

# **E-Health**

**How can the Internet be  
used for the treatment of  
alcoholics and their  
families**

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# The situation in Switzerland I

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- Population of 7,200,000 inhabitants, 3 main languages (Swiss-German, French and Italian)
- High total consumption of 11 liter pure alcohol per inhabitant 15 years +
- About 300,000 alcohol-dependent persons (CAGE)
- At least 50,000 children in addicted families

## The situation in Switzerland 2

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- Switzerland: very urban, faraway valleys, the population is not very mobile, in the urban area within 30 km there are at least two ambulatory treatment centers.
- The treatment system is mainly state organized, financed by the state and the health insurance.
- Self-help underdeveloped: AA, Blue Cross and IOGT-Switzerland
- But: Alcoholism is very stigmatized, very often a high social control at the place of residence

# Advantage of the Internet for the client

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- It seems like having 24 hours services
  - Reachable without space limits
  - Absolutely anonymous
  - Information is easy to find (searchmachines like GOOGLE)
- = extreme low level offer

## Risks for the user

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- The quality of the information is hard to check
- Very often the consultation is limited (from the provider of the service)
- The user gets the feeling of being informed
- A bad presentation of the information is frequent -> lost of time and energy (motivation?)
- Background and intention of the provider is not clear
- The way of the communication leads perhaps to a consulting that is less personal and more superficial

# Advantages for the provider

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- Producing information at reasonable prices
- Quick actualization possible
- It is possible to offer a large amount of data
- Better link to the clients (with Newsletter a.s.o)
- No costs for postage or distribution
- Getting in touch with clients which would never come to a treatment centre
- Consulting possible during 24 hours, also from home
- Lead over the concurrency (other treatment centers)

## Risk for the provider - information

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- Underestimating the needed effort for the daily actualization
- Quality – worldwide control of the given information
- The site gets confusing if there is too much information (input)
- Main topic seems to offer not enough information: losing profile by taking additional information.

# Risks for the provider - consulting

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- High demands on the consulting
  - Anonymity (who is really asking?)
  - Public control (everybody can read the answers)
  - See the limitations and act (does the Internet as medium function with this client or is a personal contact needed)
- Overcharge in time by too many questions
- Readiness to pay for this service is very limited

# Different forms of E-consulting

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- By E-Mail -> for therapeutic settings
- Forums -> for general questions / consulting by peers
- Chats -> Work with / in groups (self-aid)
- Questions – Answers -> First contacts / information
- And always: info@.....

# Offer of the SIPA

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- You're asking, we're answering.
- No personal information needed, not even an E-Mail address.
- The answer can be found by a self-choosen pseudonym
- Privat communication possible; normally everthing is public
- No possibility to contact the client

# Design of the evaluation

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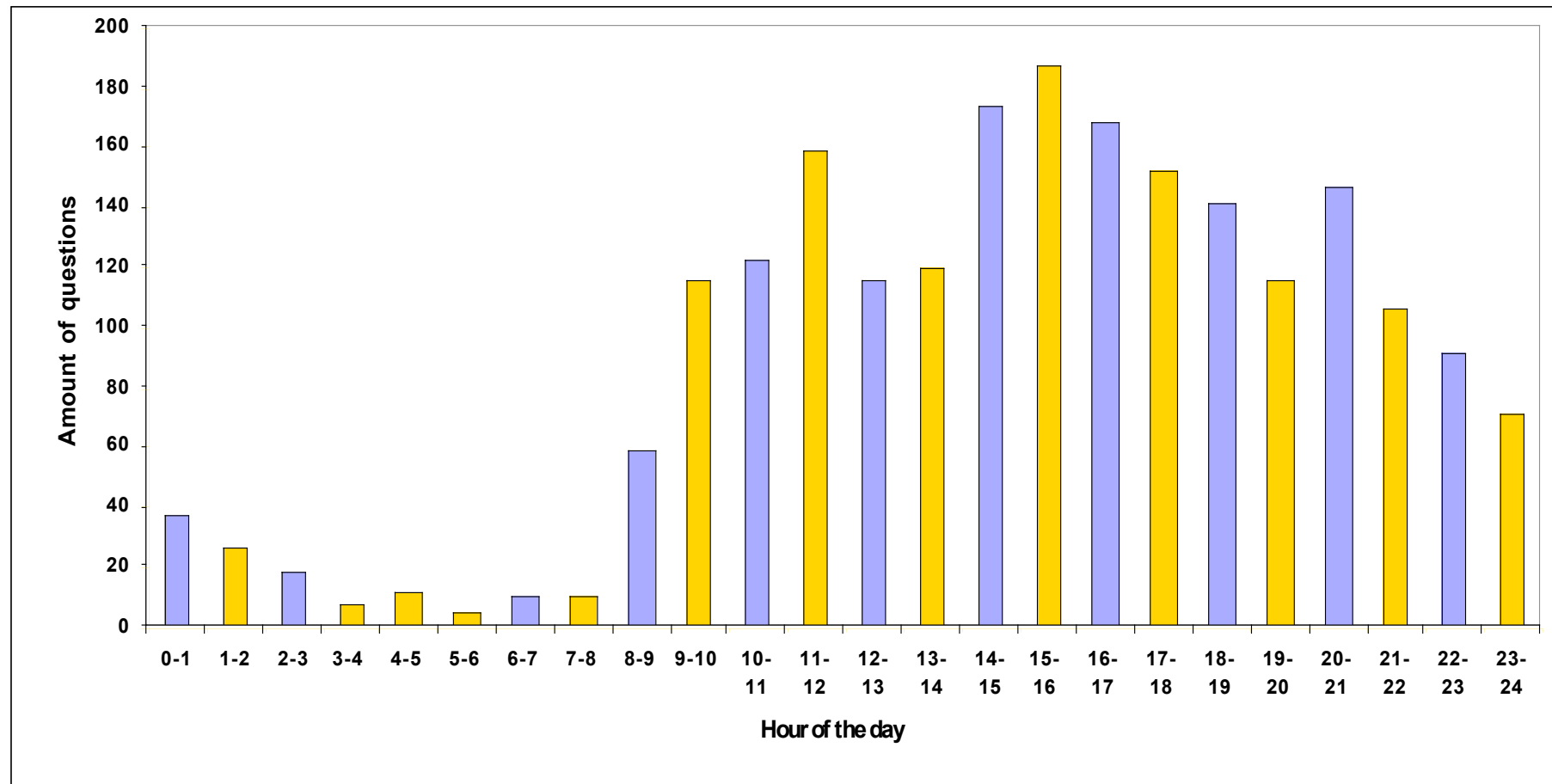
- Data collection: Data input by the client, collected automatically, entered by the consultant and obtained by text analysis
- N: 2181
- Period: 01.01.2000 bis 26.08.03

