



# Can this heavy drinker aged in his 60s reform?

Commentary by

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**GPs are in an excellent position to provide practical advice to people who want to help a family member with an alcohol problem.**

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## CASE SCENARIO

Bill is aged in his late 60s and has been a heavy drinker for many years. He lives alone and from time to time becomes homeless. Bill had a good spell recently: he attended a rehabilitation centre, stopped drinking for a few months and improved dramatically. However, he relapsed yet again and is now homeless once more.

Bill's son Peter, a journalist, does not know what to do. He cannot bear to turn his back on his father, but he also thinks that his attempts to help are a waste of time. Peter asks for your advice.

What do you tell Peter?

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## COMMENTARY

Alcohol problems usually relapse and remit. That is, they get worse for some reason and then they get better, and usually we do not understand quite why.

Peter thinks that Bill's relapses are becoming less frequent, and that they are not lasting as long and are not quite as severe as they used to be. He wonders whether this means that what Bill has been doing recently might be working and whether he should do more of the same.

The first step is persuading Bill to try alcohol detoxification again. There is no point in arguing with Bill when he is very intoxicated, but if Peter can choose the right moment to raise the subject then he may be able to persuade him. The aim of detoxification is to achieve a safe and comfortable withdrawal. Any long-term benefits should be considered a bonus. Unfortunately, detoxification centres are few and far between. Bill might need only three or four days to get over the worst of it, but that is the easy part. The hard part is not 'getting off the grog' but staying off it.

Considering that Bill is currently homeless, finding a rehabilitation centre to take him would be a great idea. It might take some effort to locate a suitable centre, but all States and Territories have a telephone helpline that will provide the names, addresses and contact details of nearby rehabilitation centres (see the box on page 76). Bill would benefit from some decent

**TELEPHONE HELPLINES**

There are telephone helplines for alcohol and drug information services in each Australian State and Territory.

**ACT**

02 6207 9977

**New South Wales**

Metropolitan (Sydney): 02 9361 8000  
NSW country: 1800 422 599

**Northern Territory**

1800 131 350

**Queensland**

1800 177 833

**South Australia**

1300 131 340

**Tasmania**

1800 811 994

**Victoria**

1800 888 236

**Western Australia**

Metropolitan (Perth): 08 9442 5000  
WA country: 1800 198 024

food and rest, as well as an opportunity to discuss his options with experienced staff. Bill has been 'in rehab' before and relapsed subsequently. Peter needs to be convinced by his GP that relapse is a frequent but not inevitable part of the natural history of Bill's condition. A future stay in a rehabilitation centre will help Bill to regain some of the strength he lost living a homeless life. Who knows? The next stay might make all the difference.

Peter should encourage his father to try Alcoholics Anonymous (AA), although it is likely that Bill has tried it already. Some people really take to AA whereas others cannot stand it. Another option is SMART Recovery, which also runs self-help groups. SMART Recovery helps people manage and overcome addictive behaviours and associated problems using cognitive behavioural treatment (CBT). Its approach is not as black and white as that of AA and does not involve appeals

to 'higher powers'. Although many people benefit, others don't like SMART Recovery at all. The websites for these self-help groups provide the dates and venues of upcoming meetings; these are listed in the box on this page, along with the websites of other useful online resources.

Disulfiram is well worth trying, but only under supervision. Bill has tried disulfiram before with clear benefit – after his most recent treatment he did not drink for almost six months. But Peter says his father then started drinking again even though he was taking disulfiram and had a shocking 'alcohol reaction', which resulted in Bill being taken to hospital by ambulance. It is possible that this experience will be enough to stop him daring to drink next time he takes disulfiram; Bill's GP should remind him that he will have a very nasty reaction if he drinks alcohol while taking disulfiram. Other treatment options include oral naltrexone, acamprosate and possibly baclofen.

Peter is reassured by this discussion and decides he will have another go at trying to help his father. Maybe this time Bill will stop drinking for much longer? Or maybe this time he will really stop for good? Advice from the GP can be very helpful for family members who want to help their loved ones with a drinking problem, and the advice can lead to positive changes. GPs see 80% of the community at least once a year and are very used to dealing with chronic, complex relapsing–remitting conditions. And no one knows a family and its community as well as their GP.

**EXAMPLES OF USEFUL WEBSITES****Al-Anon Family Groups Australia**

<http://www.al-anon.org/australia/>

**Alcoholics Anonymous (AA)**

<http://www.aa.org.au/>

**Australian Centre for Addiction Research (ACAR)**

Controlled drinking programs  
<http://www.acar.net.au/cdcp01.html>

**Australian Drug Information Network (ADIN)**

<http://www.adin.com.au/help-support-services>

**Counselling Online**

<http://www.counsellingonline.org.au/>

**Lifeline**

<http://www.lifeline.org.au/>

**Rosemount Good Shepherd Youth and Family Services**

Collection of helpful websites  
<http://www.rosemountgs.org.au/wp-content/aod-useful-links4.pdf>

**SMART Recovery**

<http://smartrecoveryaustralia.com.au/>

**State Library of New South Wales**

Drug information and links to useful websites  
<http://www.druginfo.sl.nsw.gov.au/alcohol/index.html>

**FURTHER READING**

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