Mission of the RCN Institute

'To promote education, research and development through providing access to quality learning opportunities; integrating research, practice development and quality initiatives within a lifelong learning framework; and supporting quality research and development which will contribute to the science and art of nursing.'
LEARNING UNIT 040

What is Nursing Update?

RCN Nursing Update is just one of the ways that the RCN can help you choose what is appropriate to you and your personal and professional development, as part of the UKCC’s PREP requirements. Nursing Update has two main components – this workbook and a television programme.

The Television Component This comprises a 30-minute TV programme which is shown on BBC2's The Learning Zone every Tuesday of the month from 5.30-6am. The programme includes expert opinions, debates, dramatisations, clinical demonstrations and re-enactments.

The Workbook This is published in Nursing Standard on the last Wednesday of every month and relates to the TV programme shown in the following month. It is written by an expert and incorporates ‘time out’ sections to help you reflect on what you have learnt.

After you have studied both components you can complete the 21 question multiple-choice assessment at the back of this workbook. It costs £15 (£25 for RCN non-members) and you are awarded 10 RCN Continuing Education Points (CEPs) (see back page). You can then apply to do:

- A workplace assessment (15 CEPs – £15 (£25 non-members))
- A 2,000 word written assignment (25 CEPs – £20 (£30 non-members)).

Example of how to use Nursing Update Let us suppose that you work on a gynaecology ward, and your professional interest is women’s health. A number of patients have recently asked for advice on hormone replacement therapy and you decide to update your knowledge on this. At your library, the librarian reminds you that there was an RCN Nursing Update on this topic recently. You borrow the video and workbook from your local RCN office and start your study.

You pass the multi-choice knowledge assessment and are informed that you are now eligible to undertake the workplace assessment. This is a self-verified assessment, in which you are asked to identify one improvement you would like to make in your workplace, as a result of studying the Nursing Update unit. You decide that you would like to set up a series of teaching sessions with a group of interested patients. You discuss this with your manager and your colleagues; obtain samples of HRT tablets, patches and implants from the pharmacy; and research and plan the sessions. You then complete the relevant documentation for the award of RCN CEPs.

Having completed this you are eligible to undertake the final stage of the Nursing Update assessment, and you write an essay of 2,000 words in which you evaluate your workplace change, that is, the series of patient teaching sessions, and the way you set about doing this. You include in your portfolio your RCN certificates for a total of 50 CEPs, all your documentation, your reflections on all the stages of assessment and what you gained from the exercise – and an analysis of the ways in which it benefited your practice.

This is just one of the ways of meeting your requirements for Continuing Professional Development, through the RCN’s Continuing Education provision. It is up to you to make the PREP requirements work for you, in the interests of your practice and your client group.
Myths on the Rocks: Uses and Abuses of Alcohol (Repeat*)

There is a growing awareness of the effects of alcohol on the individual and society as a whole. Nurses in any speciality are ideally placed to promote safer drinking by the use of routine health questioning and simple interventions.

This Unit is relevant to the UKCC Professional Development Categories of Reducing Risk and Education Development.

* This Unit is a repeat and if you have previously taken part in the assessment you cannot do so again.

The aim of this Learning Unit is to develop your knowledge and skills in identifying and facilitating care for people with alcohol and alcohol-related problems.

The material for this Unit is divided into four themes:
1. Government targets and alcohol
2. Problems related to alcohol use
3. Assessment of alcohol use
4. The role of the nurse.
Theme 1: Government targets and alcohol

INTENDED LEARNING OUTCOMES
At the end of Theme one you should be able to:
- Define a unit of alcohol
- Identify sensible drinking limits for men and women
- Examine the role of nurses within government health promotion strategies related to alcohol.

Now do Activity One

Of all the drugs available, alcohol is one of the oldest, and one of the most widely used. Government attitudes towards its use have varied, and since the 18th century many different forms of control have been employed to reduce consumption. In 1970, the World Health Organization (WHO) identified alcohol use as one of the world's major health problems.

In recent years there has been wider publicity about the dangers of drinking. The Government has specifically highlighted the need for health promotion campaigns, aimed at educating the general population about sensible drinking guidelines. The need for primary healthcare assessments and the use of early interventions for alcohol and alcohol-related problems have been clearly stated (Department of Health (DoH) 1995a).

In December 1995 DoH amended the existing guidelines safe drinking levels for men and women (Table 1).

