



Public Health  
England



Royal College  
of Nursing

# **The Role of Nurses in Alcohol and Drug Treatment Services**

A resource for commissioners, providers and clinicians

# About Public Health England

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# Introduction

Commissioners and providers of alcohol and drugs services need to respond to increasingly complex need in the populations they serve<sup>1</sup>. This requires services to be competent in identifying and responding to a wide range of health and social care needs and be able to support people to access treatment for co-existing physical and mental health issues, to enable recovery.

This resource has been written by the Royal College of Nursing, the Association of Nurses in Substance Abuse (ANSA), the National Substance Misuse Non-Medical Prescribing Forum, and Public Health England. It describes the many possible roles of nurses in alcohol and drug treatment in England. It is one of a series of PHE-supported briefings<sup>i</sup> on the roles of professions working in alcohol and drug treatment services, in the community and in secondary care<sup>2,3,4</sup> and should be read in conjunction with them.

This resource is to assist commissioners and providers of specialist adult alcohol and drug treatment services to identify the right workforce to meet the needs of their local populations. It does not address the wider role of nurses across other areas of health and social care, such as midwives, who make a significant contribution to the care of people who misuse alcohol and drugs, and their families. It outlines:

- the roles of nurses working in alcohol and drug treatment including the contribution they can make to health and social care outcomes
- the added value nurses can bring to alcohol and drug treatment
- the competences and skills that should be expected of nurses working in alcohol and drug treatment
- what is required to develop and maintain these competences

The potential added value of nurses is determined by the level of experience and training. Experienced nurses will be able to provide advanced clinical interventions and respond to more complex physical and mental health needs.

It is important that the roles of nurses are not considered in isolation, but as a key part of a multidisciplinary team, responding to locally identified need.

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<sup>i</sup> This series of briefings is a response to concerns raised by PHE stakeholders about reducing numbers of professional roles within alcohol and drug services, and reflects discussions and co-production with relevant stakeholders.

## Background and context

Problematic alcohol and drug use is damaging lives and harming communities. In 2015/16, there were 1.1 million alcohol-related admissions to hospital,<sup>5</sup> and there are an estimated 300,783 people in England who are dependent on opiates and/or crack cocaine<sup>6</sup>. Alcohol and drug use are associated with considerable physical morbidity and premature mortality (9-17 years in those with alcohol and drug use disorders) compared to national norms.<sup>7</sup> The annual costs to society of alcohol and drug-related harm are estimated at £21bn and £10.7bn respectively.<sup>8,9</sup> This is in the context of:

- 2.8 million (8.5%) 16-59 year olds in England and Wales in 2015-16 reported using a drug in the last year, the trend has remained flat over the last eight years<sup>10</sup>
- a rise in drug-related deaths in England and Wales<sup>11</sup>
- an escalation in the number of people dying of alcohol-related liver disease<sup>12</sup>
- an increase in substance misuse among older people<sup>13</sup>
- increases in hospital admissions with a primary or secondary diagnosis of drug-related mental health and behaviour disorders<sup>14</sup>
- concerns associated with mortality and morbidity risks from blood-borne infections from injecting drugs<sup>15</sup>

Alcohol and drug treatment is increasingly provided by the third sector, as well as NHS trusts. Current data on the number of nurses employed in alcohol and drug treatment services is not available. However, stakeholders engaged in the development of this briefing reported that fewer nurses are employed in alcohol and drug worker roles than ten years ago. More recently, there has been significant growth in numbers of nurses employed in non-medical prescribing (NMP) roles.

Local alcohol and drug commissioners need to meet the needs of their alcohol and drug using populations, often in an increasingly cost effective way. Alcohol and drug services need to manage morbidity and mortality risks and respond to challenges such as an ageing population and the emergence of new psychoactive substances (NPS) (use of which is increasing particularly in homeless and prison populations; against a backdrop of falling drug use overall). Nurses may be well-placed to respond to these co-existing needs effectively, enabling individuals to recover from (often long term) alcohol and drug misuse and to reduce alcohol and drug-related harm.

Commissioners have to be assured that providers can deliver safe, effective and compassionate care. Providers need to ensure that their workforce has the skill mix needed to respond not only to presenting alcohol and drug misuse, but to a wide range of coexisting physical and mental health issues and recovery support needs. Nurses can bring essential skills to multi-disciplinary teams, and have the competences to deliver key interventions cost-effectively.

# The roles of nurses working in alcohol and drugs services

Nurses have been working in specialist alcohol and drug roles for at least the past five decades, with their early roles and responsibilities well documented.<sup>16</sup> During that time, the role has expanded to include prescribing and settings have diversified in both statutory and third sector provider organisations. They include primary and secondary care settings, accident and emergency departments, police custody suites, prisons, needle and syringe programmes and homelessness services.

Nurses working in alcohol and drug services can make positive contributions to achieving a range of health and social care outcomes<sup>ii</sup> by delivering a range of interventions such as:

- physical and mental health triage, assessment and care – nurses can bring enhanced awareness of mental and physical health comorbidities
- management of infections and adverse effects relating to poor injecting practice
- hepatitis B vaccination and blood borne virus (BBV) testing
- dispensing, monitoring and reporting on effects of medicines
- non-medical nurse prescribers are able to prescribe medicines
- identification and management of alcohol-related liver disease
- identification and management of alcohol-related dementia

There are four kinds of registered nurses:

- registered nurse (RN) adult
- RN mental health
- RN children
- RN learning disability.

