MCA Medical Council on Alcohol
| EDUCATION | JOURNAL | POLICY | SUPPORT |

Alcoholis

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Editor

From the Editor

Welcome to the Autumn 2024 issue of Alcoholis. At the MCA we continue to work on a hybrid basis but of course face to face communication is irreplaceable and we are much looking forward to reconnecting with old and new colleagues at our Annual Symposium on Alcohol and Health next month. For the last few years this has provided invaluable networking opportunities so we very much hope to see you there.

In this issue

Georgia Foote from Southampton is giving us an early insight into her planned PhD research looking at improving the psychosocial input to patients with alcohol dependence presenting in acute hospital settings, given previous research showing equivocal efficacy of some interventions in this setting. We also have an article by our chair of Education Committee, Iain Smith, remembering his colleague and mentor Peter Kershaw who led the alcohol service at Gartnavel in the 1980s. The alcohol and health field has had many notable pioneers whose contribution we are always happy to commemorate – do get in touch if there is someone you would like to write about.

MCA Competitions

We have recently judged two MCA competitions. The Essay Prize, on the theme of stigma and alcohol and the biennial Quality Improvement poster prize. The really excellent winning essay will be published in our annual report and the QI winning entries will be exhibited at our Symposium. This stream of our work reflects our commitment to give health professionals in training an opportunity to deepen and demonstrate their interest in the alcohol and health area.

MCA Annual Symposium and Max Glatt Memorial Lecture, 27 November 2024, at RCP London

The 2024 MCA Symposium on Alcohol and Health will be held on 27 November in person at the RCP in London. The programme is really excellent this year. We are delighted that the Max Glatt lecture will be given by Professor Lorenzo Leggio who is joining us from the USA. Professor Leggio, who is the Joint Editor-in-Chief of our Journal, Alcohol and Alcoholism, will be talking about new pharmacotherapies in addictions, including his recent research on GLP1 receptor agonists. These drugs have revolutionised the treatment of Diabetes and obesity and now new applications for the treatment of Addictions are emerging. This talk promises to be fascinating. We will also have several talks on Stigma in the world of Alcohol and Health, including from the point of view of lived experience from a medical colleague. At the MCA we have always valued the experience of our colleagues in recovery, who bring a unique and important perspective to our work. At the end of the afternoon we will be presenting the results of a piece of work the MCA has led over the last few months, launching a new strategy for the treatment and secondary prevention of alcohol dependence and alcohol-related harm in clinical populations across the health system. This includes urgent actions across and at all levels of the NHS and Local Authorities which will result in long needed improvements in the care of this much neglected group of patients. Throughout the day there will be plenty of time for discussion and networking which delegates find particularly valuable.

The full programme is in this edition of Alcoholis and on the MCA website. Please book your place via the link on the programme. If you only wish to attend the Policy Launch for 'Alcohol-related harms; A health service response' this is free to attend. Please register via the link on the programme.

'How to develop a psychosocial intervention to be delivered for patients with alcohol dependence seen in an acute hospital setting? – A logic model'

by Georgia Foote, Research Assistant (ProActive), Dept. of Psychiatry, University of Southampton

Introduction

Research suggests that 1 in 10 patients seen within acute hospitals may be alcohol dependent (1), and that discussing alcohol use during hospital admissions is acceptable to patients. Hospital admissions related to alcohol have been identified as a 'teachable moment' (2).

However, the few psychosocial interventions for patients with alcohol problems that have been investigated in acute hospitals have been largely unsuccessful, with interventions focusing on Motivational Interviewing (MI) and Identification and Brief Advice (IBA) finding no significant reduction in alcohol consumption (3-8). Despite good evidence for the effectiveness of psychosocial interventions (including IBA, MI, Social Behaviour and Network Therapy (SBNT), and Cognitive Behavioural Therapy (CBT)) in specialised alcohol treatment services (9-12); these have not been subject to any robust contextual adaptation or testing in the acute hospital setting, to see if they may help leverage the specific 'teachable moment' of a hospital admission.