Note that one unit of alcohol is equivalent to half a pint of ordinary strength beer, lager or cider, one small glass of sherry or wine, or one single 'pub' measure of spirits. Alcoholic drinks poured at home are likely to be more generous than 'pub' measures and this should be borne in mind when calculating amounts consumed.

ACTIVITY ONE
Watch the TV component Myths on the Rocks: Uses and Abuses of Alcohol (30 minutes)

Table 1. Drinking levels for men and women.

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low level risk:</strong></td>
<td><strong>Low level risk:</strong></td>
</tr>
<tr>
<td>3-4 units per day on a regular, but</td>
<td>2-3 units per day on a regular, but</td>
</tr>
<tr>
<td>not daily basis</td>
<td>not daily basis</td>
</tr>
<tr>
<td>4+ units daily are not advised</td>
<td>3+ units per day are not advised</td>
</tr>
</tbody>
</table>
GOVERNMENT AIMS
Over the next five years the Government will be implementing health promotion strategies relating to alcohol, with the aim of reducing the proportion of men and women drinking more than the recommended safe limits by 18 per cent and 7 per cent respectively (DoH 1995a).

As the Government has clearly outlined the need for primary intervention there are clear implications for the nursing profession in the early detection of alcohol-related problems and for offering interventions to these people. As with any drug, small amounts can be beneficial and larger amounts can be harmful to health. There is much confusion surrounding the benefits and dangers that alcohol can have, not just for the individual, but to the lives of those around them.

Alcohol and alcohol-related problems have, in the past, been difficult to define as any health assessments tend to include only sketchy questions in relation to alcohol misuse. As healthcare professionals we are aware of the physical consequences of prolonged heavy drinking, but despite this, many of the problems associated with alcohol misuse continue to go unnoticed.

At present there seems to be a difference in the number of problem-drinkers and those who are recognised and helped. The nursing profession must recognise that key interventions are needed in the area of early identification and education of the general public.

Theme 2: Problems related to alcohol use

INTENDED LEARNING OUTCOMES
At the end of Theme two you should be able to:
- Recognise the range of alcohol problems
- Define tolerance and dependence
- Describe the impact these problems can have on the individual, the family and society.

Now do Activity Two

ACTIVITY TWO
List the consequences of drinking, under the headings: social, psychological and physical effects.
(20 minutes)

Alcohol is closely woven into the fabric of our lives and we are becoming increasingly aware that problem drinkers are not the only ones to suffer. Those close to them suffer in many ways as well. It is important to remember that alcohol does not discriminate between men and women, young and old, or rich and poor, although there is research pointing to trends in higher alcohol use in some cultures, socio-economic groups, professions and geographical areas (Goddard and Ikin 1991, Godfrey 1992, OPCS 1995, Walker 1995). It is important to recognise that none of these factors are the cause alone, but are interrelated.

The reasons that people give for drinking are long and varied and underline the complex function of alcohol in our culture. It is often easy to view alcohol as a personal problem tied up with per-
Table 2. Cirrhosis death rates by occupation.

<table>
<thead>
<tr>
<th>OCCUPATIONAL GROUP</th>
<th>STANDARDISED MORTALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average occupation</td>
<td>100</td>
</tr>
<tr>
<td>Publicans and bar staff</td>
<td>383</td>
</tr>
<tr>
<td>Doctors</td>
<td>341</td>
</tr>
<tr>
<td>Seafarers</td>
<td>265</td>
</tr>
<tr>
<td>Lawyers</td>
<td>233</td>
</tr>
<tr>
<td>Literary and artistic occupations</td>
<td>198</td>
</tr>
<tr>
<td>Armed Forces</td>
<td>182</td>
</tr>
<tr>
<td>Fishing and related workers</td>
<td>172</td>
</tr>
<tr>
<td>Caterers</td>
<td>171</td>
</tr>
<tr>
<td>Dockers and goods porters</td>
<td>144</td>
</tr>
<tr>
<td>Cooks and kitchen porters</td>
<td>140</td>
</tr>
<tr>
<td>Steel erectors</td>
<td>92</td>
</tr>
<tr>
<td>Farm workers</td>
<td>45</td>
</tr>
<tr>
<td>Managers in building and contracting</td>
<td>22</td>
</tr>
</tbody>
</table>

(OPCS 1995)

sonality, culture, occupation and social environment. The list of male death rates for cirrhosis by occupation underlines this (OPCS 1995, Walker 1995) (Table 2).