Historically the majority of nurses working in drug and alcohol treatment services have been RN mental health but more recently there has been an increase in the number of RN adult in response to the wide-ranging physical comorbidities of people who misuse alcohol and drugs. Component parts of the nurse role may include clinical, leadership, teaching and quality improvement. Illustrative examples of the components of this role are described in Table 1.

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<sup>ii</sup> Table 1 in annexe 2 offers a list of key contributions that an alcohol and drugs nurse can contribute to the NHS, public health and adult social care outcomes frameworks.

**Table 1: Multiple role component model for alcohol and drug nursing**

Nurse's role <sup>iii</sup>	Components of the role	Examples
Clinical	<ul style="list-style-type: none"> <li>• triage/assessment</li> <li>• risk management</li> <li>• safeguarding</li> <li>• key working</li> <li>• psychosocial interventions</li> <li>• prescribing</li> <li>• physical health checks</li> <li>• hepatitis b immunisation</li> <li>• vaccinations</li> <li>• managing complex clinical presentations</li> <li>• mental health checks</li> <li>• wound dressing</li> <li>• health advocacy</li> </ul>	<p>Muhammad is a RN (mental health) and works in a partnership model between a third sector provider and an NHS trust. He is training to be a non-medical prescriber (NMP) and holds a caseload of around 40 service users with complex problems. He maintains a focus on alcohol and drug treatment and support while managing the risks his service users present with.</p>
Leadership	<ul style="list-style-type: none"> <li>• leading and managing teams</li> <li>• clinical supervision</li> <li>• reflective practice</li> <li>• partnership working</li> <li>• providing advice to commissioners and policy makers</li> </ul>	<p>James is a RN (mental health) and works for an NHS trust which holds three alcohol and drug service contracts including two contracts working in partnership with a third sector provider. He works clinically as a NMP and provides supervision for senior staff and two consultant psychiatrists as part of his role as clinical lead across the trust's multi-disciplinary substance misuse services.</p>
Quality improvement	<ul style="list-style-type: none"> <li>• developing and leading on quality governance</li> <li>• clinical audit and service development</li> <li>• data monitoring</li> <li>• engaging in public health and clinical research</li> </ul>	<p>Alice is a RN (mental health) NMP with 11 years experience in substance misuse in the voluntary sector. As lead nurse in a national non-statutory sector treatment provider, she was responsible for monitoring a large team of NMPs. Clinical leadership, quality control and clinical governance were key elements of her role. Activities included developing a standardised audit framework to help drive improvements to service quality and safety, and overseeing the pilot of a countywide hepatitis treatment program coordinated by a NMP.</p>

<sup>iii</sup> In 2015 the [Royal College of Nursing](#) (RCN) working in partnership with the [Department of Health, Nursing and Midwifery Council](#) (NMC) and service user organisations developed eight principles which describe quality nursing practice. These principles describe what can be expected from nurses working in any setting and should be read in conjunction with the specific role descriptors outlined in this document.

<p>Teaching</p>	<ul style="list-style-type: none"> <li>• delivering training to non-specialist staff</li> <li>• CPD in services, mandatory training</li> <li>• teaching on undergraduate and post graduate courses</li> <li>• mentoring of student nurses and/or junior staff</li> </ul>	<p>Annie is a RN (mental health), with clinical experience in mental health and addictions fields. She is a senior lecturer who offers action learning sets to staff of a London NHS mental health trust working with complex mental health and substance use disorders.</p> <p>Grace is a dually qualified RN (mental health and adult), a senior academic who provides interprofessional learning symposia for prequalifying nurses, midwives and social workers on drug and alcohol issues.</p>
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Alcohol and drugs is a specialty area within the nursing career framework, defined by the service user group and specialist clinical tasks undertaken. Nurses moving into it may have completed initial pre-registration training in mental health, adult or child fields and/or learning disabilities nursing or in midwifery. From early 2018 there will be one set of NMC educational standards for registered nurses that will apply to all approved education institutions and placement providers.

## Added value of nurses

This section describes the added value nurses bring to alcohol and drug treatment in relation to:

- interventions
- treatment settings
- complex populations

### Interventions

#### Public health

Nurses can add value across a range of public health priorities for individuals, their family and the wider population.