Hospital-based interventions have been shown to increase 'readiness to change', 'readiness to seek formal help' (13, 14), participation in 12-step groups (15), and motivation to change (16). Given the short duration of most acute hospital admissions, any psychosocial intervention would be best directed towards increasing patients' readiness to change and onward engagement with specialist services, given their established effectiveness (17).

Peer support is now a fundamental aspect in managing many long-term conditions (18), and for several years 'Peer mentors' (individuals with lived experience of alcohol dependence) have played a key role in specialist alcohol services, including in-reach into acute hospitals. They have been involved in successfully increasing engagement of patients with substance dependence in treatment following hospital discharge (19). Including peer mentors in the delivery of psychosocial interventions may lead to positive outcomes (20), and reduce pressures on clinical staff, where lack of time is cited as a significant barrier to delivering IBA in acute hospitals (21).

A psychosocial intervention for alcohol dependence, specifically adapted for acute hospital settings, delivered by peer mentors, does not currently exist. To start this work we have developed a logic model to propose the potential mechanisms through which feasible psychological interventions in the acute setting may work, and the potential components of a future psychosocial intervention. Logic models visually demonstrate how interventions cause their expected outcomes.

The Logic Model

Evidence based psychosocial interventions for the treatment of alcohol dependence include Motivational Interviewing (MI), Cognitive Behavioural Therapy (CBT), Identification and Brief Advice (IBA), Social Behaviour and Network Therapy (SBNT), and Behavioural Couples Therapy (BCT).

However, some interventions are neither feasible nor possible in the short time available in the acute hospital setting. SBNT and BCT require numerous sessions spread over multiple weeks and include working with others in addition to the patient which may make the interventions particularly challenging.

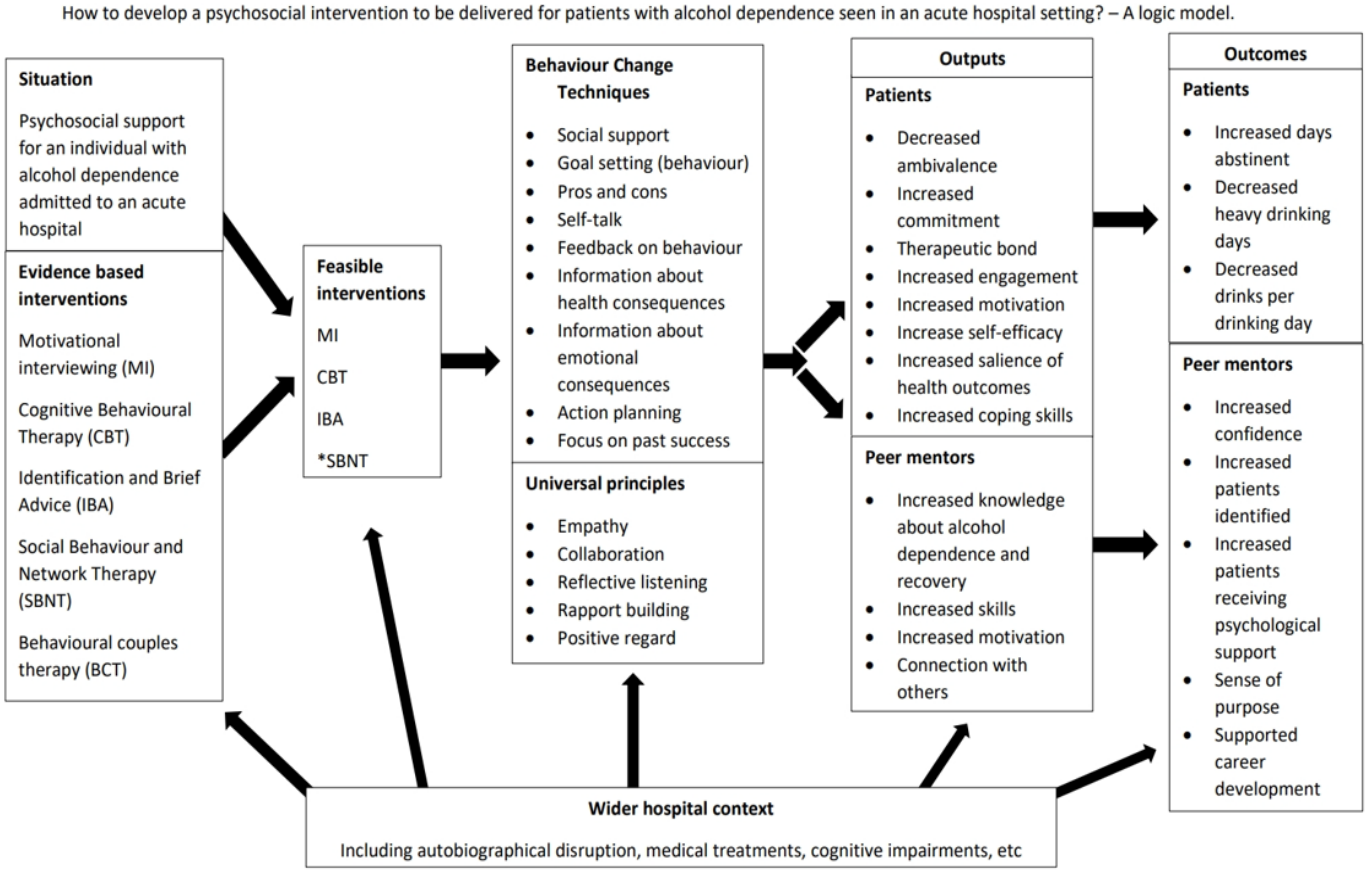
Due to the situational barriers of the acute hospital setting, the interventions that may be feasible are: MI, CBT, and IBA. Elements of Social Behaviour and Network Therapy may be suitable for inclusion in a future intervention, especially identifying the individuals' social network who may be supportive.

