



# **Addressing Alcohol Addiction and Overweight/Obesity: Formative Research Results to Inform Intervention Adaptation**

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# Workshop Overview

- Overview of the problem
- Study design and methods
- Themes
- CDSMP Goal Setting Activity
- Discussion and Wrap Up
- Questions

# Overview of the Problem

- Addiction is commonplace in the US with over 17 million adults in the US qualify for a diagnosis of alcohol use disorder
- Alcohol abuse leads to many negative health outcomes including injury and trauma, liver disease, malnutrition, and cancer
- Cutting edge research has suggested a strong relationship between alcoholism and obesity
- Alcohol consumption accounts for 16% caloric intake among United States adult drinkers, with men 20% and 6% of woman of consuming more than 300 calories from alcoholic beverages
- Little to nothing is known about interventions that could address the dual chronic conditions of alcoholism and obesity, especially in rural environments

# Study Design and Methods

- The purpose of this study was to conduct formative, qualitative research with individuals who self-reported co-morbid alcohol use disorder and overweight or obese and key informants (i.e., service providers)
  - to inform the development of a community based intervention to address co-morbid alcoholism and overweight/obesity among young adults
- First step in the adaptation process that will be used to develop and test an intervention designed to help young adults struggling with alcohol abuse and overweight/obesity
- A total of 6 key informant's interviews and 10 individual interviews were conducted with individuals with co-morbid alcohol use disorder and overweight/obesity
- All interviews were audio recorded and transcribed
- Coding was conducted using the constant comparative method
- Themes were identified, and illustrative quotes were selected for inclusion in the final report

# Themes

- Qualitative Data analysis revealed a clear *linkage between sobriety and overweight/obesity*
- When an individual with a substance use disorder enters a rehabilitation program he or she is typically malnourished and underweight
- Participants further explained that rapid weight gain occurs within the individual's first year of recovery
  - "And we said ok this is not healthy, because you're takin' away the drugs and alcohol but when they get outta here they are 30 pounds overweight; their self-esteem is horrible. Um and it's just not healthy so they still get chocolate and we still have desserts but they have a lot of fruit, graham crackers, yogurt other what I consider healthier foods. But they still get chocolate because of the cravings but not anywhere near what it used to be." – Key Informant



# Themes

- Participant's stories revealed a *strong relationship between alcohol use disorders and an active eating disorder*
- Although disordered eating was reported as very common for individuals with alcohol use disorders, anorexia nervosa as well as bulimia was identified as a common theme that afflicted many recovering alcoholics
  - “[Treatment Center] is very proud, it’s a very proud agency um they have a tendency to that their gonna stick by their principles and come hell or high water now. This is why I’m so happy that they have my last couple years there the relationship they’ve gotten with the eating disorder treatment with Texas. I was really so proud of them that they became more flexible then that but anything that come new, especially to the old guard they feel threatened or they feel like they its not going to fit their philosophies.” – Key Informant

# Themes

- Results suggested *gender differences* with regard to drug and alcohol treatment
- Most key informants stated that there was a different standard of care between the male and female halfway houses
- These differences were evident after comparing and contrasting the rules and regulations between the male and female homes
- Exercise and food intake was more closely monitored in female homes when compared to the male houses
  - “(Name) can call her but uh, you know I could see that happening more with women. you know what, I’m all about improving the health of the guys in this program and that’s what I’m saying I’m not closed off to this yet. It needs to be a subtle thing, I think if you know anything about these people.” – Key Informant

# Themes

- Results suggested *recommendations to appropriately tailor the Chronic Disease Self-Management Program* so that the curriculum will be effective among members of a recovering population.
- Key informants and participants suggested that the CDSMP be modified to reflect the Alcoholics Anonymous (AA) program
- Key informants also mentioned that meetings should be closed to alcoholics and that outside attendance should be limited to ensure comfort, a safe space, anonymity and free speech for the participants
- Other recommendations to better align the CDSMP with the AA program included facilitating sponsorship opportunities and applying program topics to the twelve steps of AA
- Therefore, it was recommended by a key informant that a peer to peer program could be implemented among participants to facilitate sustainable behavior change
- Additional recommendations for CDSMP augmentation included length of time and cost of participation to ensure continued effect on substance use abusers.
  - Provide extended support and be free of charge



# Themes

- Current CDSMP topics include; healthy eating, physical activity, action planning, managing different emotions, nutrition, problem solving, meditation and relaxation.
- Be sure the CDSMP class size is small, focused around sharing experiences and highly interactive
- Additional topics to be potentially incorporated, included:
  - adding a structure from overeater's anonymous meetings,
  - tools for avoiding temptation,
  - money management and healthy eating on a budget
  - facilitating a grocery tour
  - how to read food labels, utilize healthy apps such as MyFitness Pal and visualize proper portion size.
  - interactive exercises so that the participant would gain experience in building their own workouts as well as feel more comfortable in their knowledge level prior to implementing their own exercise plan
  - focus on sleep and stress management
  - Self-care would include providing tools in ensuring a balance between all dimensions of wellness; financial, physical, emotional, spiritual, occupational, environmental, and intellectual.
  - education and tools for avoiding "triggers" which he thought would translatable for substance use and food addiction
  - topics specific to self-esteem and body image

# Goal Setting Activity

# Discussion and Wrap Up

- Take aways
- Overall thoughts and impressions

# Questions





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