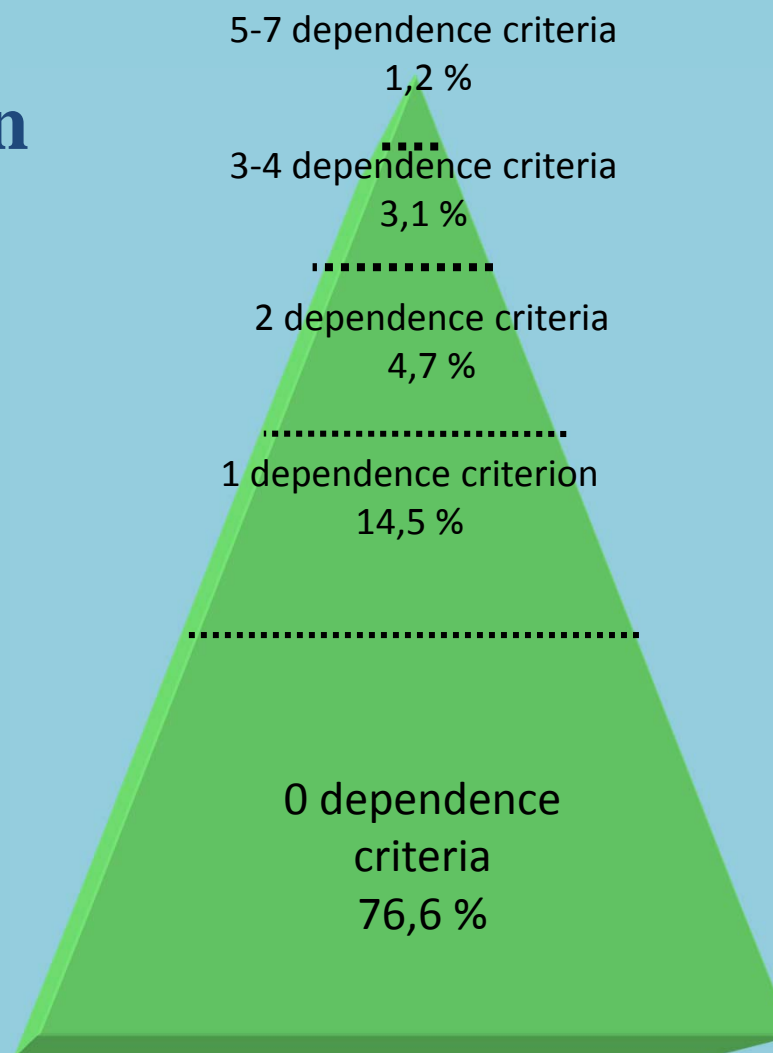


Barriers to treatment for alcohol dependence

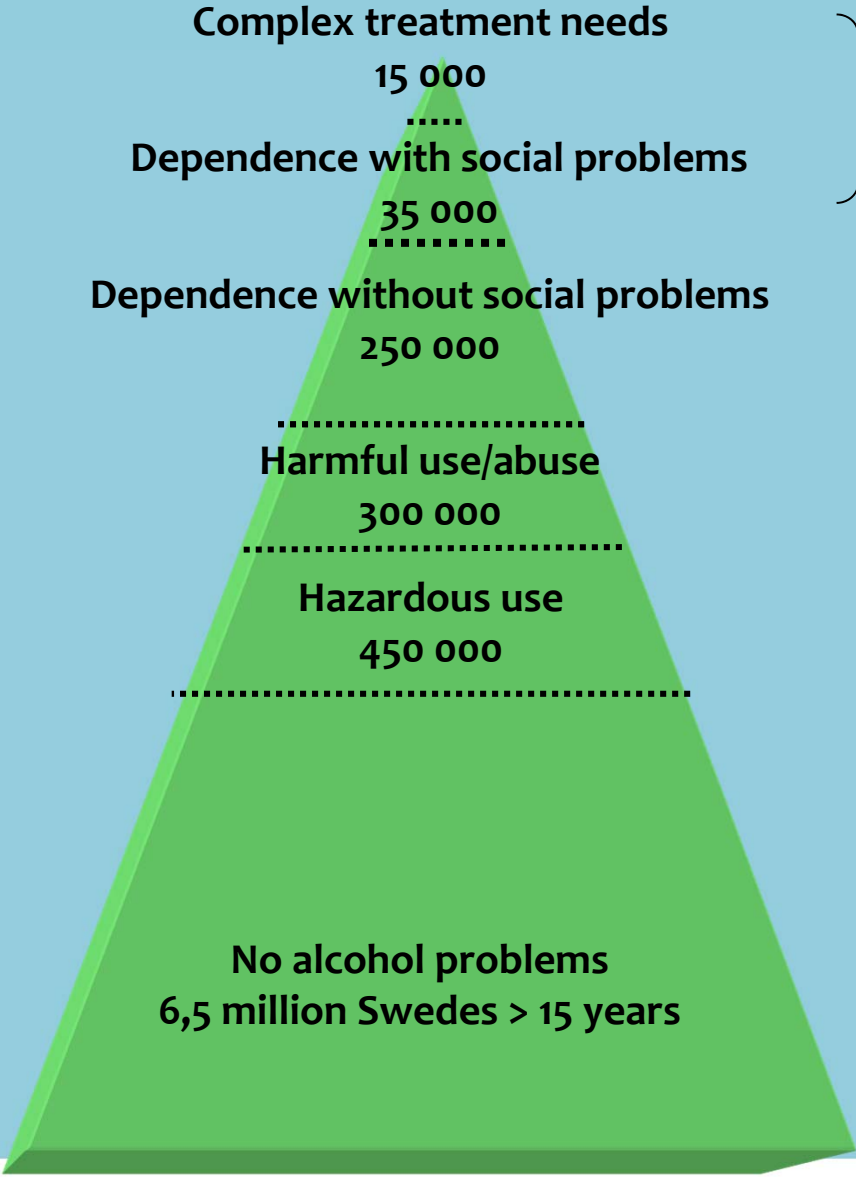
Sven Andréasson
INEBRIA, Rome, Sep 19, 2013

