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Never give up trying

Alcohol addiction is a chronic relapsing condition. This is why a new treatment centre is focussing on aftercare and step-down programmes, with impressive results

By [Sue Leonard](#)

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It's not news that we Irish like a drink or two -- alcohol is an integral part of our culture. Did you know, though, that Ireland spends more on alcohol for every adult in the population than any other country in the world? We're the third-highest consumers in the EU, and we love to binge-drink.

In the UK it's a similar story, where new research indicates that 90,800 people will die over the next decade from diseases directly related to drinking. Over there, deaths due to drinking have trebled in the last 25 years, according to Professor Martin Plant, one of the UK's leading authorities on alcohol-related harm.

Binge-drinking is particularly worrying, says Dr Geraldine O'Keeffe, consultant psychiatrist and director of the addictions programme at St Patrick's University Hospital, Dublin.

"With younger women binge-drinking more than older women, we are storing up problems for the future as well."

In response, there's a new unit at St Patrick's called The Temple Centre, which O'Keeffe says is equivalent to -- or even better than -- The Priory, the addiction clinic which is considered to have the best integral programme in the UK.

Certainly it conforms to best practise, offering intervention, treatment, education, and perhaps most importantly, excellent aftercare.

Positive

"At St Patrick's we had been using the AA model, but since I arrived in November 2008, we have been adding therapies on," says O'Keeffe.

"We're emphasising positive reinforcements, rather than just using confrontation. It gets people thinking about the negative aspects of alcohol, like getting into trouble at work. We find that works well."

Aftercare, she says, is vital.

"Addiction is a chronic relapsing condition. People do relapse. It's a lifetime problem, and our service works with each patient as an individual. We run a four-week in-patient programme, but people are very vulnerable when they leave.

"They have been cocooned within the hospital, and when they have to face real life again, the cravings and the desire to relapse will become prominent. So we offer a 12-week step-down programme with lectures, support and educational groups, where we can pick people up if they are relapsing.

"I emphasise that they must tell us if they have had a drink. I say, 'don't be ashamed; come back and we will work it out. It's not about shouting and screaming at you.'

"We then put them on a four-week relapse programme, before they go back to the step-down programme.

"After 12 weeks we offer a support group run by addiction counsellors for a 12-month period. They attend this, alongside AA or a special women-only group."

Another part of the different approach to treatment at St Patrick's is the dual-diagnosis programme, unique to the hospital, aimed at the estimated 50pc of alcoholics who also suffer from a mental health condition.

"The worrying thing about depression and bipolar disorder in alcoholics is that it is massively undertreated," says Dr Conor Farren, who runs the programme.

Bipolar

"The bipolar can be masked by the alcohol, and the dual condition is difficult to treat.

"We need to detoxify patients, and settle their depression or mood. And in their -- separate -- aftercare, they talk not just about addiction issues, but about mood and medication, and how to deal with all of that. It can be hard, sometimes, to be sure which condition is at the fore."

It worries Dr Farren that, nationwide, so few alcoholics have their depression or other disorders picked up.

"Their mental health issues are massively undertreated," he says. "If they don't get treated, this can eventually lead to suicide. It's a massive, massive issue."

Both doctors are keen on education, and on early treatment. They'd love to catch people earlier and this, Dr O'Keeffe says, is where a GP can be useful.

"With careful questioning and possibly a liver function blood test, they can pick up people at an earlier stage," she says. "Then, if they are drinking too much, they can cut back before the addiction takes a real hold."

Is that realistic though? Rolande Anderson, an addictions counsellor and alcohol project manager for the Irish College of General Practitioners, says that it is.

"If a patient has a trusting relationship with their GP, who will be concerned with their whole lifestyle, they are the appropriate person to discuss lifestyle issues, including drinking."

Anderson has produced a set of guidelines for GPs, and he offers training schemes too.

"We've trained 300 GPs in alcohol issues in the past three years, and trainee GPs have also been involved," he says. "But it's voluntary and we would like to do more."

"The issue," he says, "is not simple. GPs have to deal both with addiction and with drinking that may be damaging to the patient's health. They would like to do more preventative work, and there's evidence to suggest that if you ask a patient about their drinking, they do reduce the amount they take, especially when the GP has been trained in how to ask."

"But if a patient comes in with conjunctivitis, is it appropriate to ask them about their drinking? And is it good use of their time? We are trying to give GPs clues to the people more likely to have a problem, but then we worry that we're stereotyping."

Funds

Rolande wishes there were more funds available.

"We'd like money spent on training doctors, nurses and A&E staff to carry out a brief intervention. They'd ask a patient about their drinking, or give them a leaflet or a questionnaire, and maybe ask them to come back. Or if they think the person has a problem, they can refer them on to the appropriate person."

With Ireland's drink problem so great, how does the treatment we provide compare with other countries?

"There is very good care for private patients in Ireland," says Anderson. "There are three or four good options. But we have problems referring people who have no insurance and no funds."

"The bed situation, for those without funds, is very shabby indeed. Some areas are well supplied, others are not. GPs will say, 'we will find the problem drinkers but where do we send them?'"

Dr Farren agrees. "Alcohol problems fall between two stools," he says. "Alcohol was specifically excluded from the Mental Health Planning document, and from the National Drug Strategic Taskforce. There is no office for alcohol control, and no minister with a mandate to look after alcohol services or policy. It is totally neglected."

- *Sue Leonard*