

Prevention and early intervention for alcohol-related harm

Guiding questions for the discussion on "Prevention and early intervention for alcohol-related harm"

LITHUANIA

Rapporteur: Elena Gaudiesiute is a clinical psychologist from Lithuania

Which national data on the use of alcohol exist (consumption, costs, health damage)?

Drug, tobacco and alcohol control department estimates and shares the statistics of alcohol consumption, production rates, export and import, and selling tendencies.

Considering the health damage data exists on morbidity and mortality rates, related to alcohol consumption. Also crime and car accident rates made by intoxicated people, and accidents at work are estimated. Here you can see main statistics :

Alcohol consumption per person in 2017





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34 ml



arba

88 ml



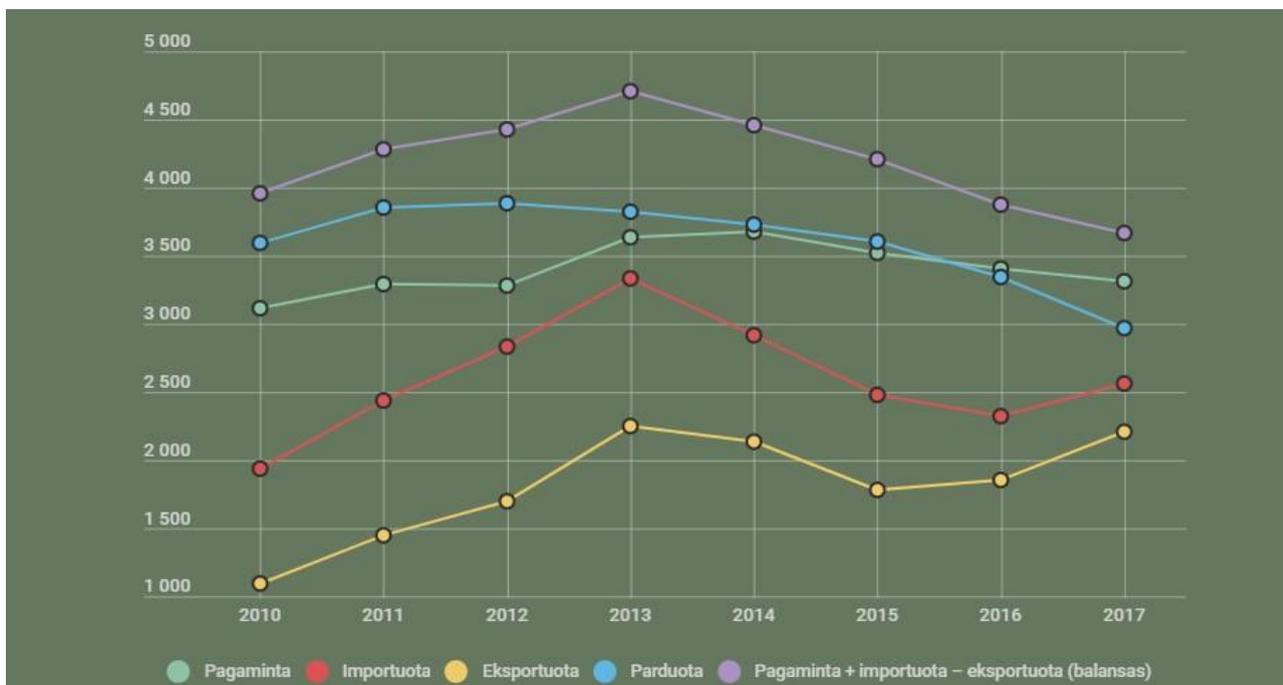
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300 ml



600 ml

Tendencies of alcohol production (green), import (red), export (yellow), and selling (blue).



(Lietuvos statistikos departamentas, 2018)

Are there scientific studies, for instance, on the success of preventive measures concerning alcohol consumption as well as the abuse of alcohol?

Yes, there are studies evaluating relationship between alcohol consumption rates and prevention measures, manifestation of diseases, personality traits and so on. For instance: Young Adults Alcohol Consumption, Consumption Expectancies and Evaluation of Alcohol Advertising and Social Advertising against alcohol (Ruseckaitė E., Bulotaitė L., 2017); Early intervention of psychoactive substances use in Lithuanian schools (Izokaitis M., Stonienė L., 2017); School educators approach to accessibility of early psychoactive substances abuse interventions for students in general education schools (Izokaitis M., Stonienė L., 2017); Post-traumatic stress disorder and problem drinking in women: systematic analysis (Bagdonaitė N., Pilkauskaitė-Valickienė R., 2017) ; Alcohol-related mortality changes in Lithuania from 2010 to 2016 and it's influence to life-expectancy (Našlėnė Ž., Želvienė A., 2017) and etc.