Epidemiology: Alcohol problems in Sweden

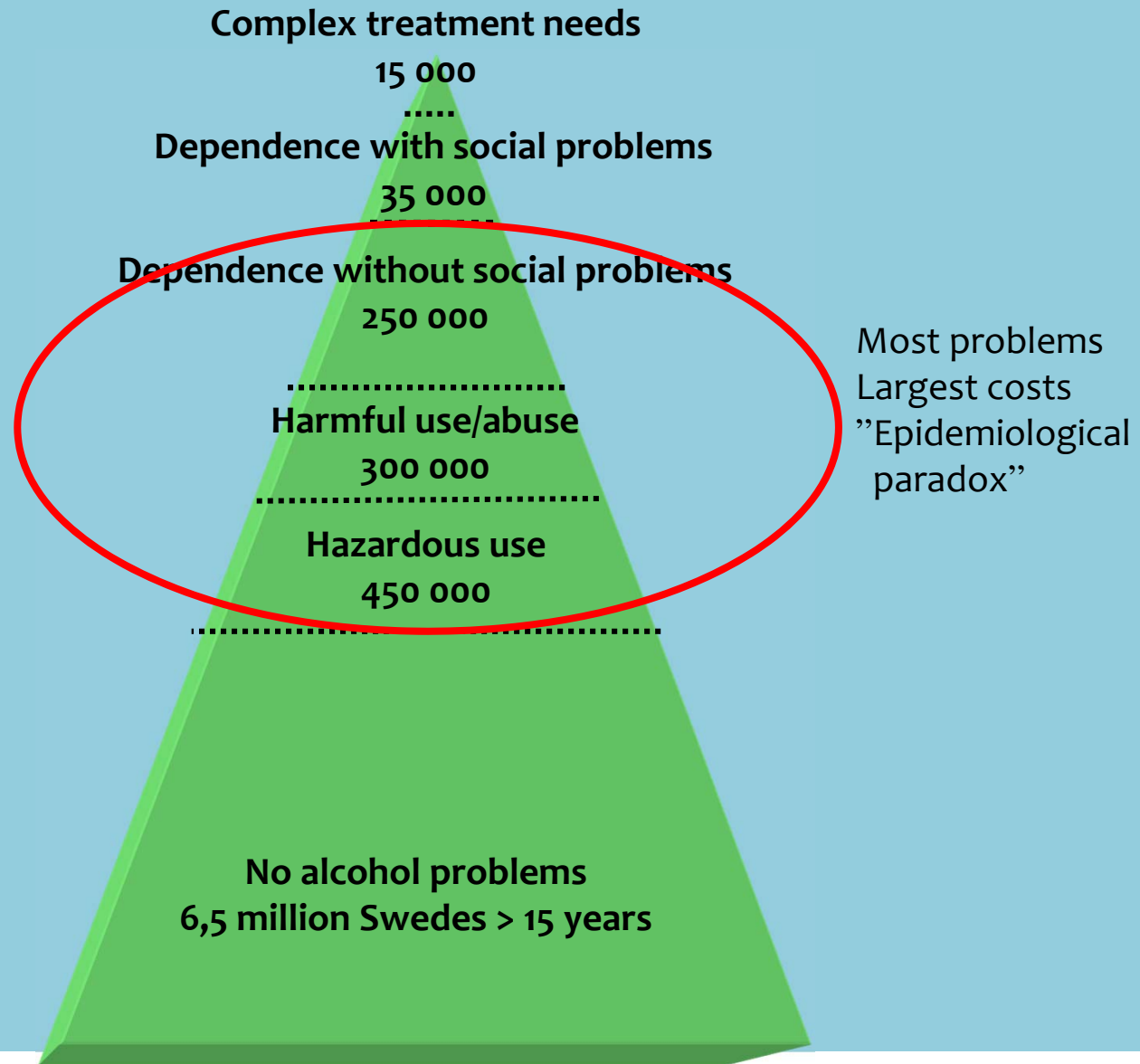
DSM-IV based questions



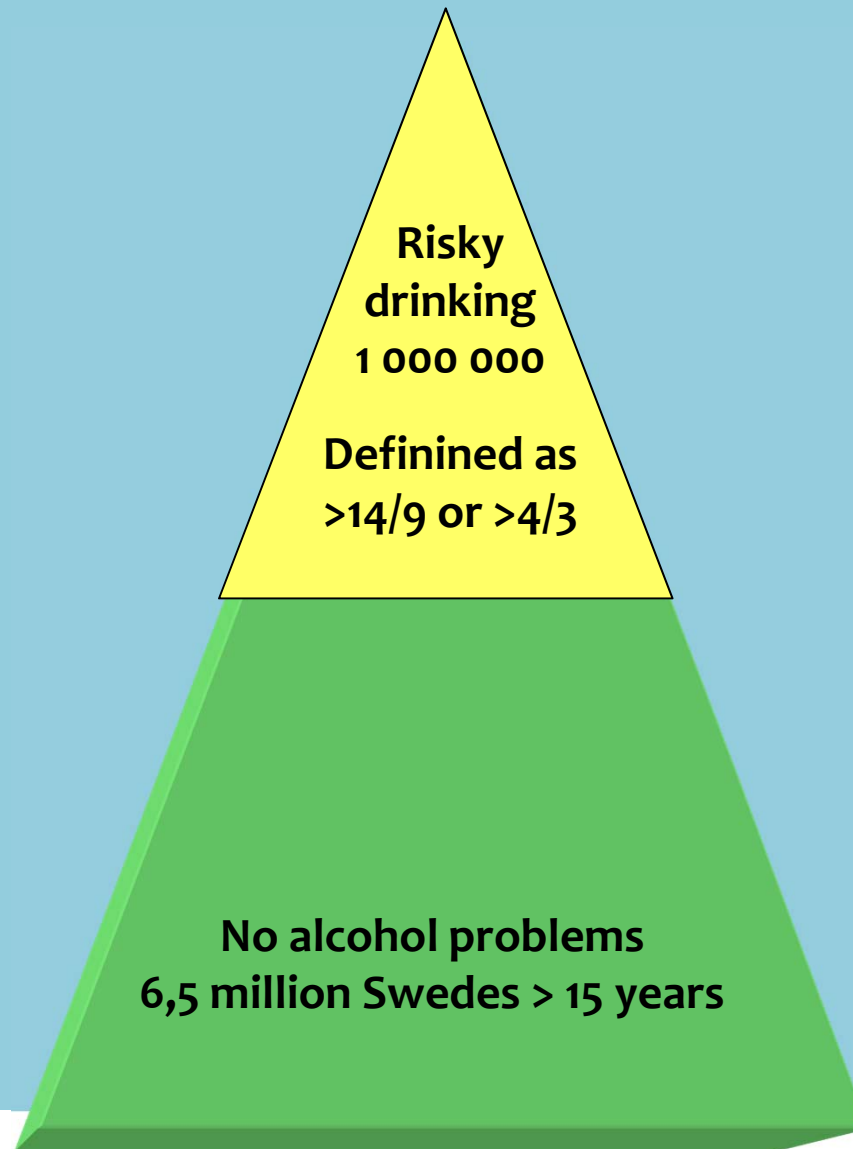
