

Perception of Addiction Treatment Specialists About Alcohol's Harm to Others: The Case of Lithuania

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crossref <http://dx.doi.org/10.5755/j01.ppaa.18.1.23124>

Abstract. *The main aim of this article is to reveal the experiences of specialists working in Lithuanian addiction treatment centres on supporting relatives of alcohol addicts and providing help. This study consisted of thematic analysis of interviews with 11 specialists from five addiction treatment centres (ATC) in Lithuania. The development of services in Lithuania is inadequate with the existing evidence of alcohol-related harm to others (AHTO). The ATC specialists' perception about AHTO is drinker-centred, medically oriented and not based on family approach. We found that the relatives of alcohol addicts are seen more as resources for treatment of alcohol addicts but not as a separate target group with their personal needs and problems and who need services and help. Without systematic changes there is no place for relatives in the current addiction treatment system in Lithuania. Because of work overloads, ethical dilemmas raising from confidentiality issues, specialized professionals working with relatives (including children) are needed. Also, it is important to strengthen the specialists' knowledge and possibilities to recognize AHTO. Finally, the state must take over the individualized responsibility to the collective level providing assistance both to alcohol addicts and their relatives.*

Keywords: *addiction treatment centre, social services, relatives of alcohol addicts, harm of alcohol to others, Lithuania.*

Raktažodžiai: *priklausomybės ligų centras, socialinės paslaugos, priklausomybę turinčių asmenų artimieji, alkoholio žala kitiems, Lietuva.*

Introduction

In 2016, Lithuania had the highest rates of alcohol consumption worldwide, reaching 16.3 litres of pure alcohol per capita (WHO statistics, 2017). Based on RARHA report data (Moskalewicz, Room & Thom, 2016), the prevalence of alcohol-related harm from known people's drinking is one of the four highest (greater than 53%) as is the harm from strangers' drinking (greater than 50%). The highest prevalence of persons who lived with a heavy drinker or someone who sometimes drank a lot during the respondent's childhood were found in the Baltic countries including Lithuania (38.1% among men and 36.5% among women). Consequently, it seems obvious that Lithuania is dealing with issues closely related to a heavy drinking culture.

The causality between alcohol consumption and possible harm is based on the evidence even if the overall economic burden of risky alcohol consumption across countries is underestimated (Navarro, Doran & Shakeshaft, 2011; WHO statistics, 2017). Connor & Casswell (2012) found that the prevalence of self-reported harm from others' drinking is higher than the harm from own drinking. Also, there is some evidence about the relationship between harmful alcohol consumption and reduced personal well-being of others as well as poor health status (Casswell et al., 2011). Social exclusion and marginalisation are possible consequences of heavy drinking in the family (Christoffersen & Sothill, 2003). Parents' substance misuse may affect not only the wellbeing of their children, but also be one of the contributors of child abuse (Kaplan et al., 2017; Werner & Malterud, 2016; Widom & Hiller-Sturmhofel, 2001).

All professionals working with children and families should be able to recognize the problem and know how to react by using evidence-based methods addressing this problem, and to assist families in seeking treatment and promoting services (Werner et al., 1999; Koc et al., 2014). Supporting families and preventing harm should be a priority of all services (Moore, Noble-Carr & McArthur, 2010). Because of this, service evaluation is fundamental for understanding what we do have. Meanwhile, the analysis of specialists' perception about the importance of ensuring social services and supporting relatives may help to uncover professionals' concerns about AHTO. This can be a starting point for practitioners and policy-makers in considering this problem as a specific case related to high prevalence of alcohol consumption. It may also help to indicate possible gaps in the system of social services and specialists' work culture.

This study investigated the assistance for relatives from ATC specialists' perspectives. The *aim* of this study is to reveal the experience of specialists of Lithuanian Addiction treatment centres (further ATC) in supporting relatives of alcohol addicts and providing them help. The *objectives* of this study are: 1) to reveal the AHTO problem and political context of addiction treatment, 2) to explore ATC professionals' experiences in supporting relatives, and 3) to reveal ATC specialists' concerns about help possibilities for relatives in ATC and outside them.

