Alcoholism: integrating approaches to influence policy

It has long been known that the human and financial cost of alcohol and other substance abuse, in most societies has been devastating.

Articles in this edition

Pienaar has made a courageous attempt to describe the struggle that frequently exists between the substance abuser and the treatment provider. He focuses on some of the reasons why this population frequently frustrate treatment providers, and why the larger community does not always believe that treatment can result in a measurable benefit to society in general. Consequently this population is frequently overlooked. Pienaar suggests that therapists should "revisit" the role of therapists and therapy, and be willing to challenge assumptions about treatment. He describes what he calls the "tragic standoff between the substance dependent client and the therapist". He challenges treatment providers and in fact society at large to "scrutinize our concepts of and beliefs about substance dependence disorders". He proceeds to tackle complex issues including an attempt to examine psychodynamic issues, and moral/ethical dilemmas such as the struggle between individual rights and society rights.

Myers examines issues related to black south africans' access to substance abuse treatment services. His findings show that while there is an increased demand for substance abuse treatment, black clients are under-represented at treatment facilities. Private non-profit, outpatient facilities serve the highest proportion of black clients.

It is reported that outpatient facilities are more likely to address transportation, cultural and linguistic barriers to treatment than inpatient facilities, as services at these facilities tend to be more affordable and geographically accessible than those provided by inpatient facilities.

Parry reviews policy-relevant strategies and interventions that address the burden of alcohol abuse. This paper focuses on alcohol intervention strategies likely to be effective in a country like South Africa. The paper provides a critical analysis of a broad array of policy-relevant interventions, listing strategies most likely to have the greatest benefit for South Africa, together with comments on issues relating to implementation of a national alcohol strategy. The World Health Organisation (WHO) is reported to recommend a mix of individual and population-based approaches that target high risk groups and reduce per capita consumption in general. These include strategies that restrict the availability of alcohol, educate the public and increase access to treatment.

He further reports on the findings of the WHO's Global Burden of Disease study, which outlines the extent of the problem. The economic costs associated with the misuse of alcohol is reported to be in the order of 1% of South Africa's GDP (over R9 billion per year). Approaches to prevention and treatment vary, as do results. Clearly, there remains the need to search for more effective models to address these problems.

Comment

The articles presented in this edition highlight some of the challenges and difficulties that face professional and community organizations concerned with the prevention and treatment of substance use disorders, in the South African context. There is a need to find consensus in order to persuade public and policy makers that interventions for substance use disorders are clinically and economically beneficial. The providence summit (May, 2002) convened, bringing together leaders of 29 treatment and prevention organizations.[1] The goal of the summit was to establish a uniform and persuasive message that would be effective in communicating with policy makers and the public. This consensus message emphasised the fact that substance use disorders are similar to other chronic medical disorders, in their epidemiology and clinical course. Most importantly that these disorders are treatable and treatment can be cost effective.

It is crucial that we continually challenge our assumptions of best treatment practices. Rehabilitation programs in the USA have in the last decade radically changed their approach to treatment, providing most treatment in ambulatory rehabilitation settings. Therapy is primarily focused on group cognitive behavioral therapies supported by a very broad network of 12 step, self help programs such as Alcoholics Anonymous (AA). Relatively easy access to psychiatric care allows for the recognition and treatment of co-morbid psychiatric disorders. Success rates are improving, but they are still modest and there is enough reason to continue to re-evaluate what factors make treatment more successful.

A greater emphasis has been placed on establishing the individual's readiness for change, and clinicians have become more selective prior to choosing an appropriate treatment modality.[2]

Pienaar suggests that we challenge our approach to treatment, in a way that may even call into question the struggle between individual and society rights. This is further complicated by the fact that abuse of alcohol has in many ways become a 'normative' behavior in most cultures. National prohibition of alcohol in the USA (1920-33) clearly indicated that this was a failure.[3] Islam prohibits the consumption of alcohol.

In the USA there is now a trend for those guilty of alcohol related crimes to be offered a diversion program that would

include court ordered disulfiram (antabuse). Disulfiram reacts with alcohol resulting in an immediate physical aversive reaction that is meant to serve as a deterrent. When compliance is assured, disulfiram usually leads to abstinence from alcohol.[4] There are exceptions and disulfiram would be contraindicated in the medically unstable. This approach is also not suited to individuals who are so weakened or cognitively impaired that they are unable to enter into meaningful treatment contracting. Disulfiram, when it is used in a coercive manner does in fact call into question the balance between individual and society rights.

There is clearly no single approach to addressing alcoholism. Treatment needs to be targeted to the specials needs of the individual, taking into account special population needs and many other variables. What is clear is that the costs of alcoholism and other substance abuse to society are prohibitive. It remains extremely important that professional and public interest organizations strive to work together and seek consensus, in a way that will facilitate the implementation of a national alcohol strategy

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