Andréasson et al, Alcohol 2013



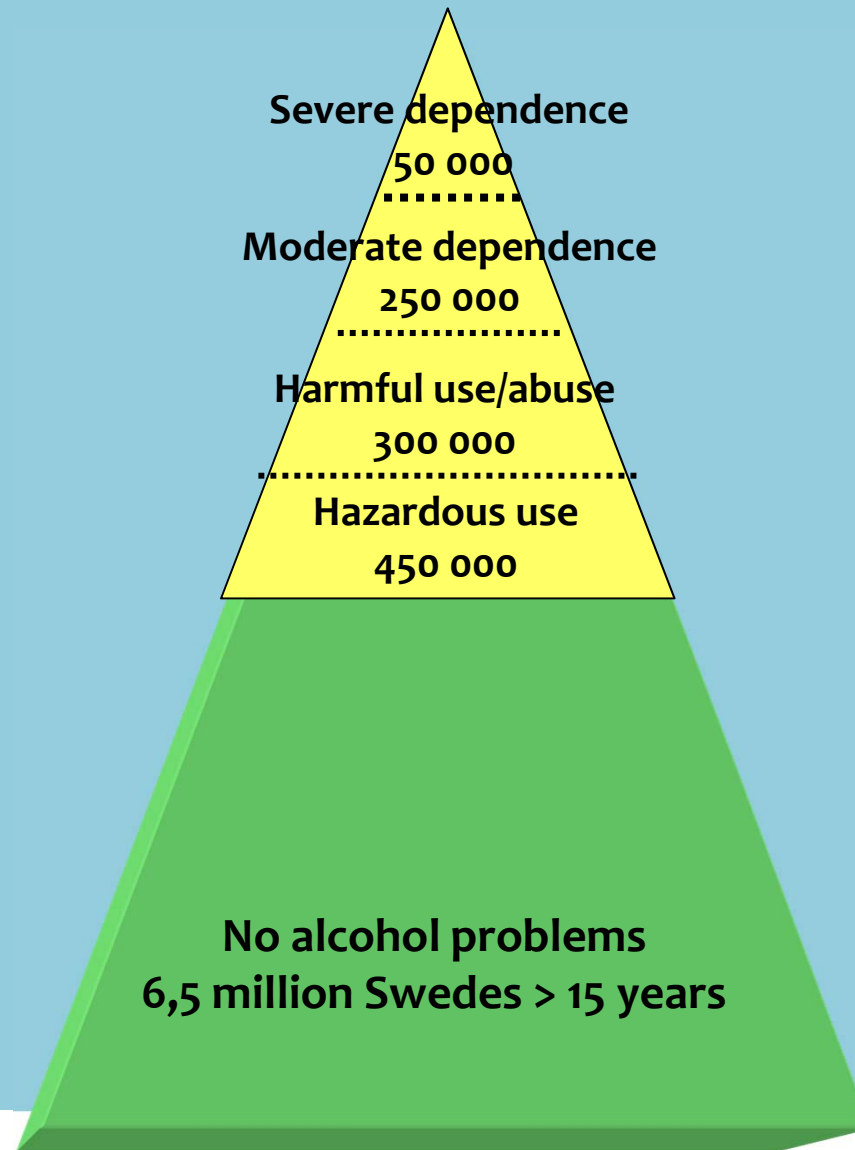
} Patients in treatment



Risky drinking



