Alcohol problem: work place and mental health professionals in cooperation

Maja Rus-Makovec
University Psychiatric Hospital Ljubljana, Slovenia
Pardoxical attitudes towards alcohol abuse and alcoholism (= AAA) at workplaces

- Permisiveness towards drinking at workplace when non-addicted persons can quit drinking immediately if sobriety is a working place philosophy and a rule
- Demanding to “quit drinking” immediately when addicted person can’t quit without help

- Alcoholism is one of most important causes of “disability-adjusted life-years”
- Patients in intensive alcoholism treatment programs older (average 46 years in UPH, tendention to rise), more un-employment, more difficult reintegration in work process

Maja Rus-Makovec  University Psychiatric Hospital, Ljubljana, Slovenia
Mental health professionals conceptualisation of treatment success is that one should be productive part of society.

Freud: we are mentally healthy persons, if we can love and work.

- Stigmatization of alcohol addicted persons not only by the society, but also by medical profession:
  - missed opportunities to help alcohol abusing or addicted people when they can still “love and work”
  - delay of diagnosis and problem solving until the addiction has reached an advanced stage and late-stage pathology is evident
AAA covers wide spectrum of problems intensity

- **Abuse period:** short-term counselling effective in behaviour change; *not affecting work place*
- **Addiction period:**
  - Less intense addiction with fewer social problems: treatment in out-patient setting, *not affecting work place*
  - More intense addiction with serious social problems: treatment in protective environment in first stage, **work rehabilitation in second stage of treatment**
  - Late stage pathology: treatment goals to diminish somatic, mental and social problems; **work rehabilitation non-possible**

*Maja Rus-Makovec University Psychiatric Hospital, Ljubljana, Slovenia*
AAA is a typical systemic problem

- For solving systemic problems cooperation between subsystems is needed

- Mental health professionals and work-place system cooperation dilemma:
  - Privacy and confidentiality for mental health context
  - Public problem for work place

Maja Rus-Makovec  University Psychiatric Hospital, Ljubljana, Slovenia
Formal structure of professional cooperation in AAA problem in SI

General Practitioner
family medicine

Social Service

Psychiatry
• Detoxification
• Dual diagnoses

Somatic hospitals

Clients/patients directly

Addiction psychiatrist
• mental out-patient clinics
• mental health hospital

in-patient treatment  out-patient treatment
day hospital

Non-institutional help
• AA
• Self-help groups
• …

After-care (institutional)
- »clubs« of treated A
- group therapy
- family therapy
- individual psychotherapy

Maja Rus-Makovec  University Psychiatric Hospital, Ljubljana, Slovenia
Long tradition of systemic work in AAA context in SI

• Before transition = BT (from mid-70 to early-mid 90-ies)
  family members included in treatment
  work organisation representative invited to support the patient in abstinence
  a lot of certainty which is the best way to help alcoholic change

• After transition = AT changes (from early-mid 90-ies on)
Connection with work organisations

BT – yes
Functional: support in treatment; influence on work climate
Dysfunctional: lack of privacy and confidentiality; lack of one's responsibility

AT - rare
Functional: more privacy; promotion of personal responsibility
Dysfunctional: employee with AAA is often fired and not sent to treatment; often lack of support at work for after-care

Maja Rus-Makovec  University Psychiatric Hospital, Ljubljana, Slovenia
Non-institutional help

BT – no or very rare
Functional: easy accessible membership in clubs (group sociotherapy); possibility of long-term after-care as a rule
Dysfunctional: lack of heterogeneous possibilities of treatment

AT - yes
Functional: more privacy; a lot of different ways for coping alcohol problem. Non-institutionalisation of the problem
Dysfunctional: some people can't reach the most suitable treatment for their needs; more possibilities for non-functional attitudes towards people with complex alcohol addiction problems

Maja Rus-Makovec  University Psychiatric Hospital, Ljubljana, Slovenia
Now is the opportunity for co-constructions of new realities in AAA field

- Treatment context
  - Supporting both institutional and non-institutional treatment / help
- Treatment and work-place context
  - New types of intervention, f.e. mediation type of systemic therapy interventions which do not affect patients’ rights and is not manipulative to work context
- Work-place context
  - human resources education and skills

- Promoting meetings of different professionals - education (workshops better than lectures) in different contexts