Typical public health activities/interventions include:

- nurses using specialist skills and knowledge, and knowledge of their population and community to help to design/deliver public health interventions
- contributing to local systems for monitoring and responding to possible disease outbreaks, and changes in disease profiles and health needs of local populations
- providing expert clinical care in alcohol and drug treatment services including:
  - supervision of pharmacological treatment approaches eg, detoxification, adjunctive relapse prevention programmes
  - non-medical prescribing
  - BBV advice, testing and vaccination where appropriate
  - alcohol identification and brief advice (IBA)
  - blood pressure monitoring
  - offering help to stop smoking
  - delivering and/or referring people to sexual health services
  - advice on nutrition, diet and obesity
  - basic wound care and advice
  - promoting mental health and wellbeing
  - health checks for ageing service users
  - early detection of mental health issues and responding to mental health crises
  - dental advice and referral
- contributing to surveillance on adulterants in illicit drugs

## Physical health

Alcohol and drug misuse can be harmful to the individual's physical health both in the short and long term, so early detection and assessment is important. There is evidence to suggest that some people with alcohol and drug problems find it difficult to access primary care until they reach a health crisis.<sup>17</sup> The presence of a nurse on the team provides opportunistic access for the service user to a health professional. Early interventions with physical health problems can reduce the severity of these problems and reduce future cost pressures on the NHS.

Specific areas where nurses can play a key role include:

- physical examination of vital signs and when to take action
- wound care
- vaccinations and BBV testing
- medication management (side effects, concordance, interactions etc)
- knowledge and management of long term conditions (for example, diabetes, asthma, chronic obstructive pulmonary disease (COPD), epilepsy, liver disease, pain)
- identification and management of acute health problems through health screening (for example, deep vein thrombosis, cellulitis, infections/abscesses, hypertension, cardiac, respiratory or endocrine problems)
- responding to symptoms which may be the result of adverse reactions to substances (including NPS)
- identification of harmful non-dependent alcohol use by drug users, which may be exacerbating their hypertension, mental health, cardiac or other physical health conditions, or interacting with prescribed medication or illicit drugs.
- prevention (through vitamin supplements) and/or early identification of Wernicke's encephalopathy
- onward referral and liaison with primary care and specialist secondary care (for example, haematology, hepatology, coronary care, dentistry and optometry)
- identification of and advice on body mass index (BMI), nutrition and weight management
- delivering very brief advice (VBA) to people who smoke, including harm reduction advice and access to nicotine replacement therapies and behavioural support for those people who are unwilling or unable to stop smoking

## Psychosocial interventions

Nurses are trained to be skilled in non-discriminatory communication and active listening. These skills are key to forging a therapeutic alliance with the service user, which underpins the delivery of psychosocial interventions (PSI). Mental health nurses have an advanced knowledge of PSI techniques and their delivery, and will be able to deliver PSI interventions for common mental health problems like anxiety and depression.

Core nursing competences equip nurses to deliver PSI as part of a comprehensive recovery plan using motivational interviewing techniques including:

- engagement and outcome orientated assessment
- family assessment
- psychological management of health issues, including coping strategy enhancement, self-monitoring approaches and training in problem solving

## Medication management

People who use alcohol or drugs problematically may seek to supplement their alcohol/drug use by misuse of prescribed or over the counter medicines, while also needing legitimate prescriptions for co-morbid conditions. For example, antipsychotic medication, antidepressants and antiretrovirals. Because of this, they may be exposed to risks associated with polypharmacy. Nurses bring expertise in the administration of medicines and safe medication management, including reviews of medication regimes. With an ageing population of people accessing alcohol and drug treatment, this competence may become increasingly important.

The administration of medicines is an important aspect of the professional practice for nurses and midwives working in the alcohol and drug field, and is essential in inpatient units and community teams where medications may be administered. The Nursing and Midwifery Council (NMC) is responsible for regulating these areas of professional practice for nurses. The relevant publications that set out the expected standards of practice for nurses in relation to pharmacological management include:

- Standard for medicines management (NMC, 2007)
- Standards of proficiency for nurse and midwife prescribers (NMC, 2006)

It is essential in the acute phase of detoxification that a suitably competent clinician such as a nurse, doctor or pharmacist monitors and manages a service user's physical and mental health symptoms. This is in line with NICE and national clinical guidelines.<sup>18,19</sup> Nurses are well placed to monitor the progress of the detoxification programme and respond to changes in the person's condition. Nurses can advise on dose alterations and administer prophylactic vitamin injections if prescribed.

Service user Patient Group Directions (PGD) allow a nurse to supply and/or administer a named medicine to anyone who fulfils a pre-determined set of criteria described in the PGD, without the need for a specific prescription for a named service user. Examples are hepatitis vaccination, acamprosate and naltrexone for relapse-prevention, smoking cessation products, and parenteral vitamins (for severe vitamin B/C deficiency resulting from alcohol dependence).

## Non-medical prescribing

Experienced nurses are eligible to undertake additional training to become non-medical prescribers. Non-medical prescribing has become an integral element of many health services in the UK and is continuing to develop rapidly. Non-medical prescribing is enabling far more efficient use of resources. Public Health England and the National Substance Misuse Non-Medical Prescribing Forum have published guidance on the governance required to ensure safe implementation of non-medical prescribing.<sup>20</sup>

## Treatment settings

### Primary care

Many service users needing treatment for problematic alcohol and drug use can be effectively managed in primary care with appropriate specialist support. An experienced specialist nurse can fulfil this role.

These arrangements are generally via shared care schemes and include nurses and other treatment workers providing:

- advice and information on the management of problematic alcohol and drug use
- advice on pharmacological management
- key working for service users in recovery
- alcohol identification and brief advice (IBA) and education and training to other primary care staff to deliver IBA
- VBA to service users who smoke, and education and training to other primary care staff to deliver VBA
- a liaison role between the primary care and specialist alcohol and drug services.

