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# Should someone do something concerning addiction? The French GP's Answers

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**Should someone do something concerning addiction?**  
**The French GP's Answers**

**Chantal Mougín**

In the beginning of 2008, I've been asked to manage General Practitioner's (GP's) focus groups in France. It has not been at all easy to gather GP's but I finally achieved 7 French GP's focus groups and I have been asked to speak here about that experience.

*Maybe I'll explain here what a focus group is...*

To be able to speak about what French GP's said, I started to read the transcriptions of the 7 focus groups. I first would like to underline the subjective aspect of that reading, where I chose what I wanted to show, leaving a large range of items. I chose what seemed to me more important and what they predominantly spoke about. But I know Michael Egerer is preparing his thesis out of these data's and I'm relieved to know that he will do a more serious job than mine.

The purpose of these focus groups was the RAGI questions. As it was the subject of Michael Egerer's thesis, I asked him first what I could speak about, not to do the same job twice... I told him about my intention to see how much women and men spoke differently. But by reading the retranscriptions, it didn't seem a relevant item.

So I came to the last of the six questions typed on a paper, in front of the GP's, while they had to speak.

When presenting the focus groups method to GP's, I specified they were not obliged to answer these questions. They could freely comment the films as they feel. These questions were just supposed to be a guide in case it helped their group comments...

So I've read the 7 transcriptions of what they said, and I'll start to point out that a large part of the comments try to explain why people are caught into addiction. Even if it wasn't among the questions they were supposed to answer, it remains one of the main question: Why? Why do people get addicted until they ruin their own life and their families too?

I've chosen to study their answers to the last question upon the six they had, because the answers to that question gather more data's than the others, on the one hand, and on the other hand because I feel it reflects an important aspect of GP's ambivalent posture, having main consequences on their professional life, and then on their impact on addiction. It underlines their need to know what could help them to take care of addicts.

They watched 2 or 3 film extracts upon alcoholism, gambling and bulimia and then started to comment, having, typed on a sheet before them, the six following question:

- 1 – Try to describe what is happening in this extract and how do the characters behave?
- 2 – What should have occurred before?
- 3 – What should occur just afterwards?
- 4 – How will be the characters 10 years from now?
- 5 – Should this occur in real life?
- 6 – Should someone do something concerning that problem?

So: Should someone do something concerning that problem? Let's see how they answered to that question. I was interested to observe how much practitioners feel concerned while observing people drinking, gambling, and eating compulsively...

I dispatched the answers into 12 different items and I'll present the main ones first: I've counted how many lines are dedicated to each items and I give the numbers here, to compare the differences.

1 – GP's can do something and have to do something	90 lines
2 – GP's can do nothing	72
3 – The State should vote measures	39
4 – Psychiatrists should take care of addicts	36
5 – The addict is responsible for his problem	26
6 – Specialized centres for addicts must take care of them	17
7 – Several professionals should intervene: social workers, organizations...	17
8 – Prevention is important	10
9 – It is the casinos fault	6
10 – His wife could do something for her alcoholic husband	5
11 – Someone should do something	5
12 – I don't know who should...	4

It is surprising to notice the two first answers are exactly saying the opposite opinion. They are not that far equally long. It shows how great the ambivalence on that question is.

I'll translate and summarize for you what they said:

