
Alcohol problem: work place and mental health professionals in cooperation

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Pardoxical attitudes towards alcohol abuse and alcoholism (= AAA) at workplaces

- Permissiveness 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 unemployment, more difficult reintegration in work process



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**

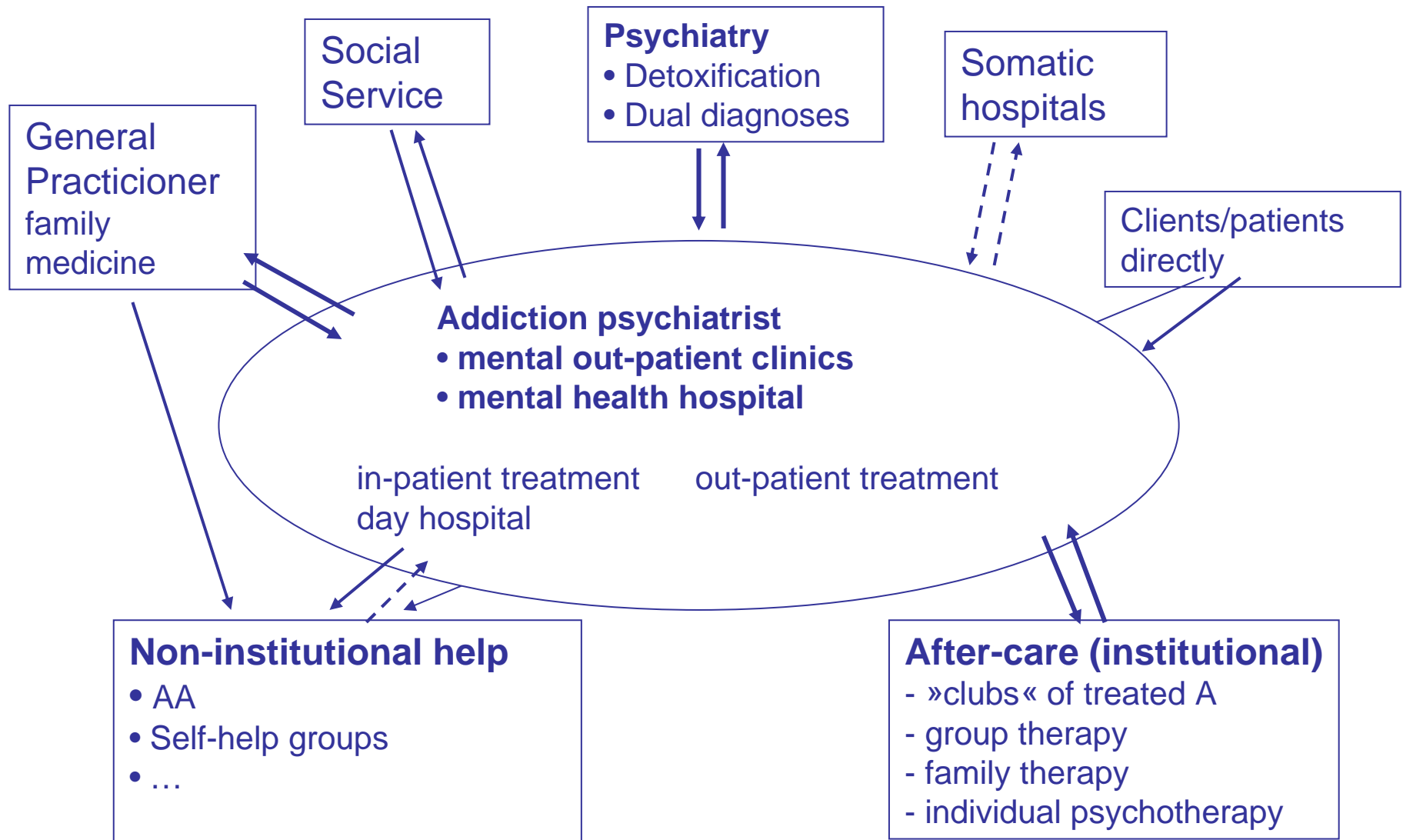


AAA is a typical systemic problem

- **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**



Formal structure of professional cooperation in AAA problem in SI



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



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



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***



Obstacles in cooperation

Implicit beliefs 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

