



GP fact sheet

The silent struggle: AOD use in middle-aged men

Aim

To equip general practitioners (GPs) with the tools to identify and manage problematic alcohol and other drug (AOD) use in middle-aged male patients, and guide appropriate referral pathways.

Learning objectives

- 1 Understand the hidden burden of AOD use among middle-aged men
 - 2 Recognise stigma, under-reporting and co-occurring mental health issues
 - 3 Apply screening and brief intervention strategies in GP consultations
 - 4 Know when and how to refer to psychiatric, day programs or inpatient care
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Introduction

While often viewed as high-functioning and self-reliant, many middle-aged men face silent struggles with alcohol and drug use. This group is less likely to openly discuss substance misuse, often due to stigma, denial, or fear of judgement.

AOD use is frequently entangled with depression, sleep issues, relationship breakdown and work stress. These patients may maintain careers and social roles, masking the severity of their dependency. GPs are often the only healthcare professionals they interact with – making opportunistic identification and compassionate intervention crucial.



Assessment and diagnosis

Red flags in consultation

- High intake reported in a casual or humorous tone
- Frequent 'just stress' framing without addressing coping mechanisms
- Reports of sleep issues, mood changes, or isolation
- Defensive or avoidant when asked about substance use
- Physical signs: hypertension, GI issues, fatigue, lab irregularities

Suggested screening tools

- AUDIT-C / full AUDIT (alcohol use disorders identification test)
- ASSIST (alcohol, smoking and substance involvement screening test)
- PHQ-9 / GAD-7 for co-occurring mental health

Management strategies

Brief interventions

- Ask permission to discuss alcohol or substance use
- Normalise the discussion: "A lot of men your age are drinking more than they realise. Would it be okay if we explore that a little?"
- Reflect back their own words and explore readiness to change
- Suggest follow-up or specialist support without pressure

Lifestyle / adjunctive supports

- Encourage gradual lifestyle changes: exercise, reduced intake, better sleep hygiene
- Discuss safe alcohol reduction strategies
- Educate on drug/alcohol interactions with medications

Pharmacological interventions

- Naltrexone, acamprosate, or baclofen for alcohol dependence (with specialist input)
- Manage comorbidities: SSRIs for depression or anxiety (avoid benzos if misuse suspected)

Key conversational tips for GP

Try to avoid

Telling someone directly to cut down may feel judgemental and reduce openness.

Moving too quickly into precise quantification early in the consult can feel like an interrogation.

Personal remarks that can minimise their experience or invalidate their concerns.

Urgent, absolute instructions without context can feel overwhelming and reduce engagement.

Blunt pushes for full disclosure can trigger defensiveness; pacing and trust-building works better.

Try instead

You should really cut down – this isn't healthy.

How much exactly are you drinking per day?

You don't look like someone with a drinking problem.

You need to stop drinking immediately.

Just be honest with me – how bad is it really?



What GPs commonly see and how Avive's programs can help

Symptom / theme	Description	How Avive programs can help
Functional alcoholism	High alcohol intake without obvious external disruption	Psychiatrist-led assessment; non-judgemental medical detox planning; inpatient dual diagnosis program addressing underlying factors contributing to substance use and lifestyle planning
Covert drug use	Occasional or escalating use of cannabis, stimulants, or sedatives	Discreet and supportive assessment; access to AOD-informed psychiatrists and addiction specialists
Low mood / apathy	Depression, anhedonia, low self-worth	Integrated dual diagnosis inpatient or day program combining strategies to understand and manage both mental health and substance use
Irritability / aggression	Mood swings, interpersonal conflict, poor impulse control	Dual diagnosis inpatient or day program combining substance use therapy with emotional regulation and interpersonal skills education
Poor sleep	Self-medicating with alcohol, cannabis, or over-the-counter sedatives	Embodied inpatient program addresses lifestyle factors impacting on mental health and substance use including sleep, exercise and nutrition
Stigma / denial	Avoids disclosure due to shame, masculinity norms, or fear of consequences	Peer-based therapeutic community; compassionate intake process; non-judgmental and supportive group substance use therapy
'Just stress' framing	Blames work, finance, or marriage for symptoms but avoids underlying cause	Collaborative care to unpack triggers; dual diagnosis inpatient or day program to understand impact of both psychological and lifestyle factors on substance use; social work to help manage potentially triggering lifestyle factors



Streamlined transfer of care – three simple pathways

We assess clinical and funding suitability and may provide a decision within hours.

Inpatient

Within hours

- 21-day psychiatric care (flexible based on need)
- Ideal for stabilisation, medication review, or short-term therapy
- Detoxification and dual diagnosis (mental health and substance use)
- Early intervention encouraged – crisis not required
- Hospital transfer facilitated where possible

Day Program

Within days

- Day-based group therapy, tailored in length and intensity
- Streamlined access to multidisciplinary support including psychiatrist review
- Suitable for step-down or standalone care

Cloud Clinic

Within weeks

- Telehealth psychiatric consultations
- General mental health care including 291 and 293 appointments (bulk-billed for all MM2-MM7 regions)
- ADHD diagnostic assessments and treatment (ECG required)

**Call Avive's
referrer hotline
1800 284 830**

Monday to Friday
8:00am – 5:30pm



Send clinical summary

Send referral and, if applicable, recent psychiatric review/assessment via:

Inpatient or day program referral

Email: help@avivehealth.com.au

Medical Objects: Avive Clinic Brisbane

Fax (Brisbane): 07 3523 4088

Fax (Mornington Peninsula): 03 9125 9851

Cloud Clinic

Email: help@cloudclinic.com.au

Phone: 1800 573 297



When to refer Psychiatrist, day program or inpatient admission

Referral pathway	Appropriate when
Psychiatrist	• Diagnostic clarification • Co-occurring mental health concern • Complex or long-standing AOD use
Day program	• Patient is motivated but needs support • Patient is sober (not in active addiction) • Suitable for participation in evidenced-based psychoeducation and group therapy
Inpatient admission	• Risk of withdrawal or overdose • Failed outpatient attempts • Mental health crisis or severe addiction

Note: Our clinical intake team will support GPs in determining the most appropriate program based on the patient's presentation, goals, and support needs.

How Ave's programs help

Ave Health's AOD pathway is designed for discretion, compassion and effectiveness. Our services support middle-aged men with:

- Rapid access to psychiatrists and addiction specialists
- Dual diagnosis inpatient and day programs for substance use and co-occurring mental health diagnoses
- Structured programs that address underlying psychological and lifestyle factors contributing to addiction
- Holistic education focused on exercise, nutrition and sleep
- Medical detoxification and withdrawal support
- Peer support and low stigma therapeutic environments
- Flexible pathways to suit career and family commitments

We work closely with referrers to ensure fast, compassionate and coordinated care.

