecting the drinker's autonomy and their choices
- taking into account their readiness to change
- recognising that ambivalence is normal and needs to be understood
- allowing the drinker to select drinking goals
- providing information and support in a way that encourages change
- allowing the drinker to be the decision-maker.

Critical elements of change

Brief interventions that have been shown to have significant impact share common elements that are important in motivating drinkers to change:

- **feedback** regarding risk gives a personal assessment that provides the drinker with information about the extent of their drinking problem
- **responsibility** for change lies directly with the drinker; no-one else can alter their drinking – emphasising internal attribution and intrinsic motivation
- **advice** is unambiguous and directly given when asked for by the drinker
- **menu** of change strategies and goal options rather than a single choice enhances personal choice and control – again promoting intrinsic motivation
- **empathy** shown by the helper towards the drinker is a consistently strong predictor of change – reflective listening and accurate understanding are important skills
- **self-efficacy** is the belief the drinker has in their ability to change their drinking – an optimism to be encouraged by the helper.

Helping problem drinkers

Having covered theories of change, it is now time to use them to help the drinker.

Table 1: Drinking problem indicators – the drinker

Physical
Increasing minor illnesses
Increasing sickness and absence from work
High accident rate (including casualty attendances)
Recurrent minor gastrointestinal symptoms, eg gastritis, diarrhoea
Hypertension
Weight gain
Morning shakes
Alcohol on breath (especially in the morning)
Psychological
Anxiety and depression
Increased aggression
Muddled thinking, forgetfulness
Social
Relationship and family problems
Loss of friends and recreational activities
Deteriorating standards of dress and hygiene
Employment problems
Financial problems
Driving accidents/offences

Table 2: Drinking problem indicators – the family/partners

Anxiety, insomnia and depression
Recurrent minor illnesses and vague ill-health
Physical assault
School refusal
Bladder and bowel problems
Financial difficulties
Relationship and family problems

Taking a drinking history

Raising and exploring the drinking

Raising the topic of alcohol and getting a good drinking history are not difficult if they are handled sensitively.

Ask about alcohol at the same time as you ask about diet, exercise, smoking, sleep etc, so that it forms part of a general health screen.

Perhaps the drinker has said something that has alerted you to the possibility of a drinking problem or the nature of the complaints has suggested further exploration of their drinking. In each case, don't immediately jump in and ask about drinking, but return to the topic in a non-threatening way a few moments later. In this way, the situation will not become too confrontational, which may be unproductive, and you will be able to ask about drinking in the context of other questions about health.

Drinkers may be initially defensive, but if you are direct in your questioning without being judgmental, they are usually more open and responsive.

You can ask:

"Generally, how much do you drink each day?"
"How many days each week do you normally drink?" and this should be followed up with questions about each day in the previous week so that a picture of the whole week's consumption can be built up.

If the pattern is one of binge drinking, you can ask:

"How much did you have last time you went out for a drink?" then ask how often that amount or more might be drunk. In this way you build up a picture of consumption in SDs.

Useful questions are:

"Have you ever been worried about how much you are drinking?"

"Was there ever a time when it caused you problems?"

"Has anyone else ever been worried?"

It's easier and less threatening to talk about the past rather than the present.

If your drinker is consuming more than the safe level or has clearly started to experience harm, build up a picture of the amount consumed and any problems that drinking has caused.

A key skill to help you to obtain more information:

Pick up verbal clues

Key words that suggest other underlying problems.

Follow up these cues by asking:

1. Open questions

“Can you tell me about...”

(eg how much you've been drinking?)

“Why don't you start from the beginning?”

“What brings you here?”

or by asking for:

2. Clarification

“Can you tell me what you mean by...?”

(eg you were out for a drink?)

Assessment should include physical investigations and seeing another member of the family or significant other.

Strategies used in changing drinking

A typical session/day

Asking about drinking and how it fits into the drinker's life focuses on the alcohol and the person talks in their own way of their drinking. Get all the details so that you have a clear picture of the drinking that is causing the problems:

"Tell me about last Friday night"

"How long after arriving at the bar was your first drink?"

"How did you feel after that?"

"Then what happened?"

Good things – less good things

Invite the drinker to consider the good things, the benefits, of their drinking. This is an important strategy because the drinker has to say why they are using alcohol. The question also tells the drinker that you understand that there are benefits to drinking. It also shows that you are non-judgmental and keen to hear both sides of their drinking experience. You can assess how attached the drinker is to the behaviour. Asking about the good things then allows you to 'flip the coin' and consider the less good things of their drinking. Use 'less good' rather than 'bad' – a less judgmental invitation to the drinker to consider the costs of their drinking. Ask for examples.

