

# Coping with alcohol use disorders: a consumer's perspective

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# Conflict of interest



Personal:

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# Background

- Treatment utilization of specialized care in addictive disorders is rather low compared to other psychiatric disorders (SAMHSA, 2018; NCS-R, 2004)

	Adults (18years+)
Addictive disorders	19.2%
Depression	64.8%
Anorexia Nervosa	33.8%
Any psychiatric disorder	43.3%

- Treatment of specialized care for addictive disorders increases recovery rates (Cunningham, 2005; Dawson, Grant et al., 2006)

# Predictors of treatment utilization

- Severity of the disorder, psychosocial problems caused by consumption (Dawson, Goldstein et al., 2012)
- Impairment of the overall level of functioning and psychiatric comorbidity (Rehm, Manthey et al., 2015)



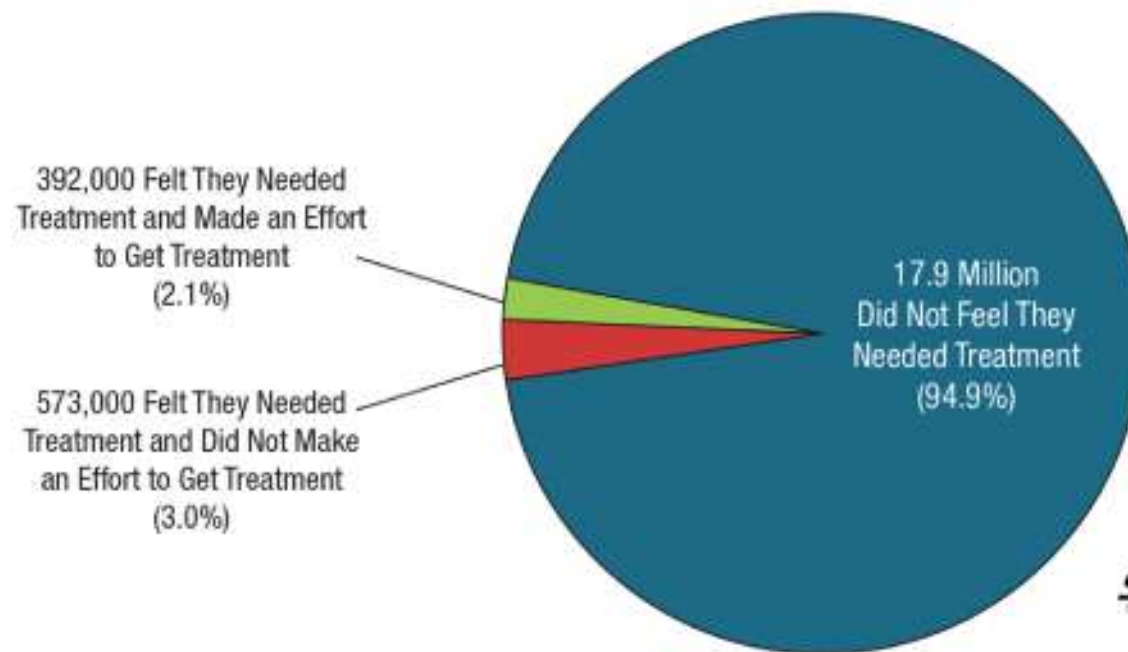
# Barriers of treatment utilization

- Structural factors (Mojtabai, Chen et al., 2014)
  - Financial obstacles
  - Limited accessibility
- Obstacles based on attitude (Schuler, Puttaiah et al., 2015)
  - Self-perception: Treatment isn't necessary
  - I want to solve this alone
- Stigmatization (Schuler, Puttaiah et al., 2015)
  - In particular: females with AUDs (Verissimo and Grella, 2017)



# Background

Perceived Need for Substance Use Treatment among People Aged 12 or Older Who Needed but Did Not Receive Specialty Substance Use Treatment in the Past Year: 2018



# Reasons for Not Seeking Help

- Intervention studies with the aim to increase treatment utilization were not successful so far (Glass, Hamilton et al., 2015)
- Compliance and Outcome can be improved if shared-decision-making concepts are applied (Friedrichs, Spies et al., 2016)
  - Condition => Willingness to change behavior/Consideration of treatment seeking
- Knowledge of reasons for not seeking help (RFNSH) is insufficient
  - Development of questionnaires without affected persons
  - Filling out a questionnaire with RFNSH **requires** preceding consideration of treatment seeking
    - If not: Assessment of reflective knowledge, **not** RFNSH
  - Loss of information caused by reduced assessments and standardization