### Criminal justice system

Criminal justice settings include police custody healthcare services, liaison and diversion services, drug and alcohol 'arrest referral' schemes which work closely with the police and courts, youth offending services, young offender institutions and adult prisons, the secure children's estate and immigration removal centres. Nurses may be well placed to provide appropriate advice, referral and treatment services, including:

- screening and assessment together with the provision of brief interventions that facilitate health promotion, harm reduction and, if appropriate, referral to specialist drug/alcohol treatment services
- medical and psychosocial support regarding substance misuse, mental and physical health

- interventions to raise awareness of risks of adverse effects/dependence relating to use of NPS<sup>iv</sup> (particularly synthetic cannabinoid use)
- advice regarding opioid substitution therapy (OST) where appropriate
- clinical input in release plans to support the safe transition from custody to the community - in particular addressing relapse prevention, risk of overdose from lowered tolerance, and naltrexone/ naloxone provision, co-existing mental and physical health issues and a range of other needs and vulnerabilities around housing, domestic violence and suicide and self-harm risks

## Hospitals including emergency departments

Nurses play a pivotal role in hospital based alcohol and drug liaison services (including those provided in emergency departments), providing:

- specialist screening and assessment of patients in inpatient and outpatient settings who have alcohol or drug related health problems
- prescribing and withdrawal management interventions during periods of hospitalisation
- brief interventions that facilitate health promotion, harm reduction and, if appropriate, referral to specialist drug/alcohol treatment services
- education and training to hospital staff to support them to recognise and work more effectively with people with alcohol and drug problems
- a response to adverse effects resulting from NPS use, and reporting to RIDR (report illicit drug reaction)<sup>v</sup> system

## Complex populations

### Older people with alcohol and drug problems

There is an ageing population of people accessing drug treatment services<sup>21</sup>. Ageing and older service users tend to have more complex co-morbidities and other health and social care related problems, and therefore nurses can potentially add value by offering the option of a 'one stop shop' for various physical, mental health and/or social care needs of older adults. This includes:

- providing advice on falls prevention
- delivering interventions at an appropriate pace using modes of information that can overcome sensory and cognitive impairment
- NHS health checks

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<sup>iv</sup> <http://www.nta.nhs.uk/uploads/9011-phe-nps-toolkit-update-final.pdf>

<sup>v</sup> <https://report-illicit-drug-reaction.phe.gov.uk/>

- testing for and providing advice on:
  - chronic obstructive pulmonary disease (COPD)
  - diabetes
  - ischaemic heart disease
  - hypertension
  - Parkinson's disease
  - dementia
- helping people to access end of life care

### Hepatic disorder population

One of the most serious physical complications affecting some drug and alcohol users is liver disease.<sup>22</sup> This can be as a result of chronic alcohol misuse or of contracting hepatitis.

In some parts of the country alcohol and drug services are employing or seconding nurses who have specialised in liver disease and who can offer more comprehensive treatment and care, including:

- early identification of liver disease
- provision of support and information for those newly diagnosed (including education on what liver disease means)
- assessment and monitoring of compliance with medication, enabling service users to complete treatments
- advice on lifestyle, health promotion and wellbeing
- support for service users to attend clinics and engage with treatments, such as regular endoscopy and ultrasounds to screen for hepatocellular carcinoma
- support and advice on medication compliance for service users who continue to drink
- links across primary and secondary care to help service user access services such as day case paracentesis
- delivering and monitoring viral eradication therapy in clinics co-located with alcohol and drug services

### People with co-occurring mental health conditions

Service users with co-occurring mental health conditions often struggle to access mainstream mental health services. Many services still use access criteria which effectively exclude people with co-occurring alcohol/drug and mental health issues, and people may find that they are not mentally unwell enough for mental health services or not dependent enough for alcohol and drug services.

People may also choose to avoid certain services due to stigma or bad experiences in the past. This should be of particular concern to commissioners and providers, as failure to engage in services can lead to increased risk of suicide, homicide, homelessness, BBV transmission and hospital admissions.

Nurses, particularly those with a mental health specialism, may be well placed to respond to people's presenting mental health and co-occurring alcohol/drug use needs. They may also provide a liaison role between drug and alcohol treatment services and mental health services. This could include:

- providing advice on mental health promotion
- offering a timely and compassionate response to people in mental health crisis, including supporting them to reflect on the cause of the crisis once it has passed, and to develop plans to manage any future crises
- screening for symptoms of mental illness and referring to primary or secondary mental health services when indicated
- undertaking risk assessments and formulating risk management plans in conjunction with mental health services
- managing common mental health problems through the delivery of psychosocial interventions
- advising or prescribing appropriate medication
- leading on the establishment of joint working arrangements between alcohol and drug services and mental health services to implement best practice in managing co-existing mental health and substance misuse issues.

See: [PHE. \(2017\). Better care for people with co-occurring mental health and alcohol/drug use conditions: A guide for commissioners and service providers.](#)

### Pregnancy and post-natal care

Appropriately trained nurses can understand the specific changes and considerations that will impact on the clinical management of substance use disorders when a service user becomes pregnant or is planning a pregnancy.

