

Users' experiences of seeking help with their drinking online and using an internet-based intervention (IBI)

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Introduction (1)

- Internet access: 80% UK households
- Information seeking: 71% access information on health
- Demand for IBI: Canada 500 hits per month (Cunningham, et al. 2000), US 8,000 visitors per month (Saitz et al. 2004), Netherlands 2,750 visitors per month (Riper et al. 2009), UK 6,000 visitors per month (Murray et al. 2009)

Introduction (2)

- Evidence for IBI: 7 reviews of computer-based interventions for reducing alcohol intake (Riper 2011; Khadjesari 2011, Rooke 2010; White 2010; Carey 2009; Bewick 2008; Elliot 2008)
- Little insight into users' experiences of accessing IBI, and the extent to which they meets their needs
- Qualitative research to-date focuses on preferences for content and functionality

Aim

To explore people's experiences of searching for help to reduce their drinking online and of using an Internet-based intervention

Methods

- Semi-structured interviews with convenience sample of Down Your Drink trial participants (adults seeking help online)
- Recruited via DYD trial newsletter and homepage
- Topic guide: 3 broad questions 1) experience of seeking help online, 2) using DYD, 3) taking part in online trial
- Inductive approach to analysis where themes were directly linked to data
- Data were analysed by a multidisciplinary team using detailed thematic analysis

Welcome to Down Your Drink

A "three phase approach" to **help you take control of your drinking**. The site contains a great deal of useful information, [exercises](#) and tools, taking into account the latest thinking of experts in the field. Please treat this site as your own personal resource and visit the site as often as you feel is useful.

We recommend that you **start with Phase 1** and progress "through the phases" over time. (Click on [How to Use this Site](#) for more information.

If you have a limited amount of time, you may wish to consider one of our alternative [routes](#) through the program material

PHASE 1

Its up to you?



This phase is designed to help you make up your mind about whether there is anything you might want to change about your drinking?

>> [Start](#)

PHASE 2

Making the Change



You have made a decision to change your drinking and a plan for how to do it. Phase 2 provides some additional support as you do it.

>> [Start](#)

PHASE 3

Keeping On Track



This phase is about learning skills to help you stick to your goals and make changes to your lifestyle.

>> [Start](#)

Help?

- > [Why a website?](#)
- > [How to use this site](#)
- > [About Us](#)
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- > [Choose a route through the program](#)

Methods

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Sample characteristics

	Interview sample (n=18)
Female	10 (56%)
Mean age	43 (25 to 67)
University degree or above	11 (61%)
'White British'	16 (89%)
Average units / week	56 (28 to 103)
DYD intervention	10 (56%)

Themes

- Problem recognition
- Type of help wanted
- Barriers to formal help seeking:
 - stigma
 - gaps in services
- Experience of services:
 - primary care
 - self-help resources

Problem recognition

- Most seeking help with recognised problem
- Few uncertain whether they had a problem
- Uncertainty caused by:
 - Peers drinking similar amounts
 - Health benefits of “a few glasses of red wine”

Problem recognition

“I was kind of at that point just kind of desperate to find something really, that would give me more information as to what is considered to be normal drinking, and what is considered to be very harmful drinking”

[Ppt.2 Female 25, 48 units/wk]

Type of help wanted

- Determine consumption and whether harmful
- Evidence of harm
- Comparison with others
- Prevent problem materialising
- Help and advice on cutting down

Type of help wanted

“I was trying to spot and stop potential problems... I thought, no, it is creeping up a bit and, you know, there are a couple of times when we’ve been out when I’ve had too much, more than I’m comfortable with and let’s nip it in the bud.”

[Ppt.8 Female 46, 72 units/wk]

Barriers to formal help seeking: Stigma

- Privacy provided by the Internet was important
- Drinking behaviour was seen as a very personal problem

Barriers to formal help seeking: Stigma

“It’s very difficult to come here and discuss this, cause what it comes down to is admitting that you’ve got an alcohol problem; in my perception at least, there’s this almost ‘grey’ area between normal social drinking and being a smelly tramp in the street.”

[Ppt.3 Male 44, 92 units/wk]

Barriers to formal help seeking: Gaps in services for non-dependent drinkers

- Perceived gap in service provision
- Alcoholics Anonymous (AA) was often the first and only treatment option – adding to stigma

Barriers to formal help seeking: Gaps in services for non-dependent drinkers

“When I looked at things like Alcoholics Anonymous and I read it and I thought, well, I don’t have that problem, I haven’t had that problem, I haven’t had that problem, and actually I don’t want to give up completely and I don’t want to go to a group.”

[Ppt.8 Female 46, 72 units/wk]

Experience of services: primary care

- Many interviewees not comfortable talking to their doctors about their drinking
- Reported a negative experience
- Told to cut down without support or not taking the issue seriously

Experience of services: primary care

“I said [to the GP], look, you know, I want to do something about this,.. and I said, because I think I’m an alcoholic. He said, you’re not an alcoholic until you drink more than your doctor does.”

[Ppt.11: Male 67, 87 units/wk]

Experience of services: self-help resources

- Down Your Drink (intervention) – “one-stop shop”
- (Trial assessment) – not distinguished from DYD
- Allen Carr – self-help book
- Online treatment programs
- Health information websites, forums, information on TV and Radio

Discussion

- Unique insight into experiences of ‘e-help seekers’
- Varied needs → privacy of Internet setting
mitigates some of the barriers to help seeking
- Varied needs → range of resources needed to suit
non-dependent drinkers

Thank you for listening

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