Data and methods

This article is based on thematic analysis of qualitative interviews with specialists from ATC in Lithuania. The research was carried out between October 2016 and January 2018. Specialists from all ATCs (overall five in different cities of Lithuania) were included in this study. The heads of each centre were contacted to ask whether the centre was willing to participate in the study. Heads of ATCs introduced the possibility to participate in this study to their specialists by presenting the research plan and the main objectives. The specialists who decided to participate in the research contacted the researchers themselves by phone or email. Professional's work experience in one of the ATCs and direct work with patients and their relatives were the main selection criteria for participants; this was to ensure that the interviewee is familiar with local working practices. However, one participant (deputy director) was chosen from the higher position with the aim to obtain more information about the changes in the addiction treatment system from 2016 to 2018.

Our sample consisted of 11 specialists, three men and eight women, aged 27–58 (average 47-year olds). The participants represented different professional backgrounds: three psychiatrists, three psychologists, four social workers and one deputy director. It is worth noting that the informants worked in various ATC units and different cities (outpatient units, inpatient units including detoxification and Minnesota program; cities: Vilnius, Kaunas, Klaipėda, Šiauliai, Panevėžys) so they had work experience with different types of clients at different processes of addiction treatment. The interviews were conducted in private rooms or by telephone. Each interview lasted 40 minutes on average.

Thematic analysis was used as a descriptive qualitative approach (Braun & Clarke, 2006). The data analysis was recursive meaning that the authors of this study read the transcripts many times. Preliminary coding was undertaken, and relevant data extracts were identified. These codes were grouped within four themes related to the research questions: 1) specialists' perception about the role of relatives in the treatment process of patients; 2) specialists' perception about the need to ensure separate assistance and support for relatives of patients in ATC and outside; 3) interinstitutional collaboration by providing help for relatives; 4) specialists' perception about possibilities to improve services for relatives. Participants were specifically invited to recall the events when they noticed or intervened upon the problems of relatives. Themes were reviewed in relation to the coded data and the entire data set. After identifying potential themes, excerpts were identified and coded. Excerpts allow the reader to better understand the specialists' perception about the position of relatives in Lithuanian addiction treatment system and specialists' opinions about the importance of ensuring them adequate services and support.

The study was approved by Vytautas Magnus University. Before the interviews a verbal consent was obtained from the participants. Informed consents were also obtained from the heads of ATC. Participants who agreed to participate in the study were informed that anonymity will be warranted, and confidentiality will be ensured (their real names were mentioned anywhere). They were given pseudonyms to protect

their identity.

Limitation. Analysis of social services directed to relatives of alcohol addicts might not reveal the whole help system due to the limited searching strategy. Another limitation is related to the interview setting, which encompasses only ATC specialists. Even though ATCs are the main statutory organizations providing assistance for alcohol addicts and their family members, there are a few additional institutions with similar tasks in Lithuania. Due to that, these results cannot be generalized. Our data is also country specific even if similar results have been found in a Finnish study (Itäpuisto, 2014). The majority of the participants were women, so there may be a gender bias in the results.

AHTO in Lithuania: problems and policy

Warpenius & Tigerstedt (2016) have argued that AHTO perspective is still in a state of flux in the scientific discussion. The same parallel could be found in the political discourse as well. In Lithuania, the legislation of AHTO is confusing and overlaps the effect alcohol abuse to drinkers' themselves and to others. Analysing national documents through this perspective becomes challenging. In 'The Law on Alcohol Control' (1995) and 'The Law on Narcological Care' (1997) others than the drinker are not mentioned as being at risk to face harm. Also, there is a lack of clear and concrete guidelines about the responsibilities of institutions for reducing AHTO. Even in 'The Law on Narcological Care' (1997) alcohols' harm objects are distinguished into the harm for patients and harm for the surrounding ones; there is only one sentence that health care professionals should provide psychological support for relatives. Consequently, it could be said that politically AHTO is still completely invisible and includes mostly health issues.

AHTO research shows big numbers of harm caused by known or unknown drinkers. Alcohol's harm to others can range from severe physical harm to less severe, such as feeling disturbed. Such harm influences the way people feel and function in their communities. A Lithuanian (Tamutienė, 2017) study showed that in 2014, 63% of the respondents reported at least one harm because of stranger's drinking during the last 12 months. More than 90 percent of the problem drinkers' family members experienced at least one alcohol-related harm. Tamutienė (2015) found that one of ten families in Lithuania live with a problem drinker. Alcohol's harm to others can be very severe. In Lithuania, less than half of the respondents (38%) faced physical violence by people under the influence of alcohol and 42% suffered from emotional violence (State Mental Health Centre, 2013).