Which legal provisions and initiatives to avoid the abuse of alcohol do exist in your country?

In 2017 a new law was released, focusing on the provisions of alcohol use.

- starting 2018 all commercials (on tv, newspapers, journals) that have alcohol images are forbidden.
- The time when you can buy alcohol was shortened - from 10 am to 22 pm it .went to 10 am to 8pm Monday to Saturday and 10 am to 3 pm - Sunday.
- Legal age when you can purchase alcohol changed from 18 to 20.
- There aren't any "night shops", where you can buy alcohol after 8pm.

- All alcoholic drinks must be marked by signs or notes about the harms of alcohol using.
- Regulations for drinking and driving have gotten stricter, if more than 0,4 promiles of alcohol is found one has to pay a fine, loses driver's license for a year and it is mandatory to go to several sessions with a psychologist.

Are there special protective regulations for children and youths?

People under 20 years old can't buy alcohol.

How is the care of alcoholics organised, what do you see as positive and what is problematic?

Usually, people who seek help go either to a general doctor or to an addiction center. I worked in the Republican Centre for Addictive Disorders, and in this center people suffering from alcohol addiction can get a variety services. The center focuses on help techniques that are science based. The services are the following:

Inpatient/ outpatient detoxification - Outpatient detoxification is a 1 day pharmacological treatment when the patient is prescribed medication to alleviate withdrawal symptoms. Inpatient detoxification is an up to 3-day long pharmacological treatment. The patient is prescribed medication to alleviate withdrawal symptoms and provided with other necessary supportive care. Frequent clinical reassessment is performed during the whole course of treatment.

Alcohol withdrawal treatment - Alcohol withdrawal treatment takes up to 14 days. During the course of treatment, the doctor will regularly prescribe the medication and the nursing staff will continuously supervise the health of the patient. Psychologists and social workers hold group and individual consultations to inform the patients on various aspects of alcohol addiction, possibilities of a long-term treatment and rehabilitation and build motivation to recover. Alcohol withdrawal treatment is the first step towards recovery.

Motivational Therapy - Motivational therapy is a treatment programme designed for people recovering from alcohol addiction. The treatment lasts for 14 days and includes 50 hours of rehabilitation services. It aims at developing person's cognitive, social and learning skills and decreasing risk of relapse. Specialists conduct an evaluation of a patient's mental health at the beginning and end of the treatment, develop and discuss a long-term recovery plan with the patient. The daily schedule in the department is intensive: psycho-corrective and psycho-educational counselling, social skill training, informational and other activities, both, in groups and individual, are held every day. Moreover, the treatment programme involves multiple activities of self-analysis.

Inpatient/ outpatient Minnesota programme - The Minnesota treatment is aimed at treating harmful use of alcohol and other psychoactive substances, as well as pathological gambling. During the 4 weeks of Minnesota treatment patients learn to analyse their feelings, adjust their ways of thinking and reinforce their positive behaviour. Moreover, strong motivation for sobriety is established, while the Twelve Step principles are taught to be applied in daily life situations.

Relapse Prevention - Medication-based addiction treatment can be used as a secondary measure to reduce craving and prevent relapse. At the request of the patient, the doctor will assess the indications and risks, recommend a specific medication and instruct on its use. The patient will then obtain the medication in the pharmacy as per prescription. Together with the patient, the doctor will develop a treatment plan and schedule regular appointments to monitor the patient's condition, adjust the dose and prescribe the medication.

Information taken from www.rplc.lt

Also, a lot of people tend to choose 12 steps programme organised by religious communities, private rehabilitation centers.

A really positive matter is the possibility to get high quality help, using only your national health insurance, which you can also have if you do not have a job, but you are registered in the Employment Service. Therefore, people who have low income or no income at all, can get help.

Secondly, anonymous help can be organised, but it is a paid service. If you are receiving the help anonymously, no records about you will be kept.

Thirdly, as I've mentioned, the Republican center for addictive disorders uses scientifically based treatment, therefore the model used in the center is not medicalised, like in a lot of hospitals around the world. The approach that the center is taking is focused on the biopsychosocial model, where all departments have psychologists, and the programme of help is mainly based on Cognitive Behavioral Therapy techniques and motivational interviewing. This year, a government paid course was organised, for mental health professionals in this center to learn DBT techniques. So the positivity comes from the renewal of the methods used in the center.