Maja Rus-Makovec  University Psychiatric Hospital, Ljubljana, Slovenia
Implicit believes about alcohol – nonfunctional adaptation to excessive drinking

Prejudices about AAA – is alcohol addiction a disease or moral problem or only a bad habit

The meaning of “disease” in SI often means that one is not responsible for his own treatment or not capable for stable change

Not enough information available about prevention and treatment efficacy

Power and control issue

Follow the money
Introducing realistic hope into society

- The intensive treatment success for non-selected patients with seriously expressed alcohol addiction is comparable - if not even more effective - with chronic physical disorders (diabetes, asthma, arterial hypertension)
- Intensive treatment of addiction “pays” in a strict economic sense, if the patient’s condition improves before the end of treatment and lasts 6-12 months
- Employee assistance programme: people with alcohol addiction need 3 – 6 months of intensive treatment to be stable enough to be effective and well adjusted at workplace; a new employee needs much more time
- Treatment of alcoholics improves also important others’ functioning: their work performance is better after treatment. Double treatment success for work productivity

Maja Rus-Makovec  University Psychiatric Hospital, Ljubljana, Slovenia
INN WORKSHOPS
Transforming typical drinking environment into a place offering social support

INSTITUTE OF PUBLIC HEALTH RAVNE
(ZAVOD ZA ZDRAVSTVENO VARSTVO RAVNE)

EVGEN JANET AND MARIJANA KAŠNIK JANET
THE FACT

- We, the residents of Koroška, have problems with mental health and excessive drinking of alcohol
FACTS ABOUT ALCOHOL IN KOROŠKA

- POPULATION 15+*
  - SMR Koroška 35,09 / 100.000 : Slovenia : 27,62 / 100.000
  - Koroška 4,1% of all deaths by alcohol : Slovenia 2,5%

- POPULATION 15 yrs**
  - 95% of 15-years tasted alcohol
  - 71% of them drank alcohol in last month
  - 54% of them drank 5 or more drinks successively in last month

VIR:
*Poraba alkohola in škodljivi kazalci rabe alkohola v Sloveniji v letu 2005, IVZ RS
** ESPAD 2007 Koroška, ZZV Ravne
SUICIDALITY

- 43/100.000 in 1997
- 36/100.000 in 2006
- 22/100.000 in 2007
- men:women = > 4:1
OTHER FACTS

- Mental health is related to excessive use of alcohol.
- Koroška has only one retired psychiatrist for 74.000 inhabitants.
- Men more likely choose an inn than the psychiatrist.
KEY QUESTIONS

• How can we improve the mental health to have an effect on the excessive use of alcohol?

• How can we reach the target population?
PROGRAMS DEALING WITH DEPENDENCIES
(running on IPH Rayne since June 2006)

- Program in kindergartens
  - Governesses, kids, parents, grandparents
PROGRAMS
DEALING WITH DEPENDENCIES
(running on IPH Ravne since June 2006)

- Program in elementary and secondary schools
- Educators, kids and adolescents, parents
• **Teritorial prevention**
  - Local decision makers, innkeepers, shopkeepers, ...

• **Prevention programs for road safety**

• **What can we do with adults, who live in rural areas??**
CONCEPT OF APPROACH

- **GOAL**: getting closer to the population, that does not take part on classical health-promoting activities, on an unobtrusive way

- **BE PROACTIVE**: this means physical and organizational approach, as well social and situational adaptation of workshops for target population

- **LOCATION**: inns in rural area

- **TOPIC**: antistress workshop: how to recognize and manage mental distress
UNTIL TODAY WE HAVE CARRIED OUT:

- 22 workshops in different inns and different locations, predominantly in rural areas
- Average number of participants 15
  - lowest 13, highest 35
- Evaluation of impressions of participants
  - they estimated the workshops as very good, their wish is to continue with them...
STRENGTHS

• We are getting closer to the population at risk (visitors of inns in rural areas)

• With the selection of inns and preceding communication with innkeepers, we also influence on them to serve alcohol more responsibly (they are involved in the process)

• The participants are more relaxed for the reason of “homelike” environment
WEAKNESSES

- It is very hard to tell in advance, how many participants will attend the workshop.
- The performers must have:
  - broad and deep knowledge base,
  - excellent communication skills,
  - exceptional ability of situational adaptation. The concept of workshop is the same, but some adaptation must take place in order to cope the needs of audience.
THANK YOU FOR YOUR ATTENTION
ALCOHOL, SOCIAL INCLUSION AND HEALTH