For the development of this logic model, the aggregated Behaviour Change Techniques and universal principles that constitute these interventions and may be feasible in the hospital setting were considered. Behaviour Change Techniques are the individual behavioural components of an intervention through which it works, they are

sometimes referred to as the 'active ingredients' of an intervention. Behaviour Change Techniques that are part of these interventions were identified from research studies and intervention manuals. Universal principles are the foundational components of all psychosocial interventions, they include techniques that all individuals who deliver psychosocial interventions should be employing and that may contribute to the desired outcome of the intervention, such as empathy and report building.

Behaviour Change Techniques have been inferred from previous research of the individual interventions. From the Behaviour Change Techniques and previous research, patient and peer mentor level outputs have been derived. The short and long-term outcomes that these outputs may result in for peer mentors and patients have been inferred from previous research of the individual interventions.

For example, patients may engage in the Behaviour Change Techniques of setting goals relating to their drinking and action planning. Outputs from this may be the development of coping skills, which could result in a decrease in drinking (an outcome).



Future Research

The logic model underpins my PhD project commencing October 2024. The PhD aims to develop a psychosocial intervention targeted for patients with alcohol dependence that can be delivered by peer mentors within an acute hospital. It will consist of a review to systematically identify existing interventions and the key behavioural components they comprise. Following this the behavioural components feasible within a hospital setting will be combined to create a new adapted intervention prototype.

The intervention prototype will then be iteratively re-developed through qualitative interviews and focus groups with key stakeholders. In-depth qualitative interviews will be conducted with patients with experience of alcohol dependence who have been seen by a hospital-based Alcohol Care Team (ACT) and peer mentors who have experience of supporting patients with alcohol dependence. This will identify the barriers and facilitators to intervention delivery and engagement.

Further interviews will be conducted where participants will be presented with the intervention prototype and asked to share their thoughts whilst reviewing it. This aims to identify aspects of the intervention participants find unusable, off-putting, or are missing. Data will be used to further modify the intervention.