The official data usually represents severe harm due to alcohol intoxication in Lithuania. In 2014, drunk people caused 25% of all criminal offences. Furthermore, 75% of domestic violence, 87% of all registered murders and 75% of all committed violence acts in public places were made by drunk people. Of all traffic accidents, 15% were caused by drunk driving. Moreover, 39% of all fatal traffic accidents and 23% of all injuries in traffic accidents occurred under the influence of alcohol (Tamutienė, 2015).

In Lithuania, the total economic burden of alcohol's harm in 2015 has been calculated to reach 320 million EUR in 2015 and 325 million EUR in 2016. These amounts consist of 0.85 percent of overall Lithuanian gross domestic product. The alcohol's harm to others covers 37 percent from overall alcohol's economic burden. Thus, in 2015 AHTO reached 114 million EUR, and in 2016 – 120 million EUR, including costs caused by drunk drivers, work with alcohol misusing families, children (entered into care due to parental alcohol abuse) care cost, and alcohol-related financial cost in the law enforcement system (Štelemėkas et al., 2018).

At the moment, people needing help and services related to AHTO have to apply to the general psychological, medical and social service systems which usually are not adapted to their needs or incompletely meet the needs of this target group. For adults the most popular possible help remains self-help groups as AI-anon. There are 24 of these groups throughout Lithuania. Alateen groups are targeted at teenagers with alcohol problems in the family. There are two Alateen groups in Lithuania located in the largest cities (in Vilnius and Kaunas) (Goštautaitė-Midttun, 2017). During the meetings of these groups, the participants can share their experiences of having, or having had, a problem drinker in their lives. The group members help and support each other.

Other specialized help services are rare and more related to short-term projects. One example is support groups for family members with relatives in treatment in Vilnius ATC. For children with substance misusing parents, Lithuania adopted (in 2005) a Swedish prevention program “Hela människan”. This program is currently the only specialized child support program in schools designed for 6-12-year-old children from substance misusing families (Goštautaitė-Midttun, 2017). Still, implementation of this program is not obligatory for schools, and it was applied only in 20 out of 1147 different schools in Lithuania during 2015-2016 (Auškėlis et al., 2016). This indicates lack of favourable conditions for providing services to relatives, and it is evident that these few services cannot fully meet the needs.

In Lithuania, an ATC is the main specialized statutory organization providing outpatient and inpatient services for persons with addictions. An additional task of ATC is also to ensure assistance and support for relatives of alcohol addicts. From previous research we know that problem drinkers have low motivation for treatment, and that their relatives want to solve the problem of drinking and reach the ATC (Tamutienė et al. 2008). It is important to investigate the attitudes of specialists in ATC towards relatives of alcohol addicts as the individual subjects who need help.

ATC specialists' perception about help possibilities for relatives of alcohol addicts in Lithuania

When the study participants were asked to define their target groups, they all quite clearly separated persons with addictions and their close ones. Most of them admitted that in families with substance misuse frustration, helplessness and tension are dominant feelings. The relationships between family members are tense and both

sides have psychological problems. Despite this, the role of the relatives in the treatment process is mostly considered as supporters and not as separate clients needing help. Warpenius and Tigerstedt (2016) noticed that AHTO is more complex and more indirect than the clear causal link between smoking and harming others around the smoker. So, even if the addiction was recognized as an illness of the whole family, possible help was considered firstly for alcohol addicts, sometimes involving family in the recovering process in indirect ways. For instance, advice about changing the habits of family members were given ('avoid attending celebrations where alcohol is used', 'don't use alcoholic beverages at home when the abuser is there', etc.) and perceptions about addiction as a disease were offered ('don't blame the abuser', 'support in their recovering process', and etc.): *"it is often enough to teach relatives about what kind of mistakes they should avoid in trying to prevent a relapse of the family member returning from treatment"* [Inga, social worker].

