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Re: Can GPs help problem drinkers who also use other drugs?

Dear Editor,

The clinical review by McGowan et al (2014)¹ provides a reader-friendly summary of the evidence on the brief interventions in primary care. We commend the authors for that but also wish to highlight the additional challenges involved in implementing brief interventions for at-risk groups including people who also use other drugs, in economically challenging times.

In Ireland, we rank first in the use of heroin in Europe². With more than 3000 patients attending general practice for methadone treatment, Ireland has a well-established and internationally recognised good example of primary-care based opioid substitution programme ³. Internationally, excessive drinking by patients recovering from drug dependence, is often overlooked and underestimated⁴. In Ireland, a national survey of primary-care based methadone treatment found 35% prevalence of ‘problem drinking’⁵. Although effective brief interventions for the general population are available, when it comes to other drugs – we’re still guessing.

To explore the scientific evidence on brief interventions for people who also use other drugs, we conducted a Cochrane systematic review⁶. Drinking in methadone treatment is probably as old as the methadone treatment itself, but only four clinical trials evaluated effectiveness of interventions to tackle it. Those trials were so different, that we couldn’t pool their results together and come up with a definitive answer. Since the literature couldn’t give us a conclusive answer, we asked patients and their GPs what they think of alcohol interventions in methadone treatment. Surprisingly, the patients didn’t oppose being asked about drinking and welcomed it as a sign of GP caring about them as whole.
persons\(^7\). GPs reported issues that were similar to other countries – time, lack of specialist staff and training\(^8\). With increasing workload demands, time is certainly a big issue for GPs, although clear guidance and training on delivering effective ‘brief’ interventions for problem alcohol use can help GPs address this issue within the constraints of a ten-minute consultation.

The information from the Cochrane review and qualitative interviews helped us to formulate clinical guidelines for primary care\(^9\). The guideline development group recommended that all patients in methadone treatment are screened for alcohol annually, that thresholds for screening and referral are lowered for this patient group and that the screening process is more proactive. No matter how good such guidelines are, they never implement themselves\(^10\). Structural, organisational and individual barriers hinder the process of implementing innovation in general practice - similar to other clinical areas\(^11\).

Given these barriers, our group developed a ‘complex intervention’ to support care of problem alcohol and drug users\(^12\), consisting of a brief alcohol intervention for people who also use other drugs, coupled with additional practice support with care and referral. The next step in developing the complex intervention is its testing in a controlled feasibility study\(^13\). The study, “Are Psychosocial Interventions Effective for Problem Alcohol Use among Problem Drug Users’ (the PINTA study) involves 16 practices in Ireland’s Midwest and Eastern regions\(^14\). The focus of this study is to evaluate the impact of psychology based treatments as opposed to the approach of medicating patients dealing with drug and alcohol addiction. There is a significant knowledge gap in this area internationally and we hope this study will help practitioners in Ireland assist their patients to deal with this issue. Especially for at-risk groups providing evidence based care is a challenge, but when adequately supported and resourced, general practice in Ireland has an important role in addressing this challenge\(^15\).

Thank you.

Sincerely,

[Signature]
Bibliography
