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Reducing drinking in concurrent problem alcohol and illicit drug users: An impact story

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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.

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