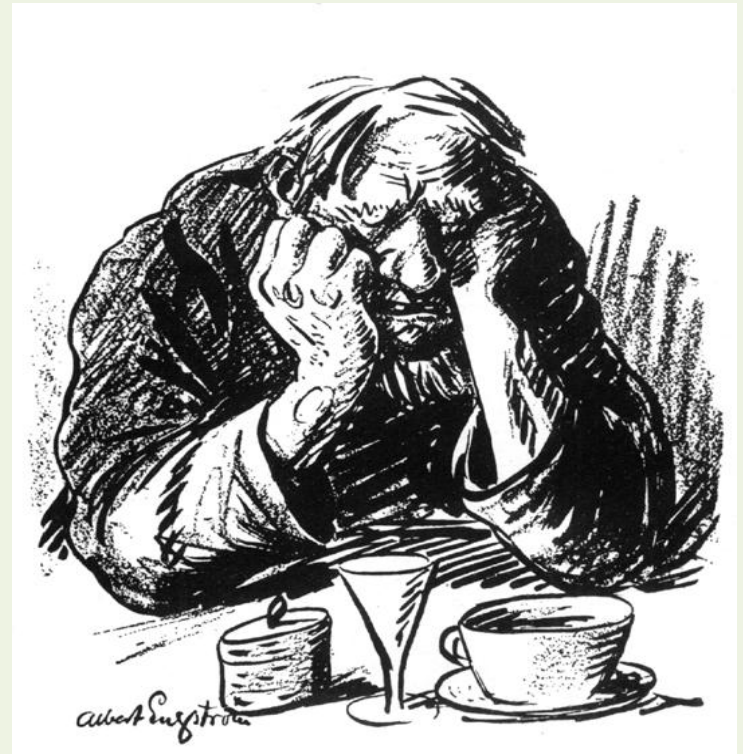


# How can we reduce the second hand effects of alcohol?

Sven Andréasson, Karolinska institutet, Tallinn 17 01 12



# Stigma



Alcohol problems often easy to treat early –  
but stigma stops help seeking