**1 – Yes, we can!** That was the main message, the optimistic side, saying there is always something to do:

- ✓ We can help, we have to give a help, and we have to try. There is always a hope! Something is possible. We must not think there is nothing to do.
- ✓ We must keep our private discussions with these patients: that's where we can convince them; then we can try to change something, we must do the necessary to help them to get out of it, whatever is occurring. Do something is our job: we have to explain, to ask questions if we suspect something. We kindly listen, to reduce anguish. To listen is very important. We have to take in account the human side, to help people to exist, to take in account their request, to bring a solution (*I'm not sure the solution is elsewhere our offices*). If we don't listen, we can't understand and we can't change anything. Some patients are grateful, just to have been listened. We have to observe too, and to give advice. Never judge them but accompany, sometimes for years: we are sometimes the only firm frame in their lives. We must be trustworthy, so they can feel in confidence.
- ✓ The basic problem is their suffering and that's what we have to face at. We have to be there, as a support, when they have nothing to hold on, when they suffer.
- ✓ We never can do better than to "knit" a relation, with substitution, until the addict can drop down his addiction. We are the transitional object, we can be ourselves their substitution, and we can work until we've done the job to separate them from their consumption. When we prescribe narcoleptic drugs, we are seen as 'dealers' but we're very watchful in our prescriptions. We search for a relief, for comfort.
- ✓ Sometimes we can send people to hospital
- ✓ Twice I could make an alcoholic man stop drinking; being rude and announcing they would dye: it has been a success and they stopped.
- ✓ For bulimia, GP's spoke about the liver transplant, as a solution. For gambling, they consider putting people into the care of a guardian is a solution too.

**2 – No, we cannot. No way!**

- ✓ We can do nothing; we don't know how. There is nothing for us to do. There is no medical answer. We are pessimistic. How could we explain to an alcoholic he's going to dye? I don't feel able to take care of alcoholics. We are hung up! It is no use. Take care of alcoholics is much more difficult than our others patients. Each time I tried, it has been a failure. It is a huge job. There is so much to do to reduce that problem. We are not competent. We are powerless, helpless with alcoholics.
- ✓ Anyway they don't ask to be cured. So we cannot give any answer. What to do? They don't come to appointments. It is not easy for us. If they don't ask to be helped, whatever we try will be a failure. These situations seem very desperate, awfully difficult. Taking care of them can last for years. I'm cheating and pretending to take care, for example in asking for a blood test or a biological check-up, just to keep them connected with a medical network. But when they understand what we are trying to do, they run away. I think we are allowed to give up, because they give up... What's the use to go on trying? It is not our mission. It is their problem: I don't care, because they do anyway what they want. And we don't have to give standards of life. We are not the saviour. It is an utopia. I'd rather care innocent sick persons, who deserve to pay attention.
- ✓ We have not been trained for such serious pathologies, much more difficult and complex than others. We have nothing to give them, as strong as their drugs, as powerful. We cannot compete.
- ✓ We have to send people to more competent professionals.

May be you noticed main of these comments concern alcoholics. They are the people GP's meet every day. So it is a problem they constantly face at, experimenting how difficult it is.

### **3 – The State / The Society**

- ✓ Laws and orders should protect people.
- ✓ Should addiction be forbidden? Prohibition has never been a solution.
- ✓ For tobacco, there are taxes. Rising price of tobacco had an impact to reduce smoking. But does it really work with heavier addicts?
- ✓ The policies try but are inefficient to keep young people from drinking. They should forbid the entrance in pubs for the one younger than sixteen.
- ✓ The alcohol salesmen lobbies have invented new beverages to encourage young people to drink alcohol. Binge drinking is in fashion. On internet and in some newspapers, they say shit does not matter. So what can we say? It is a politic problem. It is a very old question: there must be a global answer, in which we could play our part.
- ✓ The political speeches say we have not been trained enough. Policies should send patients to us, instead of saying we are guilty. We are supposed to make prevention.
- ✓ For gambling, there should be special laws. Casino's managers are gangsters. It is immoral. The State is the real gangster. Justice is the answer.

### **4 – Psychiatrists should take care**

- ✓ It is their job. They can send alcoholics to hospital. But people are released the day after.
- ✓ Lots of addicts are psychotics. They are very difficult to cure. Some psychiatrists don't intervene unless a murder occurs. Psychiatrists together with the Police have to take care.
- ✓ The gambler shown in the extract is a real psychotic one. It is the psychiatrists' field. He should be put by Justice into the care of a guardian.