ALCOHOL AS A DRUG

Alcohol is produced when grain fruit or molasses are fermented and/or distilled. It is a mind-altering drug, in the same way that heroin, cannabis or barbiturates are, and acts as a depressant on the central nervous system. It is found in beer (3-6 per cent alcohol), wine (10-12 per cent) and spirits (40-50 per cent).

Alcohol is an irritant, affecting the lining of the stomach and the digestive system, explaining why a person will experience sickness and gastric upset following drinking on an empty stomach. In the short term, heavy consumption results in intoxication, with all the harm associated with this condition. Excessive alcohol use is associated with a number of medical conditions, including gastritis, ulcers, diseases of the pancreas and sexual dysfunction. In the long term, excessive use of alcohol can result in cirrhosis of the liver, brain damage and problems in the central nervous system, which may affect behaviour.

TOLERANCE

This refers to the ability of the body to adapt or ‘get used to’ the amount of alcohol consumed. Increased tolerance or the ‘ability to hold one’s drink’ increases the risks of becoming dependent
on alcohol and means that over a period of time more alcohol is needed to give the same effect. Tolerance results in enzymatic and biochemical changes which can be detected in the brain or liver of those who are affected.

Now do Activity Three

DEPENDENCE

Dependence takes two forms: physical and psychological. Physical dependence is linked to tolerance, and the way the body adjusts to increasing levels of alcohol in the system. The first signs of dependence occur when the drinker tries to reduce or stop the amount of alcohol being consumed. This can result in shakiness, apprehension, sleep disturbance, night sweats and increased tension. More severe symptoms can be tremors, hallucinations, fits and delirium tremens (a combination of all of these), and dehydration.

Psychological dependence refers to the fact that alcohol has come to mean something special to the individual drinker. This need not be a problem if the drinker is aware of his or her dependence and keeps it under check, but the signs to watch for are:

- Increased consumption of alcohol
- Drinking taking priority over other activities
- Preoccupation with the urge to drink
- Any alcohol will do, but the stronger, the better
- Consumption of alcohol without regard to appropriateness, setting or time.

Most people drink sensibly and moderately, without harming themselves or society, but it is clear that intoxication, heavy drinking and alcohol dependence frequently lead to social, physical and psychological problems. It is not the beverage we drink, but the amount of alcohol consumed and the patterns of consumption that lead to alcohol-related harm.

ALCOHOL-RELATED HARM

The incidence of alcohol-related harm has doubled over the last 20 years and every indicator of it has shown a substantial increase (DoH 1995a, Godfrey 1992, OPCS 1995). Excessive alcohol consumption now ranks third as a major health problem in this country (after smoking-related diseases and heart disease).

Despite increasing awareness about diet and unhealthy lifestyles, many people remain ignorant about the role of alcohol in physical and emotional ill health. Defining what constitutes an alcohol problem is fraught with difficulty. During this century there has been a shift from a moral and legal viewpoint towards regarding alcohol abuse as a medical problem, a stance typified by the self-
help group Alcoholics Anonymous.

More recently, the usefulness of viewing alcohol problems as a type of disease has been questioned. Most people would consider the alcoholic individual as belonging to a minority or deviant group. However, many more people whose drinking will not be considered abnormal, will experience difficulties related to their own or others' drinking and they will be subject to alcohol-related harm.

SOCIAL CONSEQUENCES

As an activity, drinking alcohol is widely accepted by the general public and has social meaning attached to its use. Alcohol as a drug is readily accessible, and in comparison with other drugs, is cheap to use.

In the United Kingdom, many of the problems that can be attributed to drinking are related to heavy chronic drinking, but to intoxication (DoH 1995a). The ethnic group that a person belongs to can also influence drinking patterns and habits; Jewish families, for example, drink wine together on a regular basis for religious reasons; Irish families rarely drink together, but Irish men tend to drink with their male counterparts outside the home (DoH 1995a). Now do Activity Four

It should be noted that when considering alcohol-related problems, alcohol should not always be regarded as the root cause of the problems, since it can be evidence of an underlying cause or other difficulties.

Like dependent drinking, excessive drinking is related to a whole range of social and legal problems including:

- Work
- Financial difficulties/debt
- Disruptive domestic and partnership problems
- Homelessness.

Many of those experiencing harm can be described as 'social drinkers' - quantities and patterns of drinking depend on social groupings.