# ❖ Epidemiology:

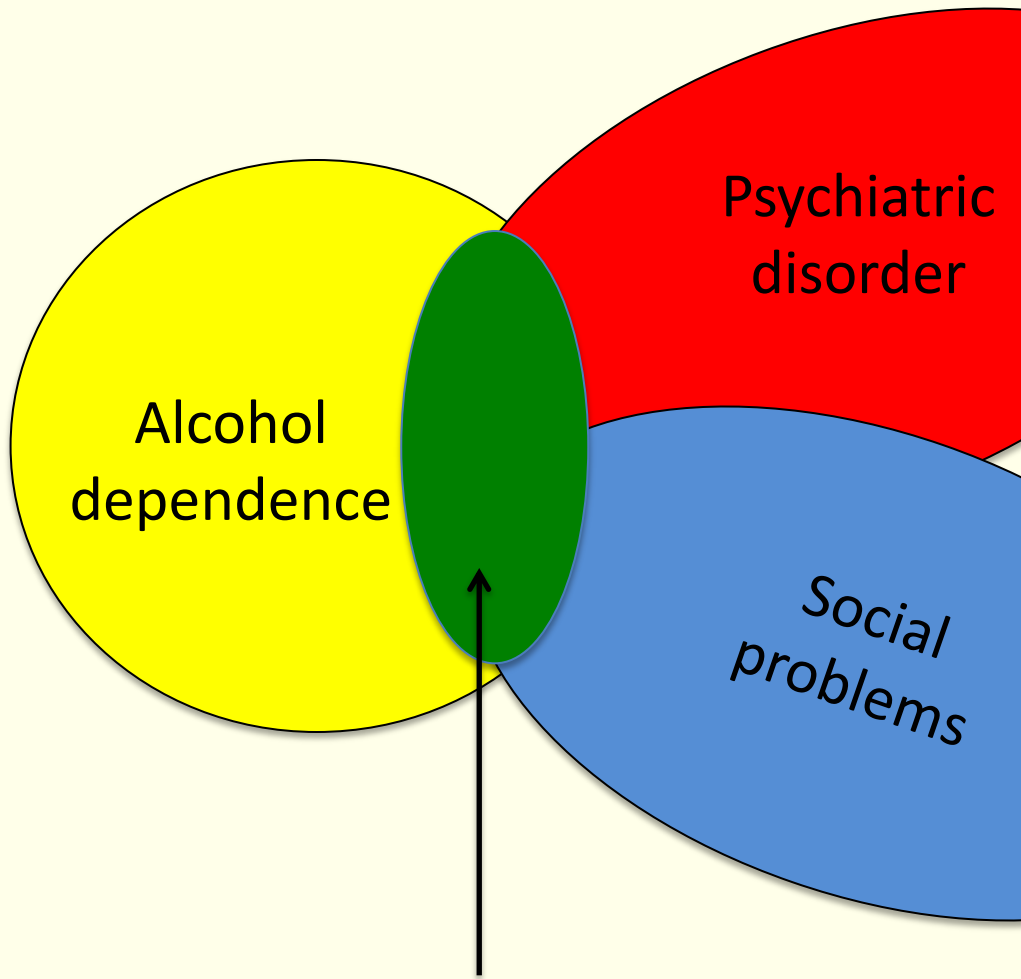
A gang of typical alcoholics



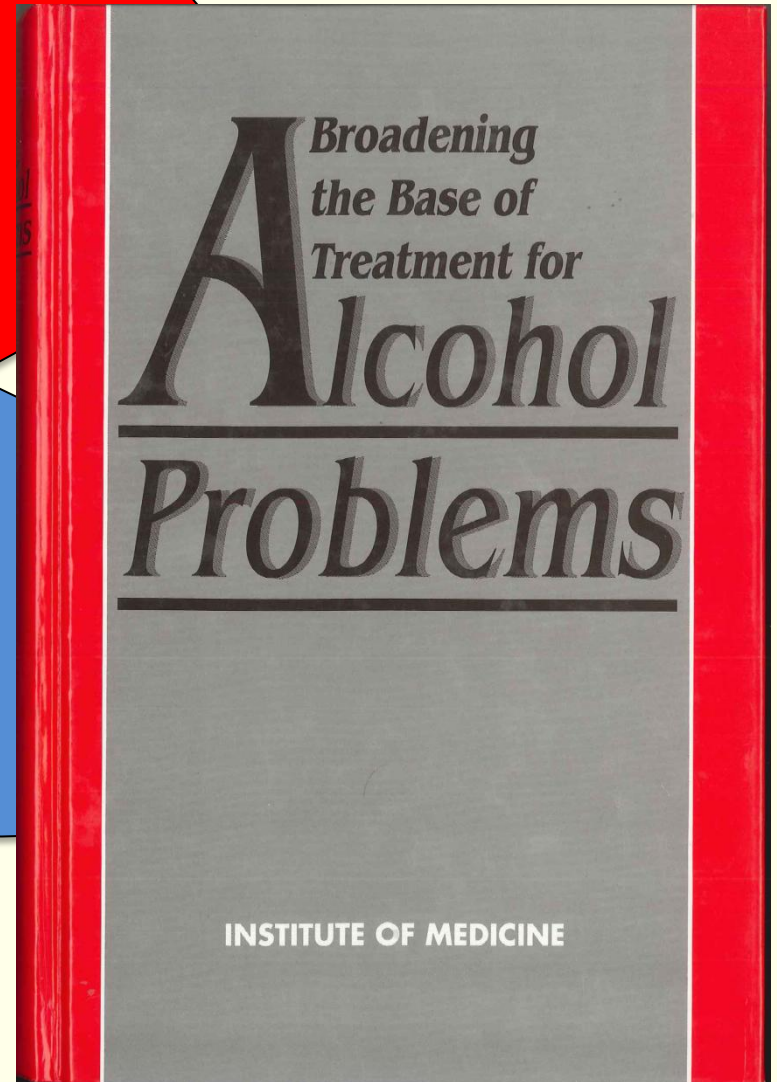
# Dependence – large heterogeneity



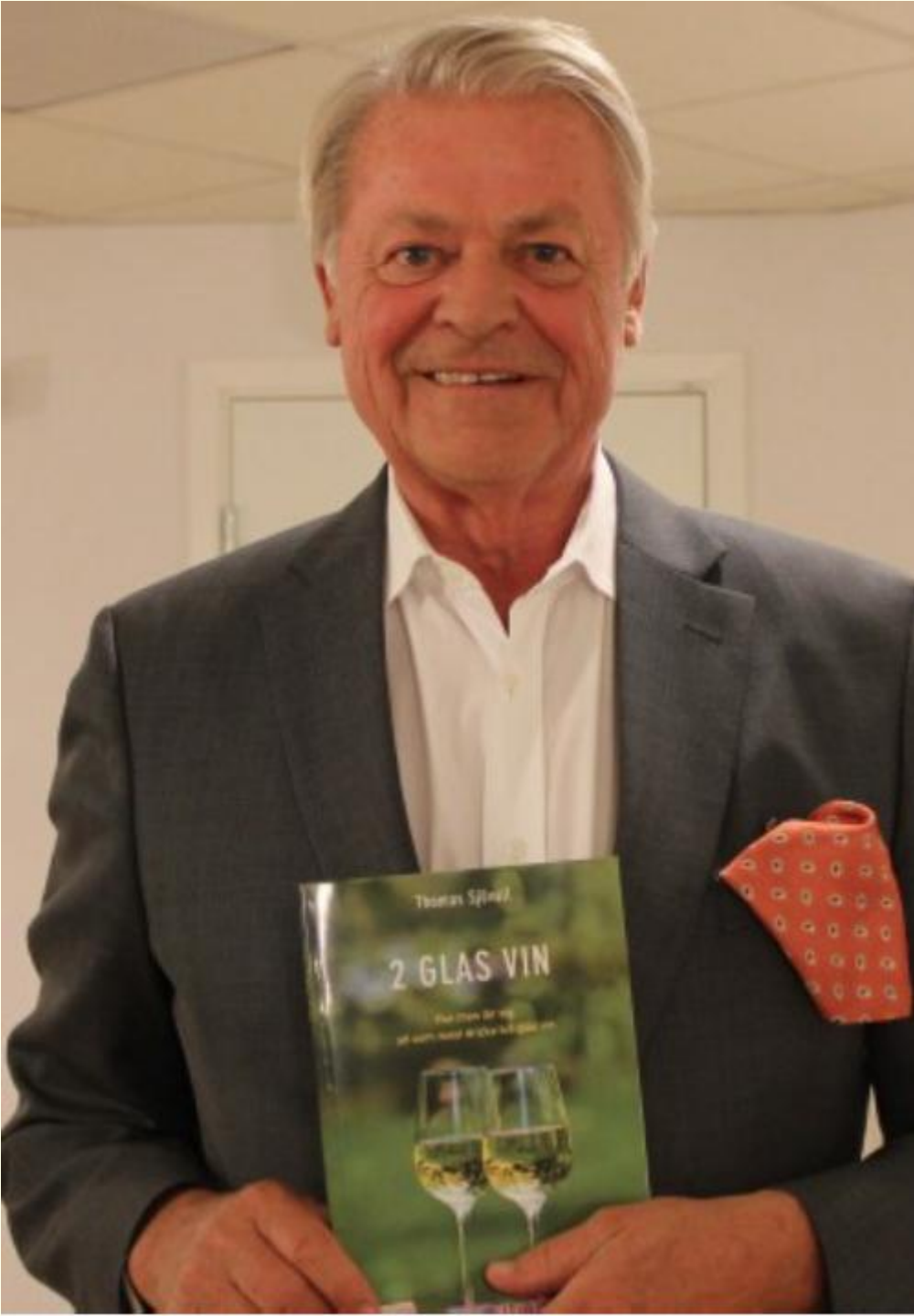
For both groups:  
High thresholds for  
seeking treatment



