

# Disrupting 'valid denial' amongst harmful drinkers with continuum beliefs

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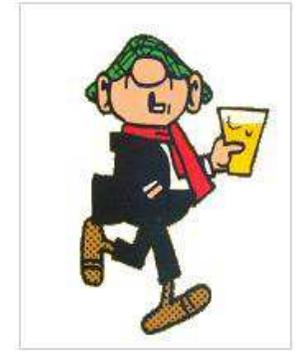
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# Overview

- Harmful drinkers are an overlooked population:
  - Do not access treatment
  - Unlikely to respond to brief interventions
  - Characterised by ‘denial’ i.e. low problem recognition
- Limited research exploring ways to increase problem recognition as a first step to behaviour change
- One opportunity may be via promoting ‘continuum beliefs’
- My PhD studies sought to explore this...

# Harmful drinkers?

- Defined as consuming alcohol at levels which are already causing negative psychological or physiological effects (e.g. ICD-11) [1]
- In the UK, harmful drinkers also defined as either:
  - 35+ (women) or 50+ units (men) per week
  - Score 16+ on the AUDIT\*
- Distinguished from ‘dependent drinkers’ (i.e. ‘subthreshold’) i.e. score low on dependence measures (SADQ/LDQ)\*\*
- But outnumber dependent drinkers by more than 2:1 e.g. in England 1.3 million harmful drinkers versus 600k dependent\*\*

