ABC of Alcohol

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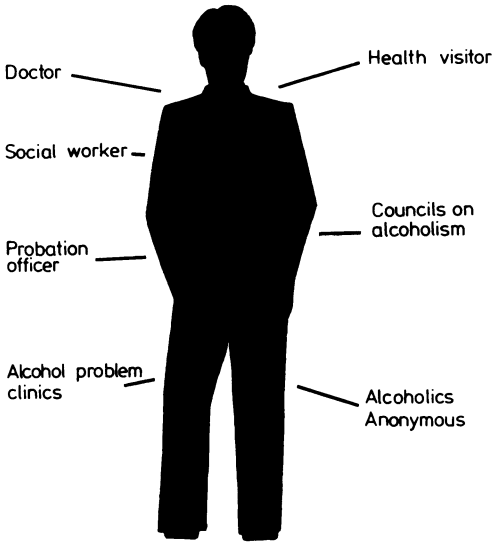
HELP: REFERRAL



General practitioners may feel that they do not have time to counsel the problem drinker within a busy practice but this view may not be fully justified. Firstly, the GP already knows a lot about the patient and his family and can focus questions and advice quickly. Secondly, the interviews, apart from the assessment with the spouse, which may take 30 minutes, can be conducted in an ordinary surgery. It is probably better to have most interviews short but frequent. Thirdly, the GP has a position of trust and authority, both crucial factors in securing compliance. Finally, the patient and his family will attend the surgery anyway—complaining of the symptoms of excessive drinking—so the GP might just as well tackle the underlying cause as patch up the consequences.

When and where to refer

(1) Severe withdrawal symptoms, particularly fits or delirium tremens—this is an emergency.

(2) Lack of supportive environment for withdrawal.

(3) Suspected damage such as decompensated liver disease, peripheral neuropathy, brain damage.

(4) Patient not responding to the approach outlined in this and the previous article.

(5) Presence of underlying neurosis or psychosis.

(6) Very disturbed or unsupportive family.

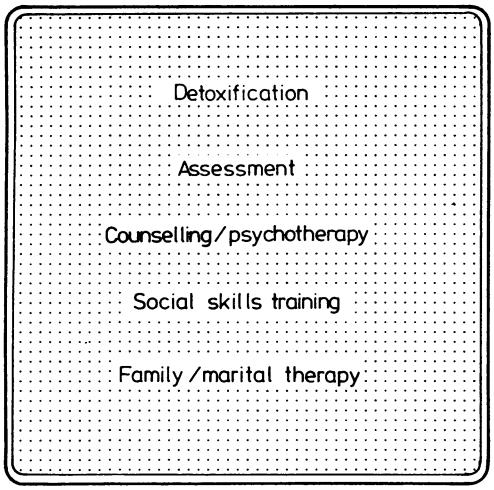
(7) Need for help in restructuring social activities.

(8) Request for more help with counselling.

As well as the general practitioner, other members of his team, such as health visitors, district nurses, and social workers, are also in a position to take action. The primary care team is thus ideally placed for early intervention and this alone is often enough. But referral may be necessary, and a variety of agencies and specialist services (see below) provide a network of support for alcoholics, though they can never cater for all the problem drinkers in Great Britain.

When referral does take place it is important to maintain a relationship with the patient, or he may feel that he is a parcel being passed from one agency to another. It is important to explain reasons for referral and to check the patient's expectations. Finally, give the patient a further appointment after his consultation with the hospital or other agency so that you can check whether he in fact attended (many do not) and discuss his views about this new contact.

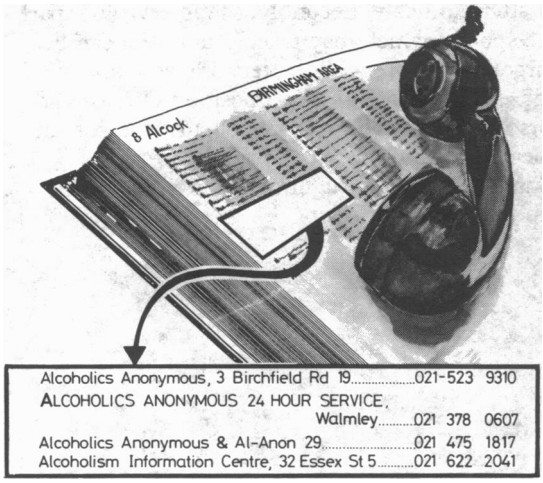
Alcohol problem clinics (alcoholism treatment units)



These are usually associated with psychiatric units; they or district general hospitals have facilities for detoxification. They provide not only specialist consultant services but also training for all types of staff, including volunteers. The services they offer vary considerably, but they generally offer a range of approaches to treatment. As there is no evidence that prolonged inpatient treatment is particularly effective there is an increasing emphasis on outpatient treatment. Many clinics offer drop-in facilities for patients and relatives and act as day centres. In general the approach has shifted away from being exclusively centered on group psychotherapy and Alcoholics Anonymous to incorporate counselling, marital therapy, training in social skills, and educational approaches.