# Summery

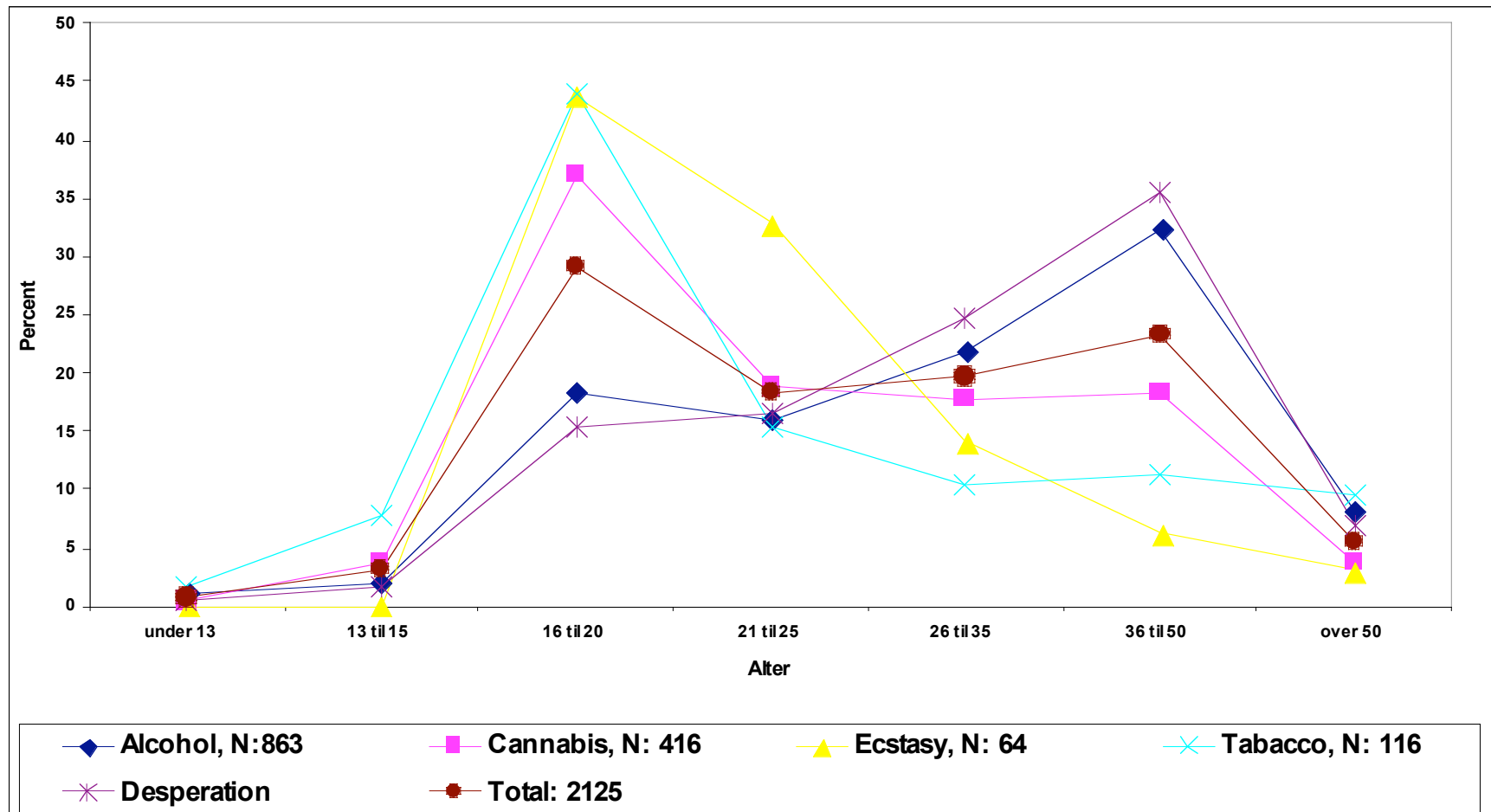
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- 52% Swiss-German, 48% French speaking
- 56% Women, 44% Men
- About 40% had a question related with alcohol
- About 20% had a question related with cannabis
- Women are more likely to ask questions related with alcohol
- Men are more likely to ask questions related with Cannabis and Tobacco
- 27 % of the women are despairing or very despairing, 19 % of the men
- 52% of the men are concerned by themselves, 35% of the women

