

Treatment and Rehabilitation Responses to Alcohol Problems: Putting together a Coherent National Response

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Aim of this Presentation

- To explore the difficulties which health services generally, and Irish health services in particular, experience in delivering treatment and rehabilitation services for people with alcohol problems

A Coherent Healthcare Response to Alcohol-Related Problems ?

- **Ideally:**
 - Based on a clearly-stated (and generally accepted) view of the dimensional nature of alcohol-related problems
 - Using evidence-based interventions
 - Reflecting therapeutic commitment by *all* health professionals – not just substance misuse specialists
 - In partnership with a range of human services (e.g. social protection, child welfare, criminal justice, homelessness, youth services) which regularly deal with alcohol issues
 - Involving collaboration between the statutory system (HSE) and both private psychiatric hospitals and non-medical, voluntary rehabilitation agencies
 - Resulting in a situation where all of the various health-related interventions complement one another and, between them, form a comprehensive whole

Health Service Executive (HSE) and Alcohol-Related Problems

- A trawl through the HSE website and other policy / research publications suggests a different **reality**:
 - No explicit statement setting out the HSE position on its role / function in relation to alcohol-related problems
 - No clear 'ownership' of alcohol-related problems within HSE management structures – although a fuller search would reveal that these problems make up part of the work of a few 'directorates' e.g. Social Care and Mental Health
 - Also, clear from *A Vision for Change (2006)* that there is some 'disowning' going on!
 - Alcohol-related problems have no visibility within the overall corporate system and would appear to be low priority for HSE management
 - However, a fuller search would show up evidence of research, policy documents and specific initiatives on this front

Questions?

- In a country where 46% of the population has private health insurance, can we be sure that all admissions to Tier 4 private psychiatric hospitals are clinically justified?
- How closely integrated into the work of the parent mental health system are the activities of alcohol counsellors employed within HSE mental health services?
- Can we be sure that all or most admissions to residential rehabilitation services (still influenced by the *Minnesota Model*) are justified and not merely reflective of a national preoccupation with residential care?
- How successful has the work of ICGP been in creating therapeutic commitment to the management of alcohol problems amongst Irish GPs?
- What work has HSE done with the Child and Family Agency (Tusla) to foster good collaborative relationships between these two statutory bodies in relation to parental alcohol problems affecting children?
- Where do we stand with the vexed question of integrating alcohol into our new National Drugs Strategy?

TO BE FAIR!!!

- While the statutory health system in Ireland has not done well in terms of delivering or facilitating an integrated, coherent health service response to alcohol-related problems, there is no reason to believe that it is any more or less successful in this regard than any other international health system
- Best to explore the difficulties and complexities than to criticise!

Sociological Approaches to Understanding the 'Construction' of Alcohol Problems

- Use historical and sociological methods to explain how, at various times and in various places, society accepts a dominant model or 'governing image' of problematic alcohol consumption (e.g. work of Joseph Gusfield, Robin Room, Craig Reinerman)
- This theoretical approach downplays the role of scientific research and rationality in the process of problem construction
- It sees the business of problem construction as involving value conflicts, interest group activity and lobbying – with research evidence often playing a minor role in this process
- Also tends to see public policy on alcohol as inevitably involving 'contested meanings', interest group conflict and clashing value systems – rather than rationality and scientific evidence

Ownership of Alcohol-Related Problems

- The concept of ‘ownership’ refers to the way in which some influential grouping or institution claims:
 - That it uniquely possesses the knowledge and expertise to explain the nature and causation of a problem, and
 - That, on this basis, it should be given the predominant role – if not indeed a monopoly – on societal management of this problem

Who Owned Alcohol-Related Problems in the 19th Century?

- During this century, in Ireland and other developed countries, ownership of drinking problems was an ambiguous and shifting affair, involving:
 - The criminal justice system
 - The Churches
 - The mental health/asylum system
- No consensus existed as to how problem drinkers might be most validly categorised
- It also appeared as though some of these institutions might be happy to 'disown' drinking problems

The Responsibility of Drinkers

- A crucial question during the 19th century concerned the way in which drinkers might be deemed to be responsible for their drinking and for behaviours linked to this drinking
- A **moral** view (held both by church and criminal justice people) simply said that drinkers had ‘agency’ – they choose to drink and should be held responsible for criminal behaviour, family problems, public order offences or illnesses stemming from this drinking
- An emerging **medical** view was that habitual problematic drinking was a disease or illness – outside the control of the drinker

Inebriate Asylums /Reformatories

- These institutions were created in the UK (then including Ireland) and the USA at the end of the 19th century / beginning of the 20th century
- They were hybrid institutions involving a mix of criminal justice, health and religion – combining to provide lengthy residential care for ‘inebriates’, ‘habitual drunkards’, ‘dipsomaniacs’ and ‘alcoholics’
- As Valverde described them, they catered not for diseases of the body or diseases of the mind but *diseases of the will*
- They proved to be highly unsuccessful and did not survive long

Ireland's Intoxicating Liquor Commission 1925

- “We think the only effective home for such people is a gaol, and the only suitable occupation plenty of hard labour”
- This sentiment had no effect on public policy, and problem drinkers continued to be accepted by the mental health system – albeit on sufferance

The Disease Concept of Alcoholism

- Emerged during the 1930s in post-Prohibition USA
- The essence of this ‘new scientific’ approach was that:
 - Alcoholism existed as a discrete disease entity
 - Caused by the individual vulnerabilities of a minority of drinkers rather than by alcohol per se
 - With a fixed prevalence in any given population and not influenced by changes in population drinking habits
 - The state’s primary responsibility was to provide alcoholism treatment, largely but not entirely within the mental health system
 - No justification existed for alcohol control policies

In brief, the healthcare system – and the mental health services in particular - now claimed ‘ownership’ of alcoholism!

