

# Piloting Self-Help Groups for Alcohol Use Disorders in Saint Vincent/Grenadines

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## ABSTRACT

**Background:** Although alcohol consumption is recognized as a global problem, little research to date explores treatment options for alcohol use disorders in developing nations. Given the scarce mental health resources available in Saint Vincent and the Grenadines, community self-help programming for alcohol use disorders could potentially provide an important complement to the existing mental health services.

**Objective:** The aim of this study was to gather baseline data on knowledge and attitudes toward alcohol consumption among community members, and subsequently, to pilot self-help rehabilitation programs for alcohol use disorders, while determining factors that affect the feasibility and sustainability of such programs.

**Methods:** Focus groups were conducted in 3 communities to discuss community perceptions of alcohol use and the feasibility of self-help programs. Focus group findings guided the development and implementation of the self-help groups. A post-intervention focus group was held to determine the effectiveness and community-wide effect of the self-help programs.

**Findings:** Focus group participants agreed that alcohol consumption was a problem in Saint Vincent, leading to underage drinking and violence. Suggestions to encourage self-help meeting attendance included organizing group activities and providing visuals to illustrate alcohol's effects on health. Self-help group members were surveyed about their group experience. Of the 35 members surveyed, 77% said the group was very helpful, and 91% indicated that they would attend again. Postintervention focus group participants stated that individuals had reduced alcohol consumption after attending at least 1 self-help meeting.

**Conclusions:** Elements that contributed to the sustainability of self-help groups included strong local leadership from district health nurses as well as willingness of participants to seek support. However, efforts need to be made to increase community awareness of alcohol use disorders and its associated dangers. Our results suggested self-help programs to address alcohol use disorders are a feasible intervention in Saint Vincent that warrants further development, dissemination, and exploration.

**Key Words:** alcohol use disorders, global health, mental health, Saint Vincent and the Grenadines, self-help

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## INTRODUCTION

Health care systems in developing countries face considerable challenges in providing mental health care, as the poorest nations allocate less than 1% of their health budgets toward mental health.<sup>1</sup> Government spending for mental health care is disproportionately low relative to the

disease burden.<sup>1</sup> Alcohol use disorders (AUDs) make up a major component of the global mental health challenges, as more than 5% of the global burden of disease is attributed to substance use.<sup>2,3</sup> AUDs refer to a spectrum of alcohol-related problems, ranging from misuse, to abuse, and dependence.<sup>4</sup> Because mental health systems in many developing countries are underdeveloped, treatment options often are very limited.<sup>5</sup> Although harmful alcohol consumption is recognized as a global problem, there is a dearth of research that explores treatment options for AUDs in low-resource settings. Limitations in health care resources in developing countries dictate the need for implementation of cost-effective interventions to lessen the burden of alcohol use on individuals and communities.

