Who seeks treatment for alcohol dependence?
Findings from the Australian National Survey of Mental Health and Wellbeing

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Abstract Background This paper presents findings from the Australian National Survey of Mental Health and Wellbeing (NSMHWB) regarding prevalence and treatment seeking for Australians with DSM-IV alcohol dependence and examines the influence of alcohol use variables on treatment seeking. Method A standardised interview (including CIDI 2.1) was administered to a stratified random sample of 10,641 Australians aged 18 years and over. Demographic variables, common DSM-IV mental disorders, physical health status, perceived disability and treatment-seeking behaviour were assessed. Multiple logistic regression was used to ascertain the independent effects of all variables considered. Results The prevalence of DSM-IV alcohol dependence was 4.1% in this population, with 75% being male and nearly 60% in the 18–34 year age group. Variables that correlated independently with alcohol dependence were sex (male), age (young), not being in a married or de facto relationship and having any affective, anxiety or other substance use disorder. Functional disability did not correlate with a dependence diagnosis. Correlates of treatment seeking for those with dependence were sex (female) and having a comorbid affective disorder. Having a diagnosis of dependence and/or abuse and having more dependence symptoms did not predict treatment seeking. However, meeting either of two criteria assessing psychological, physical or social problems due to alcohol use tended to increase service use. Conclusions People with alcohol dependence do not perceive themselves as disabled and do not seek treatment. However, having a comorbid affective disorder or other problems directly attributable to alcohol use increases the likelihood that such individuals will seek treatment. Efforts should be made at the primary care level to encourage those engaged in harmful drinking practices to recognise the risks of such drinking and reduce it or seek treatment. Similarly, it is recommended that integrated services are enhanced at both primary and specialist levels in order that those with multiple problems are appropriately treated. Further research is required to refine measurement of disability and diagnoses of alcohol use disorders and to examine the relationship between disability and alcohol use.

Key words alcohol dependence – treatment seeking – prevalence – functional disability – comorbidity – Australia

Introduction

Alcohol is one of the most commonly used substances and contributes more than 10% to the total health burden in established market economies (Murray and Lopez 1996). It is widely documented that alcohol abuse in its various forms costs society dearly and large-scale surveys provide evidence that alcohol is the source of many significant social and health problems for the individual.

In 1997, for the first time in Australia, general population data on alcohol use disorders were collected as part of the National Survey of Mental Health and Wellbeing (NSMHWB). In addition to providing diagnoses of mental disorders including substance use, the survey also enquired about service use for mental health problems in the past 12 months (Meadows et al. 2000). This paper examines service use for those with alcohol dependence.

Despite the availability of effective treatments for alcohol use disorders (Proudfoot and Teesson 2000), research to date has found that few people with such problems seek help. The National Comorbidity Survey in the US found that only 13.5% of those diagnosed with alcohol dependence in the past 12 months had sought help (Kessler et al. 1999) while the Netherlands-based...
NEMESIS study found that 17.5% of those with alcohol use disorders sought any professional help (Bijl and Ravelli 2000), and when comorbid conditions and sex and age were controlled, alcohol use disorders did not predict usage of care at all.

Various models have been proposed to describe treatment-seeking behaviour in general and have been applied variously to alcohol problems (Aday and Andersen 1974; Becker et al. 1977; Goldberg and Huxley 1980; Hays 1985; Weisner and Schmidt 1995). These models tend to identify and categorise variables which are structurally based or individually based, as well as whether those factors are amenable to manipulation through a broad-based health policy.

Studies on clinical populations and small community survey samples have examined factors related to treatment seeking including structural variables such as cost and length of wait until treatment (Rees and Farmer 1985; Cunningham et al. 1993), demographic variables such as age, gender and marital status (Bannenberg et al. 1992; Weisner 1990; Hingson et al. 1982; Commander et al. 1999), individual beliefs about illness and treatment (Cunningham et al. 1993; Thom 1986; Thom 1987; Hingson et al. 1982; Rees and Farmer 1985; Weisner 1993), and symptom severity and time with the problem (Thapar et al. 1998; Thom 1986; Thom 1987; Cunningham et al. 1993; Cunningham et al. 1994; Hingson et al. 1982; Bannenberg et al. 1992; Bardsley and Beckman 1988). However, a review of these studies has found that they tend to suffer from serious methodological problems such as non-random subject selection, not using standard measures of alcohol problems or diagnosis, frequently not presenting a full account of all variables under consideration and poor use of statistical techniques (Proudfoot and Teesson 2001).