Dušan Nolimal, M.D., M.S.P.H.
Institute of Public Health, Slovenia

OUTLINE

• Background information about relevant recalls within EU strategy to reduce alcohol-related harm;
• Background information about FAS;
• Background information about homelessness;
• Relationship of alcohol use disorders, mental health and homelessness;
• Reducing alcohol-related harm among socially excluded population.
ALCOHOL, SOCIAL INCLUSION AND HEALTH

“Harmful and hazardous consumption of alcohol in the population is a major risk factor for public health and safety, and associated with social harm such as domestic abuse, street disorder, violence, and social exclusion” (Council of the EU, 2006)
RESOLUTION ON EU STRATEGY TO SUPPORT MEMBER STATES IN REDUCING ALCOHOL-RELATED HARM, 5 September 2007

• stresses that in many cases alcohol-related harm affects people other than the drinkers themselves...this includes fetal damage, suffering by family members...

• points out that alcohol-related harm contributes to inequality in health between population groups... and to health gaps between Member States;
Health inequalities related to alcohol use

- Lower socio-economic groups have worse health (Kawachi, 2000, marmot, 2005; Dalstra et al, 2006);
- Accumulation of risk factors for alcoholism among the lower classes and unemployed (Hemmingsson et al., 1997);
- Problem drinking twice as common in the poorest than in the affluent socio-economic groups (Acheson 1998);
- Social inequalities in alcohol use differ by gender and also across groups of countries (Bloomfield et al, 2006).
• Many people in the EU do not have access to basic health and social services.

• Live outside mainstream society, because they belong to a stigmatized group, engage in unaccepted risk behavior or find themselves in risk situations.

• Cannot be identified as one group or category of people, but they share a combination of the following characteristics: low social economic status, stigmatized and risk behaviors, social exclusion, often homelessness...

• Have mental problems and are involved in drug use and heavy alcohol consumption.
ALCOHOL PROBLEMS IN THE FAMILY
(“HIDDEN HARM”)

Families which experience problems with alcohol are fragile families. Harms related to alcohol are by no means restricted to drinkers themselves - those around them can also be damaged. The families of problem drinkers are particularly vulnerable to harm. A childhood in such a family can mean a childhood in distress: a distress which is often hidden to those outside the family and neglected by policy makers. (Eurocare, 2005)
ALCOHOL AND CHILD ABUSE IN EU

• More than 7 million children in the EU (9%) live in families adversely affected by alcohol;
• Alcohol is a cause of child abuse in 16% of cases;
• Alcohol is responsible for 60,000 underweight births each year in the EU (low birth weight was defined as under 2500g);
• FAS (fetal alcohol syndrome) is a leading cause of birth defects and maybe the most common cause of mental disabilities (0.5- >4 per 1000 live births).
# The Incidence of the Fetal Alcohol Syndrome (FAS), Slovenia

<table>
<thead>
<tr>
<th>Year</th>
<th>Live births</th>
<th>Mother’s heavy alcohol consumption</th>
<th>FAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>18 215</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>1998</td>
<td>18 015</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>1999</td>
<td>17 589</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2000</td>
<td>18 291</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2001</td>
<td>17 577</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td><strong>89 687</strong></td>
<td><strong>16</strong></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>

Underreporting
CLINICAL / EPIDEMIOLOGY COURSE OF FAS

• INFANTS (disturbed sleep, excessive arousal, feeding difficulties…);
• (PRE)SCHOOL (hyperactivity, attention difficulties, mental retardation…);
• ADOLESCENCE (academic problems, school failure, delinquency…homelessness);
• ADULTHOOD (mental problems, alcohol / drug abuse, antisocial behaviour, homelessness, social exclusion…).
HEALTH INEQUALITIES IN EU

• 16% of EU citizens remain at risk of poverty;
• 8% are at risk of poverty despite being employed.
• Out of the 78 million Europeans living at risk of poverty, 19 million are children

(EuroHealthNet, Brussels Office, March 2008)
ALCOHOL AND HOMELESSNESS

• interactive and interative relationship between alcohol and homelessness;

• alcohol use disorders are both a cause and effect of homelessness;

