

Attitudes and beliefs of Swiss stakeholders towards patients with alcohol use disorder in Switzerland: comparison between primary care, specialists, insurance, and legal expert

Summary

Alcohol use disorder (AUD) is highly stigmatised and often viewed through the lens of moral judgement. Normative notions of personal responsibility and blameworthiness, strength or weakness of character, self-control or self-discipline almost certainly affect views on drugs and drug use, even among experts. This raises the question of what beliefs influential stakeholders hold about AUD and how these relate to current medical notions of AUD.

Furthermore, there is a backdrop of Swiss legislation on work disability, in particular the disadvantaging of people with AUD with respect to the medical assessment of work ability. Under current legislation, and unlike other mental disorders, AUD *per se* is exempt from disability benefits and, when co-occurring with another disorder, patients are required to first undergo detoxification before qualifying for an occupational medical assessment. Such legislation suggests an underlying notion that AUD is a "non-organic" illness, and can be in principle overcome by sufficient mental effort on behalf of the affected. This notion is at variance with current medical conceptualizations of AUD as at least partly biologically caused. In this respect, Swiss legislation differs from that in other countries, such as Germany and Austria, where AUD is considered a disorder that independently qualifies as sufficient grounds for a work ability assessment.

The present study aims at examining this question in four Swiss stakeholder groups: legal experts, insurance medical experts, therapists treating AUD, and general practitioners. Using a mixed methods study design, quantitative data will be collected by online survey, and qualitative insights extracted from focus groups interviews. The online questionnaire will cover the broad areas "knowledge" (verifiable facts on AUD), "attitudes" (moral judgements and illness concepts), and opinions on the best treatment of people with AUD (we refer to participants' responses summarily as "beliefs"). Focus group interviews will add richness and depth to the analysis, for example by providing additional background for participants' responses.

The results of this study have the potential to inform several important issues:

- The nature of popular beliefs about AUD, their prevalence and strength;
- Their heterogeneity or "misalignment" among stakeholder groups;
- Their distance from a current medical understanding ("disease model") of AUD;
- The potential need for further education and training regarding AUD;
- Possible explanations for beliefs about AUD by identifying narratives and concepts underlying them.