

## How to approach patients who don't want help

Most people who use alcohol and other drugs don't develop a substance use disorder (SUD).

If you suspect that your patient is experiencing harms from their substance use, or may have a SUD, your course of action will depend on how willing the patient is to discuss their substance use and whether they are willing to make changes. Changing a pattern of substance use is most likely to succeed when a patient is open to the idea of making some changes, i.e., "ready, willing and able" to change.

### Video resources

Not the nail	
<b>Video</b>	<a href="#">Access video.</a>
<b>Description</b>	Motivational interviewing in practice requires clinicians to suppress the initial righting reflex so that they can explore the patient's motivations for change. <sup>1 2</sup>

Support patient autonomy	
<b>Video</b>	<a href="#">Access video.</a>
<b>Description</b>	Dr Shani Macaulay explores how patient autonomy and being hopeful can support patients to make lasting behavioural change. <sup>1 2</sup>
<b>Resources</b>	<ul style="list-style-type: none"> <li>• <a href="#">Download video transcript</a></li> <li>• <a href="#">Motivational interviewing techniques Facilitating behaviour change in the general practice setting, AFP</a></li> </ul>

Focus on harm minimisation	
<b>Video</b>	<a href="#">Access video.</a>
<b>Description</b>	Dr Simon Slota-Kan explores ways to incorporate harm minimisation advice into consults with patients who use alcohol and other drugs
<b>Resources</b>	<ul style="list-style-type: none"> <li>• <a href="#">Download video transcript</a></li> <li>• <a href="#">Brief interventions for alcohol use and related problems, including FLAGS and FRAMES (Guidelines for the treatment of alcohol problems)</a></li> <li>• <a href="#">Dealing with drug-seeking behaviour (harm minimisation), NPS MedicineWise</a></li> </ul>

<sup>1</sup> Australian Family Physician, RACGP 2012. [Motivational interviewing techniques Facilitating behaviour change in the general practice setting](#). Viewed 19 January 2022.

<sup>2</sup> Jason Headley 2013. [It's Not About the Nail](#). Viewed 19 January 2022

## Frequently asked questions

### What do I do if my patient is unwilling to discuss their substance use?

Roll with the patient's resistance. Accept that your patient's use will continue and discuss ways to make this as safe as possible and minimise harms.

You can use motivational interviewing techniques to elicit the patient's own motivations in their life. What are their values and goals? Highlight to them (if appropriate) where reducing or stopping their substance use may align them closer with these values and goals. You can explore these further in subsequent consultations.

Treat the whole person and continue to offer support on management of all their health issues and review preventative health measures. Keep an open-door policy and people will return when ready for change or help.

Resources

- [Motivational interviewing resources](#)

### What do I do if my patient is willing to talk about their substance use but unwilling to make any changes?

If the patient is willing to talk about their substance use, be curious. If you do not know what a patient is referring to, ask them. The patient is their own expert and might want to tell you about their life and the context of their substance use.

Explore harm minimisation options and use motivational interviewing techniques to optimise the potential for behaviour change.

Motivational interviewing can help patients examine their own situation, without becoming confrontational, and can be helpful when:

- ambivalence is high and people are stuck in mixed feelings about change
- confidence is low and people doubt their abilities to change
- desire is low and people are uncertain about whether they want to make a change

Raise a patient's awareness through helping them to make the link between their presenting problem or long-term health issue and their substance use. Provide a brief intervention using the [FRAMES](#) acronym.

Resources

- [Harm minimisation resources](#)

### What is my counselling style?

There are many counselling styles which can be used depending on the patient and their presentation. Reflect on your medical training and what you have witnessed within hospital and community-based medical settings. How much of what you've seen is directive counselling or authoritative? How much was more empathetic, and patient centred?

Patients who experience harms associated with their substance use may have experienced stigma and judgement. Quality care often means access to a non-judgemental GP, who will listen and empathise, treat their presenting health problem(s), and keep the door open until they are 'ready, willing and able' to change.

Resources

- Australian Family Physician - [The art of communication](#)
- Comorbidity Guidelines - [Approaches to comorbidity](#)
- [Language and communication resources](#)

## How do I give advice after screening?

When providing advice on lifestyle management that will require behavioural change, it can be useful to do a 'brief intervention' after you have screened for substance use.

Brief interventions are five-to-fifteen-minute conversations that enable GPs to provide non-judgemental feedback about a patient's substance use. Feedback includes acknowledging that use may continue, discuss the impact AOD use has on their health, and discussing options that are available to the patient to manage their use and minimise harm.

### Resources

- Guidelines for the Treatment of Alcohol Problems – [Brief interventions for alcohol use and related problems \(FLAGS and FRAMES\)](#)
- [NPS MedicineWise – Brief interventions for alcohol and other drug use](#)
- [Insight – Brief Interventions](#)
- [Self-help strategies for cutting down or stopping substance use: A guide](#)

## Case studies

Dan	
<b>Video</b>	<a href="#">View video.</a>
<b>Overview</b>	Dan drinks most nights and uses alcohol to relax. He doesn't see this as a problem and does not want to change. He sees his alcohol use as normal. Listen as his GP talks to him about his drinking and uses motivational interviewing to help him examine how his drinking may be impacting his life.
<b>Resources</b>	<a href="#">View video transcript.</a>

Carl	
<b>Video</b>	<a href="#">View video.</a>
<b>Overview</b>	Carl is a farmer who consumes 4-8 beers most nights. Listen as his GP uses motivational interviewing to talk to him about his drinking and draw attention to how his alcohol use may be impacting his life negatively.
<b>Resources</b>	<a href="#">View video transcript.</a>

## Further Training

RACGP AOD Program training modules related to this topic are available on [gplearning](#) and include:

- Alcohol and Other Drugs – Essential Skills
- Alcohol and Other Drugs: Facilitating behaviour change

*Developed by the RACGP AOD GP Education Program, May 2022.*