They believe what they hear themselves saying, so it is important for them to hear themselves articulate the less good things about their drinking.

"What are the good things you get from drinking?"

"Now flipping the coin over, what are some of the less good things?"

Keep the drinker focused on their own perception of what is going on. If other people's opinions are quoted, ask: *"But what do you think?"*

Problems and concerns

Acknowledging a problem is not the same as being concerned about it. Problems experienced at any one time cause different degrees of concern. Have the drinker talk about their problems and explore their concerns. They are different. The use of the question: *"Does that concern you?"* is a deliberate and effective way of sorting out priorities and levels of commitment. If the person answers "Yes", ask: *"Why?" (why is that a concern to you?)* or *"Because...?"*

Life satisfaction

This is a strategy to encourage belief in the experience of change and to identify the goal in which the hope of change lies.

This is done by looking at the changes that have occurred for the drinker in the previous month, or two or so years. *“Think back to two years ago. What has changed since then? Think of what your expectations were then of what should be happening to you now. Why have these things happened?”*

Then look forward to a time when the person is likely to want things to be different. *“In two years’ time, what would you want to be different for you? How will you tell the difference?” “What needs to happen to begin to make that difference?” “What do you think things will be like if they stay pretty much as they are now?”*

Summary of benefits and costs

Summarise the content of your discussions to date. Reflecting back the feelings behind the spoken thoughts of the drinker reinforces the process in which they are engaged.

Emphasise those that encourage change and hope for improvement. Present a summary of the costs of their current drinking and the benefits they have identified with changing their drinking.

Affective dissonance

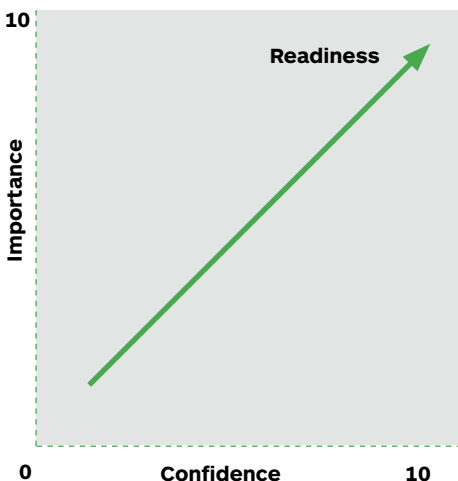
This is sometimes called the ‘psychological squirm’ or ‘putting the stone in the shoe’. Here the task is to heighten the person’s discomfort with their pattern of drinking. Ask the person to compare their personal values or goals with their feelings about themselves as a drinker. *“Tell me about the sort of person you want to be.” “What would that person be doing this time next year?” “Now, give me some words that describe you as a drinker.”* When values and behaviour are in conflict, discomfort results. This can be dealt with by either changing the values to match the behaviour or changing the behaviour to match the values. When a person has begun to engage in the possibility of change or the desire for change, the latter option is usually chosen. This is the engine room of change.

Readiness, importance and confidence

When someone is ready to change their drinking, both the importance of changing and the confidence in being able to change need to be high. Another way of looking at this:

anxiety + belief = readiness to change.

The drinker needs to be sufficiently anxious about the consequences of not doing anything about their drinking and sufficiently believe that they have the skills to do something about it. If either is lacking, change is unlikely.



To find out a person's readiness, ask them where on a scale of 0 (not ready) to 10 (ready) they would place themselves right now.

"On a scale from 0 to 10, what number would you give yourself?"

To be ready to change, the number given needs to be at least 7. If less than that, there may be other, more pressing, issues to deal with first. When they give a score, ask what would need to happen to get to a number a couple of points above.

In asking this question, it is important to clarify just what it is that they are ready to do and to assess what stage of change they are in.

Then ask them how important it is to do something about their drinking now. *"How important is it right now for you to do something about your drinking? On a scale from 0 to 10, what number would you give yourself?"*

Again, if the number falls below 7, it may indicate that there are more important things for them right now. Two useful questions you can ask are: *"Why are you at x and not at 1?"* or *"What would need to happen to get you from x to... (x+2)?"*

Follow a similar process to determine whether they are confident they can successfully make the changes. *“If you did decide to change, how confident are you that you would succeed? On a scale from 0 to 10 what number would you give yourself?”* *“Why are you at x and not at 1?”* *“What would need to happen to get you from x to... (x+2)?”* And this time, ask: *“How can I help you to get from x to (x+2)?”*

This helps the drinker to discuss factors likely to assist or to hinder their making changes. In exploring readiness, a drinker is likely to reflect on: *“Why should I?”* or *“I want to but...”* or *“What will I gain/lose?”*

A readiness ruler

Another useful tool to assist in assessing readiness to change is the readiness ruler:

Not ready		Unsure		Ready	

The further to the right the drinker feels they are, the greater the possibility of change. It is important to ask only questions about particular behaviours, eg *“Where would you put yourself in terms of cutting down now on your drinking at home?”* Don't ask questions like: *“Where would you put yourself in terms of getting your life back under control?”* The question is too big and the answers may be so diffuse or complex that they leave you with very little substance with which to work.