Risky drinking: different levels



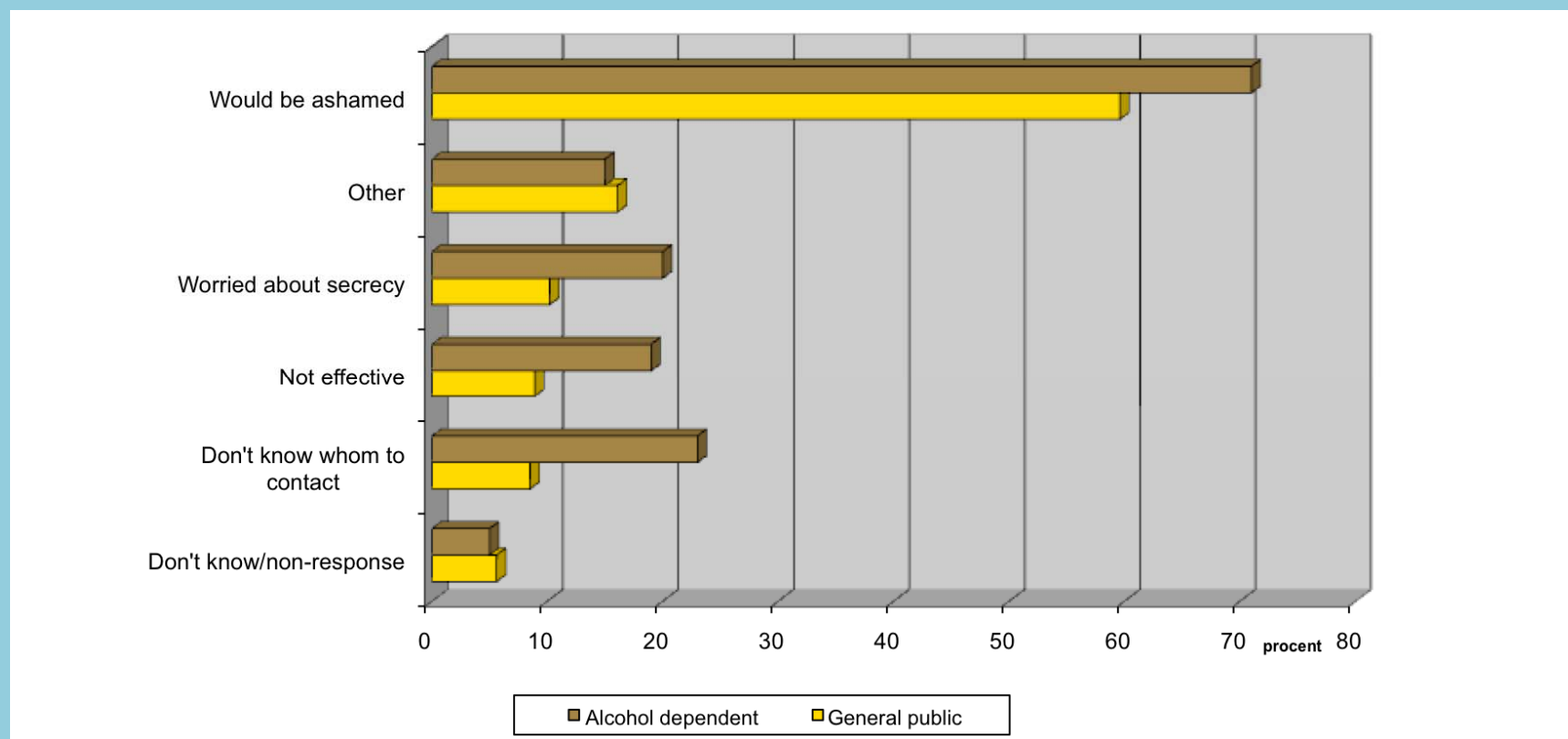
Alcohol use disorders– large heterogeneity

Two groups:

- Small group with severe problems, about 50% reached by treatment
- Large group with moderate severity, about 10% reached by treatment

Why don't they come?