Specialists mentioned that they would like their relatives to be more active and willing to contribute to the treatment process as well. However, this was firstly linked with better treatment results in alcohol addicts instead of supporting and helping the relatives themselves: *"If relatives gain knowledge about dependences, the results are faster"* [Agnė, deputy director]; *"...if relatives are involved in the treatment, outcomes are better and the dependent person can reach longer remission"* [Andrius, psychiatrist]. This attitude reveals an individualistic but not family-based approach in understanding what different kinds of actors encounter with harm.

Involvement of children of alcohol addicts in the treatment process is not considered at all, as specialists see their own role as representatives of health care and not of social care: *"We are a health care institution, so we do not work with harm issues"* [Agnė, deputy director]. This attitude shows a clear separation of social and health care services. *"I work specifically with dependent persons and dependence issues. In case of need, I could refer to other institutions"* [Lina, psychiatrist]; *"I believe that each institution must carry out the functions assigned to it"* [Andrius, psychiatrist]. Institutional closure and concentration on the medical side could reduce the possibility to recognize and resolve even the alcohol addicts' problems, as health and social issues usually go together, also in alcohol addicts. These findings are closely related with Tamutienė's (2018) study. Case analysis in statutory child right protection organization disclosed that ATC focused their activities only on the drinker and did not pay attention to the risks caused to the children. Due to that, no reports by ATC pertaining to child neglect and physical abuse were found. Rapp et al. (2006) suggest that different background and training experience of workers creates different perspectives to the clients. As a consequence, the abuser-focused treatment system may construct an individualistic attitude to the main client group and their problems.

Another mentioned problem in protecting children's rights was related with poor collaboration between ATC and other statutory organizations ensuring children's welfare. Confidentiality of patient data and undeveloped mechanisms of team work were the main obstacles. Confidentiality was understood ambiguously in the legislation and in rules of institutions, as well as in professional secrecy. An example

of the undeveloped mechanisms of team work was the formal communication by exchanging official requests by fax between a children's rights protection institution¹ and ATC whether the particular person has been treated in ATC. No further joint team work or common help plan was created together after that. Despite this, some of the participants argued that if they received information about possible harm to children, they would break confidentiality. However, as the information about relatives of the patient including children is collected more formally, the opportunity to notice the harm that the child is experiencing is almost non-existent.

When asked whether patients' relationship with their children is somehow evaluated during the treatment process, many professionals, regardless of their professions, admitted that there were no means for this evaluation. Nevertheless, some of them revealed that they were using the addiction severity index (ASI) in making a semi-structured interview with the patient which is designed to address seven potential problem areas in substance misusing patients: medical status, employment and support, drug use, alcohol use, legal status, family/social status, and psychiatric status. In the part of family/social status, there are two questions on whether the patient is living with the children and whether he/she has ever had serious problems with his/her child. However, it can be argued that this evaluation is insufficient to disclose possible harm done to children. Also, different work methods of specialists showed that there was no common order in ATC, and the need to evaluate this criterion was based on their own professional perception or work method. Furthermore, "*in particular, other topics are more relevant to our patients and not their relationship with children*" [Rita, psychologist]. This indicates that the opportunity to reach relatives in need of help through the relations of patients is untapped in Lithuania. Even good accessibility for specialists to reach the family members in this case does not lead to realistic actions.

Services to relatives in ATC and outside them

In evaluating available services for relatives in ATC, four specialists out of 11 admitted that no services were directed to them. Other specialists noticed a possibility to receive individual consultations provided by psychiatrists, psychologists or social workers, but acknowledged that such consultations were not frequent because of the overload by direct work with alcohol addicts. Consultations of relatives were recognized as additional and not always perceived as part of their professional competence: "*We consult relatives if they show need for it*" [Gita, social worker]; "*Essentially, if they come to me by themselves, I might consult them*" [Ignė, social worker]. This indicates that relatives should actively seek help themselves, otherwise,

¹ The institutions of Children's Rights Protection are statutory organizations located in all municipalities of Lithuania which implement the United Nations Convention on the Rights of the Child of 1989, carry out the protection of the rights of the child, protect the rights and lawful interests of the child in accordance with the procedure established by law, organizes and supervises the care without the parental custody of children (<https://socmin.lrv.lt/lt/veiklos-ritys/seima-ir-vaikai/vaiko-teisiu-apsauga-igvendentancios-istaigos/vaiko-teisiu-apsaugos-skyriai>).

services may not be offered. The analysis of the research data also showed that social workers and psychologists more frequently than psychiatrists consulted the relatives or suggested to do that. This might be explained by a stronger orientation with social care and not only with health in their work. It seems that psychiatrists still understand themselves as caring mostly about health issues and because of this, they often draw a strict line between these services. Consequently, this means that the help may be limited to health issues.

