

## 5.4 General practices can be trained to help families cope with drinkers and drugtakers

**Findings** A British study has shown the feasibility and potential of a general practice intervention to improve coping and relieve stress among family members affected by the drug and alcohol use of a partner or relative. However, just 2% of workers offered training implemented the coping skills intervention.

1960 primary health care workers were mailed an offer of training in the intervention. 111 staff agreed to be trained, 99 were trained and 91 completed the study; roughly a third were GPs and nearly 60% health visitors or nurses. They were asked to go on to test the intervention; 36 did so with 38 patients, of whom two-thirds were female partners or mothers. Nearly 60% of the interventions ran over four or five sessions. Questionnaires administered by staff to 27 patients showed that after the sessions they relied less on unhealthy coping strategies and felt physically and (particularly) psychologically better. 34 workers also completed questionnaires before training and after delivering the intervention; most were matched with a trainee who had not delivered the intervention. Presumably as a result of the training, both groups had improved on factors such as confidence and knowledge, but workers who had implemented the intervention had improved significantly more.

**LINKS** Nugget 4.8

**In context** Another UK study which focused on the needs of relatives found significant improvements in the psychological health of those (mainly women) who attended the family programme of a residential rehabilitation unit. Studies which have trained or educated relatives with a view to their facilitating the treatment of the problem drug user have also found that the relative felt better, whether or not the intervention achieved its primary objective.

Like other studies, the featured study found that trained primary care staff do implement alcohol interventions, but that few staff opt for training, and those who do identify few candidates for the intervention. Just 5% of mailed staff took up the training and under 2% found suitable patients and delivered the intervention, far short of the presumed level of need. Medical staff are wary about intruding uninvited into patients' 'personal' lives. Given this resistance, mailshots are possibly the least effective way to recruit workers for training. Direct contact is more effective, and maximally cost-effective when contact is made by telephone. Screening by professionals can be side-stepped altogether by directly approaching relatives through vehicles such as newspaper advertisements, a method found in the USA to result in a high proportion of relevant contacts.

Inevitably the study leaves unanswered questions. Among these are the degree to which improvements in relatives were due to the intervention, and the degree to which workers who implemented it gained more confidence and knowledge because of this experience, or because they had benefited more from the training.

**Practice implications** Given a coherent package and ongoing support, primary care staff can be recruited and trained to work with the relatives and partners of substance users, whose coping and health can be improved by a relatively brief intervention which need not involve the doctor. Relatives thus strengthened should be in a better position to facilitate the user's treatment. Personal approaches to staff improve training uptake, but this may still be disappointing until primary care policy, training and remuneration structures support proactive public health initiatives. Incorporating substance-related questions within general health screening is likely to be the most acceptable and cost-effective screening strategy.

Many more women than men participate in such initiatives, raising the issue of whether to tailor interventions for mothers and wives, or to do more to recruit men. A realistic approach might be to accept the primary role of women and, where this may be helpful, to use women as ways to reach male family members.

**Featured studies** Copello A., *et al.* "A treatment package to improve primary care services for relatives of people with alcohol and drug problems." *Addiction Research*: 2000, 8(5), p. 471–484. Copies: apply DrugScope.

**Contacts** Alex Copello, School of Psychology, University of Birmingham, Edgbaston, B15 2TT, e-mail A.G.Copello@bham.ac.uk.

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