These issues include:

- providing knowledge of the anomalies and/or developmental defects due to exposure to alcohol (including foetal alcohol spectrum disorders), drugs, both prescribed and illicit, and having the ability to communicate this information to the service user concisely and with authority
- liaising with the service user's GP, community midwife and neonatologist, and other key partner organisations, including social services

- advising the service user, and the prescriber, on the appropriate clinical management of the service user's substance misuse, and their treatment plan taking into account the trimester of the pregnancy
- screening for, and managing BBVs and special considerations related to BBVs in pregnancy and during the birth including liaison with the local health protection team regarding contact tracing where indicated
- applying appropriate safeguarding procedures and liaising with the necessary range of health and social care professionals
- advising service users on methods of contraception and access to community contraception and reproductive health services
- working with and supporting the mother during the post-natal period while assessing risk in the management of her substance use and care of her new-born and infant child

### Homeless alcohol and drug users

Despite high levels of physical, social and psychological morbidity, the use of primary healthcare services by homeless people who misuse drugs and alcohol remains low with many not registered with a GP<sup>23</sup>.

Nurses can:

- triage physical and mental health conditions
- treat some physical health conditions and provide support to manage mental health crisis
- provide health education/promotion on the effects of alcohol and drugs on physical and mental health
- facilitate admission to and discharge from hospital, and onward referral to specialist secondary services
- provide a response to symptoms which may be the result of adverse effects from substance (including NPS) use, and report to RIDR

# Specialist competences that nurses bring to alcohol and drug treatment

Through their professional training, nurses have a particular contribution to make to recovery outcomes, in particular through addressing the range of co-existing health problems that people present to alcohol and drug treatment with.

The added value nurses bring to alcohol and drug treatment will depend on their level of post graduate experience and training. Those who have the most clinical experience (such as consultant nurses) will be able to operate at a senior level with a degree of overlap with the role and competences of specialist addiction doctors. The following outlines a brief account of what nurses can offer to the alcohol and drug treatment system across five domains<sup>vi</sup>.

## Nursing practice and decision-making

Nurses in alcohol and drug services can:

- provide comprehensive assessments for people with a range of complex and co-existing mental health and physical health needs
- provide physical healthcare including wound dressing and abscess care and promote better personal health care
- provide pharmacological management, which may include dispensing, advice and support in relation to the service user's prescription for their drug and alcohol problem(s) and additional advice around interactions with other prescribed and over-the-counter medicines and illicit drugs
- provide expert clinical advice for commissioners, service users, families and carers, health and other professionals
- provide a clinical perspective to reducing harm from alcohol and drug misuse, promoting and enabling recovery and wellbeing
- mobilise and co-ordinate resources in managing alcohol and drug-related clinical crises, for example, intoxication, overdose, acute withdrawal states
- promote evidence based and NICE recommended interventions in order to ensure quality of care for service users
- provide psychosocial interventions across a range of settings (see separate section on structured treatment interventions)

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<sup>vi</sup> Adapted from The Addiction Specialty Nursing Knowledge and Skill Competency Framework [www.danaonline.org/wp-content/uploads/2011/08/Addiction-Specialty-Nursing-Knowledge-and-Skills-Competency-Framework.pdf](http://www.danaonline.org/wp-content/uploads/2011/08/Addiction-Specialty-Nursing-Knowledge-and-Skills-Competency-Framework.pdf)

- provide early identification and interventions for alcohol-related physical illnesses such as alcohol related liver disease (ARLD), alcohol related brain injury (ARBI) and alcohol-related dementia
- provide blood borne virus screening (hepatitis C and HIV) and hepatitis B vaccination
- provide clinical assessments which may include interpretation of test results for example, electro cardiograms (ECG), urinalysis results, blood results
- provide non-medical prescribing (NMP) once appropriate training has been completed

## Professional values and responsibility

Nurses in alcohol and drug services will:

- work to a code of professional practice that holds nurses accountable to the public by requiring the nurse to maintain their competence and up-to-date knowledge in areas such as national standards, policy, alcohol and drug-related legislation and evidence-based practice
- provide leadership in promoting parity of esteem between physical and mental health care, reduce stigma and provide health advocacy and health promotion
- raise concern in cases of breaches of standards of care
- ensure safeguarding is embedded in clinical practice and linked to local safeguarding protocols

## Leadership and management

Nurses in alcohol and drug services can:

- provide credibility around the clinical aspects of alcohol and drug treatment
- support commissioners by bringing nursing expertise to service design
- engage with others to develop partnerships and collaborative models of care to improve services
- provide leadership in developing systems for supervision which incorporate understanding and strategies to offset work related stress and burnout
- develop, lead and monitor quality governance systems to ensure service user safety
- engage in public health and clinical research applicable to the field of practice
- in recent years, take on clinical directorship of alcohol and drug treatment systems

## Communication and interpersonal skills

Nurses in alcohol and drug services can:

- initiate and develop therapeutic relationships with a diverse range of service users, their families and carers
- use their expertise in physical and/or mental health to influence the decisions of the multidisciplinary/multiagency team
- broker referral pathways between health and social care partners

## Training and health coaching

Nurses in alcohol and drug services can:

- promote and support healthy behaviours and self-care, such as patient activation measures (PAM)<sup>vii</sup>
- provide advice and clinical support to colleagues in responding to health-related matters
- deliver training to other staff and monitor the quality and impact of the training that is provided
- provide training to colleagues in primary, secondary and social care on IBA to address wider alcohol and drug-related harm

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<sup>vii</sup> [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/supporting-people-manage-health-patient-activation-may14.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/supporting-people-manage-health-patient-activation-may14.pdf)

# Developing and maintaining the competence of nurses in alcohol and drug services

Since 2011 nursing has been an all-graduate profession. Nurses who enter the alcohol and drugs workforce need to meet the general Nursing and Midwifery Council (NMC) standards of competence<sup>viii</sup>. A basic nursing qualification maps to a number of Drug & Alcohol National Occupational Standards (DANOS) competences (see annexe 3).

The suite of DANOS competences includes additional alcohol and drugs specific competences, which can be used to inform specialist training. At present there is no accredited or specialist qualification for alcohol and drug nursing in the UK.

Each individual practising nurse registered with the Nursing and Midwifery Council (NMC) is accountable for their own continuous professional development (CPD), competence in carrying out clinical skills and any care they provide to the general public.

## Supervision

Effective supervision is a key element of professional regulation and also of quality governance arrangements that underpin safe and effective alcohol and drug services. Supervision structures should be provided within all provider organisations. Nurses may require specific clinical supervision in areas of specialist practice, and this may need to be sourced outside the organisation, particularly in the case of smaller provider organisations.

Experienced nurses in alcohol and drug services can offer a valuable resource in the delivery of clinical supervision to other staff within the service. The nurse can provide a holistic perspective when reviewing clinical cases with colleagues in the context of supervision and given their training will be mindful of the biological, psychological and social aspects of care.

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<sup>viii</sup> These standards outline the requirements that nurses must meet when they qualify. They also detail the standards that must be consistently maintained throughout their careers. In order to stay on the register, nurses must keep their knowledge and skills up to date. Drafting of new standards are currently under consultation and will be published early 2018 – please see <https://www.nmc.org.uk/standards/>

## Workforce development

Ensuring effective workforce development for both existing and future staff to prevent loss of expertise. Another component of the wider nursing role, which forms part of a nurses' preparation during training, is that of 'educator', either as a health educator for service users, their families or wider community, or as a trainer/mentor for nursing students and/or junior staff. In this role nurses can support and enhance in-house workforce development by offering direct teaching/mentoring for new and early career addiction nurses, and/or other junior frontline workers, including:

- facilitating the development of new skills
- improving existing knowledge, skills and abilities
- facilitating evidence-based practice

Employing nurses within alcohol and drug treatment services facilitates the opportunity for 'nursing student placements' from local university nursing programmes. This benefits the service directly by having additional staffing (albeit in training). Lack of investment in providing training opportunities is likely to result in the decline of nursing roles within alcohol and drug services.

## Revalidation

Nurses are individually accountable to their professional regulator, the Nursing and Midwifery Council. This means that nurses are not only accountable to their employer under the terms of their contract, but also individually accountable to the NMC.

The revalidation process for nursing has recently changed.<sup>ix</sup> From April 2016 nurses have been required to undergo a more detailed and in-depth revalidation process every three years to maintain their professional registration. Revalidation now requires nurses to be assessed as competent by another registered nurse, as well as providing evidence of professional practice, and of personal and professional development.

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<sup>ix</sup> <http://revalidation.nmc.org.uk>

## Further information and support

### **Public Health England (PHE)**

Through expertise based in our national and centre-based teams, PHE engages with local partners, supporting them by provision of evidence and guidance. Please contact your centre-based team in the first instance.

### **The Royal College of Nursing (RCN)**

The Royal College of Nursing (RCN) celebrated its 100th year's anniversary in 2016. With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations. Clinicians may also find it helpful to refer to the [RCN's Principles of Nursing Practice](#) or to contact the RCN for advice.

### **Association of Nurses in Substance Abuse (ANSA)**

The Association of Nurses in Substance Abuse was formed in 1983 as an interest group for nurses working in drug and alcohol services. ANSA acts as an advisory service to health and social care bodies and institutions, imparting specialist information on drug and alcohol related issues to the government and a number of advisory committees.

### **National Substance Misuse Non-Medical Prescribing Forum**

A national peer support forum for nurses and pharmacist prescribers working in the substance misuse field.

### **International Nurses Society on Addictions (IntNSA)**

IntNSA is a professional specialty organization founded in 1975 for nurses committed to the prevention, intervention, treatment, and management of addictive disorders including alcohol and other drug dependencies, nicotine dependencies, eating disorders, dual and multiple diagnosis, and process addictions such as gambling.