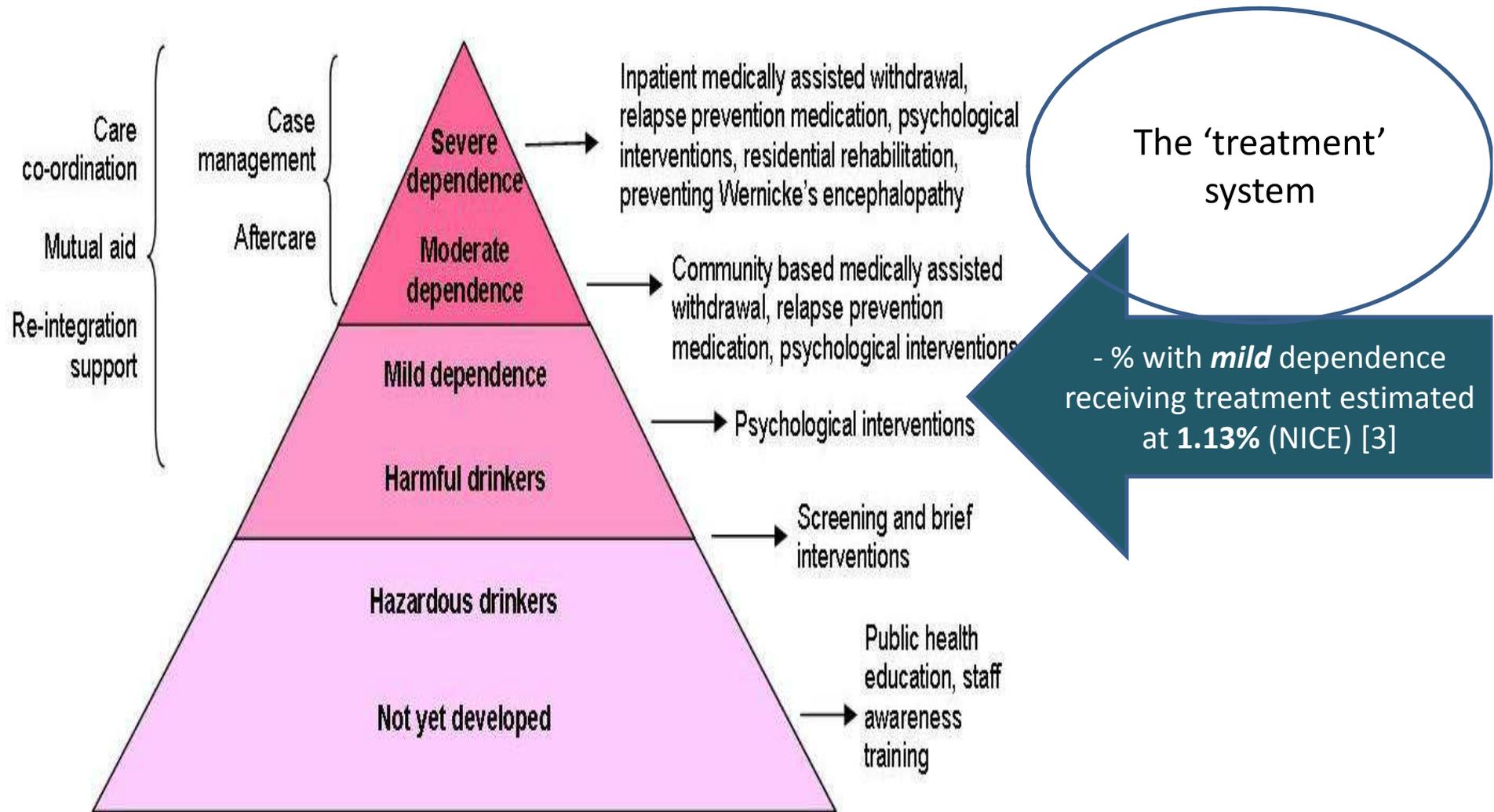


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\*Alcohol Use Disorders Identification Test

\*\*Based on a moderate/severe dependence criteria (Pryce et al. 2017) [2]

# Stepped care model: before 'rock bottom'?



NICE alcohol guidance: CG115 (2011)

# But...

Harmful drinkers have **low ‘problem recognition’**:

- Do not describe their drinking as problematic [4] or recognise associated health problems [5]
- Underestimate their drinking more than any other group [6]
- Drinking often an important part of their identity [7]
- Rarely engage in ‘treatment’ [8]
- Point to ‘others’ as problem drinkers e.g ‘alcoholics’ [9, 10, 11, 12]



# Harmful drinkers: 'valid denial'?

- 'Denial' may be an easy lay explanation for low problem recognition, but 'denial' is complex, poorly defined etc. [13]
- Valid reasons for low problem recognition may include:
  - Still meeting responsibilities [7]
  - Drinking pros seen as > cons [14]
  - Normative misperception [6]
  - Fear of stigma/labelling [15, 16]
  - **'Binary thinking': lack of an available language/framework to understand their drinking..?** [17, 18]



*The Nile:  
"Not just a river in  
Egypt"?*



# Binary thinking..?

- Human tendency to categorise things i.e. to help simplify and makes sense of the world [19] & ease cognitive load [20]
- The addiction/alcoholism false binary reflects lack of an adequate framework for harmful drinkers to assess their drinking [21]
- E.g. ‘Am I an alcoholic?’ [22]
  - YES/NO?



*“For every complex problem there is an answer that is clear, simple, and wrong.”*

H. L. Mencken

# Navigating binary frames?

The screenshot shows the top navigation bar of the BBC News website with links for News, Sport, Weather, iPlayer, and TV. Below this is a red banner with the word 'NEWS' in white. Underneath the banner are links for Home, UK, World, Business, Politics, Tech, Science, Health, and Education. The article title 'Should there be a word for an 'almost alcoholic'?' is displayed in a large, bold, black font. Below the title, the author's name 'By Olivia Sorrel-Dejerine' and 'BBC News Magazine' are listed. At the bottom of the article header, the date '8 January 2014' and the category 'Magazine' are shown.