World Health Organisation (WHO) and Alcoholism

- E.M. Jellinek worked with WHO during the 1950s to promote the disease concept internationally
- Governments were advised to create and sustain alcoholism treatment services
- Reassured that the prevalence of this disease was unrelated to population drinking habits
- From the early-1970s, WHO moved decisively away from this concept towards a public health approach to alcohol and associated problems

Alcoholism and Irish Mental Health Services

- Three mental health policy documents are illustrative of changing views on alcoholism and its management within the mental health services:
 - **Commission of Inquiry on Mental Illness (1966)**
 - **The Psychiatric Services: Planning for the Future (1984)**
 - **A Vision for Change: Report of the Expert Group on Mental Health Policy (2006)**

Commission of Inquiry on Mental Illness (1966)

- This report was unequivocal in its acceptance of the WHO position on alcoholism as disease
- Recommended development of specialist alcoholism treatment services within the country's adult mental health system
- Was mildly critical of the public mental health services, which were seen to be less committed to alcoholism treatment than the private hospitals

The Psychiatric Services: Planning for the Future (1984)

- Dismissed the concept of alcoholism as scientifically discredited, and viewed alcohol-related problems in 'disaggregated', dimensional terms
- Discussed alcohol-related problems from a public health perspective, arguing that it was unreasonable to expect the health system alone to 'own' drinking problems
- Highlighted outcome studies which were not supportive of residential rehabilitation
- Agreed (somewhat grudgingly) that the mental health services would continue to accept clinical responsibility for drinking problems – primarily through community-based service provision

A Vision for Change: Report of the Expert Group on Mental Health Policy (2006)

- Responsibility for the management of ‘addiction’ lies outside the mental health system – except in cases of serious comorbidity / dual diagnosis
- Discussion of alcohol and drug dependence in this document was singularly brief, and the group effectively ignored the recommendations of a sub-group which had prepared a detailed plan for managing addiction within mental health services

Explaining Conceptual Shifts

- The disease concept was a classic social construction – owing nothing to science
- In Ireland much of the enthusiasm for the concept came from private psychiatry, in the wake of the founding of Voluntary Health Insurance 1957
- Irish health policy embraced the concept just as WHO began to move away from it
- By 1984 the public mental health services were overwhelmed by the expectation that problem drinkers had a right to inpatient treatment
- By 2006, an over-stretched and under-resourced public mental health system was largely unsympathetic to the lot of problem drinkers

Mental Health Admissions 2015*

- All Admissions: 17, 860
- Alcohol admissions: 1,188 (6.6%)
- General Hospital Psychiatric Units: 4.5% alcohol
- Private Psychiatric Hospitals : 13.8% alcohol
- Public Psychiatric Hospitals : 4.7%
- *A. Daly and S. Craig (2016), *Activities of Irish Psychiatric Units and Hospitals 2015 : Main findings*

Contested Meanings

- Still no consensus about health service ‘ownership’ of alcohol-related problems
 - Alcohol dependence and other related problems feature in mental health diagnostic systems, but our mental health policy won’t accept ownership of it
 - Similarly, our mental health legislation does not permit involuntary hospitalisation of ‘addiction’
 - In forensic mental health terms, alcohol dependence does not absolve its sufferers of responsibility for related criminal behaviour
 - Differing views on the necessity for or value of residential rehabilitation of alcohol dependence don’t reflect evaluative research
 - The health service cannot readily persuade other sectors of government to share ‘ownership’

Resolving these Contested Meanings?

- These conflicts and disagreements are essentially the same as those that have existed for the past two centuries
- It is unrealistic to think that they will be resolved any time soon by developments in neuroscience (“addiction is a brain disease” etc....)
- Maybe best to learn to live with conflict and ambiguity

Recommendation for HSE

- Accept pragmatically that the ideal of a coherent health service response to alcohol-related problems is aspirational
- Revert to mental health service 'ownership' of alcohol-related problems within HSE management systems – because the current location within 'social care /social inclusion' is not working particularly well
- Take a second look at the *Planning for the Future* (1984) recommendations on this subject
- Also, take a second look at the work of the subgroup on addiction which reported to the *Vision for Change* (2006) committee
- Provide the resources necessary for the mental health services to play the main role in providing and coordinating health services responses to alcohol-related problems
- Failure to do this will inevitably result in alcohol-related problems continuing to be marginal, unimportant and almost invisible within Irish health services

Alcohol in Ireland - Getting the Measure of it!
National Conference



Regional Drug & Alcohol Task Forces
The Heritage, Killenard, Laois. 06.10.16, 9am - 4.30pm.