In assisting someone to consider the degree of importance they give to changing their drinking, two strategies can be useful:

1. Exploring pros and cons

“What do you like about your drinking?”

“What's not so good about your drinking?”

Summarise both sides. Ask: *“Where does that leave you now?”*

2. Giving information, non-judgmental

information about personal risk. Questions they might ask around confidence include:

“Will I be able to?” or *“What skills do I need?”*

“Will I cope in situations x, y or z?”

Decisional balance

A useful exercise to help people to picture the consequences of change is to assist them to complete a matrix like this:

	Pros	Cons
Consequences to self		
Consequences to others		
Self-approval		
Other approval		

The following matrix offers another way of looking at consequences:

	Immediate consequences		Delayed consequences	
	Positive	Negative	Positive	Negative
To change				
To continue				

Future intentions

Summarise the action so far, then lead into some key questions: *“How would you like things to be different?” “What is it that you would like to change?” “Let’s take things one step at a time... what’s the first step?”*

Taking a broad view of different goals is important (menu of strategies). Respect the drinker’s choice of goals. Elicit and explore the drinker’s perceptions of outcomes from different courses of action. Emphasise a process of review in the case of any failure to achieve a particular goal. Arrive at a plan that fits the drinker’s goals, needs, intentions and beliefs.

An example of a summary and a plan:

“Let me see if I can summarise where we have got to. You wanted to know about different ways of doing something about your drinking, and we have talked about a number of possibilities. You think you may need to stop completely in the long run, but you don’t feel ready to do that without first giving moderation a try.

You considered different options and you decided you would like me to work with you on keeping it down to 25 drinks a week to begin with, and trying to find ways of dealing with the pressures to drink at home and in the pub. We should be able to tell in four to six weeks if this will work for you. You are going to follow the strategies set out in the Cutting down booklet, keeping a daily record of your drinking.

You are going to bring your partner, Pat, to our next session on Tuesday, so that you have an ally to help you with your drinking goal. You are a little nervous of this plan, I think, but you see that you need to make a change, and this is the one you have chosen. Have I missed anything?”

Change isn’t easy

Drinkers may find it difficult to change because of:

1. Low self-esteem

*“There’s no point –
I know I won’t/can’t cut down.”*

2. Poor motivation

“I could never manage to cut down.”

3. Minimising

*“My drinking’s not as bad as all that
– I don’t drink any more than my friends.”*

Drinkers will tell you that they are unsure about giving up drinking because it does a lot of good things for them as well as a lot of clearly harmful things. Change is more likely if dissonance (the conscious awareness of disparity between values, goals and the drinking) can be increased. Help them to identify the pluses and minuses of drinking, then shift the balance of pluses and minuses in the direction that favours change.

Reinforce anything the drinker says about the problems that alcohol is causing them:

“So the amount that you’ve been drinking is causing problems at home.”

“So your wife says ‘it’s now or never’.”

It is important to acknowledge the advantages of drinking at the same time as reinforcing the problems it causes...

“So drinking helps you to relax... you enjoy doing this with friends and it helps when you are feeling really fed-up. On the other hand, you say you sometimes feel controlled by the stuff and that on Monday mornings you find it difficult to do anything at work.”

And tell the drinker about the things that they are telling you that don't quite fit together:

“I’m puzzled really... you’ve told me things are pretty bad and a lot of that’s got to do with how much you’ve been drinking, but then you say you can handle it and it’s not out of hand.”

Explore any reasons the drinker has for wanting to cut down:

“What have you noticed about your drinking that bothers you?”

“What makes you think that you should do something about it now?”

Ask them to keep a record of how much they are drinking. This can be helpful for them in understanding how much they are drinking. This will depend on how good your relationship is with them and whether they are ready to accept that there might be something in what you are saying.

Deal with the low self-esteem by recognising the problems they are having and providing plenty of positive reinforcement:

“There’s every point – I’m sure you can do it.”