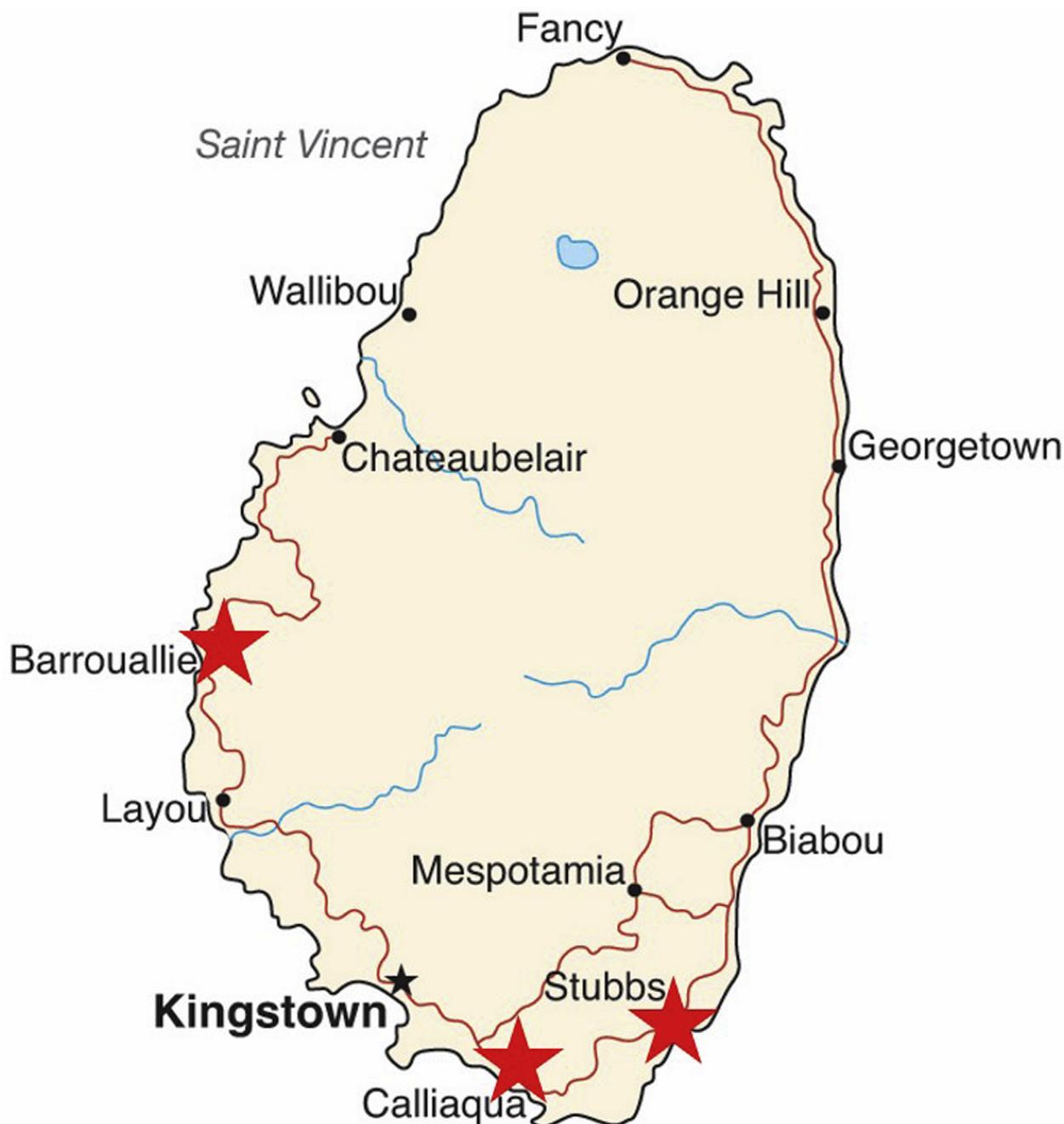
Saint Vincent and the Grenadines is a middle-income country located in the Eastern Caribbean and has a population of fewer than 110,000.<sup>6</sup> The majority of Saint Vincent and the Grenadines' inhabitants live on the main island of Saint Vincent, while the

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**Figure 1.** Map of Saint Vincent (the Grenadines excluded) indicating the pilot communities of Barrouallie, Calliaqua, and Stubbs. © Map Resources.

32 islands that make up the Grenadines are less populated.<sup>6</sup> In 2004, there were 4.1 deaths from AUDs per 100,000 people in Saint Vincent and the Grenadines, which is nearly double the rate of the United States and among the highest rates worldwide.<sup>7</sup> Meanwhile, a 2009 World Health Organization report found that substance use problems were second only to schizophrenia as reasons for inpatient and outpatient psychiatric care in Saint Vincent and the Grenadines.<sup>6</sup> Thus, there is a great need to address AUDs as a major facet of the mental health challenges in Saint Vincent and the Grenadines.