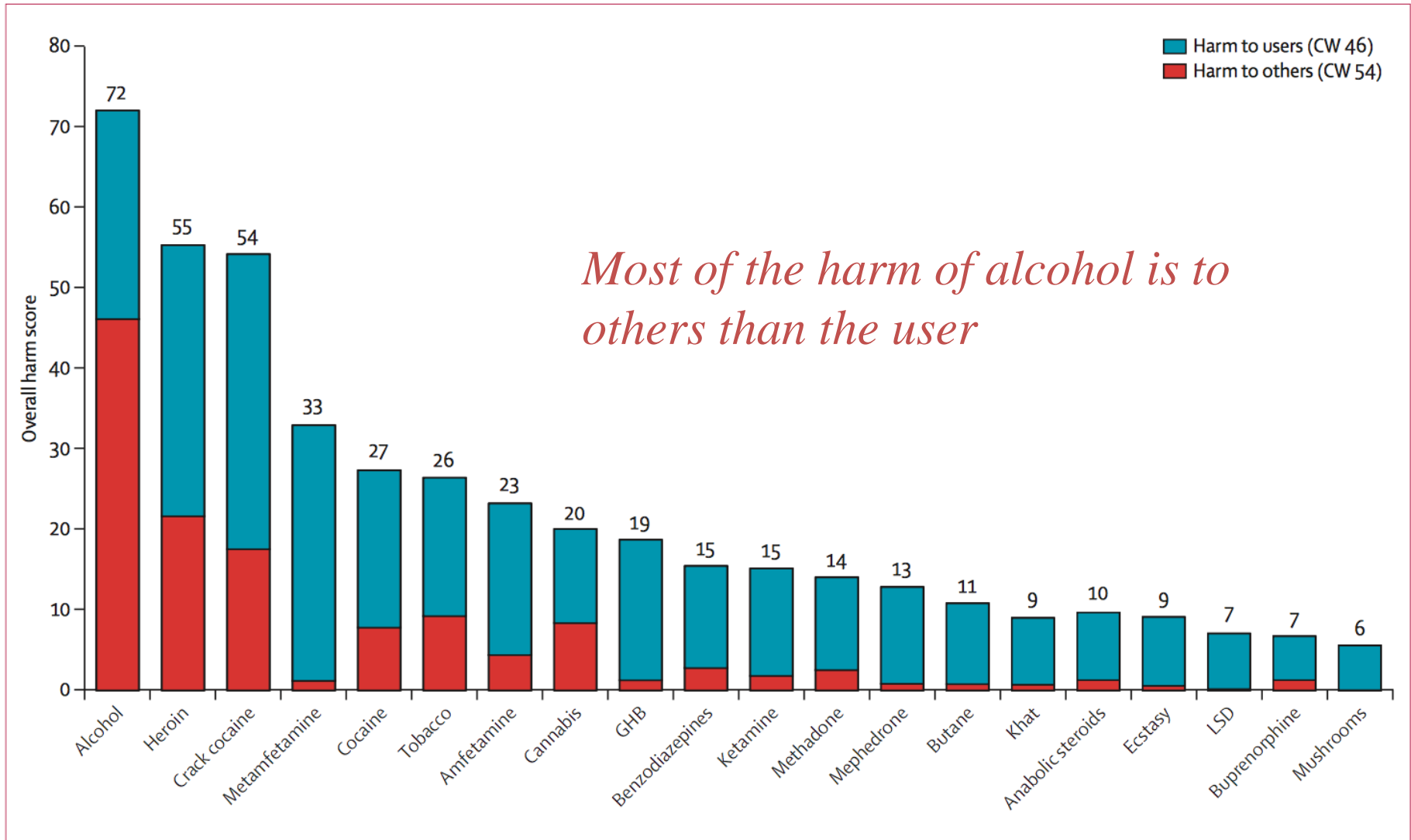
Focus of treatment in  
addiction treatment  
services







# Second hand effects



**Figure 2: Drugs ordered by their overall harm scores, showing the separate contributions to the overall scores of harms to users and harm to others**

The weights after normalisation (0–100) are shown in the key (cumulative in the sense of the sum of all the normalised weights for all the criteria to users, 46; and for all the criteria to others, 54). CW=cumulative weight. GHB=γ hydroxybutyric acid. LSD=lysergic acid diethylamide.

