Alcohol and stigma
Why aren’t they coming?

Informants: recruited by a market research company

Panel consisting of 115 000 people, Stockholm.

16 895 randomly selected, asked to do AUDIT-C and DSM-IV

Inclusion criteria: age 18-65, hazardous alcohol consumption, meeting three or more of DSM-IV criteria over last 12 months.

812 met inclusion criteria, 32 agreed to participate.
Barriers to treatment

• Stigma the main barrier.
• Important to keeping up appearance, need to hide problematic drinking.
• Shameful and a personal failure to seek treatment.
• Treatment seeking: linked to failure, social deprivation. Change of identity – from well adjusted citizen to a drunkard, the lowest of the low.
• Participants had scarce knowledge about treatment for alcohol problems.
• Treatments they mainly mentioned was rehabilitation centers, Disulfiram and lifelong abstinance.
• They did not think these alternatives were appealing.
• Participants said that being in treatment would involve a great interruption of everyday life – impact work and family life, and be stigmatizing if it came out that they been in treatment for alcohol problems – the shame of it all!
Perspectives on dependence

• What indicates dependence, and when to seek help?

• Main indication was the ability to manage work. As long as you managed your work, alcohol consumption would be ok.

• Most participants did not think they had an addiction.

• But they all met the criteria for dependence
  – discrepancy between the subjective and the medical assessment of dependence.
  – One reason for this may be the dominant stereotype of the alcohol-dependent person
Barriers

- Stigma is a major barrier to seek treatment
- To seek treatment means that one has to adhere to an identity devastating for the self-esteem, creating a very high threshold to seek treatment.
- The clinical setting may enhance the stigma.
- Not an environment you want to be in/linked to, as this clinical setting communicates: "Your problem is a bit special. It is not possible to handle you and your problem in a normal environment."
Strategies to reduce barriers

• Provide addiction treatment in primary care.
  – Reduce the stigmatized identity problem. Communicate that addiction is one of many problems treated — and treatable — in the health center. It does not need a special clinic or a specialist.

• Counseling and treatment via the phone and internet

• To reduce barriers, treatment/the clinical setting need to create a context that manage stigma and aims to reduce stigma: the environment and treatment alternatives.
To conclude

• Health care needs a better understanding of people with mild and moderate alcohol dependence, and to understand how stigma functions as a barrier to seek treatment.

• To destigmatize the help seeking process, treatment as well as to destigmatize the persons in need for treatment, the clinical setting has to address the following major barriers:
  – The clinical setting: make the clinical setting more welcoming (“normalizing”/downplay the “drama” related to addiction and treatment)
  – Offer a wider set of treatment alternatives such as Internet treatments
  – Offer choice: abstinence or reduced /controlled drinking