The citizens of Saint Vincent and the Grenadines have access to a sprawling public health system consisting of 39 district health centers organized into 9 districts.<sup>8</sup> On the other hand, it has a highly centralized public mental health system based around the country's only psychiatric hospital, the Mental Health Center near the capital of Kingstown. The Mental Health Center itself is a largely custodial 160-bed facility that is overcrowded with more than 200 patients.<sup>9</sup> Given the scarce health and mental health resources available in Saint Vincent and the Grenadines, community-based self-help programming for AUDs could potentially provide an

important complement to resources being tapped in the existing mental health services.

Alcoholics Anonymous (AA) is a worldwide organization that offers support in achieving recovery from alcoholism through mutual self-help groups. Based on principles known as the Twelve Steps and Twelve Traditions, AA's rates of abstinence are about twice as high among those who attend AA meetings than those who do not.<sup>10</sup>

This article describes a pilot intervention to implement community-based self-help groups based on AA in Saint Vincent and the Grenadines for individuals with an AUD. The aims of this study include gathering baseline data on knowledge and attitudes toward alcohol consumption among community members in Saint Vincent and the Grenadines and using this information to inform implementation of community self-help rehabilitation programs to address AUDs. In the process of implementation, we sought to gather data on the factors determining the feasibility and sustainability of such programs. This intervention was approved by the institutional review boards of the Icahn School of Medicine at Mount Sinai in New York City and the Saint Vincent and the Grenadines Ministry of Health.

## METHODS

The pilot communities (Fig. 1) of Barrouallie, Calliaqua, and Stubbs were chosen at the recommendations of the consultant psychiatrist and the senior nursing officer for mental health at the Saint Vincent and the Grenadines Ministry of Health, based on prior professional relationships with the communities. The populations of the host districts for each community are as follows: Barrouallie in Pembroke District, population of 18,232; Calliaqua and Stubbs in Calliaqua District, population of 26,190.<sup>8</sup>

Seven preintervention focus groups were held in the pilot communities, with 5 to 11 participants in each group. The nursing staff from local district health centers recruited preintervention focus group participants from among their catchment area patients. Focus group discussions were held in the pilot community's district health center, and led by the senior nursing officer (Fig. 2). Focus groups were structured around a focus group guide (available upon request) that included questions for participants concerning community perceptions of alcohol use, the feasibility of self-help programs for AUDs, and ideas for recruitment into these programs. Participants were given a copy of the AA Twelve Steps and Twelve Traditions, in addition to a self-help group guide, which summarized the anticipated format of the self-help groups.

The qualitative information gathered from the focus groups informed the rollout of the self-help groups. Self-help group participants were recruited by word of



**Figure 2.** Preintervention focus group at the Barrouallie Health Center.

mouth, posted flyers, a radio segment, and the efforts of the district nursing staff in each community. A field investigator facilitated the self-help group meetings. The meetings included participant introductions, reinforcing the importance of confidentiality, reading the AA Twelve Steps and Twelve Traditions aloud, sharing personal experiences involving alcohol, and attempting to identify a group leader. In 2 or more self-help group meetings, food was provided, the field investigator gave a presentation on the detrimental effects of untreated AUDs, and a video of the effects that alcohol consumption can have on the human liver was shown. At the end of each meeting, self-help group participants were asked to complete a post-participation questionnaire, which consisted of a series of closed-ended questions and a request for written suggestions to make the self-help group more helpful.

A postintervention meeting of the original focus group members was conducted following the rollout of the self-help groups to assess the perceived effectiveness and sustainability of the programs.

## RESULTS

### Preintervention Focus Groups

Common themes among focus groups included:

- Alcohol consumption is a problem in Saint Vincent and the Grenadines
- Underage purchasing and use of alcohol are uncontrolled
- Alcohol consumption can lead to violence in the home and community
- Men and women spend less time at home with their families and more time out drinking
- Show how alcohol affects people internally
- Hold group meetings away from the clinic

Quotations from the preintervention focus group participants were recorded, and direct quotes to exemplify the common themes are shown in Table 1.