General population surveys which assess mental illness prevalence and service usage in national samples are an important alternative source of relevant information. Several large studies have been carried out recently in the United States (Kessler et al. 1994; Wu et al. 1999), Canada (Bland et al. 1997), The Netherlands (Bijl and Ravelli 2000) and now Australia (Henderson et al. 2000; Teesson et al. 2000). These studies used sophisticated sampling procedures and statistical analyses which allow greater confidence in conclusions drawn about whole-population attitudes and behaviour.

Important findings from the overseas studies consistently show that most people do not want or seek help for their mental health problems including alcohol use disorders (Bijl and Ravelli 2000; Wu et al. 1999); there is no relationship between age and treatment seeking for mental health problems (Bijl and Ravelli 2000; Wu et al. 1999; Bland et al. 1997); women are more likely to seek help but more so in primary care settings than specialist settings (Bijl and Ravelli 2000; Bland et al. 1997); those in stable dyadic relationships are less likely to seek help (Bijl and Ravelli 2000; Wu et al. 1999; Bland et al. 1997); women and younger people are less likely to be referred to a specialist by a General Practitioner (GP) (Wu et al. 1999); and people in urban settings are more likely to seek help in primary care (Bijl and Ravelli 2000). An increase in the number of dependence symptoms and the presence of comorbid psychiatric disorders are also more likely to lead to professional help seeking (Bijl and Ravelli 2000; Wu et al. 1999; Bland et al. 1997).

Whilst overseas epidemiological studies have reported on treatment seeking for alcohol use disorders, and Parslow and Jorm (2000) have addressed the issue of service use in Australia for those with any affective anxiety or substance use disorder, this present study is the first to report on Australian data specifically targeting service use for those with alcohol dependence. ICD-10 prevalence rates for alcohol and other drug dependence from the NSMHWB have been reported by Hall et al. (1999) but this paper presents for the first time DSM-IV prevalence rates for alcohol dependence in Australia. It draws together data from the Australian NSMHWB regarding the prevalence and correlates of DSM-IV alcohol dependence and treatment seeking for dependence. It provides unique information on the effects of disability measures on treatment seeking for alcohol problems. As Bijl and Ravelli (2000) suggest, it is possible that severity of functional limitations may not be great especially for non-chronic conditions with good social support and this may be reflected in low levels of treatment seeking for those with uncomplicated alcohol disorders.

In this study, variables relating to the diagnosis of alcohol dependence are first examined, and then factors influencing treatment seeking.

**Subjects and methods**

### Sampling and measures

The Australian NSMHWB surveyed a national stratified, multi-stage probability sample of persons aged 18 years and older in 1997. Methods and basic findings for this survey have been summarised by Henderson et al. (2000). In total 10,641 respondents (78%) were interviewed using a modified version of the Composite International Diagnostic Interview (CIDI) (World Health Organization 1996). Among the variables assessed by the modified CIDI were criteria for DSM-IV diagnoses for alcohol and drug use and anxiety and mood disorders in the past 12 months. Other measures of relevance to the present study include the presence of physical illness, perceived physical and mental disability (SF-12, Ware et al. 1996), days out of role due to illness in the past month, service use for a mental health problem in the past 12 months, as well as relevant demographic variables.

Alcohol dependence in the past 12 months was assessed by first identifying alcohol users as those who drank 12 or more standard drinks in that period. This group was further questioned regarding the prevalence and correlates of DSM-IV alchol dependence, the presence of comorbid psychiatric disorders are also more likely to lead to professional help seeking (Bijl and Ravelli 2000; Wu et al. 1999; Bland et al. 1997).

### Withdrawal – characteristic syndrome present upon cessation of the drug or the drug is taken to relieve withdrawal symptoms.

(1) Tolerance – the need for larger amounts of the drug in order to achieve the same effect.

(2) Withdrawal – characteristic syndrome present upon cessation of the drug or the drug is taken to relieve withdrawal symptoms.

(3) The substance is taken over a longer period of time than initially intended.

(4) A persistent desire to decrease use; however attempts may be unsuccessful.