<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Reducing drinking in concurrent problem alcohol and illicit drug users: An impactstory</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Authors(s)</strong></td>
<td>Klimas, Jan; Tobin, Helen; Field, Catherine Anne; Cullen, Walter; et al.</td>
</tr>
<tr>
<td><strong>Publication date</strong></td>
<td>2015-11</td>
</tr>
<tr>
<td><strong>Publication information</strong></td>
<td>Trials, 16 (3): 11-11, Suppl 3</td>
</tr>
<tr>
<td><strong>Publisher</strong></td>
<td>BioMed Central</td>
</tr>
<tr>
<td><strong>Item record/more information</strong></td>
<td><a href="http://hdl.handle.net/10197/7384">http://hdl.handle.net/10197/7384</a></td>
</tr>
<tr>
<td><strong>Publisher's version (DOI)</strong></td>
<td>10.1186/1745-6215-16-S3-P11</td>
</tr>
</tbody>
</table>

Downloaded 2019-12-11T09:50:22Z

The UCD community has made this article openly available. Please share how this access benefits you. Your story matters! (@ucd_oa)

Some rights reserved. For more information, please see the item record link above.
Reducing drinking in concurrent problem alcohol and illicit drug users: An impact story

Jan Klimas¹²*, Helen Tobin², Catherine-Anne Field³, Clodagh SM O’Gorman⁴⁵, Liam G Glynn⁶, Eamon Keenan⁷, Jean Saunders⁴, Gerard Bury², Colum Dunne⁴, Walter Cullen²

1. British Columbia Centre for Excellence in HIV/AIDS, St. Paul’s Hospital, 608-1081 Burrard Street, Vancouver, BC, CANADA, V6Z 1Y6
2. School of Medicine and Medical Science, University College Dublin, Dublin, Ireland
3. Health Promotion School of Health Sciences, National University of Ireland, Galway, Ireland
4. Graduate Entry Medical School, Faculty of Education and Health Sciences, University of Limerick, Limerick, Ireland
5. Department of Paediatrics, Mid-Western Regional Hospital, Limerick, Ireland
6. Department of General Practice, National University of Ireland, Galway, Ireland
7. Addiction Services, Health Service Executive, Dublin, Ireland
8. Statistical Consulting Unit/ Applied Biostatistics Consulting Centre /CSTAR, Graduate Entry Medical School, University of Limerick, Limerick, Ireland

Background
One out of three people who receive methadone in primary care drink in excess of the recommended limits. This poses significant risk to their health, especially to their liver; it complicates their care and increases risk of relapse.

Objective
To inform addiction treatment in primary care with respect to psychosocial interventions to reduce drinking in concurrent problem alcohol and illicit drug users, by: exploring the experience of (and evidence for) psychosocial interventions, developing and evaluating a complex intervention to improve implementation. Evaluation of the intervention tested core feasibility and acceptability outcomes for patients and providers.

Methods
A Cochrane review found only four studies [1]. Having inconclusive evidence, we interviewed 28 patients, 38 physicians and nurses [2]. Patient interviews informed development of a national clinical practice guideline, as well as design and outcomes of the evaluation project [3]. Feasibility outcome measures included recruitment, retention, completion and follow-up rates, as well as satisfaction with the intervention [4]. Secondary outcome was proportion of patients with problem alcohol use at the follow up, as measured by Alcohol Use Disorders Identification Test [5].

Results
Information from the Cochrane review and the qualitative interviews informed an expert panel consultation which developed clinical guidelines for primary care.
Conclusions
The guideline became part of a complex intervention to support the uptake of psychosocial interventions by family physicians; the intervention is currently evaluated in a pilot controlled trial. Two new alcohol education programmes were created as a response of the community to the problem and a lack of specialist support services for patients with dual dependencies. Both Coolmine Therapeutic Community and the Community Response Agency run a 10-week group that specifically seeks to include people with dual dependencies, from methadone programmes.

Funding
The ELEVATE grant: Irish Research Council International Career Development Fellowship – co-funded by Marie Cure Actions (ELEVATEPD/2014/6); and the Health Research Board of Ireland grant (HRA-HSR-2012-14) supports Dr. Walter Cullen.

The funders had no role in the design and conduct of the study; the collection, analysis, and interpretation of the data; the preparation of the manuscript; or the decision to submit the manuscript for publication.

References