ACTIVITY FOUR

Stop for a moment and think about the ways in which you use alcohol and for what reasons. You may simply enjoy a glass or two of wine with dinner at the weekends, drink at parties and social events - or you may find you are using alcohol to unwind when you get home from work every day. If that is the case it may be helpful to keep a drink-diary and record when you drink, how much, why you felt you needed it and its effects on you. Raising your awareness in this way may be enough to help you not to exceed the recommended limits (See Activity Seven).

(20 minutes)

THE FAMILY

In some cultures, alcohol is a family drug and children have regular access to small amounts under parental supervision, whereas in other cultures this approach may be seen as misguided, with children needing to be protected from experiencing alcohol use until they are much older.
Intoxication in adults has its own consequences for the family, and these effects often depend on the levels of intoxication. Family disruption and disharmony can be caused by infrequent as well as regular intoxicated states. Arguments and marital/family fights can often occur when one or more family members are under the influence of alcohol. Children are frequently involved in the arguments, or ‘witness’ the problems associated with intoxication.

Drinking is often given as a reason for divorce, episodes of marital violence and for child abuse within the home. Children themselves are not immune to problem-drinking, but are often influenced by peer pressure and parental attitudes towards its use. Statistics show that adolescent drinking begins as early as 13 years of age (DoH 1995b, Alcohol Concern 1996) and this is usually in the home. Approximately 1,000 children a year are admitted to hospital with acute alcohol intoxication and, as children do not have any tolerance, this usually means to an intensive care unit (DoH 1995b).

Young people are not the only group at risk. Elderly people can also be considered vulnerable, although there are vast differences in the reasons for their drinking. Detection of drinking problems in elderly people can be quite difficult, due to the effects of ageing and health-related problems for which they may be taking medication. As alcohol is a drug that is known to be particularly dangerous when used in combination with other drugs, and many elderly people take a cocktail of prescribed drugs, the consequences can be devastating in terms of health and social effects, not just to the individual but for other family members.

**EMPLOYMENT**

Intoxication is known to affect work performance. The effects of drinking and working have implications not just for the individual, but for those with whom they work, and work accidents are frequently associated with the use of alcohol. Redundancy or demotion can be a consequence of work-related drinking (DoH 1995b; Walker 1995) and it is estimated that 8-14 million days are lost in Britain each year as a result of alcohol-related problems.

It has been shown that taking between four and ten standard units of alcohol can impair memory, judgement, co-ordination and alertness (Godfrey 1992). Many employers and businesses are beginning to institute alcohol policies for the workplace. The policies guarantee that the employee can continue in employment if he or she accepts treatment for drinking problems. The cost in work lost and sickness days to individual firms, to industry and to the National Health Service is extremely high.

**CRIME**

There is a distinct relationship between intoxication and petty offences. It is usually the behaviour rather than the intoxication itself that causes the offence. Crimes such as drunk and disorderly behaviour, causing damage to property, assaulting an officer or urinating in public are all frequently committed under the influence of alcohol and usually result in arrest. This can have significant
consequences if the person involved has to state any criminal charges when applying for a job, or mortgage. Petty theft, breaking and entering and embezzlement are crimes which are also committed in order to support a drinking habit.

There is a strong connection between intoxication and violence. Fights in the pub environment, domestic arguments, domestic violence and football hooliganism are the most frequently reported. It has been stated that approximately half of the cases of murder committed occur when the assailant is intoxicated (Cole 1990, Walker 1995).

One of the more vigorous Government health education campaigns has been concerned with drinking and driving. The Road Traffic Act (1977) introduced the breathalyser and a statutory blood alcohol limit of 80 mg per 100mls of blood (The Road Traffic Act 1988). In combination with legislation enforcement (revised under the Traffic Acts of 1988, 1991) and public education there was a noted decrease in road traffic accidents linked to alcohol, however, significant numbers of drivers still break the law every week (DoH 1995a).

**PSYCHOLOGICAL CONSEQUENCES**

People use alcohol for a variety of reasons; not only does it make people feel different, but it often makes them behave in a different manner. Other people’s perceptions of the drinker may also be changed. It is falsely assumed that alcohol-related harm occurs only if a person is a regular and heavy drinker, however, a moderate drinker can also have problems associated with his or her drinking.

A person’s mood can actively change from that of tension to relaxation with one or two units of alcohol. With alcohol, feelings of confidence and the ability to be sociable can increase, and small amounts of alcohol in the right setting can relieve feelings of loneliness and unhappiness. More often that not, however, the person continues drinking past the beneficial, relaxing effects of light alcohol use.