”Sometimes people with alcohol problems do not seek treatment on their own.
Which reason do you think is the most common? ”



Andréasson et al, Alcohol Alcohol. 2013

Qualitative study

recruitment to focus groups + individual interviews

Market research panel

Web based questionnaire

Inclusion criteria:

- 18 – 65
- AUDIT C >4 for women; >5 for men
- ≥3 DSM IV criteria for alcohol dependence
- 3648 persons completed the questionnaire
- 812 met inclusion criteria
- 248 accepted to be contacted
- 32 agreed to participate
- 7 focus groups were formed
- 2 participants from each group agreed to participate in individual interviews



4 themes

1. Alcohol as social activity

- expected behaviour
- pressures to drink

2. Defining when drinking becomes a problem

- social norms
- reactions from friends & family
- work performance
- no mention of health concerns

4 themes

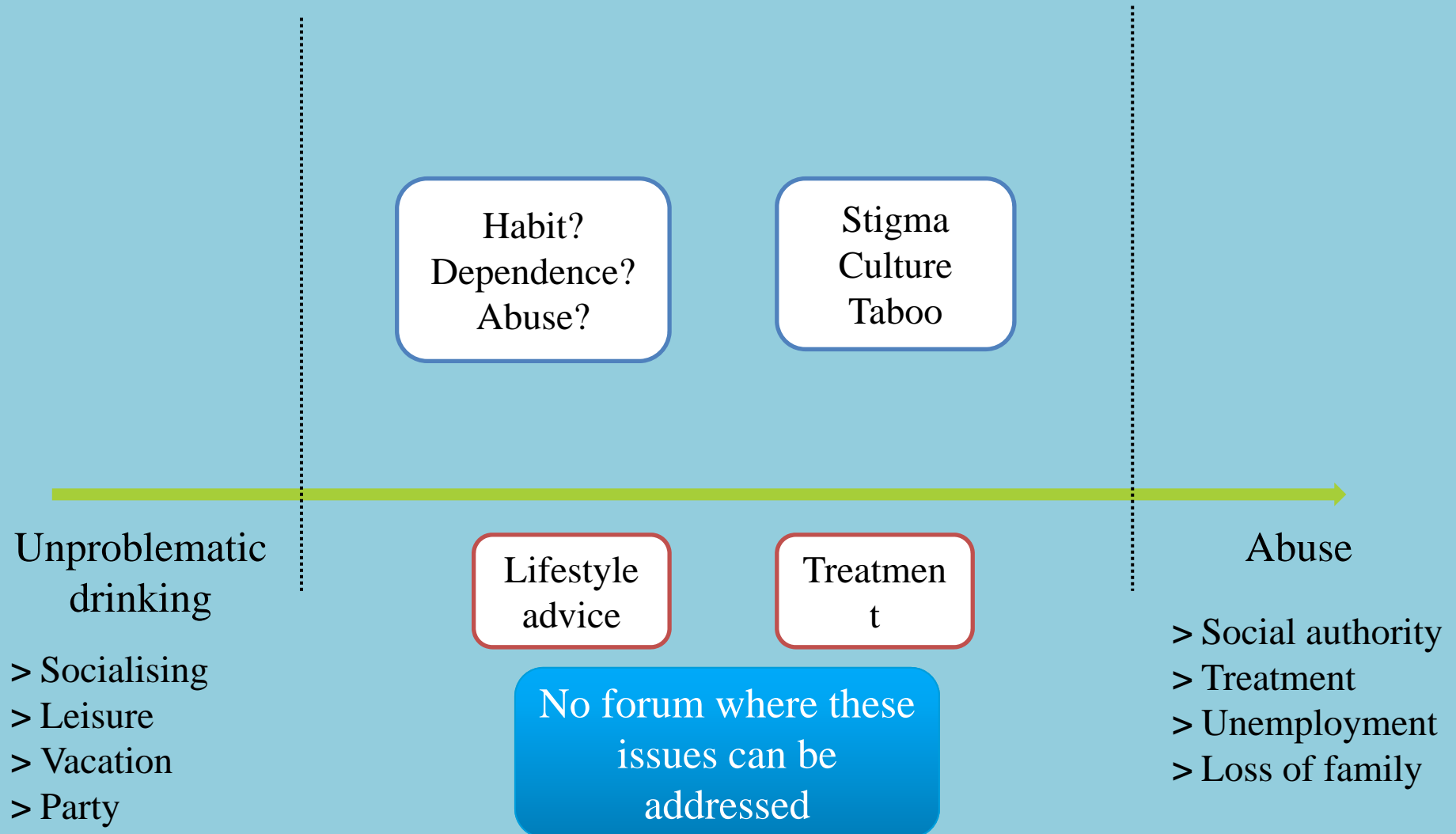
3. Barriers to treatment

- stigma
- surrendering to the stereotyped identity of the park bench alcoholic
- accepting failure
- requirement of total abstinence

4. Assessing treatment alternatives

- generally little knowledge of treatment alternatives
- internet options not perceived as effective
- personal meetings preferred
- pharmacological treatment (Antabuse) viewed negatively:
new medications Naltrexone, Acamprosate unheard of
- AA: divided opinions; most preferred seeing a specialist
- primary care: positive, but unsure of competence