On the other hand, there are some negative aspects, considering the help services. First of all, the accessibility of help is not guaranteed in the whole country. If you are from a small town or a village, it would be difficult for you to get any kind of help, needless to say, from a specialist in addiction. In a lot of cases, intoxicated people enter general hospitals, get the service of detoxication, and then leave without any guidance of short or long term plan of help. They receive the medical help, but there aren't psychologists, social workers available, who could do motivational interviewing, and start the process of building motivation to change. I think it is an important issue.

Secondly, even if you are from a bigger city or the capital, you might need to wait in line to get help, and it is known that in that moment the motivation a person has is really fragile, so if one is not attended at the moment, they might not come again.

Thirdly, it is important to understand not only the challenges of a patient, but also of people who work with such a difficult issue. The lack of motivation of patients, low success rate of help, affects psychologists and psychiatrists, and I personally believe that not enough measures are taken to prevent burnout in specialists. One of the little measures that is taken is that people who work in the public sector with difficult issues get more vacation days, but that is not enough. In my opinion, more supervisions and interventions have to be organised, the possibility to go to conferences and trainings and etc.

Of which significance are psychotherapeutic interventions within the framework of prevention and early intervention and which role do psychotherapists have in the treatment of alcoholics, both as inpatients and outpatients?

I am talking only from the position of working in the public sector. I think the role of the psychotherapists is extremely important, but I wouldn't single out psychologists or psychotherapists. In my opinion, the model that works the best is the team of doctors, psychologists/psychotherapists, social workers, occupational therapists. A lot of times, a patient with intoxication comes to the center without any motivation for a significant change, just with the need to feel better, or because they were brought by their families. And probably for these clients who come to the center just for several days, the motivational work of the team of doctors, nurses and social workers is essential. Only if the motivation is strengthened, the psychotherapist can start working with the patient, because if it wasn't, the therapist wouldn't even see the patient. When the work starts, the role of psychotherapists is really important, depending on a service given they organise therapy groups, individual therapy for clients.

How should existing services for the treatment of alcoholics be developed further?

I strongly believe, that in order to organise better quality help, a crucial aspect is the cooperation and communication between different public institutions. If a person comes to addiction center from a smaller city, gets help for 14 or 28 days by a team of specialists, I think it is essential to keep on working with the client after that. A long term plan for help and steps to achieve that usually is created, therefore it should be implemented with the help and supervision, when the person leaves the addiction center. Every municipality has social workers and psychologists, who could take on the task of helping the person to achieve the change. Even if the person receives the best quality help in a center for a specific amount of time, after that they go back to their usual environment, without guidance it is really difficult not to relapse.

And the cooperation goes further, I would imagine great difference, if information, from ambulance or police services would go to social workers. For example, if ambulance or police sees the same person intoxicated doing either crimes or in need for help, social workers of the municipality should be notified and visit them to start at least introducing the available help for a person if they want to change, making them more comfortable with the idea of help either having sessions with a psychologist, going to addiction center, or visiting the AA groups.

What needs to change in your country in order to warrant this development?

More attention nationwide has to be focused on health issues. In my personal opinion, nurses, doctors, psychologist, especially social workers in the public sector are strongly underpaid, not to mention the workload and stress. The amount of clients one person has to attend is too high, therefore the quality of help is affected. Concerning the social workers, there is always a lack of them, because of their job being extremely difficult and underpaid.

Talking about systematic changes, as I've mentioned before, in 2017 a new law was implemented addressing the accessibility of alcohol. Even though, I agree with the new measures, in my personal opinion, these are just "cosmetic" changes, that might make the consumption numbers in general lower, but they do not tackle the problem itself. I've worked with adolescents suffering from addiction to alcohol and drugs, and I do not see real changes affecting families that these children came from. I heard stories about violent fathers and mothers, fathers making a 6 year old child drink alcohol every day, not providing any safety for the children, parents who were drug dealers. And as a result, children from these families are involved in crime, usually addicted to drugs and

alcohol by the age of 15. I would like to see more change in noticing these families and not only punishing them, but searching for the ways to help them. Using case management technique, families like the ones I described, should receive help and guidance to find jobs, get medical/psychological help, children should be included in activities after school and etc. But for it to happen, the Parliament has to make strong decisions, attacking this problem from the roots, and not only the blossoms.