With each subsequent drink consumed, the more mental functioning is impaired. The drinker often believes that he or she is fine and in control. When more than four units of alcohol have been consumed, however, the speech centre and co-ordination begin to be affected and walking in a straight line and enunciating words clearly becomes harder. Increased risk-taking behaviour occurs, and challenges that the person would normally ignore are acted upon. Some intoxicated drinkers become hostile and aggressive where they might normally not take offence, whereas others can become morose and depressed (Cole 1990). Memory loss of what happened during the night of drinking can also occur, and some people may fill in the lost memory incorrectly, thereby causing embarrassment.

Anxiety and depressed mood are two of the most common psychological reasons for drinking, usually under the false belief that the alcohol can bring about an improvement in mood. Poor sleep can also be put forward as a reason for drinking, again under the mistaken assumption that alcohol will provide ‘a good night’s sleep’. Mental distress in combination with alcohol can also have the
effect of provoking an impulsive suicidal attempt, and although this has been noted usually to be in combination with some other major life-event, the exact nature of the role of alcohol is uncertain.

Generally, there is a growing reliance on alcohol for the temporary relief from feelings of stress, anxiety, guilt or low mood, and it is widely accepted that drink will help to make people feel better. The reality, however, is that this rarely works, either in the short or long term.

PHYSICAL CONSEQUENCES
Alcohol affects the body in many different ways. It is now thought that alcohol can even be beneficial to a person’s health and may, in small amounts (approximately two units daily), protect against coronary heart disease (DoH 1995a, DoH 1995b).

- For heavy drinkers, cancers of the gastrointestinal tract, liver disease, pancreatitis, damage to the central nervous system and brain are all well documented problems.
- There is also increasing evidence of the relationship between light and moderate drinking and essential hypertension.
- For women there are significant consequences in relation to alcohol use, including the risk of unplanned pregnancies as a result of sexual intercourse while intoxicated.
- During pregnancy, any alcohol consumed is passed to the fetus via the placenta. It is generally recommended that pregnant women either stop drinking entirely, or do not drink more than one to two units of alcohol more than twice a week to avoid the danger of fetal alcohol syndrome (Health Education Authority 1992). Breastfeeding also has hazards, as the alcohol ingested by the mother can be passed to the child in small quantities via breast milk. Drinking more than sensible limits can affect not just the unborn child but also fertility in both men and women. For the male, intoxication often reduces the ability to maintain an erection (Gaskell and Robinson 1989, Royal College of Psychiatrists 1986).
- Minor injuries and accidents, such as falls, bruises and burns, frequently occur while people are intoxicated, caused by a lack of co-ordination and altered perceptions. Falling asleep while smoking can also result in danger to the individual and others.
- Non-specific gastrointestinal symptoms can often occur after a drinking bout, as can a hangover, which results in headaches, sensitivity to noise and light, nausea and fine tremors of the hands – in effect, the signs of mild withdrawal symptoms from alcohol.

Now do Activity Five
LEARNING UNIT 040

Theme 3: Assessment of alcohol use

INTENDED LEARNING OUTCOMES
At the end of Theme three you should be able to:
■ Identify patterns of alcohol use
■ Describe the differences in strengths of alcohol
■ Calculate drinking levels.

It has been suggested that questions related to alcohol use should form part of a standard health questionnaire within all specialities of nursing (Cole 1990, DoH 1995a, Nettleton and Thomson 1993, Royal College of Psychiatrists 1986). As healthcare professionals, all nurses should be aware of what is meant by one unit of alcohol, and sensible drinking guidelines.

We can look for clues to alcohol-related problems within the signs and symptoms that patients present, but perhaps an easier method is to ask the patient directly. Asking direct questions about health-related issues is a reliable way of finding information (Godfrey 1992, Nettleton and Thomson 1993) but the use of non-specific questions, such as: ‘Do you drink?’ will usually result in non-specific answers. Questions should be as clear and as specific as possible.

PATTERN OF USE
As drinking patterns vary from person to person, it is important to identify how the individual uses alcohol. For example, does he or she have weekends of total intoxication, or a couple of glasses of sherry before bed every night? By asking when a person uses alcohol and on how many days of the week, you can begin to get an idea of whether the person is drinking safely. Remember that it is recommended that drinkers should have alcohol-free days each week.