**Table 1. Direct Quotes Exemplifying Common Preintervention Focus Group Themes**

Themes	Quotes
Alcohol consumption is a problem in Saint Vincent and the Grenadines	"[Alcohol use is a] serious problem because some people use alcohol to get rid of problems. When they are intoxicated, they cause even more problems."
Underage purchasing and use of alcohol are uncontrolled	"Sometimes parents ask children to buy alcohol for them; so many children grow up in a home with alcohol."
Alcohol consumption can lead to violence in the home and community	"Drinking alcohol has reached an extent where people start killing each other for a drink of rum—they say the reason is because someone has taken their rum."
Men and women spend less time at home with their families and more time out drinking	"Lots of these young boys and men spend less time at home because they are always drinking and having a good time in the 'rum house'."
Show how alcohol affects people internally	"Show people how [alcohol] affects them internally ... [with] images and videos of how it affects the body."
Hold group meetings away from the clinic	"Have meetings in people's areas instead of having them come to the clinic."

Although few focus group participants had heard of AA, many believed self-help groups could work in Saint Vincent and the Grenadines if individuals were willing to seek help. To encourage meeting attendance, focus group participants suggested organizing church services or beach outings as activities for members to partake in. Focus group participants also suggested providing visuals to show the effects that untreated AUDs have on health. Focus group participants interested in joining future focus groups provided a phone number to the field investigator.

### Self-Help Groups

Of the 12 self-help group meetings organized, 7 included 0 to 1 participants, whereas 5 meetings included at least 2 participants. Three meetings in Barrouallie consisted of 10 participants; these participants included both returning members and new members. The total number of participants across all meetings was 35.

During the self-help group discussions, the field investigator read the AA Twelve Steps and Twelve Traditions aloud. Although participants did not volunteer to read these principles aloud, they were willing to share personal experiences with alcohol. Many participants said that they could stay away from alcohol if they really tried. Although participants were not responsive to the presentation on the detrimental effects of untreated AUDs, many were visibly jarred by a video that showed what alcohol can do to the liver. Participants also said that they preferred group meetings to be held outside of the health center. At the conclusion of each group meeting, participants completed a postparticipation questionnaire that provided feedback on the usefulness and value of the groups. Many participants required assistance reading and completing the postparticipation questionnaire.

All 35 self-help group participants completed a postparticipation questionnaire. Twenty-seven participants

(77%) indicated that the self-help group was very helpful; 30 (86%) said the group could help them overcome their problem with alcohol; and 3 (9%) indicated that they did not have a problem with alcohol. Thirty-two participants (91%) felt comfortable within the group; 32 (91%) indicated that they would attend another meeting; and 33 (94%) indicated that they would recommend the group to others.

Of the 35 postparticipation questionnaire respondents, 32 were from Barrouallie. In Barrouallie, food was used as an incentive to encourage meeting attendance, and the highest participant turnout coincided with the 3 times food was provided. In Calliaqua, 3 participants attended 1 self-help group meeting. The meeting was held outside of a rum shop, at the request of those interested in joining the group. After the first successful meeting in Calliaqua, however, participants did not return for a second meeting. In Stubbs, the self-help group meetings were scheduled to take place at the Stubbs Polyclinic, but no groups were successfully started in this community.

### Postintervention Focus Group

Time limitations permitted only members of the Barrouallie preintervention focus groups to be gathered to participate in a postintervention focus group meeting. Four members of the original focus groups participated. They felt that there was not an increased knowledge of the dangers of AUDs in their community, especially among young people. However, the focus group participants knew of people who had cut down on alcohol consumption after attending at least 1 self-help group meeting. Direct quotes from focus group members are shown in [Table 2](#).

Suggestions to encourage self-help group attendance included:

**Table 2.** Postintervention Focus Group Quotes**Quotes**

Regarding increased knowledge of the dangers of alcohol use disorders: "There is no awareness in the community the way that there is hurricane awareness."