Focus groups will also be conducted with members of hospital based Alcohol Care Teams, patients, and peer mentors, to get feedback about the acceptability and feasibility of the intervention content and delivery style.

The PhD project will help address the inconsistent implementation of psychosocial interventions in hospitals. Clinical staff will benefit from access to a structured intervention that can be conducted by non-clinical staff, enabling discussions with patients' needs and facilitating an action plan. Peer mentors' shared experience of alcohol dependence will foster rapport and potentially drive positive change through supportive conversations.

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2024 MCA Symposium on Alcohol & Health

Wednesday 27 November 2024 at the RCP, London

#MCASymp2024

Programme

09:00 Registration & Refreshments

09:30 Welcome

09:40 *'Alcohol & Stigma – why does it matter?',* **Dr Ashwin Dhanda**

10:05 *'What can the alcohol field learn from initiatives for reducing the stigma of mental health?',*

Prof Claire Henderson

10:30 Q&A Discussion

10:50 Refreshments Break and visit Exhibitor Stands

11:10 MCA Annual General Meeting (AGM) *MCA members only

11:40 Competition Winners' Presentations & Jonathon Chick Tribute

12:00 *'Mind the Gut: Developing New Pharmacotherapies for Alcohol Use Disorder'* **Max Glatt**

Lecture, Dr Lorenzo Leggio

13:00-13:50 Lunch and visit Exhibitor Stands

13:50 Welcome Back - Afternoon session

13:55 *Conversation Cafés,* **Dr Seonaid Anderson & Dr Hugo Jobst**

14:20 *Lived Experience – Alcohol & Stigma,* **Dr Raj Bhat**

14:45 Q&A Panel and Discussion

15:05 Policy Launch - *'Alcohol-related harms; A health service response',* **Prof Julia Sinclair**

16:00 Close – Refreshments available

Booking & Pricing	
Member	£150
Member - Student & Retired	£105
Non-Member	£225
Non-Member - Student & Retired	£150

To book for the whole day CLICK HERE

Signed up delegates will be able to view the entire symposium online after the event.

To register for the 15.05h Policy Launch only CLICK HERE

Dr Peter Kershaw - A personal appreciation

by Dr Iain Smith

Dr. Peter Kershaw, MD., DPM, FRCPsych (b 23 February 1935) q Edinburgh University 1959, died on 26 July 2024 after a long illness.

Pioneer of NHS Treatment Services for Alcohol Dependence in the West of Scotland

Peter Kershaw was a Consultant Psychiatrist from 1968 to 1991, in the West of Scotland: first at Ravenscraig Hospital in Greenock and then, from 1971 at Gartnavel Royal Hospital in the west of Glasgow. He was Physician Superintendent at Gartnavel Royal Hospital from 1985 to 1989.He established an alcohol service within the psychiatric campus at Gartnavel Royal in the 1970s which now carries his name. He was a senior lecturer in the Department of Psychological Medicine at the University of Glasgow and after retiring from the NHS, was a Consultant Psychiatrist at the Priory Hospital in Glasgow. Addictions was always his particular area of interest and he published on topics such as spontaneous recovery from alcohol dependence and the prevalence of alcohol dependence in “industrial Clydeside”.

When he qualified MD in 1973 with a thesis entitled, "The complications of alcoholism: an epidemiological, statistical and nutritional study on alcoholics admitted to a general hospital psychiatric unit", the data was gathered in Greenock and Glasgow. He published a series of papers from his M.D. At this point in time the post-World War Two alcohol epidemic in Scotland was becoming evident, and one of the manifestations was that of increasing presentations to psychiatry of patients in suicidal crisis where the underlying cause was alcoholism or alcohol dependence. This needed a response from within psychiatry and alcohol and drug units were being set up around the United Kingdom as a result. As we know, the Medical Council on Alcohol and Dr. Max Glatt were pivotal in developing specialized alcohol units throughout Britain. Peter was aware of the MCA and pointed his trainees such as myself in its direction.

