

Alcohol –

What should a GP do if patient does not want to go to Project 6?

ANARP estimated that nationally, the number of alcohol dependent individuals accessing treatment per annum is approximately 63,000, providing a Prevalence Service Utilisation Ratio (PSUR) of 18 –

5.6% of the in-need alcohol dependent population are accessing alcohol treatment per annum, or 1 in 18.

Although the majority (71%) of patients with an alcohol use disorder identified by GPs were felt to need specialist treatment...

..... the qualitative research suggested that many were not referred because of two main factors:

- i) perceived difficulties in access, with waiting lists for specialist treatment being the main reason given
- ii) patient preference not to engage in specialist treatment (ANARP 2005)

Not all drinkers will access services

- In North America, an access level of 1 in 10 (10%) alcohol dependent individuals entering treatment per annum is regarded as a 'low' level of access,
- 1 in 7.5 (15%) 'medium' and
- 1 in 5 (20%) 'high'

(Rush, 1990 cited in ANARP 2005).

BUT.....

The largest proportion of referrals to alcohol agencies are self referrals (36%) followed by GP/primary care referrals (24%)

Reported levels of satisfaction with specialist services are high, once they have been successfully accessed

Difficult people!

People who ask for detoxification as a stand-alone treatment

- Not always possible to predict outcome
- Subset of 'self-reliant' individuals who may go on to do well after stand-alone detox, in absence of aftercare or preparatory work
- But many will go on to drink again fairly soon
- Reasonable to offer one detoxification in such cases, if service has capacity

People who ask for detoxification as a stand-alone treatment

- If stand-alone detoxification fails to produce a significant period of abstinence or even improvement, the person should be gently reminded of this, and asked to engage in more structured work before accessing detoxification for a second time

Suggested approach for individuals who are 'pre-contemplative'

- Treat medical problems where possible
- B vitamins
- Attention to issues of safety
 - Safeguarding children, vulnerable adults
 - Household safety e.g. fire risk
 - Driving
- **Motivational approach**

'Motivational approach'

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- Empathic, non confrontational consulting style - Open ended questions, listen to concerns, do not mention alcohol as 'cause' of problems until towards the end of the consultation
- Developing discrepancy - patients are helped to see the gap between the drinking and its consequences, and their own goals/values. It is perfectly acceptable to use factual feedback about test results, health status etc in achieving this

You and Your Care
Substance Misuse

don't keep in with
alcohol !!!

'Motivational approach'

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- Avoiding argument – do not confront or contradict – it is counterproductive. Sidestep and shift focus.
- Support self-efficacy – be optimistic that the person can achieve change, encourage and reinforce statements of intention to achieve positive change

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Substance Misuse