# The ART-COPE Study

- ART-COPE: *Alcohol-related treatment: a consumer's perspective*
- Aims
  - Identification of processes of coping with alcohol use disorders
  - Identification of hindering and possibly facilitating factors for specialized treatment for alcohol use disorders from the perspective of alcohol addicted individuals
- Conducted by: Research group S:TEP, University of Lübeck
- October 2018 – July 2020
- Qualitative study design





# Recruitment and Sample

- Sample of individuals with a medium to severe AUD with and without treatment utilization
- Recruitment within the AERIAL Study 2016-2017 (Addiction: Early Recognition and Intervention Across the Lifespan)
  - Research sites: Lübeck, Greifswald, Tübingen
  - Patients aged 18 to 64 in general practices and general hospitals were systematically screened
- ARTCOPE: Sumscore of at least 20 points in the AUDIT
  - 39 written informed consents
  - Late start of the study (different funding source)
    - 2/3 not reached (contact data invalid, no permanent residence, no address research possible) or deceased
    - **Severity of disorder!**
  - Additional recruitment strategies: local gps, health department, day-care hospitals...
- To date: 13 interviews realized

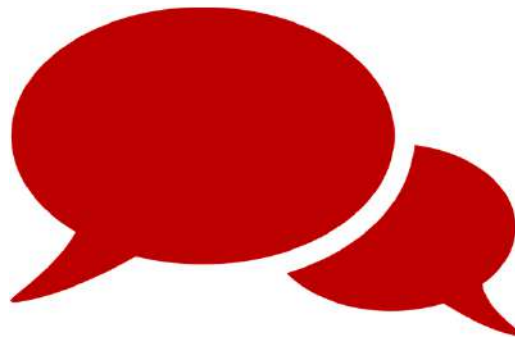
# Methods

1. Telephone screening for inclusion criteria
2. Narrative interviews
3. Protocol of interviews via memos
4. Verbatim transcription
5. Systematic comparison of cases



# Narrative Interview

- Narrative-generating initial question on the history of the consumption patterns/the development of the dependence
- Selection of additional questions if topics are not mentioned in the main storyline of the participants
  - Where necessary: Perception of existing treatment and self-help services from the perspective of participants and possible barriers or attractors for treatment seeking
- Other important topics from the perspective of participants



# Analysis

- Based on Reflexive Grounded Theory (Breuer, Muckel et al., 2018) with the software MAXQDA
  - Open coding
  - Iterative cycle discussion process
  - Selective coding
- Inductive generation of a categorical system
- Theory development

The screenshot displays a list of codes from the MAXQDA software interface, organized into three sections. Each code is accompanied by a vertical timeline indicator and a corresponding text excerpt.

Code	Text Excerpt
..Hochkonsum als	88 B: Ja nicht immer, hat er was von se das auch immer g Dienstag oder od teilnehmen. So ir mehr genau sagei denn es war ja/ ir getrunken hat, da
..fühlt sich stigma	
..(Selbst-) Stigmat	
..Angst vor Entdeckur	
..Trinken als soziale	89 B: Und bei der Ma Alkohol, es wurde hatten ne Kantine getrunken (schnit Wohndecks zusar ein Bier nach den man so an Blödsir trinken. Und Alko ein Glas Cola mit viel.
..ständige Verfügba	
..Trinken als sozia	
..Milieu	
..ständige Verfüg	
..locker werden	
..ständige Verfüg	
..billig	
..Hochkonsum als	90 B: Ja, und das war dann äh (pustet a als Sanitätsunterc bestellt und mich Kantinenführer (. hatte ich, ich weil immer so sechs Li Alkohol war (. ) de
..ständige Verfüg	
Alkohol war der f	