*How else can we frame alcohol problems to avoid the false binary?*

*“My name’s Adrian Chiles, and I’m not an alcoholic... at least, I don’t think I am...?”*

*Adrian Chiles, ‘Drinkers Like Me’  
2018*



# The potential of 'continuum beliefs'?

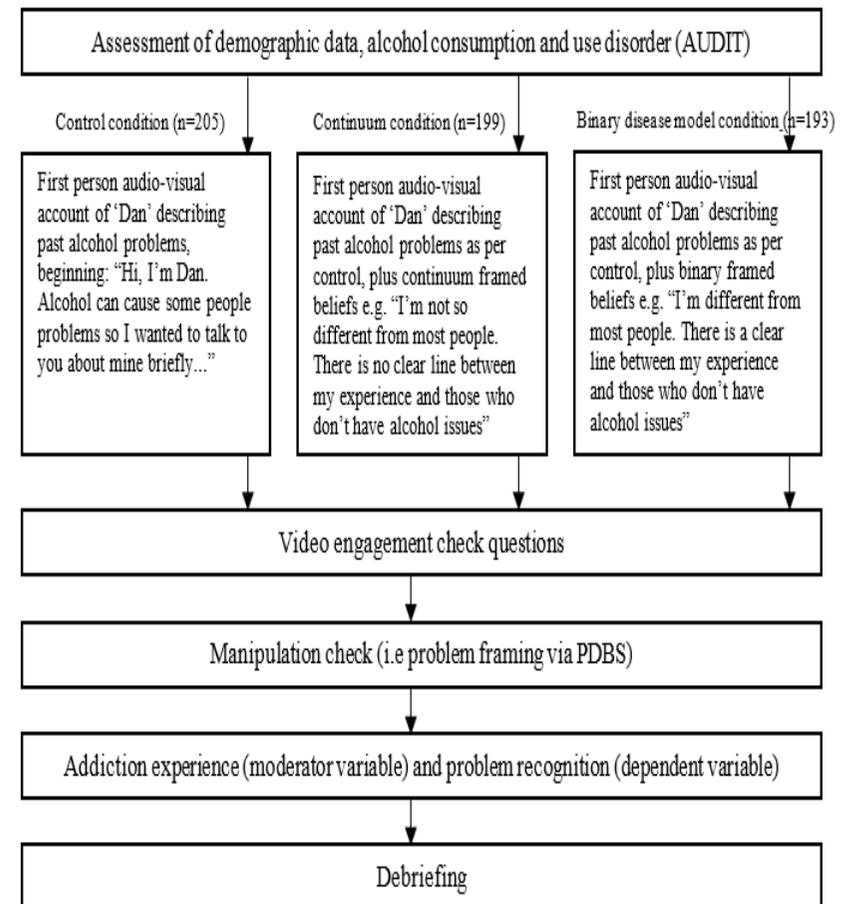
- All drinking and problems can vary in severity
- I.e. 'anyone who drinks can experience alcohol problems'
- Promoting continuum beliefs has been positive in the context of mental health help-seeking and stigma [23]
- My PhD study 1 sought to test continuum vs binary beliefs amongst harmful drinkers..

'Have a word'  
version of the  
AUDIT-C



# Study 1 design

- Online experimental study recruitment via social media (n=579)
- Primary hypotheses:
  - Continuum beliefs would increase problem recognition amongst harmful drinkers without addiction experience
  - Binary disease model beliefs would decrease problem recognition amongst harmful drinkers without addiction experience
  - No effect of condition on non-harmful drinkers or those with addiction experience



Note: AUDIT=Alcohol Use Disorders Identification Test, PDBS=Problem Drinking Belief Scale

Fig.1 Design of the study

# Study 1 design

Conditions used a first person audio-visual vignette based on narrative persuasion techniques



*“Hi, I’m Dan. Alcohol can cause some people problems so I wanted to talk to you about mine briefly...”*

Continuum extract:

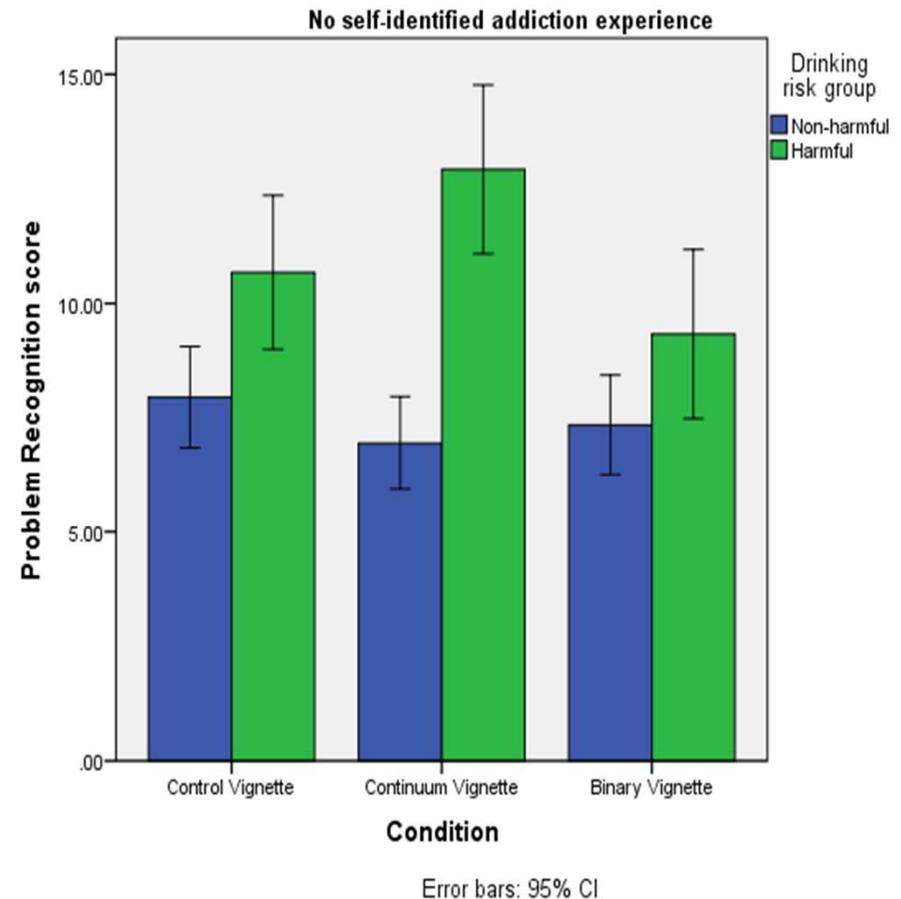
*My drinking had become a problem but I’m not so different from most people. There is no clear line between my experience and those who don’t have alcohol issues - anyone could develop a problem with alcohol if they drink heavily...”*

- Manipulation check confirmed predicted differences in beliefs
- Difference between Conditions on the continuum ( $F(2, 594) 8.91, p < .001, \eta^2 = .029$ ) and BDM ( $F = (2, 594) 15.62, p < .001, \eta^2 = .050$ )

# Study 1 results (accepted)

## Main effects:

- Harmful drinkers with no self-identified addiction experience had higher problem recognition in the continuum condition versus control ( $p=.007$ ) and binary ( $p<.001$ ) conditions
- But no significant difference between binary and control
- As predicted, no effect of condition on non-harmful drinkers or those with addiction experience



# Continuum belief mechanisms?

- Alcohol and addiction problems are highly stigmatised; people want to avoid the negative consequences of belonging to the stigmatised 'out group'
- Thus protection from self-stigma may be a key motivation to 'other' e.g:
- People state not wanting treatment because it will confirm their status as an 'alcoholic' and therefore become a target for prejudice and discrimination
- Or... continuum beliefs simply provide a more logical framework for self-evaluation...

# Contact & thanks

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- With thanks to Alcohol Change UK and LSBU for support
- Supervisors Prof Tony Moss, Prof Ian Albery, Prof Nick Heather



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# References

On request