## The wide scope of alcohol's second-hand effects across multiple domains

Safety & health	Society	Children & families	Fetal effect
Road crashes	Healthcare costs	Impaired health for children of problem drinkers	Fetal alcohol spectrum disorder (FASD), including fetal alcohol syndrome (FAS)
Pedestrian injuries	Policing costs	Parental neglect	Low birthweight
Assault	Court costs	Poor school grades	Epigenetic effects on future social, physical and cognitive development
Sexual violence	Prison costs	Future mental health and substance use problems	
Homicide	Lost productivity	Domestic violence, including child abuse	
Workplace injuries	Property damage, vandalism	Financial problems	
Fires	Public nuisance	Divorce	
Infectious diseases e.g. AIDS/HIV, hepatitis, TB and sexually transmitted diseases	Intimidation, other forms of social disruption		





---

## Alcohol Consumption

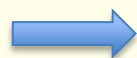
---

### A cost-effectiveness analysis of alcohol prevention targeting licensed premises

Anna M. Månsdotter<sup>1,2</sup>, Malin K. Rydberg<sup>1</sup>, Eva Wallin<sup>2</sup>, Lars A. Lindholm<sup>1,3</sup>,  
Sven Andréasson<sup>1,2</sup>

## Results (euros, discounted values)

Costs		Savings	
Project administration	492,050	Judicial system	24,393,381
Mapping/follow-up	27,632	Loss of production	4,728,370
Community mobilisation	33,723	Health care	1,565,686
RBS training	220,906	Other damage	626,274
Law enforcement	21,517	Total	31,313,711
Total	795,828		



**Net saving € 30 517 883**

**Cost-saving 1:39**

## The wide scope of alcohol's second-hand effects across multiple domains

Safety & health	Society	Children & families	Fetal effect
Road crashes	Healthcare costs	Impaired health for children of problem drinkers	Fetal alcohol spectrum disorder (FASD), including fetal alcohol syndrome (FAS)
Pedestrian injuries	Policing costs	Parental neglect	Low birthweight
Assault	Court costs	Poor school grades	Epigenetic effects on future social, physical and cognitive development
Sexual violence	Prison costs	Future mental health and substance use problems	
Homicide	Lost productivity	Domestic violence, including child abuse	
Workplace injuries	Property damage, vandalism	Financial problems	
Fires	Public nuisance	Divorce	
Infectious diseases e.g. AIDS/HIV, hepatitis, TB and sexually transmitted diseases	Intimidation, other forms of social disruption		



## Alcohol and reduced productivity:

- ✓ Alcohol leading risk factor for morbidity and premature mortality (25-59 years)
- ✓ High alcohol consumption:
  - ✧ five times higher risk for unemployment
  - ✧ more work absenteeism (dose-response)
  - ✧ three times higher risk for presenteeism
- ✓ High consumption impacts on co-workers (reduced productivity, more work, increased sickness absence, etc)



# Part of our working life culture

Swedish survey study 2015: 2023  
employed persons, age 20 - 63

- ✓ 7 out of 10: have been to work related events with too much drinking
- ✓ 6 out of 10 have one or two colleagues who drink too much
- ✓ One in five have drunk more than they want in order to "fit in"
- ✓ More than half (55 %) feel there is an expectation that they should drink alcohol at conferences or office parties



# What can the employers do?

## Guidelines

### Riktlinjer vid alkoholproblem på arbetsplatsen

En sammanställning från Företagshälsans riktlinjegrupp 4/2016

#### Policy/alcohol culture:

- Policies regarding drinking during working hours, conferences, after work, etc
- Alcohol free activities, wine lotteries, etc
- Non tolerance of hangovers