For poor motivation, emphasise that it's a free choice in which you can only help to indicate the alternatives – you can't make the decision:

“It is possible to change, but it’s up to you whether you want to do it.”

Show that you understand that there are benefits of drinking that will be difficult to give up... you know it's not easy.

Avoid confrontation about problems – stay non-judgmental if you can.

Avoid the use of the label 'alcoholic' unless the drinker wants to take on that label.

The self-help booklet *Is your drinking okay?* may be used in conjunction with the skills described above and will help to reinforce the work that you have done.

If you are successful, you should now consider again the most suitable approach: controlling their drinking, or abstinence.

As far as possible, get them to say what they could do:

“So you want to cut down... how do you feel you might start to do that?”

Particular strategies are better suited to particular problems. Controlling intake is very hard and less likely to be successful when someone is dependent. Negotiate which strategy is best at this point and what is acceptable. Someone who has previously failed at abstinence may only be prepared to try to cut down... and so on.

If you can't agree that alcohol is a problem, see what problems you can agree on and review alcohol again at a later date.

Helping drinkers to select abstinence

To be effective, help the drinker to arrive at their own decision about what to do about their drinking, and, as mentioned in the last section, negotiate which is the best strategy for them:

“We have spent some time looking at your problems and we are agreed that alcohol is causing difficulties for you. In particular...”

Summarise the problems you have jointly identified. If abstinence is to be the aim, ideally the drinker should be the first one to mention it. Continue by saying:

“What do you think you might do about your problems?”

If they suggest cutting down as a possible solution, agree that this would certainly be helpful. Both you and/or the drinker may have doubts, however, about whether cutting down would be successful. You may have particular reasons for promoting the idea of abstinence for this person, so you can follow this up by saying:

“What do you think might be difficult in cutting down?”

After the difficulties in cutting down have been discussed, introduce the idea of abstinence if the drinker has not already done so:

“What do you think about giving up alcohol altogether?”

Or in the event of serious health problems:

“In your case, it would be best to stop drinking altogether. If you carry on as you are, your drinking will certainly cause further damage. Eventually you will feel very ill, and although I don’t mean to frighten you, your life might be in danger.”

Once again, check out what they think about this proposed solution to the problem. If there is reluctance to consider abstinence, even for a trial period of three months, it is best to give them time to consider the alternatives rather than to press them into a course of action to which they are not really committed.

Make an appointment to see them again, and if they remain ambivalent about the prospect of abstinence, or in cases where the argument is not clear-cut, it may be possible to negotiate a goal of moderate drinking. Subsequently, if they have been unsuccessful in drinking moderately over a sustained period or if their health and/or social problems continue to deteriorate, it may be possible to persuade them to a non-drinking option.

Providing support

Given the widespread availability of alcohol and the almost universal belief that everyone drinks alcohol, for many people abstinence is an unattractive goal. It is therefore important that the problem drinker both is convinced of the need to stop drinking and believes that they have the personal resources, or can be supported by a partner, family or friends, to become and remain abstinent.

The availability of social support may be a key factor in your assessment of whether they are suitable for a self-directed intervention, such as working with the *Stopping drinking* booklet. Those with multiple problems or with little social support will be better helped by direct referral to a specialist service.

Those who are working towards abstinence may require considerable support at some point, particularly if they live alone. It is advisable for you to identify the range of specialist services in your locality so that you know where assistance might be obtained in the longer term, if that becomes necessary.

In addition to alcohol-related health problems, the would-be abstainer may also harbour a variety of psychological, interpersonal and social problems. It may be necessary to tackle problems such as anxiety, depression and poor self-esteem, and relationship problems alongside the alcohol problem.

Whether you take responsibility for all these issues will depend on your knowledge, experience, time, interest and availability.

Finally, just as it is important for the would-be abstainer to experience some early success, it is also important for you to be rewarded by success. Don't rush in with the abstinence booklet for drinkers who have already had considerable contact with specialist alcohol treatment services. The booklet should be seen as one approach with 'new' cases, and it is not intended to replace existing services but rather to complement them.

Giving simple advice on cutting down

Simple, clear advice on the need to cut down can be effective, if given empathically.

Tell the drinker what you have found or know so far in the way of blood tests, physical examinations or other alcohol-related harms. You may also say how much more than the advised maximum limits they are drinking, eg *"Firstly I have to tell you that the amount that you've been drinking, although it doesn't seem very much to you, has caused some damage to your liver."*

If there is no evidence of harm, you can simply provide information that medical evidence indicates an increased risk from such drinking levels.