"Some of the people are not drunk every day like they used to be."

"If the group members have jerseys, they can be recognized by the community."

"The people who have been attending seem to be very interested in the group, but you get the feel that they don't want to stay in the clinic. They want to go on an outing, or to church, and do activities."

"Put a video of healthy and unhealthy livers up in the park so that people who are passing will stop to see what is going on."

- Media advertisements
- Educational sessions
- More involvement of family members
- Continue posting flyers and making community announcements
- Encourage participants to invite others to join the group
- Invite recovering alcoholics to attend meetings and be motivational speakers
- Show images and videos of healthy and diseased livers in public

## DISCUSSION

AUDs contribute substantially to the global burden of disease, and although most of the people affected—75% in developing countries—do not have access to treatment, there is a deficiency in the literature to address treatment options in low-resource settings.<sup>11</sup> This study sought to ascertain whether self-help groups could be established in Saint Vincent and the Grenadines to address this need, especially given the scarce health and mental health resources otherwise available there.

The qualitative data gathered from the pre-intervention focus groups informed the implementation of the self-help groups. Holding meetings away from the health center was suggested by the focus groups, and later requested by self-help group participants. Although 1 successful meeting occurred outside of a rum shop in Calliaqua, no participants attended a second meeting there. All meetings in Barrouallie took place at the health center due to the lack of another available space in the community.

Also at the recommendation of the focus groups, the field investigator presented a video depicting alcohol's effects on the liver at the self-help group meetings. Participants were noticeably shaken, and the reactions to the video led to further discussions. Although all self-help group participants joined the group discussions, some were more willing than others to share their personal alcohol-related experiences and motivations to quit drinking. However, we experienced difficulty in identifying a single group leader. The Barrouallie group

members agreed to alternate the role of the group leader each week.

At the close of the study, only the Barrouallie self-help group remained active, continuing to meet as well as to recruit new members. Community involvement, especially by district nursing staff, appeared to be vital to the sustainability of the group in Barrouallie. The staff nurse in Barrouallie was uniquely active in going into the community and inviting people who were known to drink heavily to the self-help group meetings. The staff nurse also ensured the group's use of a private space in the clinic to hold meetings.

Another element that contributed to the sustainability of the group in Barrouallie was the willingness of participants to seek support. A number of members attended more than 1 meeting, and showed interest in inviting others to join the group as well. At the surprising request of the Barrouallie group members to the research team back in New York City, t-shirts endorsing alcohol abstinence were designed and sent to Barrouallie. The t-shirts say: "Alcohol can cause as much damage as a hurricane ... I can't control the weather, but I can control my drinking." These t-shirts will be used to help promote group efforts.

Our findings should be considered within the context of the study's limitations. First, the convenience sampling method was used to obtain baseline data and trends regarding knowledge and attitudes toward alcohol consumption among community members. This method of sampling is exposed to selection bias, and may have resulted in oversampling of people that came to the health center during the recruitment period while not representing people who did not attend the clinic during the recruitment period. Additionally, the small study population of self-help group participants does not allow for conclusive evidence of the intervention's efficacy. Returning members were not accounted for in the completion of postparticipation questionnaires, and may be an important factor in the responses received. Additionally, there was no verifiable uniformity of the self-help groups' operations, as we sought to balance the anticipated format of the meetings with suggestions from the focus groups and the interests of the self-help group participants.

Although results from this study suggest that self-help programs to address AUDs are a feasible intervention in Saint Vincent and the Grenadines, the challenge lies in ensuring that these programs are sustainable and scalable. We hope to learn more from the established self-help group in Barrouallie and failed groups in Stubbs and Calliaqua, with the intentions of trying to implement postintervention focus group findings, and in anticipation of expanding the program to more communities. The hope is that the established self-help group in Barrouallie will serve as a model for dissemination, and that group members will be advocates for alcohol abstinence throughout Saint Vincent and the Grenadines.

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