Vacuum between general information and specialist treatment: difficult to navigate a way to relevant help



Summary: views on alcohol and treatment

Stigma: people with alcohol problems are highly stigmatised. Seeking help implies weakness, that you are a loser

Can not identify with down and out abusers



Do not accept the labels used in treatment

Health care

Many think that regular health care – primary care and occupational health clinics are better options and could be better utilised

Implications for substance use treatment: reduce stigma

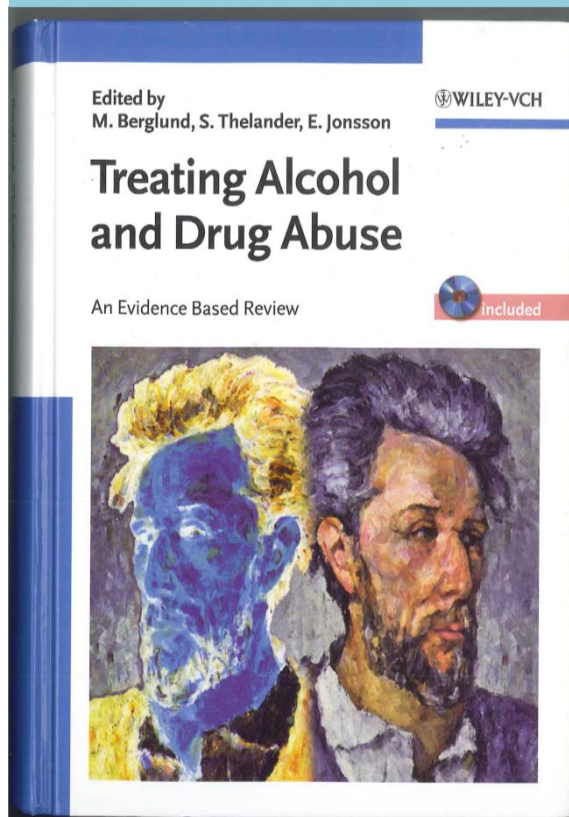
- More opportunities for anonymous treatment
 - Internet, apps, phone help lines
- Make specialist treatment more attractive
 - Environment, staff attitudes
- Offer help in regular health care
 - primary care, occupational health



Arguments for treating dependence in primary care

1. Alcohol dependence is common
can not be treated in specialist clinics alone
⇒ Responsibility of general practice
2. Many heavy drinkers identified in SBI
are alcohol dependent
3. Alcohol dependence can be
treated in primary care

Brief treatment effective



- Assessment with feed-back and advice –
The Drinker's Check-Up
- 3-4 sessions –
Motivational enhancement therapy
- Bibliotherapy

The 15 method



1:
Screening
Brief intervention

2:
Drinker's Check-up

3:
a) Pharmacological treatment
b) CBT/MET 3 counselling sessions

→ If no improvement: suggest referral to addiction specialist