Then provide the drinker with some straightforward advice about what they could do.

If there is evidence of dependence or there are any other medical or social contraindications to simply cutting down, you should be advising abstinence. If not, you can advise cutting down.

Try to be non-judgmental and to negotiate with the drinker about what you are suggesting that they do, eg *"From what you have told me, you should really consider trying to cut down. What do you think about that?"*

Finally, emphasise that it is up to the drinker what they choose to do, but you can help them to cut down (or abstain) if they want to try, eg *"It's your choice... perhaps you'd like to think about it, but if you decide that's what you want to do, I can help."*

Keeping a record of drinking for a week may be a helpful adjunct to persuasion at this point, but you should judge whether or not this is likely to alienate the drinker and prevent further work.

When to refer

Table 3 lists some of the situations in which referral may be indicated. Referral is a major step that requires careful discussion with the drinker and, if possible, the family or a supportive other person. Those who have plucked up the courage to discuss a drinking problem may see referral as rejection unless the reasons for the decision are explained. It is quite common for lip service to be paid to participating in a treatment plan and yet not have it followed through. Check on attendance. A follow-up appointment will usually improve the likelihood of compliance.

Table 3

Indicators for referral

Severe withdrawal symptoms, particularly fits or delirium tremens.
Previous history of the above conditions.
Absence of a supportive environment for home detoxification.
Suspected brain damage, liver disease, peripheral neuropathy or other serious physical complication.
Underlying neurosis or psychosis.
Disturbed or difficult problems in relationships and/or family life.
Need for help in restructuring social activities.
Recurrent failure to respond to your intervention.

Information about treatment services for alcohol and drug problems can be provided by the Alcohol Drug Helpline on **0800 787 797**.

The self-help booklets

Determine the stage of change your drinker is in (refer to Stages of change on page 12). Don't give practical advice on how to cut down to a pre-contemplator since they will probably ignore it and you. It can be difficult to distinguish 'no way' from 'maybe', so it is always worth helping a drinker to consider that they might have a problem. But don't repeat the negative consequences of excessive drinking to a drinker at preparation

or action stages as they need no further convincing of this. Advice and support must match the drinker's stage of change to be effective. These ideas are applicable to other addictions that have developed from prescribed medications, eating disorders, gambling, shopping and so on.

The self-help booklets correspond to the stages below:



Is your drinking okay?

Is for drinkers who are unsure whether or not alcohol is a problem. They would reject a self-help booklet aimed at helping them to cut down or stop drinking as they have not yet acknowledged that there is a problem.

Cutting down

Is for drinkers who wish to reduce their consumption and are not dependent on alcohol. It is based on the theory that you can teach people simple ways to control their drinking.

Stopping drinking

Is for drinkers who are aiming for abstinence. This booklet requires the most in additional support, either from their primary health or social care worker, or from a specialist agency, or from both of these sources.

Maintaining the change

Is for drinkers who have achieved either control or abstinence and wish to maintain what they have gained.

Concerned about someone's drinking?

Is for partners, family or supportive friends of problem drinkers to help them to manage the difficulties the drinker is experiencing, while taking care of themselves.

These booklets require an adequate level of literacy. It is important to assess for this, to avoid the risk of reinforcing a sense of failure.

The *Cutting down* and *Stopping drinking* booklets can be used with drinkers who have acknowledged that alcohol is causing problems.



Contraindications to the controlled drinking approach on which this booklet is based are:

- 1. Any health problem caused by excessive alcohol consumption where further drinking might aggravate the condition, eg acute liver disease, impaired memory**
- 2. Any health problem, not necessarily caused by alcohol, where alcohol consumption is contraindicated**
- 3. Opioid drug dependence**
- 4. Subnormal intelligence**
- 5. Pregnancy or cases where a drinker is thinking of becoming pregnant**
- 6. Where the drinker expresses a personal preference for abstinence irrespective of degree of dependence.**

There will be some drinkers who should aim for abstinence but at present are only willing to attempt to cut down their drinking. However, drinkers who are dependent on alcohol should be actively encouraged to aim for abstinence and the views of the drinker's family or interested friends should be taken into consideration when this decision is being made.

If you are in doubt about what to do, or are experiencing difficulties with the drinker because of any of the situations described above, you should consider referral to a specialist drug alcohol counselling service (ring **0800 787 797**).

Te Whatu Ora – Health New Zealand

Freephone: 0508 258 258

Email: enquiries@hpa.org.nz

For help contact the Alcohol
Drug Helpline on **0800 787 797**

To order resources visit resources.alcohol.org.nz