#### Education and training programs for supervisors and managers, union officers

- recognition of problems
- appropriate responses

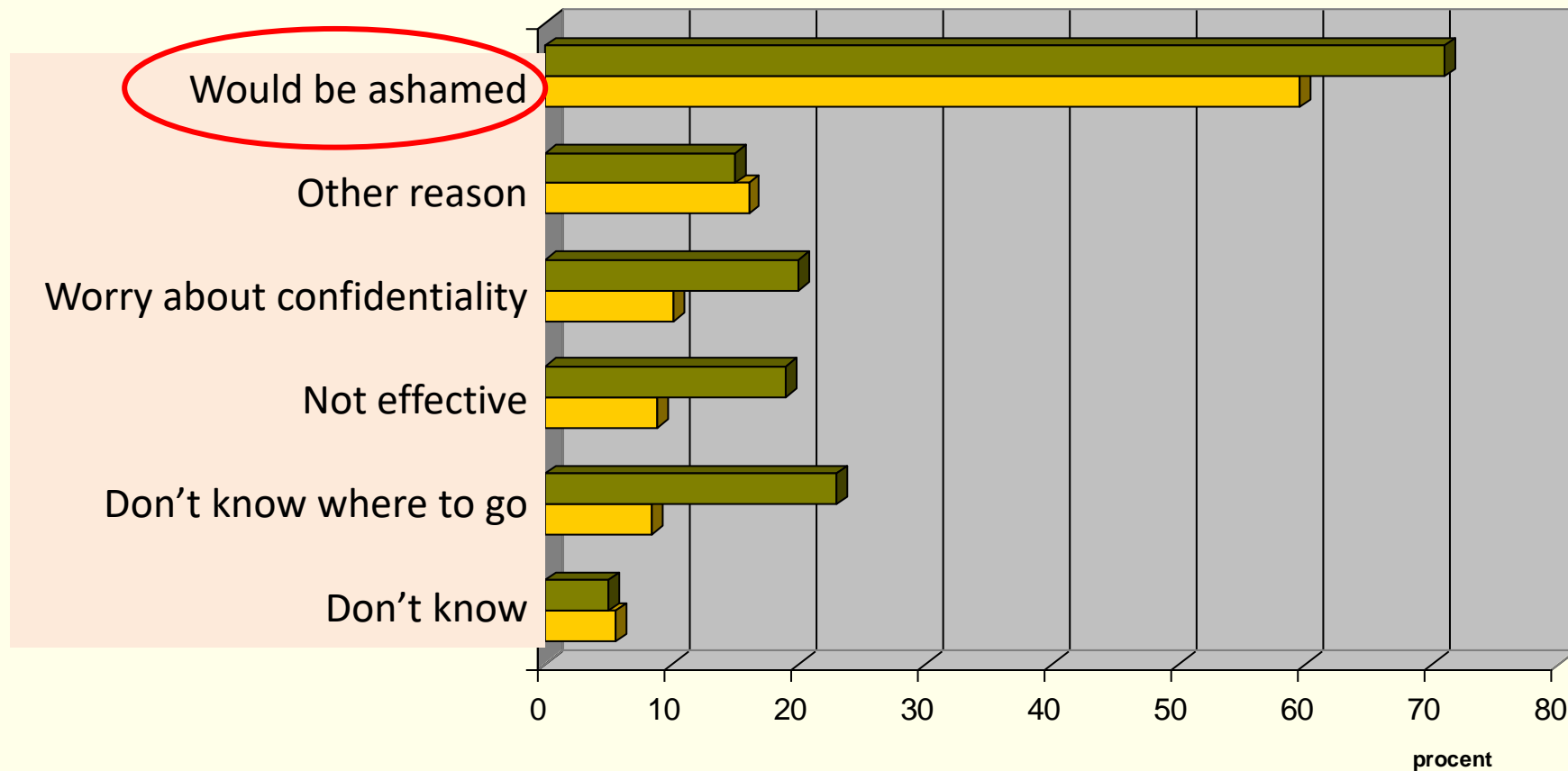
#### Agreements with occupational health

- screening and advice; the 15 method



# Why aren't they coming?

Swedish survey; 9000 respondents general population:  
"Why do you think people with alcohol problems do not seek treatment?"



Source: Andréasson, Alcohol & Alcoholism, 2013

■ Allmänheten ■ Alkoholberoende

# Communication research

How do people with alcohol dependence view their drinking?

What help do they want?

Concerned – but available treatment options are unappealing

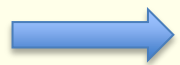


Effective treatment is available – but people don't want it

major challenge for the treatment system:  
reduce stigma

## Some ideas:

1. Stop stigmatising language:  
"abusers", "alcoholics"
2. Dedramatise, normalise
3. Patient centred approach
4. Treatment in regular health care



A smarter approach to the problem!





# Reaching a larger part of the target group

.... in primary care?



...or in occupational health care?

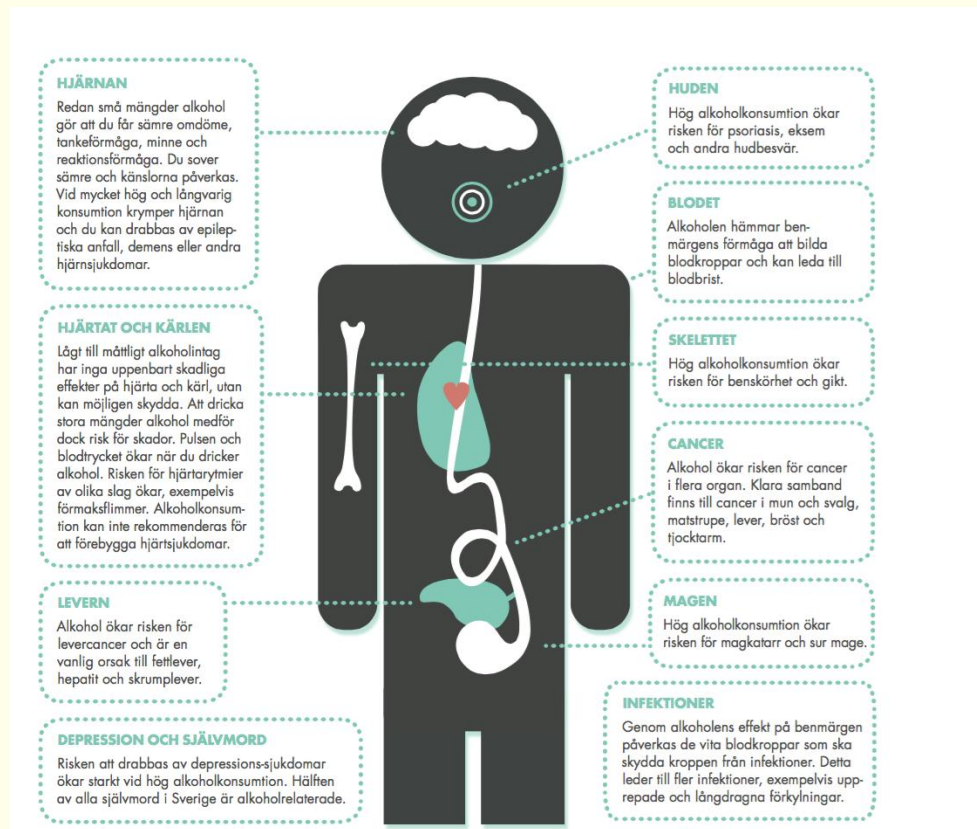


... or through the Internet?