It can also be useful to quantify the length of the drinking period. Some patterns of drinking can be measured in hours and others in days. Sometimes drinking can be episodic, at other times it can be continuous. For drinkers with patterns of episodic drinking (binges), answers to questions about drinking can elicit the response of ‘occasional or infrequent’ drinking. Responses of this nature should be clarified further by asking the client to define what he or she means by infrequent or occasional drinking. It is recognised that binge drinking is just as harmful to health as regular/moderate drinking and attempts should be made to identify this pattern of use.

ACTIVITY SIX
Next time you are in a supermarket spend some time looking at the percentage of alcohol in different wines, beers, lagers, spirits and alcoholic lemonades. There is a considerable variation of which people are not always aware. (20 minutes)
Table 3. The relative strengths of alcoholic drinks in terms of the concentration of absolute alcohol.

<table>
<thead>
<tr>
<th>40%</th>
<th>20%</th>
<th>10%</th>
<th>5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>brandy</td>
<td>fortified wine</td>
<td>table wine</td>
<td>beer</td>
</tr>
<tr>
<td>vodka</td>
<td>sherry</td>
<td>port</td>
<td>ciders</td>
</tr>
<tr>
<td>whisky</td>
<td></td>
<td></td>
<td>(strong beers contain 8-9% of absolute alcohol)</td>
</tr>
<tr>
<td>gin</td>
<td></td>
<td></td>
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</tbody>
</table>

**TYPE OF ALCOHOL**

Alcohol comes in differing strengths, so it is important to assess the number of units consumed in relation to the type (and sometimes brand) of alcohol used. (Table 3)

**AMOUNTS**

As the consequences of drinking relate specifically to the amount of alcohol used, it is important to identify how much is being consumed by the individual, not only on a daily basis (as for binge drinking), but on a weekly basis for the more moderate drinker. Amounts of alcohol are calculated in terms of units (approximately 8 mg of alcohol), and this factor, when combined with information on frequency of use and type of alcohol used, will indicate whether the individual is drinking within sensible limits or not.

**Theme 4: Role of the nurse**

**INTENDED LEARNING OUTCOMES**

At the end of Theme four you should be able to:

- Use strategies that can be helpful in identifying alcohol-related problems
- Describe what is meant by minimal interventions
- Assess an individual drinking pattern
- Identify guidelines for sensible drinking.

'The Government is pursuing an initiative to heighten the awareness of nurses, midwives and health visitors of the incidence of alcohol misuse' (DoH 1995a, DoH 1995b). This document states that health bodies should explore the 'extent to which routine hospital admission should include taking quantified information about each patient's drinking history, so that action and advice is offered as
necessary' (DoH 1995a, Nettleton and Thomson 1993).

**ACTIVITY SEVEN**
Complete a drink diary of your drinking over the present week and calculate the drinking level. Write down when you drank, how much you drank and under what circumstances. Were you surprised by what you found? (30 minutes)

Minimal intervention, such as routine assessment and early identification, are a part of the contribution nurses can make in this area of health care. Research in both medical and nursing professions have shown that routine assessment and minimal interventions in the form of clear concise questions and advice, are beneficial in the achievement of Government objectives (Cole 1990, DoH 1995a, Godfrey 1992, Nettleton and Thomson 1993). As a result of increasing an individual’s awareness of sensible drinking levels, he or she can often begin to change current drinking levels.

Other methods that can be used as health education tools are drinking diaries. These can help the drinker to become aware of the amounts of alcohol that are being used and the healthcare professional can benefit by the concrete reporting of consumption.

Now do Activity Seven

The following guidelines can be helpful when offering help to clients about sensible drinking:

- Know the sensible drinking limits for men and women
- Learn to think in terms of units of alcohol and be aware that home measures are usually larger than pub measures
- Remember that the liver can only metabolise one unit of alcohol per hour (i.e., for every one unit of alcohol consumed, it takes one hour to catabolise it and remove it from the blood stream) when calculating the time it takes the body to deal with alcohol ingested.

If you do not feel minimal interventions will be enough to help, or that the nature of your job restricts the amount of intervention that you may be able to offer, there are alternative agencies that can offer advice. It is never wrong to refer a patient to the appropriate service. Offering interventions to the patient who may be experiencing alcohol-related problems is not always the remit of the specialist. Nurses have a range of skills which they can use to help the problem drinker to assess his or her drinking level and to limit his or her consumption to a safe level.