In the biggest ATC in Vilnius, there are additional services for relatives. They have support groups for family members whose relatives are in the treatment. The analysis of the interview data showed that specialists' understanding about how the assistance for relatives should look like was linked to learning methods about addiction illness. This being the case, it is unclear how much these lessons can meet the needs of the relatives: "*...when relatives learn to recognize their false beliefs and behavioural patterns, they not only feel better about themselves, but also can more effectively participate in the process of rehabilitating the alcohol addicts*" (State Mental Health Centre). Vilnius ATC also implements the Swedish prevention program 'Hela Människan'; still, this help and support possibility for children of substance misusing parents exists only in one ATC located in Vilnius.

Self-help groups as Al-anon and Alateen remain the main and best-known external services where professionals are referring to the close ones; this indicates that responsibility for help is moved from the institutional to the individual level. All specialists admitted that self-help groups were the basic assistance and some of them recognized these groups as the only possible services for the close ones in our social service system.

The situation with the help for children with substance misusing parents was even worse. Specialists admitted that getting help for children was more difficult as professionals should be specially prepared to work with this type of group. Hence counselling services in ATC are not available for children. Itäpuisto (2014) found that children of substance-abusing parents and their needs of help are often ignored in the substance-abuse treatment process and children rarely receive direct help. This exclusion was most often connected with individual, not family-based approach and with specialists considering substance abuse treatment clinics as not suitable places for helping children. An Australian study revealed that professionals did not support children because the workers had a treatment relationship with their parents and saw them as their main clients. Professionals also thought that they did not have appropriate competence to work with children (Moore, Noble-Carr, McArthur, 2010).

Despite this, controversially, when asked to share their opinions whether there was enough assistance for close ones in the Lithuanian social service system, six specialists agreed that there was enough assistance offered but "*...relatives do not use enough the existing services by themselves*" [Gita, social worker]; "*...relatives themselves do not want to contribute to the treatment*" [Justė, psychologist]; "*...services are available, but they could be more developed*" [Inga, social worker]. This indicates that specialists do not completely recognize AHTO as a reason to get

separate help and support. Also, some blaming was noticed among professionals' perceptions of relatives: "...relatives do not want to change themselves" [Andrius, psychiatrist]; "Often relatives do not tend to cooperate. They think that it is the dependent person's problem and that only she/he, but not they must change their behaviour and make some efforts" [Rita, psychologist]. Despite this, one psychologist admitted that "In Lithuania there aren't any free services (covered by health insurance fund) for relatives" [Viltė, psychologist]. Even if self-help groups and a few additional services exist in our social services system, they are insufficient for ensuring proper help. Also, the probability to reach these social services is greater in larger cities, whereas the situation in rural areas is extremely poor. Another social worker argued that "...if there was a need for relatives to get help, it would be already recorded as a service" [Ignė, social worker]. This attitude portrays the possible harm for relatives because the drinker is not recognized even by some professionals who have a lot of knowledge and experience in dealing with addictions. Due to this, we need to understand that only if all the parties commit to working jointly toward the same goals and are open to innovative approaches, successful outcomes can be achieved (Child Welfare Information Gateway, 2009). A more holistic, family-based approach needs to be implemented by providing various types of services for both adults and children (Kroll, Taylor, 2000; Kroll, 2004).

Conclusions

1. Despite the fact that official statistics and research in Lithuania show very serious and severe alcohol-related harm to others than the drinker, alcohol control policy focuses only on the alcohol addicts. Based on the study results, we argue that relatives of alcohol addicts also need help and they should not be seen only as a treatment resource. AHTO should be included in the policy agenda as a separate subject. Harm to relatives must not be ignored and assistance should be provided to them as separate form of help.