### **5 – The addict is responsible: it is no use to try to help him**

- ✓ They have lost control of their destiny
- ✓ They refuse to be helped if not in hospital
- ✓ Speaking about the alcoholic man of the first extract: "he could react and think it is not good for him to go on like that".
- ✓ If someone has no will, it is easy for us to give him substitution, but he will go on drinking and it will be worst for him.
- ✓ I accept to say the addict is responsible of his illness: if someone tries to help, they don't listen: do they really want to be helped and to leave their addiction? We cannot find how to motivate them. If they don't ask for a help, what to do? When they come at us, it is for something else

## 6 – The specialized centres for addicts must take care

- ✓ Usually, I send them to centres for addicts. There are people who know what to do about that matter: I do not. Then I try to keep contact: in these detox centres; addicts are progressively deprived from drugs. I know a place where they do it very well. In hospitals, they take care of them well enough, but they choose the addicts they accept.

## 7 – Several professionals should intervene: social workers, organizations...

- ✓ There is a kind of agreement to fix with the patient: everything must be done together with addicts specialists, with the consulting physician and with the family. Trying to resocialize addicts is a huge medico-social problem, needing a multidisciplinary network of many intervening actors including the police, social workers, psychiatrists, GP's, dieticians, associations, detox centres...
- ✓ Our first job is to clear the demand, and then, to work with others.

## 8 – Prevention is important

- ✓ Is prevention possible? Can it be useful? *GP's doubt about it.* It seems difficult, may be impossible to prevent addicts to get worse.
- ✓ Why should it be the GP's mission to make prevention? Ask some of them, in the one hand...
- ✓ And in the other hand, another said: We have to meet the patient regularly, to meet the mothers, the young children parents. May be we can hope to leave a message, to be listened... May be it is our mission to find what is possible, to do it with those whose addiction is not yet too serious. If ever we can help, it would be by preventing.

## 9 – It is the Casinos' fault

- ✓ Some people are forbidden to gamble: it is a kind of prevention. But it is not taking care.
- ✓ Everything is conceived in Casinos to encourage people to gamble, to spend their money. That is the ambivalence: Casinos earn a lot of money from gamblers.
- ✓ With a medical certificate, I put gamblers into the care of a guardian.

## 10 – His wife could do something for her alcoholic husband

Several film extracts show or speak about the alcoholic wife or girlfriend, saying she abandoned him and it did not help, or showing her accepting to let her husband join his friend for a beer, "just one!".

- ✓ The alcoholic's wife who abandoned him is responsible: she has not helped (*it is in contradiction with the one who said GP's had to help the wife to run away*). She is not consistent.
- ✓ The family is not very efficient.
- ✓ The wife who accepted to let her husband join his friends for a beer should have resisted, refused.
- ✓ Many women divorce because friends tell them they must not stand anymore alcoholism: the idea grows slowly in her mind...

## **11 – Someone should do something**

- ✓ The addict needs someone to give him a frame, to take care of his body, to convince him, not to abandon him, to be present...

## **12 – I don't know who should...**

- ✓ Of course someone should do something, but who? I do not have the answer...
- ✓ It is not easy to answer. I do not know. It is an eternal problem...

## **I gathered now what has been said concerning beaten women:**

- ✓ While some pubs have been closed in France, men drink at home and their wives are beaten.
- ✓ We have to take care of beaten women: they are in danger; it is a very serious problem we have to face at. We are responsible and we have to protect children, families, to help the wife to run away.
- ✓ For beaten women, French Justice has a very strong reaction. There are special organizations for beaten women. They helped them quite a lot to get out of the situation. We must call a social worker, in case of a beaten woman with children, to find an apartment for them.

## **Conclusion**

What could be the conclusion to close all these comments I displayed?

We can notice the GP's ambivalence about our question: should someone do something concerning that problem? They balance between, on the one hand, not knowing what to do and who should, thinking it is impossible; and on the other hand, thinking and hoping they can do something. This second optimistic position comes more often. I wonder if it does not look like a principle, a kind of faith or a choice, or else they would not find any longer the motivation to carry on their job.

I would conclude saying they seem to need mostly to be informed about what can be done and what is existing. They should be informed of what could be their role and mission. It seems they feel an important lack of training about addiction. Addictology is a very recent discipline and I am not sure young physicians are yet trained to that matter. There is here a French urgency.