The addiction service which he and others developed at Gartnavel Royal Hospital in 1978 was in some ways ahead of its time because of the multidisciplinary approach to assessment and management which Peter facilitated and encouraged. Alongside this, he also worked to develop close and supportive links with community groups and the local branches of Alcoholics Anonymous with the result that he and his service were greatly valued and appreciated in the surrounding area. The main component of the Alcohol Problems Treatment Unit that he developed with others was a day service - at various points seven days a week - which sadly was to close during COVID, leaving only an inpatient unit backed up by community services.

However, during its 42-year run this day service was arguably the best in the UK, helping tens of thousands of patients from areas where severe alcohol dependence had become endemic in the wake of the deindustrialisation of Clydeside. As evidence for this, in a multicentre study in the UK looking at the new drug for alcohol dependence, acamprosate, the Gartnavel Royal Hospital unit was seen to have the best outcomes due to the prolonged support that was on offer. (Acamprosate was no better than placebo in this study but was proven effective in wider European studies.) None other than Nicola Sturgeon as Health Minister visited the Kershaw Unit when it moved off the hill at Gartnavel for a relaunch ceremony in 2008, and had such an enjoyable day that she expressed a wish for a similar facility in South Glasgow. She remembered the Unit and when the policy of Minimum Unit Pricing was being launched, she came back to the Unit to hold the press conference.

The Unit was an engine room for research and for training purposes with the concentration of resources in one place. At one point it had six male beds and a day unit all on the one site - Ward 13B. Female beds were in a general psychiatric ward nearby. I first arrived as Senior Registrar to train with Peter in early 1989. I have an abiding memory of how busy the unit was as it allowed patients to self-present often in the DTs and in two cases that year I saw classical Wernicke’s Encephalopathy. The patients received their lunch and were very involved

with the Unit, fighting to save it in the late 2000s when the day unit component was under threat.

Peter was a joy to work for and injected humour and positivity into his work. He was a major influence on my own career and my career changed course from general psychiatry to the subspeciality of substance misuse. Eventually in June 1992 I took over as Consultant to the Unit and as Peter's successor.

The work of the day unit was policed day to day with the breathalyser, and patients breathalysing positive would be asked to return the next day. A unit in Paisley was said to be more tolerant of patients remaining to sober up and Peter quipped to his opposite number there: "Denis, I think you are running a pub."

Early on at the Unit Peter experimented with aversion therapy using the drug Antabuse or disulfiram and allowing the patient to drink on top of it to induce vomiting and hopefully an aversion to alcohol. This was abandoned when the patient failed to feel unwell and as a result it was Peter Kershaw who felt nauseous whenever he saw the particular brand of whisky used in this treatment.

In a memorable and fitting ceremony in December 2005 - *see photo* -his former unit was renamed after him. The Kershaw Unit continues today as a 15 bedded inpatient unit.

Peter's main legacy will be as a pioneer of alcohol treatment services within the NHS and there is considerable concern at this time that such services have declined during a time when the focus has been, particularly in Scotland, on reducing drug deaths. Given the recent alcohol death figures in Scotland we undoubtedly need addiction services that are balanced in their approach.

Competitions: Winners

MCA Student Essay Competition 2024

What can be done to reduce the stigma associated with alcohol use disorders?

1st Prize: **Jessica Sinyor, University of Warwick**

2nd Prize: **Alicia Piper, University of Edinburgh**

3rd Prize: **Dania Mann-Wineberg, University of Manchester**

MCA Quality Improvement Prize 2024

Open to all qualified doctors in any specialty working in the UK, in any non-consultant training grade. Report a completed audit, clinical governance or quality improvement project on an alcohol-related health harm topic and reflect current best practice guidelines/evidence. The topic can reflect the full range of interventions from prevention to detection to treatment.

1st Prize: **Gavin Robertson**

2nd Prize: **Nina MacKenzie**

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The Alcoholis bulletin for health care professionals, is published by the Medical Council on Alcohol. Views expressed by contributors are not necessarily those of the MCA. We welcome any articles or comments from other parties which may be published.

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