# Sample characteristics

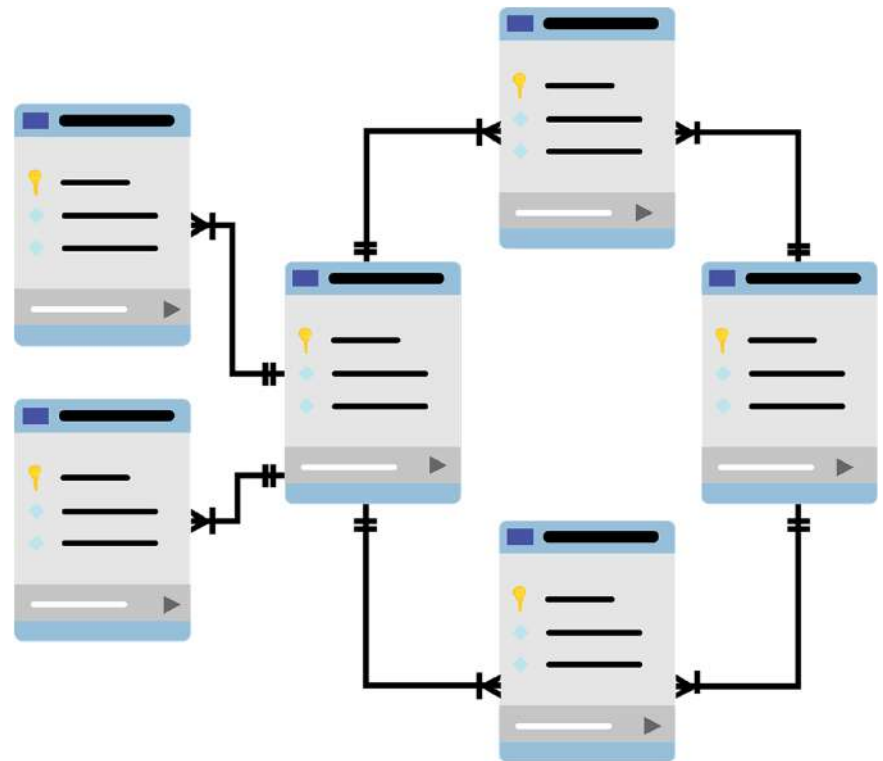
- n = 13
- Moderate to severe alcohol use disorder

Female, n (%)	6 (46.2)
Age, M (SD)	44.1 (13.1)
School > 10 years (%)	30,1
DSM-5-criteria, M (SD)	8.1 (2.5)



# Interim analysis scheme

- Coping with the disorder
  - Congruency
  - Incongruity
- Treatment
  - Attractors
  - Barriers



# Coping with the disorder

- Congruency

- Disease-immanent: Consequences of consumption, craving, repression, etc.
- Milieu
- Regulation of emotions / self-medication
- Co-morbidity
- Need for autonomy
- Loneliness => no reasons for change
- Alleged control over consumption
- Social comparison: others drink more
- Concealing (Coping with shame)
- Reduction (Coping)

- Incongruity

- Life event
- Direct negative consequences
- Feared negative consequences
- Social comparison: Others are more successful
- Treatment for other primary diseases
- Social pressure
- Shame



# Coping with the disorder

- Congruency

- Disease-immanent: Consequences of consumption, craving, repression, etc.

„And if you have an alcohol blood level of under 1 per mille, you get all jittery or if you have something to take care of and... or in town and you want to / either you postpone your appointment, or you don't go there. Or you have to do everything as fast as possible and most of all you want to go home. Because you want to drink, that's it.“

- PB 59.000.051, 35 years

- **Not being able to take care of things, to change, to seek treatment because of the disorder itself**





# Coping with the disorder

- Congruency
  - Milieu

„In pubs, everyone boozed and I have grown up in a pub. Even when I couldn't even walk, still sitting in a baby buggy, I could already pour a beer.“

- PB 80.000.024, 51 years

➤ **Not even thinking of change or treatment because of the social environment => drinking is normal**



# Coping with the disorder

- Congruency
  - Loneliness => no reasons to change

„It wasn't so bad financially, but I wasted EVERYTHING on drink. Somehow, this was my only purpose in life. Anyway, everything else was GONE. My kids were gone, I had no responsibility for anyone. I had no tasks, no one needed me.“

- PB 27.000.188, 42 years



# Treatment

- **Attractors**

- Solution for acute problems
- Support by others
- Not being alone
- Out of everyday life
- More information/
- Individually adjusted help
- Empathy + Care in the preparation phase