# Appendix 1. Working group and other stakeholders

## Working group members

Carmel Clancy, Head of Department, Department of Mental Health, Social Work and Integrative Medicine, Middlesex University & Association of Nurses in Substance Abuse (ANSA)(President) – Co-Chair of Working Group

Mike Flanagan, Consultant Nurse and Clinical Lead: Substance Misuse Services, Surrey & Borders Partnership NHS Foundation Trust & National Substance Misuse Non-medical Prescribing Forum (Chair) - Co-Chair of Working Group

Lynda Greenslade, Clinical Nurse Specialist in Hepatology, Royal Free London NHS Foundation Trust & Royal College of Nursing Gastrointestinal Forum member

Ellie Gordon, Clinical lead for transforming care, NHS England and Royal College of Nursing Mental Health Steering Group Forum member

Sue Doherty, Lead Nurse/ Team Manager, Pennine Care NHS Foundation Trust

Claudine Evetts, Lead Nurse, Addaction (March 2012 to October 2015)

Martin Smith, CAMHS Nurse Consultant (Dual Diagnosis), Tavistock and Portman NHS Foundation Trust and Senior Lecturer, Department of Mental Health, Social Work and Integrative Medicine, Middlesex University, CAMHS Programme lead and module lead Foundations in Dual Diagnosis (to January 2016), Director of FACCTT Services (Family Adolescent, Child, Consultation, Therapeutic and Training Services)

Daniela A. Collins, Director of Programmes: Mental Health, Middlesex University London and Executive Board Member at the Association of Nurses in Substance Abuse (ANSA)

## Public Health England observers and secretariat

Megan Jones, Senior Programme Manager, Alcohol, Drugs and Tobacco Division, Public Health England

Emma Christie, Programme Manager, Alcohol, Drugs and Tobacco Division, Public Health England

## Other stakeholders

The working group gratefully acknowledge the contributions of the following people who provided helpful comments on this resource:

Professor Rod Thomson, Director of Public Health in Shropshire

Adrian Brown, Alcohol Nurse Specialist, Psychiatric Liaison, CNWL NHS Foundation Trust

Dr Mark Holland, Consultant Nurse, Dual Diagnosis Service, Manchester Mental Health & Social Care Trust

Rosalie Weetman, Senior Commissioning Manager – Substance Misuse, Derbyshire County Council

Bruce Bell, Head of Public Health Improvement, Torbay Council

Hazel Roberts, Clinical Manager, Livewell Southwest (previously Plymouth Community Healthcare CIC)

Chris Fieldhouse, Consultant Nurse in Dual Diagnosis, North Staffordshire Combined Healthcare NHS Trust

Joanne Bosanquet, Deputy Director of Nursing, Public Health England

Iain Armstrong, Programme Manager, Alcohol, Drugs and Tobacco Division, Public Health England

## Appendix 2. The scope of nursing practice in alcohol and drug treatment and how this contributes to health and social care outcomes

**Table 2: The scope of nursing practice in alcohol and drug treatment systems, and how this relates to the overarching outcomes of health & social care delivery organisations**

What nurses in alcohol and drug treatment services can provide	Potential impact	Outcomes contributed to		
		Public Health England	NHS England	Adult social care
<ul style="list-style-type: none"> <li>• physical and mental health triage, assessment and care</li> <li>• risk management</li> <li>• referral to health and social care agencies supporting a holistic package of care</li> <li>• direct specialist advice and care to service users</li> <li>• direct specialist advice and care to families/carers</li> <li>• accountability to an external code of professional practice</li> </ul>	<ul style="list-style-type: none"> <li>• earlier access to healthcare assessment and interventions - increasing engagement</li> <li>• reduces health inequalities by providing essential health interventions to underserved populations</li> <li>• assures provision of safe and effective services</li> </ul>	<p><b>High level outcomes:</b></p> <ol style="list-style-type: none"> <li>1. increased healthy life expectancy</li> <li>2. reduced differences in life expectancy and healthy life expectancy between communities</li> </ol> <p><b>Outcome domains:</b></p> <ol style="list-style-type: none"> <li>1. improving the wider determinants of health</li> <li>2. health improvement</li> <li>3. health protection</li> <li>4. healthcare, public health &amp; preventing premature mortality</li> </ol>	<p><b>High level outcomes:</b></p> <ol style="list-style-type: none"> <li>1. preventing people from dying prematurely</li> <li>2. enhancing quality of life for people with long-term conditions</li> <li>3. helping people to recover from episodes of ill health or following injury</li> <li>4. ensuring that people have a positive</li> </ol>	<p><b>Outcome domains:</b></p> <ol style="list-style-type: none"> <li>1. enhancing quality of life for people with care and support needs</li> <li>2. delaying and reducing the need for care and support</li> <li>3. ensuring that people have a positive experience of care and support</li> <li>4. safeguarding adults whose</li> </ol>