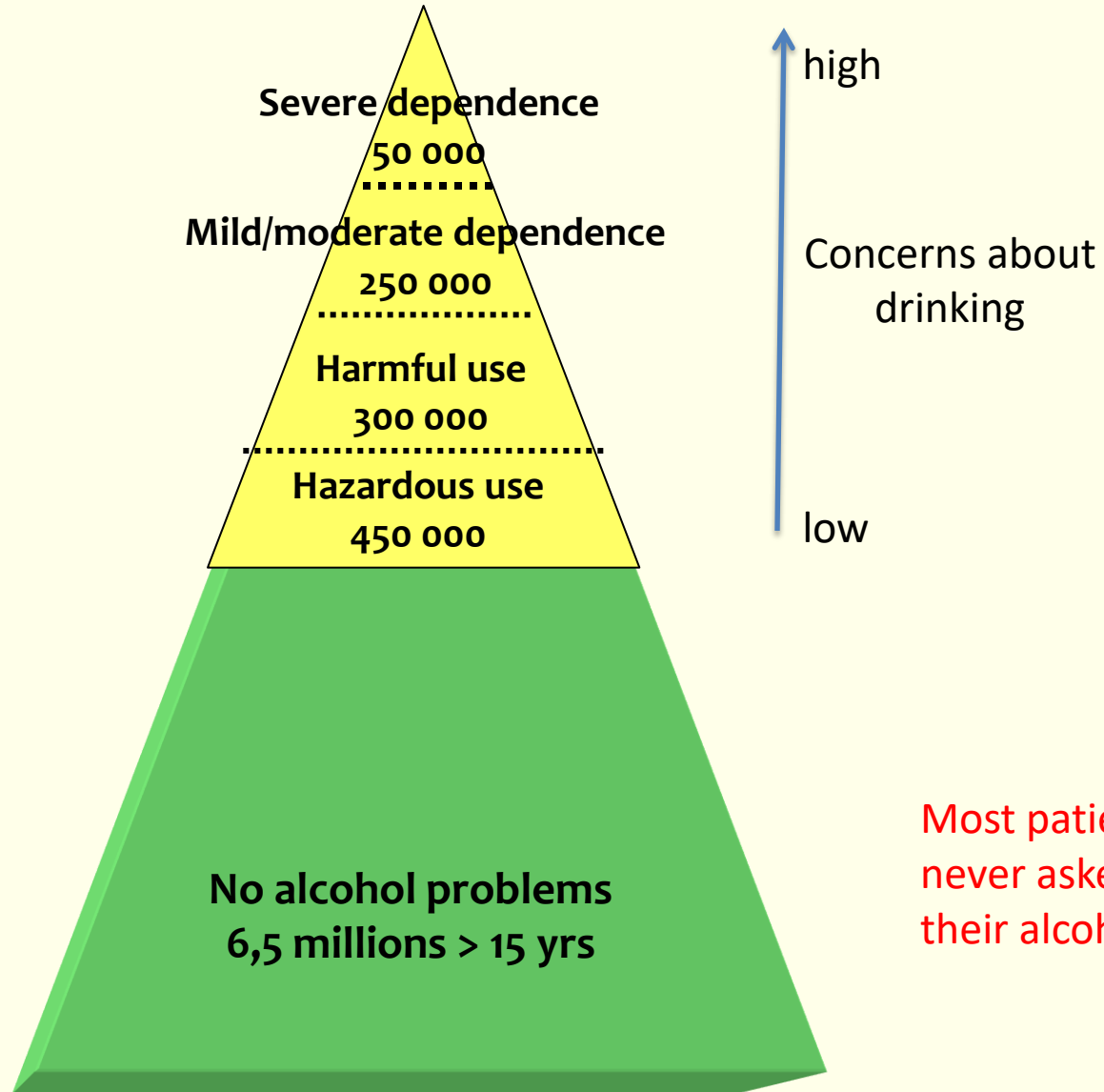


# Alcohol in primary care: primarily a health issue

Ask about alcohol when it is professionally motivated



# Risky drinking at different levels



Most patients are never asked about their alcohol use

# Patient centered approach

Patient in the driver's seat:

Choose aim

"Stop drinking"  
"Reduce drinking"

Choose treatment

- Pharmacological
- CBT
- 12-steps treatment
- Motivation enhancement

Consider...  
and reconsider



# ✧ Treatment research: What works for whom?

★ Brief treatment optimal for  
the large majority



# Brief treatment effective

- The Drinker's Check-Up
- 3-4 brief sessions (15 min) motivation enhancement
- Bibliotherapy

Bibliotherapy: treatment effect equal or larger than regular treatment for patients with moderate severity



# The 15-method



**1:  
Screening  
Brief intervention**

**2:  
The Dricker's  
Chesk-Up**

**a) Pharmacological  
treatment  
b) Guided self  
change**

# What works in reducing alcohol caused harm in a nation?

## Combination:

- National policies to reduce alcohol consumption
  - Policies to reduce harm in specific areas

THE WALL STREET JOURNAL.

