

The Problem with Drinking: Public Attitudes, the Severity Continuum and Treatment Needs. A commentary on McFarlane and Tuffin (2010) and Pulford et al. (2010)

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This issue of NZJP contains two articles of interest to those concerned about the harms of alcohol and drug use in New Zealand. Currently New Zealand has the opportunity to make substantial and important changes to alcohol and drug policy. The Law Commission's wide-ranging review of all alcohol-related legislation represents a 'once in a generation' opportunity for change. The papers by McFarlane and Tuffin (2010) and Pulford et al. (2010) make a useful contribution within that context.

Our attitudes as a society towards alcohol are crucial in understanding the extent of our current drinking problem and the prospects for addressing this. Attention needs to be drawn to our double thinking of the stigmatisation of "alcoholics" and the normalisation of the often heavy drinking by the remainder of the population. McFarlane and Tuffin's (2010) study reveals this dichotomous thinking around those with alcohol dependence and the rest of "us" who are constructed as functional drinkers, even though such "normal" consumption often includes binge drinking. In fact the often identified "small minority" of problem drinkers turns out to be a very large minority of the drinking public who are drinking in a hazardous or harmful fashion with, for example, a third of men in their 40s and 50s reporting an ongoing pattern of hazardous drinking (Adamson & Wells, 2009).

This simplistic binary thinking around alcoholism or problem drinking rests on the twin errors of stigmatisation

of those suffering from alcohol dependence on the one hand, and normalisation of heavy drinking by a large number of other New Zealanders on the other. As highlighted by McFarlane and Tuffin (2010) what is known as the Prevention Paradox (Poikolainen et al., 2007; Weitzman & Nelson, 2004) reveals that as a society we suffer more harm from the large pool of somewhat heavy drinkers than we do from the more severe group that are the focus of the greatest amount of public concern. Instead public discourse would do better to rest upon conceptualising drinking behaviour as occurring on a continuum. At one end are non-drinkers and at the other are those with severe dependence. Between these poles there is no magic point at which dysfunction and alcohol-related harm suddenly appear, rather low risk drinking gradually increases through to moderate and high risk drinking.

Simplistic thinking about what constitutes a problem drinker can lead to minimising the considerable harm done by heavy drinkers who do not experience more severe consequences, and therefore may not be aware that their drinking is problematic. Such thinking can also act as a barrier to those with more significant problems accessing treatment. Public attitudes towards those with alcohol dependence are often negative (Schomerus et al. 2010), with stigma acting as a barrier to accessing treatment for some who experience alcohol and drug problems (Elbreder et al., 2009; Zemore et al, 2009). A clear

example of negative attitudes towards alcoholism is the lower prioritisation of spending on alcohol treatment than for other health conditions (Beck et al. 2003; Schomerus et al., 2010), while the negative impact stigma has on wellbeing is evident even when treatment is accessed (Link et al. 1997).

Treatment access is not only relevant for this more severe group. It is also critical to provide easy access to lower levels of intervention, such as brief opportunistic intervention, and self-help resources such as internet based programmes, written material and helplines. Given the importance of services located within primary care settings, McFarlane and Tuffin (2010) raise an important point about the potential impact of the attitudes and beliefs of health care workers, if the beliefs from their study are also reflected in this professional group. There is evidence to suggest that primary health care workers are uncomfortable discussing alcohol use with problem drinkers, and may prefer to avoid such conversations (McCormick et al 2006).

One of the ways we can respond to the harms of alcohol and other drugs is to provide better treatment for those who have developed significant problems. Pulford and colleagues describe the development of the Alcohol and Drug Outcome Measure (ADOM), a tool for routine outcome measurement. The development of the ADOM was commissioned by Te Pou (The National Centre of Mental Health Research, Information and

Workforce Development), and is now being promoted by Te Pou (2010) for use in clinical settings, including in conjunction with a recently developed methamphetamine project (Matua Raki, 2010).

The ADOM joins several other locally developed clinical scales to emerge in recent years, tailored to opioid substitution treatment (Deering et al, 2008), identification of problem cannabis use (Adamson et al., 2010; Bashford et al., 2010), gambling (Sullivan, 2007) and youth substance use (Cristie et al, 2007). These recent developments are indicative of the increasing awareness of alcohol and other drug misuse as a health issue in New Zealand (Adamson & Todd, 2010) and the developing sophistication of treatment services.

Psychological formulations and interventions have played a significant role in addressing problem drinking in New Zealand and internationally. Behavioural principles elucidated within the field of psychology have great explanatory power in understanding substance misuse. People presenting with such problems commonly experience other psychological illness (Adamson et al, 2006). Many of the leading non-pharmacological interventions in this field have been developed and refined within the discipline of psychology (Miller & Brown, 1997). These learnings can also be applied to the development of new legislation as is currently occurring in New Zealand and psychologists have a potentially important role in advocating for them. In particular, our lawmakers would do well to consider that individuals do often make poor choices, are strongly influenced by advertising, availability and price, and exhibit impaired judgement when intoxicated. Furthermore the analytic and psychometric skills evident within the discipline of psychology are important tools in increasing our understanding of these problems. The two highlighted papers in this issue add to that tradition.

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