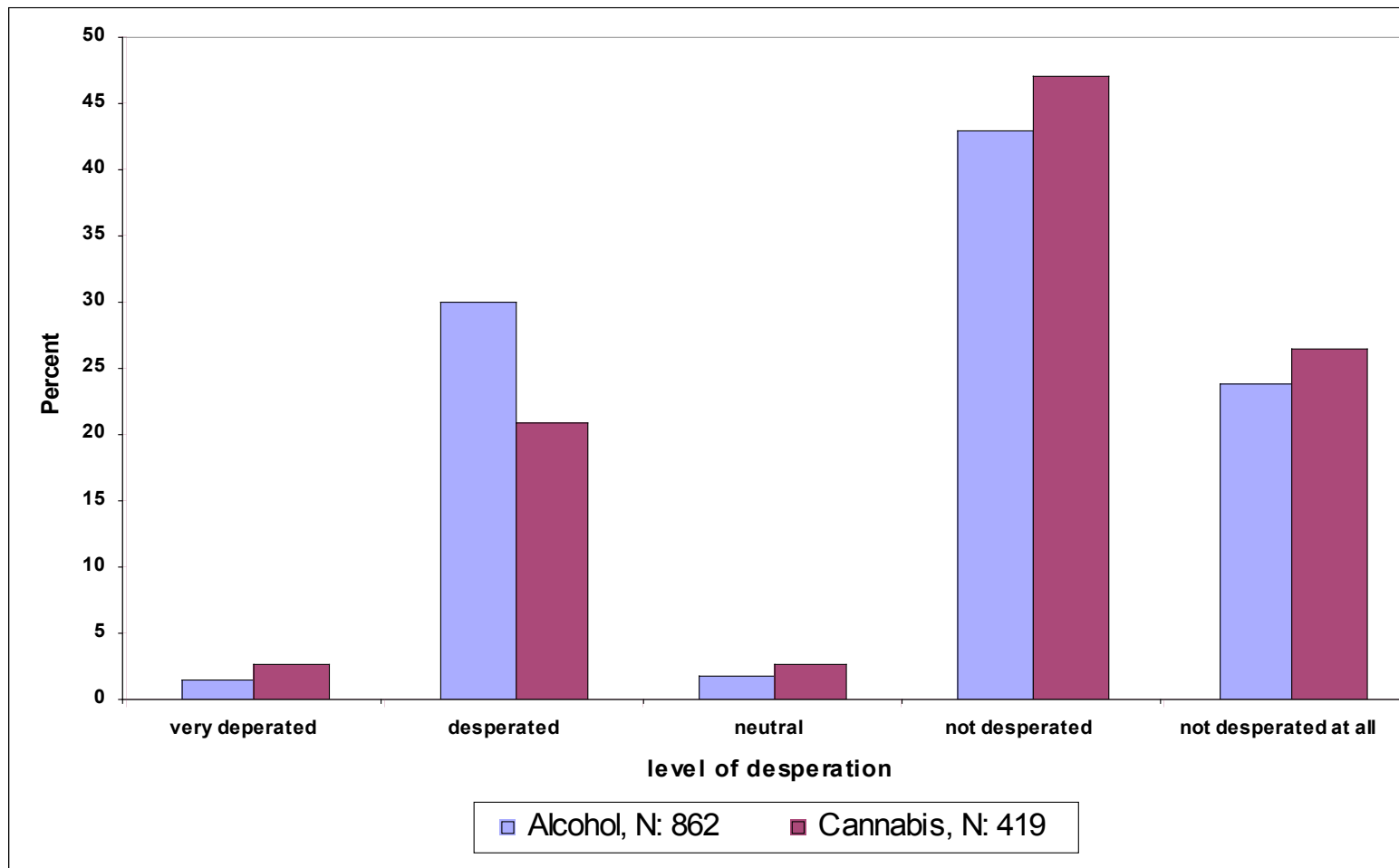
# When was the question asked ?



# Substances and age



# Substance and desperation



# Concerned, age and sex