- **Barriers**

- Disease immanent: Lethargy, comorbidity, lack of energy
- Lack of social network
- Lack of availability
- Provision for pets
- High administrative demand/mental overload
- (Self-) Stigmatization
- Loss of autonomy
- Negative experiences with other services (gp, self-help group, therapy, etc.)
- Doubts on effectiveness
- Negative experiences of others

# Treatment

- Barriers
  - Disease immanent: Lethargy, comorbidity, lack of energy



„... when you are drinking that much, you don't participate in life anymore. You are only focussing on alcohol. And then you have to go to the drug counseling service and to the pension fund and fill out the forms and have all the papers together and gather together everything and then most people give up. You say yourself: forget it, kiss my a...“

- PB 59.000.051, 35 years


# Treatment

- Barriers

- High administrative demand/mental overload


„You know, it’s the middle of the month and you live on social welfare, and you haven’t enough money to go to the clinic... and you have to pack your things and what to do with the cat? How can you manage all this in 12 hours?“

- PB 59.000.051, 35 years

- 
- **Structural barriers:**
    - Financial hurdles, no transport options, who cares for the cat while he’s away
    - Waiting list, treatment spot on call

# Treatment

- Barriers
  - (Self-) Stigmatization

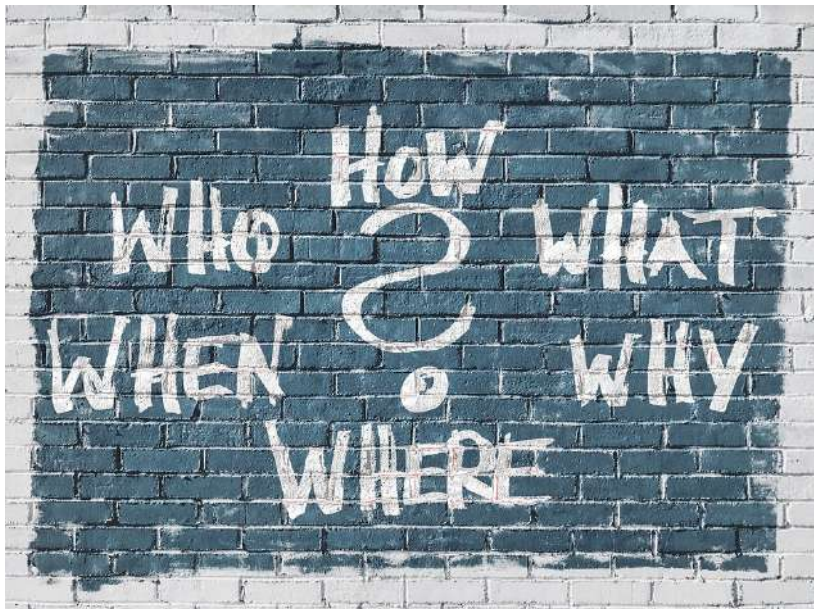


„... you heard how they talk about alcoholics. And I was worrying. As I said, that everyone knew and that they babble and slander about what a bad person I am and so. No, it was really important for me what others thought. “

- PB 51.000.044, 51 years

# Limitations & preliminary conclusions

- Low Generalisability



- ARTCOPE:
  - gives new impulses
  - assesses what standardized questionnaires didn't
  - the participants themselves set the focus
  - expands knowledge on lacking motivation to change and barriers for treatment seeking
  - provides insight into the function of alcohol
- RFNSH are not related to the content of treatment

Maybe: Life circumstances (Congruency) have too much influence => CRA or CRAFT approaches may have a better outcome than counselling



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# Coping with the disorder

- Congruency

- Regulation of emotions / self-medication

„Alcohol was like an antidepressant for me, my depression was gone. I always had a little bit depressions. And the anxiety was gone. And afterwards, I drank out of boredom. And it became more and more [...] when I started to drink, I realized: hey cool, you are cheerfull again, a better self-confidence...“


- PB 59.000.051, 35 years



# Treatment

- Barriers

- Lack of availability



„And then the ‚Blue Cross‘ was recommended to me. But the Blue Cross was only in [Name of City] and ... of course that was too far away.“

- PB 19.000.058, 48 years