Kim Moore RMN, is Community Drug and Alcohol Nurse at the Princess Alexandra Hospital, Harlow, Middlesex and Golda Behr BSocWk, is a Social Worker, Alcohol Team Co-ordinator, the Department of Psychological Medicine, St Bartholomew’s Hospital, London. This revised workbook has been updated by Kim Moore; the original version was published in November 1993.
REFERENCES


RCN Approved Educational Events

Do you organise courses/conferences/distance learning initiatives for nurses, midwives or health visitors? Would you like potential customers to know that you are offering a quality assured product, on completion of which they will receive a certificate awarding RCN Continuing Education Points? You can do this by having our product accredited by the RCN Institute.

Over the last 12 months we have accredited over 100 events ranging from a distance learning pack about constipation, to a computer disk on headache management, from an international conference for 250 nurse practitioners, to a series of evening workshops about asthma care.

Organisations such as Astra Pharmaceuticals, Cancer Relief Macmillan Fund, Solvay Healthcare, National Eczema Society, Nursing Standard, Smith & Nephew, West Surrey Health Commission, Trinity Hospice, Vitalograph and many more, have all recognised the benefits of having their continuing professional development products approved by the RCN Institute.

So don’t get left behind. Contact your RCN Regional Representatives today to find out how you too can offer delegates the benefits of an RCN Approved Educational Event.

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<th>Location</th>
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<td>Greta Thornbory</td>
<td>0171 409 3333</td>
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<td>Professional Development</td>
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<td></td>
<td>Sarah King</td>
<td>0181 504 3420</td>
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<td>Administrator (Continuing Professional Development)</td>
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<td>Education &amp; Development Manager, RCN Institute in Scotland</td>
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<td>Wales</td>
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Assessment instructions

- **How do I apply for an assessment?**
  First, study the RCN Nursing Update TV programme and the associated workbook in *Nursing Standard*.
  Then, complete the Answer Sheet inserted in *Nursing Standard*. Make sure you have made time for any recommended reading or for discussion with colleagues and have given all your personal details, including a Candidate Number if you have already received one.
  Finally, send the completed answer sheet and cheque made out to the Royal College of Nursing to: RCN Nursing Update, Royal College of Nursing, FREEPOST CF 3790, Cardiff CF5 1ZZ.
  Answer sheets to arrive no later than October 30, 1997. Further copies are available from *Nursing Standard*. Tel: 0181-423 1066. This unit is a repeat. If you have entered this learning unit when it was first published you may not do so again.

- **How much do assessments cost?**
  Each RCN Nursing Update Knowledge Assessment costs £15 for RCN members (£25 for non-members). If you want to proceed to further levels of assessment and gain more CEPs, there is an additional fee.

- **What happens then?**
  If you are successful, you will be informed in writing and given a special Candidate Number which you should use in applying for future assessments. If you are unsuccessful in passing the Knowledge Assessment, the fee entitles you to one retake.

- **What do I get?**
  Ten RCN Continuing Education Points (CEPs) are awarded for successful completion of the multiple choice Knowledge Assessment.
Assessment

This assessment relates to Learning Unit 040: Moore K and Behr G. Myths on the Rocks: Uses and Abuses of Alcohol (Repeat*)

This Unit is a repeat and if you have previously taken part in the Assessment you cannot do so again.

Answering the questions

This Question Paper contains 21 questions which form the Knowledge Assessment for this learning unit. To enter the assessment, you must complete the answer sheet for this unit in accordance with the instructions below and opposite and return it with your cheque to the FREEPOST address supplied. Ten CEPs are awarded for successful completion of this assessment. Your answer sheet must be returned by October 30, 1997.

The special answer sheet supplied is designed to be scored automatically by computer in the RCN Institute. It is important that you use an HB pencil to strike a bold single line through the box indicating the appropriate letter or number.

Wrong: \[ A \] or \[ A \] or \[ A \] Right: \[ A \]

You should only attempt to answer a question when you are reasonably confident that you can answer it correctly.

If you should wish to change your selection of answer, use a soft eraser to remove or lighten the mark that you do not want to appear and ensure that the answer(s) that you have finally selected shows up boldly.

Questions 1-7 must be answered by selecting one or more of the numbered boxes in the geomatrix array. The boxes are numbered 1-30, and on the answer sheet for questions 1-7 you have 30 boxes to select from.

