

New Directions in Healthcare for Alcohol Use Disorder

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Abstract

Alcohol use disorder is a significant cause of the global health burden. Most of conventional strategies in the public healthcare system are based on screening and brief interventions. Although the approach has been shown their effectiveness, various challenges still remain. This paper focuses on the new directions of healthcare for alcohol use disorder regarding the population, methods, and environment.

Keywords: Alcohol; Healthcare; Women; Adolescent; Technology; Community

Introduction

Alcohol use disorder is a major psychiatric disorder as a significant contributor to the global health burden [1]. Considering its subthreshold misuse including harmful and hazardous alcohol use, the health burden may increase further [2,3]. With regard to the matters, the healthcare for alcohol addiction frequently has been embedded in a public health policy as a social issue. Most public strategies on reducing the alcohol-related problems are based on the use of screening and brief interventions [4,5]. Conventional Screening and Brief Interventions (SBIs) have shown their clinical and cost effectiveness [6,7]. However, there are still many challenges when it comes to providing aftercare with ongoing monitoring and providing opportunities for improvement to various population [8,9]. This paper focuses on current advances in healthcare for alcohol use disorder to overcome these barriers.

Targeting New Population

While middle-aged men have been the participants in a large number of alcohol intervention trials, the recent epidemiologic data highlighted the newer groups such as women and adolescents. Studies have suggested that there have been substantial increases in drinking and alcohol dependence among women with acceptability of their drinking [10,11]. Additionally, gender differences in alcohol dependence have diminished in recent cohorts, especially in countries where traditional gender roles have concurrently changed [12,13]. Adolescent drinking is not only about 7% of main risk factor of cause-specific disability-adjusted life years (DALYs) for young people aged 10-24 years, but also one of clustered risk-taking behaviors including smoking, substance use, and risky sexual behavior [14,15]. If the young people start consuming alcohol, very higher are their risks to drink regularly, to develop an addiction, and to suffer or die from alcohol-related illness [16,17]. Moreover, the adolescent brain, especially hippocampus, may particularly be vulnerable to the effects of alcohol, thus neurocognitive damages can persist into adulthood [18]. A noticeable aspect is that only a small number of studies have done focusing on the intervention for these populations. Further research is needed to identify specialized management as well as to understand the effectiveness of established strategies in the aforementioned groups [9, 19].

Use of Novel Technologies

The studies have demonstrated that people with problematic alcohol use rarely seek help although continuing care for alcohol use is associated with better outcomes [20,21]. The results from two national surveys indicated that only 7.9% and 6.6% of the population who needed

treatment for an alcohol problem received treatment at a specialty facility in the United States and South Korea, respectively [22,23]. The advanced electronic systems based on the internet and smartphones could possibly offer a way of addressing some of the barriers with greater flexibility and anonymity than conventional medical services [24]. Compared to traditional care, technology can provide personalized care using less time and be available at the moment of greatest need [25]. Since the growing evidence from randomized controlled trials and meta-analyses supports the ability of new approach to alcohol use disorder, it may be required to perform a further research on utilizing a larger sample with longer-terms of follow-up periods [24-27].

Recognizing the Role of Communities

Communities are considered as prevailing intervention fields with primary care and social networks to people. Primary care is a setting that could reach out to a broad range of people and focus on prevention, health promotion and longitudinal comprehensive care, in which alcohol-related problems can be managed like others addressed routinely in this setting [28]. Besides, many aspects of social network structure and function have been associated with outcomes of treatment of alcohol use disorders [29]. Still, the concern with the interaction between primary care and social networks is undervalued. The synergy between these two elements of community healthcare system would create more cost-effective interventions when dealing with the alcohol-related problems.

Conclusion

The global burden of alcohol-related problems has threatened public health. The rise of certain groups of patients and the emergence of advanced technology have led to the necessity of new directions in healthcare for alcohol use disorder. Communities could generate more effective healthcare service for the interaction between primary care and social networks. Further studies need to identify the most promising strategies.

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Received September 14, 2015; **Accepted** October 29, 2015; **Published** November 07, 2015

Citation: Na E, Han C, Roh S (2015) New Directions in Healthcare for Alcohol Use Disorder. Health Care Current Reviews 3: 144. doi: [10.4172/2375-4273.1000144](https://doi.org/10.4172/2375-4273.1000144)

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