• harmful drinking co-exist with mental problems (“dual diagnosis”);
THE PROBLEM OF HOMELESSNESS IN LJUBLJANA

Dekleva B. Razpotnik Š. The problem of homelessness in Ljubljana, 2006

PURPOSE:
Understand homelessness, raise community awareness and develop innovative prevention intervention measures with involvement in treatment decisions;

RESEARCH METHOD:
• Semi-structured interviews with 107 homeless individuals in Ljubljana; 69% males, with a mean age of 41;
• Ethnographic approaches and in-depth qualitative research.
PATWAYS TO HOMELESSNESS

LJUBLJANA STUDY OF 107 HOMELESS INDIVIDUALS IN 2005/06

• (INTER)PERSONAL:
  • 61% financial problems;
  • 49% lost job;
  • 33% broken partnership;
  • 27% mental health problems;
  • 25% alcohol problems in the family;
  • 22% alcohol abuse;
  • 18% illicit drug abuse.
PATWAYS TO HOMELESSNESS

STRUCTURAL INADEQUACIES:

• policy areas (health, education, housing, employment, social protection);

• access to quality services for people with dual diagnosis, including deinstitutionalization and prison release;

• lack of targeted, practical and realistic harm reduction interventions aimed at local level.
ALCOHOL CONSUMPTION AMONG THE HOMELESS (n=107)

- Higher proportion of abstainers (38%) compared to the national average (21%);
- 22% heavy and regular daily drinkers;
- 39% had mental problems, 44% of them harmful drinkers;
- Heavy drinking episodes were more common among men with lower educational levels;
- 64% of heavy drinkers want to stay homeless: “freedom to drink, no rent, no bills, no hassles”;
- 33% would like help for alcohol and/or drug problems: “If I could have help when the problem was happening”;
“Kings of the street” (help & self-help)

• The first street paper in Slovenia produced and distributed by homeless people;
• Unique way of empowering (participation and partnership etc.)
• Advocacy and alerting the general public to homelessness and alcohol/drug problems.
EXAMPLE OF GOOD PRACTICE

“Kings of the street” (help & self-help)

• Network of professionals and homeless people who seek that views of vulnerable groups inform the social policies and treatment responses, including alcohol issues.

• The monthly street-paper combines professional reports and stories written by homeless people about their lives and concerns.
WHAT IS A GOOD WAY TO HELP SOCIALLY EXCLUDED AND ADDICTED PEOPLE?

- shelters and free food for homeless not enough…;
- the “Kings of the street” picnics and pleasure excursion at which a meal is eaten outdoors;
- trips to explore the backcountry of Slovenia's hills, mountains and beautiful landscape;
- amateur football team and other sport competitions…
- theatre activities…
- **Homless individuals must be involved in decisions relating to their own health.**
CONCLUSION (1)

• The increasing problem of homelessness (far worse than it was during the socialist period);

• There are significant links between social exclusion, alcohol misuse and mental health problems (“triple disorders”).
CONCLUSION (2)

• Heavy alcohol consumption and related damage continues to be one of the main public health problems in Slovenia.

• (Inter)national actions such as: alcohol taxation, restrictions on availability and purchase of alcohol, age-related restriction on sales, drink-driving laws, school-based alcohol education and media information campaigns, may not reach the “hidden” and “triple diagnosed” individuals and groups.

• Targeted, practical and realistic health promotion and low threshold, easy accessible, nonstigmatized and flexible harm reduction approaches and treatment options at community level are needed.
CONCLUSION (3)
EXAMPLE OF PROMISING APPROACHES

REDUCING ALCOHOL RELATED HARM THROUGH PROMOTING SOCIAL INCLUSION AND WELL BEING FOR “TRIPLE DIAGNOSED” INDIVIDUALS;

“When selling the paper in the streets, the Kings of the street vendors interact with the majority population, and last but not least, they get to keep half of the cover price of every copy they sell. By October 2007, the Kings of the Street had published 18 issues, all of which sold out completely, and the run has risen from an initial 2,600 copies to 10,000”.

---

Image of a man sitting on a step with two dogs. The text reads "Kralji ulice 4."
CONCLUSION (4)

• Expansion of evidence and knowledge base (FAS, alcohol and family problems, treatment demands, effectively treated “dual” and “triple” disorders…);

• Reducing alcohol related harm as one component of an overall policy to reduce health inequalities across society.