The simplest advice is to get to know your local unit; the staff will also know about other services in the area.

Alcoholics Anonymous, Al-Anon, and Al-Alteen



Alcoholics Anonymous exists throughout Britain; and its membership is growing at the rate of 15% a year. It asks members to acknowledge that they are alcoholic and that abstinence is the only way towards recovery. Some are deterred by its quasi-religious undertones, but there is no requirement to worship or accept religion. Many patients dismiss AA before they have attended often enough to benefit from the fellowship it offers. It is often necessary to shop around before finding a group that suits a particular personality. The GP should get to know a few AA members personally and refer his patients to them. This is much more effective than an open suggestion to attend AA, which many patients are reluctant to do. Some branches man a telephone 24 hours; the number can be found in the local directory.

Al-Anon and Al-Alteen are less familiar organisations, which provide support for, respectively, the spouses and teenage children of alcoholics. They can attend in their own right without the patient necessarily belonging to AA. They are especially valuable where heavy drinking has disrupted the family and caused loss of self-esteem and problems over money, care of children, and disposal of property.

Councils on alcoholism

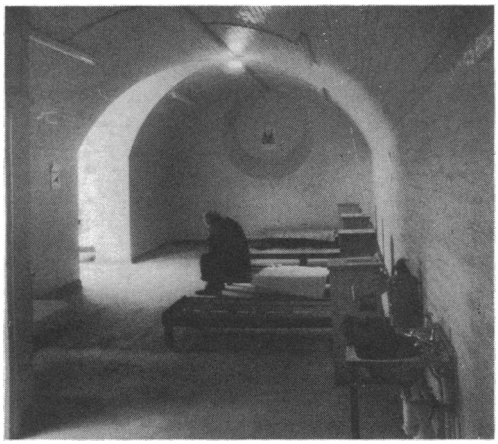
National Council on Alcoholism
3 Grosvenor Crescent, London SW1X 7EL
Telephone 01-235-4182

Scottish Council on Alcoholism,
147 Blythswood Street, Glasgow G2 4EN
Telephone 041 333 9677

Northern Ireland Council on Alcoholism,
36-40 Victoria Square, Belfast 1
Telephone 0232 38173/38202

Many areas have established local councils on alcoholism, which are voluntary agencies whose responsibilities include co-ordinating available services and educating and training of voluntary counsellors. They also provide free counselling and advice to problem drinkers and their families and many organise social activities for recovering problem drinkers. Councils will provide information about where to obtain help: some areas have an alcohol information service listed in the telephone directory.

Hostels



Hostels are provided by some local authorities and by voluntary bodies. They cater principally but not exclusively for homeless alcoholics and also provide a halfway house for alcoholics discharged from hospital. They have facilities for counselling and rehabilitation. Most require abstinence as a condition of residence. In large cities night shelter accommodation is provided for the vagrant alcoholics, who have particular difficulties because they not only need to break away from alcohol but also lack any social framework within which to change. Information about hostels and detoxification centres for drunkenness offenders may be obtained from the Federation of Alcoholic Rehabilitation Establishments (FARE) or social work departments.

Probation service

Drunken offenders and people charged with drink-related crimes occupy a great deal of the time of police, courts, and prisons. Drunks arrested and detained in police custody are normally brought before the magistrates the next day; few are referred to the probation service unless they are already under supervision. About a quarter of the clients of the probation service have alcohol problems, and the majority of these people are aged 21-30.

The probation service has contributed to some initiatives in prevention and treatment. It has, for example, a detoxification centre in Leeds, and in Birmingham an experimental wet alcoholic reception centre has recently been opened. Changes in the Criminal Justice Act have given police the powers to take drunks to a place where they can dry out rather than arrest them, but so far the Birmingham wet centre is the only such "designated place" that exists. It has 12 beds and nursing staff experienced in the management of alcohol. Although it is mainly designed for use by the police, the centre will also accept individuals referred from other sources. Counselling and practical help are provided.

Alcohol at work

Bodies concerned with alcoholism

Alcohol Education Centre, 99 Denmark Hill, London SE5 8AZ
Medical Council on Alcoholism, 8 Bourdon Street, London W1 9HX (education and medical research)
Federation of Alcohol Rehabilitation Establishments, 3 Grosvenor Crescent, London SW1X 7EE

Sources

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The perspective of these articles has been mainly focused on the family doctor, but hospital doctors and casualty staff are often well placed to offer some of the help and advice described. In the future occupational health services will probably take on more responsibility for recognising and responding to alcohol problems at work. An increasing number of firms are adopting joint union-management policies to help problem drinkers at work. They guarantee job security to those willing to opt for treatment for their alcohol problem, and early reports suggest that this form of "constructive coercion" is effective.

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