2. This study endorsed the assertion that social services for relatives are insufficient at the state level. We revealed that ATC specialists recognize and understand stress and other problems experienced by relatives; despite this, the focus remains on the needs of alcohol addicts. The content of work methods with relatives showed a tendency to teach them how to help a drinker instead how to help themselves. The assistance to relatives mostly means referring them to self-help groups.

3. In Lithuania, there are no specific and long-lasting social services for relatives and children with substance misusing parents. Exceptions to this are the prevention program "Hela Människan", Al-anon, Alateen self-help groups. Al-anon and Alateen self-help groups are recognized as cost-free and effective services available for all adolescents in crisis, for a long period of time, but poor availability of groups creates limitations. More specialized services such as group therapy or psychological counselling would be relevant here.

4. Besides gaps in the social services system, ATC specialists' perceptions

revealed the ways of dealing with AHTO. Analysis of the interviews disclosed that ATC professionals see their clients quite narrowly. Most attention is paid to the alcohol addicts because of treatment institutions' concentration on health but not on social care. The abuser-focused treatment system constructs an individualistic attitude to the main client group and their problems. Collaboration and an official agreement between ATC and child right protection institutions are unresolved questions. Possibilities to change the outdated work methods need to be considered.

5. Our study revealed one more problem: professionals did not only see alcohol addicts as their target group, but at the same time considered relatives as supporters of the alcohol addicts and not as separate clients who also need help. Help for relatives was considered as providing them with information about addiction illness and suggestions on how to contribute to the recovery process of alcohol addicts. Consequently, it can be said that the treatment of alcohol's harm to others than the drinker is still confused by levelling off the harm to the drinkers with harm to others, sometimes not evaluating how strongly we are concentrated to the drinker.

6. Our analysis also highlighted that specialists were not sure about the need to ensure separate services for close ones in ATCs and outside them. Some professionals argued that there were no services in ATC for relatives, which indicates that some of them did not work with relatives at all. These gaps are probably related with unclear social care policy and institutional rules which in part affect specialists' perceptions about work with relatives as extra work. The limited understanding of specialists about AHTO is a possible threat to the society's well-being.

Acknowledgement

We are really grateful to the research participants. The authors wish to thank the research professor Marja Holmila for her valuable comments on the article. Our thanks to all the staff from Alcohol, Drugs and Addictions unit (National Institute for Health and Welfare, THL, Finland) because of their support, advice and help during the writing process of this article.

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Specialistų, dirbančių priklausomybės ligų centruose, požiūris į alkoholio žalą geriančiųjų artimiesiems: Lietuvos atvejis

Anotacija

Šio straipsnio tikslas yra atskleisti specialistų, dirbančių priklausomybės ligų centruose, patirtis teikiant paslaugas priklausomų asmenų artimiesiems. Straipsnis remiasi duomenimis gautais atlikus pusiau struktūruotus kokybinius interviu su 11 specialistų, dirbančių priklausomybės ligų centruose. Lietuvoje ne tik alkoholio suvartojimo lygis yra aukštas, bet ir su juo susieta žala. Tai atskleidžia ir oficialios statistikos duomenys ir moksliniai tyrimai.

Tačiau alkoholio žalos valdymas yra problematiškas. Politiniame lygmenyje alkoholio žala sufokusuota į geriantįjį, kitų patiriama žala yra ignoruojama. Priklausomybės ligų centruose dirbančių darbuotojų dėmesys sukonzentruotas į geriantįjį, o jo artimieji matomi kaip papildomas gydymo resursas. Galima manyti, kad be sisteminių pokyčių, dėl medikalizuoto ir tik į geriantį centruoto požiūrio į priklausomybės ligas, paslaugos artimiesiems gali išlikti neprieinamos. Dėl darbuotojams tenkančių didelių darbo krūvių, kylančių etinių dilemų ir duomenų konfidencialumo, reikalingi atskiri specialistai dirbantys su priklausomų asmenų artimaisiais ir vaikais. Taip pat svarbu stiprinti specialistų gebėjimus atpažinti alkoholio žalą kitiems nei geriantysis. Valstybė turi prisiimti atsakomybę už pagalbos teikimą tiek priklausomiems asmenims, tiek jų artimiesiems.

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Straipsnis įteiktas redakcijai 2019 m. sausio mėn.; recenzuotas; parengtas spaudai 2019 m. kovo mėn.