<ul style="list-style-type: none"> <li>• knowledge and understanding of quality governance</li> <li>• training &amp; experience in multidisciplinary and multi-agency working</li> <li>• training &amp; experience in management and leadership</li> <li>• provision of training for other health &amp; social care professionals</li> <li>• nursing of infections and adverse effects relating to poor IV practice</li> <li>• hepatitis B vaccination and BBV testing</li> <li>• dispensing, monitoring and reporting on effects of medicines</li> <li>• non-medical nurse prescribers able to prescribe medicines</li> <li>• Early identification of alcohol-related liver disease</li> </ul>	<ul style="list-style-type: none"> <li>• assures safeguarding of vulnerable adults and young people</li> <li>• reduces drug/alcohol-related mortality &amp; morbidity</li> <li>• reduces drug/alcohol hospital admissions</li> <li>• introduces nurse-specific skills to practitioner mix in alcohol and drug services</li> <li>• supports ongoing development expertise in alcohol and drug treatment among nursing and other practitioners</li> <li>• helps with early identification of Alcohol Related Liver Disease (ARLD), which can help reduce alcohol</li> </ul>	<p><b>Alcohol and drug specific outcome indicators<sup>10</sup>:</b></p> <ul style="list-style-type: none"> <li>• alcohol-related admissions to hospital</li> <li>• successful completion of drug treatment</li> </ul> <p><b>Other outcome indicators impacted by alcohol and drugs:</b></p> <ul style="list-style-type: none"> <li>• first-time entrants to the youth justice system</li> <li>• 16 to 18-year olds not in education, employment or training</li> <li>• sickness absence rate</li> <li>• killed or serious injured casualties on England's roads</li> <li>• domestic abuse</li> <li>• violent crime (including sexual violence)</li> <li>• statutory homelessness</li> <li>• low birth weight of term babies</li> <li>• hospital admissions as a result of self-harm</li> <li>• excess weight in adults</li> <li>• take up of the NHS Health check programme by those eligible</li> <li>• falls and injuries in the over 65s</li> </ul>	<p>experience of care</p> <p>5. treating and caring for people in a safe environment and protecting them from avoidable harm</p>	<p>circumstances make them vulnerable and protecting them from avoidable harm</p>
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<sup>10</sup> There are over 200 PH outcome indicators. Nurses in A&D services have the potential to impact positively on too many of these to list (e.g., people presenting with HIV at a late stage of infection; domestic abuse; mortality rate from causes considered preventable), therefore only the alcohol and drug specific outcome indicators are listed here

<ul style="list-style-type: none"> <li>• Early identification of alcohol-related dementia</li> </ul>	<p>related mortality and alcohol related dementia</p>	<ul style="list-style-type: none"> <li>• infant mortality</li> <li>• mortality from causes considered preventable</li> <li>• mortality from all cardiovascular diseases (including heart disease and stroke)</li> <li>• mortality from cancer</li> <li>• mortality from liver disease</li> <li>• suicide</li> <li>• emergency readmissions within 30 days of discharge from hospital</li> <li>• hip fractures in over 65s</li> </ul>		
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## Appendix 3. Drug and Alcohol National Occupational Standards (DANOS) competences which map to a basic nursing qualification

Prefix	Title
AF3.2014	Carry out comprehensive assessment for alcohol and other substances
SCDHSC0415	Lead the service delivery planning process to achieve outcomes for individuals
SCDHSC0025	Contribute to implementation of care or support plan activities
SCDHSC0386	Assist in the transfer of individuals between agencies and services
AH1.2014	Manage the prescription of controlled drugs for substance users
AH10.2014	Work with individuals to encourage a reduction in harmful alcohol consumption and drinking behaviour
AH11.2014	Prepare prescriptions for controlled drugs for substance users
GEN135	Support individuals to take their medication as prescribed
AH3.2014	Supply injecting and other relevant equipment to individuals who use substances and facilitate safe disposal
AH7.2014	Support individuals through detoxification programmes
AB5.2014	Assess and act upon immediate risk of danger to individuals who have used alcohol and other substances
AB7.2014	Enable access to services to those affected by someone else's use of alcohol or other substances
SCDHSC0043	Take responsibility for the continuing professional development of yourself and others
SCDHSC0438	Develop and disseminate information and advice about health and social well-being
AE1.2014	Test for alcohol and other substance use
GEN135	Support individuals to take their medication as prescribed
CFAM&LCA1	Identify and evaluate opportunities for innovation and improvement
CFAM&LBB4	Ensure compliance with legal, regulatory, ethical and social requirements

SCDHSC0442	Evaluate the effectiveness of health, social or other care services
HI4.2010	Manage information governance in a health context
PHP26	Advise the media about specific issues relating to health and wellbeing
GEN68 CFAM&LDB3	Monitor compliance with quality systems Quality assure work in your team
GEN133	Manage a service which achieves the best possible outcomes for the individual
CFABAA121	Supervise an office facility
CFABAA118	Manage an office facility
AA1.2014	Recognise problematic use of alcohol or other substances and refer individuals to services
PROHSP11	Develop and implement health and safety review systems
CFAWRV4	Develop effective policy and procedures for minimising the risk of violence to workers
SCDHSC0035	Promote the safeguarding of individuals
GEN134	Contribute to the prevention and management of abusive, aggressive and challenging behaviour
AB2.2012	Support individuals who misuse substances
AD1.2012	Raise awareness about substances, their use and effects
AI1.2012	Use recognised theoretical models to provide therapeutic support to individuals who misuse substances
AI2.2012	Help individuals address their substance misuse through an action plan

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