# ECONOMY

Subscribe Now | Sign In

Home World U.S. Politics **Economy** Business Tech Markets Opinion Arts Life Real Estate



Key Growth Hiccups Vex Fed Yet Again



China Retakes Top Spot as the Biggest Foreign Owner of U.S. Debt



Foreigners Pinched Out of U.S. Housing Market



129



55



ECONOMY

## Raise Alcohol Tax to Boost Economic Output, Says OECD

Increasing prices by 10% is among the most effective means of countering excessive consumption



Figure 5.2. Health outcomes at the population level, average number per year

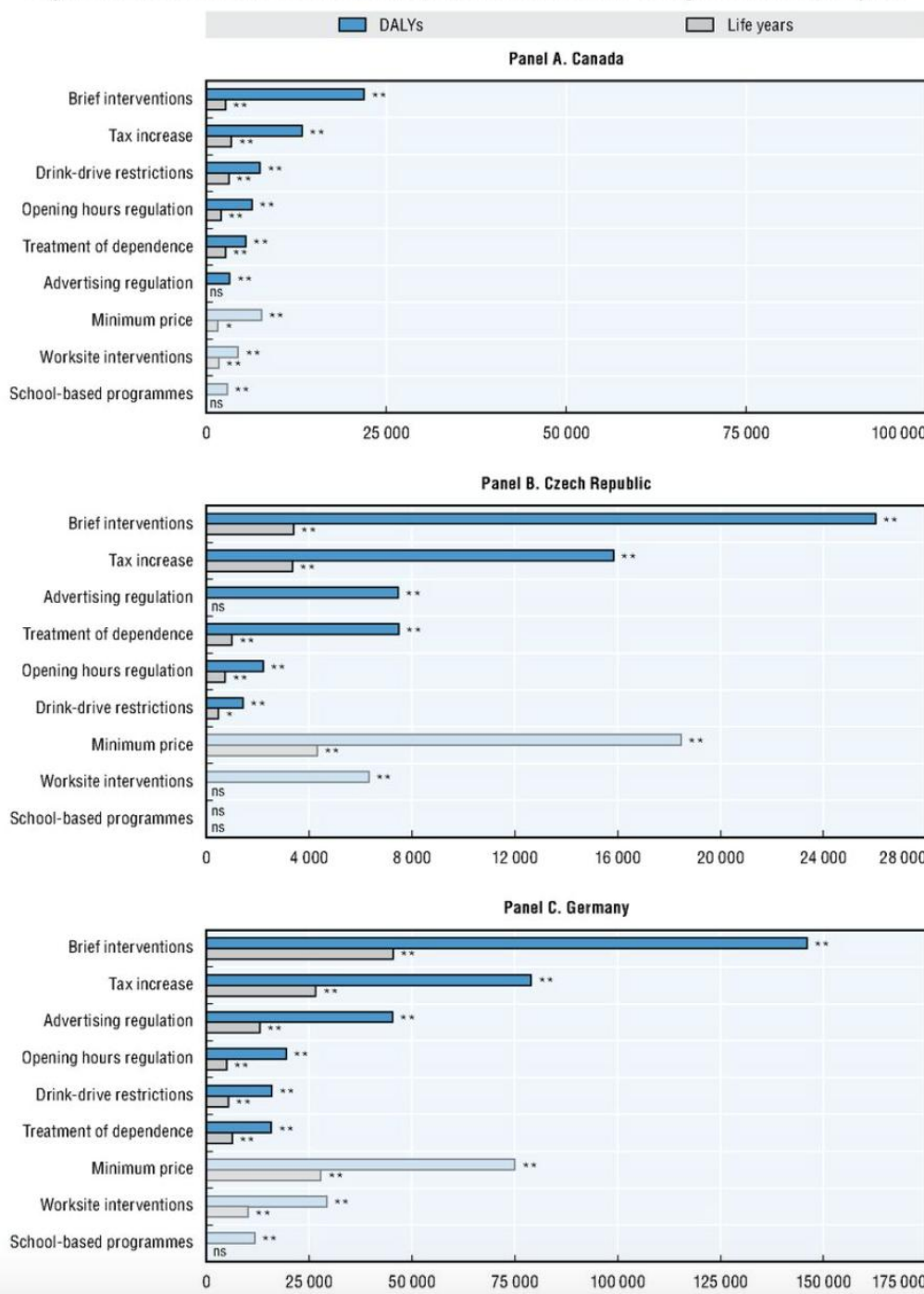
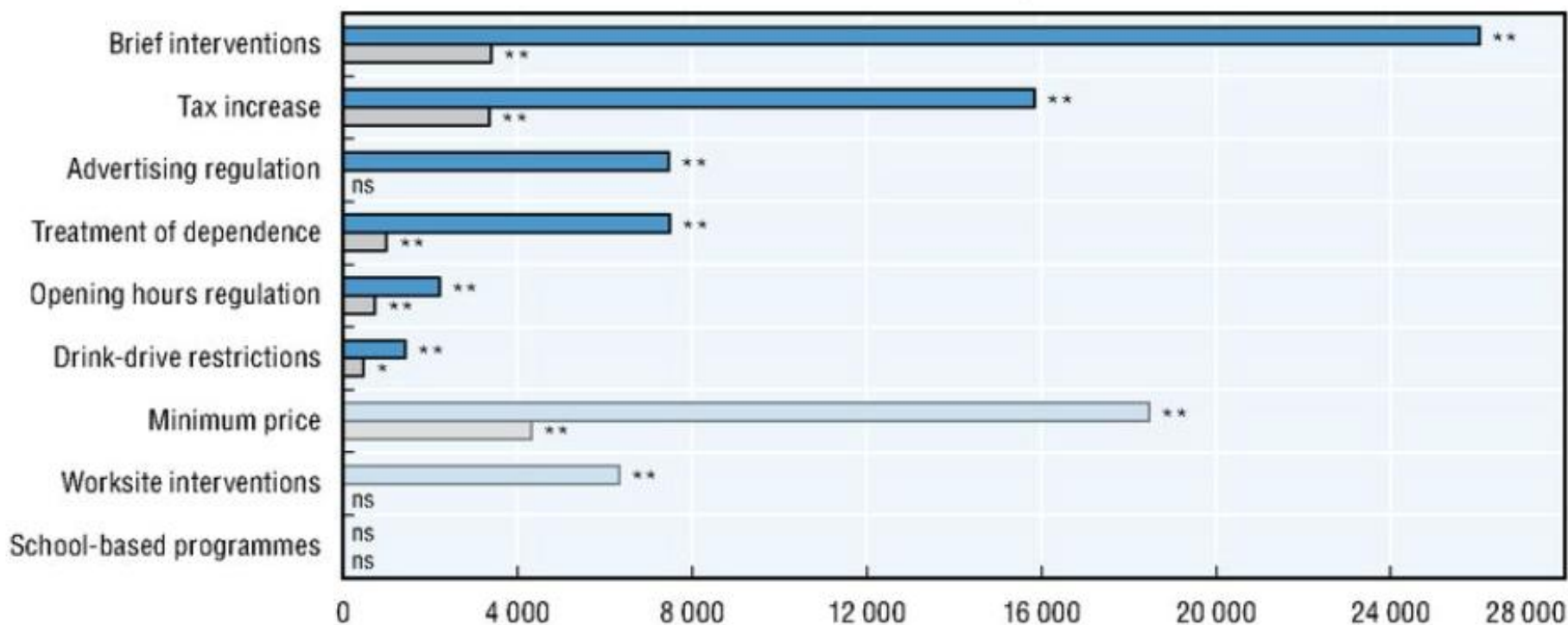