Remember, with these questions, some require just one selection, some require more than one, the 'response' in some boxes may be correct for more than one question, not all responses are relevant for 1-7, and the geomatrix is only to be used for 1-7.
<table>
<thead>
<tr>
<th>Questions 1-7</th>
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<tbody>
<tr>
<td><strong>Question 1.</strong> What contribution does alcohol make to the nutritional needs?</td>
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<tr>
<td><strong>Question 2.</strong> How long does it take to metabolise four one pint cans of normal strength cider?</td>
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<tr>
<td><strong>Question 3.</strong> Where is alcohol broken down?</td>
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<td><strong>Question 4.</strong> What are the recommended drinking limits for men?</td>
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<td><strong>Question 5.</strong> What is the effect of drinking alcohol on an empty stomach?</td>
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<tr>
<td><strong>Question 6.</strong> What is the recommended alcohol intake for a pregnant woman?</td>
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<tr>
<td><strong>Question 7.</strong> Two cans of extra strength lager are equivalent to:</td>
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</table>
Questions 8-12

Questions 8-12 are based on a particular patient profile. You will need to consider carefully the circumstances when answering and select only one response to each of the questions.

Mrs Carter is a 30-year-old lawyer who presents with gastric complaints and sleep disturbance. She is finding it difficult to manage her levels of stress.

Question 8. Why may Mrs Carter be asked about her alcohol use?
   a) She may not be aware of the amounts she drinks
   b) Because alcohol is harmful to health
   c) She may drink above the recommended alcohol limits
   d) To identify patterns of alcohol use
   e) Because she is in a high-risk profession

Question 9. Mrs Carter is drinking above the recommended alcohol limits. What advice might be helpful for her to consider change?
   a) Tell her that alcohol is an addictive drug
   b) Explain that alcohol is harmful to her health
   c) Suggest that she consider an occupation less associated with drinking
   d) Explain the recommended drinking limits
   e) Recommend that she stops drinking immediately

Question 10. Mrs Carter has decided to reduce her drinking. How can you help her achieve this?
   a) Simple but practical advice on cutting down
   b) Give her a pamphlet to read
   c) Get her to monitor her drinking
   d) Refer her to her GP
   e) Send her to a self-help group

Question 11. What advice might not be helpful for Mrs Carter?
   a) Work out a target for cutting down
   b) Try to use standard measures so she can monitor her drinking
   c) Encourage the use of a drink diary
   d) Encourage her involvement in a self-help group
   e) To make no changes to her current lifestyle

Question 12. Mrs Carter is concerned that she may not maintain safe drinking limits. What would you do?
   a) Continue to monitor her alcohol intake with a drink diary
   b) Encourage her to talk to others about her problems
   c) Give her a pamphlet to read
   d) Answer her questions clearly and concisely
   e) Encourage her to stop drinking altogether

Questions 13-21

The remaining questions are general questions. You should select only one response to each of the following questions.

Questions 13. In which of the following situations would it be appropriate to drink?
   a) While driving
   b) Before using machinery
c) Before working, or in the workplace
d) With a meal
e) With other medications

**Question 14.** Which of the following is not a potential problem for men who consistently exceed the sensible drinking limit?

a) Weight gain  
b) Impotence  
c) Depression  
d) Cirrhosis  
e) Ankle oedema

**Question 15.** Which statement is not true?

a) Alcohol provides a good night’s sleep  
b) Alcohol can cause memory losses to occur  
c) Alcohol slows your reaction time  
d) Alcohol improves speech  
e) Alcohol increases risk-taking behaviour

**Question 16.** Alcohol exerts its effects more slowly when:

a) You are tired  
b) You gulp your drinks  
c) You have an empty stomach  
d) If you alternate alcohol with fizzy drinks  
e) You have a full stomach

**Question 17.** What is the equivalent to a unit?

a) One large glass of wine  
b) One pint of strong lager  
c) One double measure of spirits  
d) One can of Alcopop  
e) A half pint of shandy

**Question 18.** Which of the following is not a potential problem for a drinker who exceeds the sensible limits?

a) Peripheral neuropathy  
b) Tuberculosis  
c) HIV  
d) Suicide attempts  
e) Obsessive compulsive disorder

**Question 19.** Which of the following statements about minimal intervention are correct?

a) Pamphlets cannot be used as information tools  
b) They only provide a method of screening  
c) They increase the confidence of staff  
d) They raise the awareness of sensible drinking information  
e) They reduce alcohol consumption

**Question 20.** What is the recommended sensible drinking limit for women?

a) 14 units per week  
b) 21 units per week  
c) Two to three units per day  
d) Three to four units per day  
e) Three units per week

**Question 21.** What type of drug is alcohol?

a) Antihypertensive  
b) Depressant  
c) Barbiturate  
d) Relaxant  
e) Stimulant