Figure 5.2. Health outcomes at the population level, average number per year

Panel B. Czech Republic



# Conclusions from this presentation

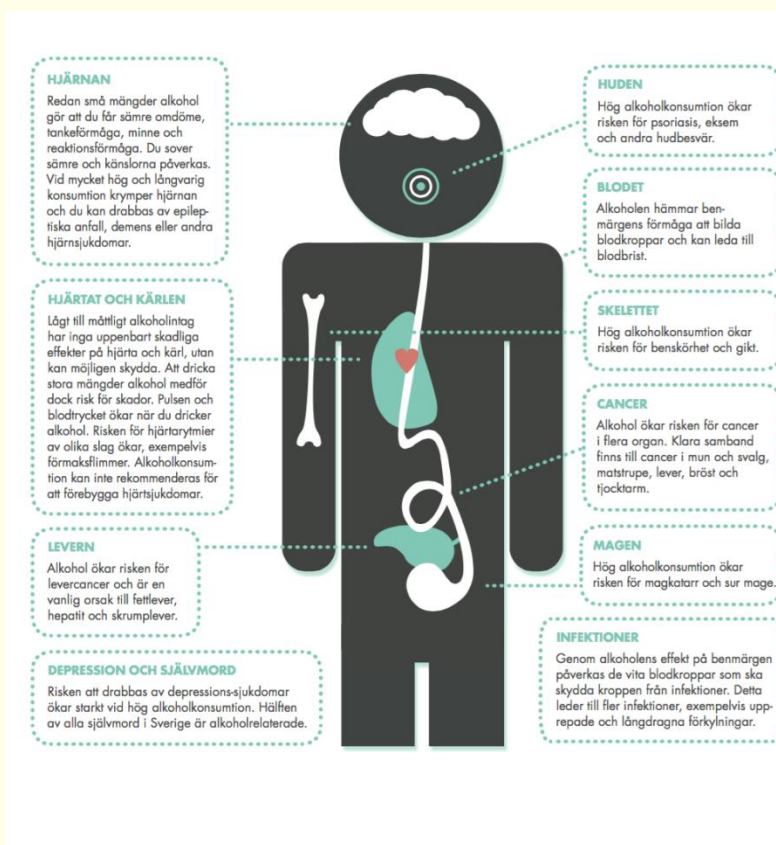
## ➔ The multifaceted impact of alcohol

- At the individual level
  - Need a stronger response from the health servicesOccupational health important actor

- At the community level
  - Need a stronger policy response

## ➔ Most effective:

- Policies that reduce the availability of alcohol
  - Price policy
  - Retail monopolies
  - Reduced marketing
  - Restrictive licensing for bars and restaurants



# Where should our focus be?



**Prevention**

**Treatment**



**Get them early!**

