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ALCOHOL USE DISORDER AND DUAL DIAGNOSIS: PROFESSIONALS' PERSPECTIVES ON THE PROVISION OF SERVICES TO CLIENTS IN MALTA

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Abstract

This study explores the experiences of professionals providing services to clients with Dual Diagnosis (DD), focusing on Alcohol Use Disorder (AUD) within the Maltese Islands' unique sociocultural context, where alcohol occupies a strong cultural foothold. Against this backdrop, the research examines how professionals address, treat and manage DD. The study also investigates barriers to treatment, opportunities for intervention, and the most common co-morbid mental health conditions (MHC) accompanying AUD. Additionally, it examines the perspectives of professionals on the adequacy of local services for DD clients. Guided by a qualitative methodology and positioned in an interpretivist biopsychosocial framework, this study aims to capture the experiences and perspectives of Maltese professionals working in the field of addiction. Five semi-structured interviews were conducted with a psychologist, a therapeutic facilitator, two social workers and a psychiatric nurse recruited through purposive sampling from treatment services in Malta and Gozo. Adopting Braun and Clarke's six-step Thematic Analysis framework key patterns and themes were generated from the transcribed interviews. This inductive approach allowed themes to emerge organically, capturing the rich and nuanced perspectives of participants. A lack of resources, stigma, and institutional delays were the most frequently mentioned systemic barriers, yet embedded within these challenges were windows of opportunity, and turning points, such as moments of personal insights, small but significant achievements and external support that underscored the potential for meaningful change and recovery. The findings also highlight the need for more integrated service provision. Professionals often face a fragmented service infrastructure that exacerbates gaps in care, highlighting the pressing need for cohesive, forward-thinking strategies to address the complex needs of this client group. This study contributes to the limited research on AUD and DD locally, providing a deeper understanding of the challenges faced by professionals, and identifying opportunities to enhance service provision. The findings offer valuable recommendations for culturally sensitive, evidence-based strategies to improve treatment outcomes for individuals with DD.

Keywords: *Dual Diagnosis, Alcohol Use Disorder, professionals, specialised services, complex needs*

1. Introduction

Alcohol Use Disorder (AUD) affects millions of individuals worldwide and is a leading cause of global morbidity and mortality (Grant et al., 2015). Over the past three decades, there has been increased awareness and concern about the prevalence of co-morbidity between AUD and mental health conditions (MHC) (Yule & Kelly, 2019). Co-morbidity is the expectation, with research indicating that young individuals with a history of MHCs are more likely than their peers to begin using alcohol, progress to regular consumption, and eventually develop AUD (Conway et al., 2016). Meanwhile, individuals with AUD are at higher risk of developing psychiatric disorders such as depression, anxiety, bipolar disorder, schizophrenia, and suicide ideation (Jeanblanc, 2015, American Psychological Association, 2012).

While the global prevalence of AUD remains high (WHO, 2024), Malta faces similar challenges. High alcohol accessibility among Maltese youth (Azzopardi et al., 2021) may contribute to its ranking as the second most misused substance among adolescent psychiatric inpatients in Malta (Grech & Axiak, 2015). Notably, the prevalence of alcohol use among these inpatients mirrors trends observed in broader international studies, where alcohol is often used to mitigate symptoms associated with various psychiatric conditions (Mangerud et al., 2014). According to Fantuzzi and Mezzina (2020), despite its prevalence, DD is often underdiagnosed and inadequately treated globally. Although the need for a comprehensive, individualised approach has long been recognised, conflicting treatment models have hindered effective care (Subodh et al., 2018). To date, no local studies have examined professionals' perspectives on working

with individuals, who have both AUD and a DD. This gap is concerning, as most research on substance use disorders (SUD) disproportionately focuses on illicit drug addiction, often overlooking alcohol addiction. This may be due to the criminalisation of drugs drawing more attention in policy and practice, while alcohol, though harmful, is socially and traditionally accepted and intricately woven into daily life as a ritualistic and social artifact (Room et al., 2005). Given the widespread impact of AUD, it is essential that alcohol addiction receives the same level of attention in research and professional practice as other forms of addiction.

2. Design

This research lends itself to a qualitative methodology. A qualitative approach was deemed appropriate for the purpose of this study, which sought to understand professionals' views and experiences on service provision for this specific client group. Due to the multifaceted nature of AUD, this study adopted a biopsychosocial framework, as it looks at the issue from "multiple levels of organisation" (Borrell-Carrió et al., 2004, p. 576).

2.1. Objectives

The primary objective of this study was to explore how participating professionals treated and managed DD in AUD. Specifically, the study aimed to identify barriers to treatment and opportunities for intervention encountered by professionals working with this client group. It also sought to examine the interventions used to address the complex biopsychosocial needs of these clients, and to understand how professionals experienced the provision of local services. Ultimately, the study aimed to inform policy development and provide recommendations for improving treatment provision.

3. Methods

All institutions providing services to individuals with an AUD and DD were approached. Recruitment, via purposive sampling, started after full ethical approval from the University of Malta's ethics board was granted, and permissions from the gatekeeper of these institutions. Eligible individuals received invitations to opt-in and partake in the study. Those in training or without at least 3 years work experience with this client group were not deemed eligible to participate.

Five professionals (a psychologist, a therapeutic facilitator, two social workers and a psychiatric nurse) from both governmental and non-governmental organisations were recruited from the three drug rehabilitation centres across Malta and Gozo; the Foundation for Social Welfare Services (FSWS), Caritas Malta, the OASI Foundation in Gozo, as well as Mount Carmel Hospital's Dual Diagnosis Unit and Gozo's mental health service under Gozo General Hospital. The authors acknowledge that this purposive sample is a limitation of this study, and that their perspectives may not reflect the views of other professionals working in the field. A 14-item semi-structured interview schedule informed by the literature and in-keeping with the study's aims was developed and used for the interviews. Interviews were audio recorded and transcribed verbatim, enabling the researcher to engage deeply with the transcripts. The transcribed data was analysed using thematic analysis. Data analysis followed an inductive approach, allowing themes to emerge organically from the data rather than conforming to pre-established categories.

4. Results

The main themes and sub-themes generated from the data analysis, together with a brief description and accompanying verbatim quotes are presented in Table 1.

Table 1. Emerging Themes and Sub-Themes from the Data.

MAIN THEME	SUB-THEME	DESCRIPTION	VERBATIM QUOTE
Windows of Opportunity	Wake-Up Calls	Significant life events often act as catalysts for urgent behaviour change. Common wake-up calls include physical or mental health issues, hospitalisation, serious financial, familial, or legal challenges, and losing a significant other to alcohol.	*The police brought him to hospital, he was very embarrassed. He said, 'I can't do this anymore'*
	Little Wins	Small, incremental successes during treatment foster hope, essential for building self-efficacy and sustaining motivation. These achievements help clients recognise their capacity for change, reinforcing confidence in recovery and self-efficacy.	*If the person suffers from social anxiety and initially he was so scared to talk, but now he's talking to one person, that's a big improvement!*
	The Breeze of Hope	A strong support system plays a crucial role in sustaining individuals throughout treatment, providing the emotional boost needed to maintain motivation and resilience.	*Having a good support system makes a huge difference to our work*
Locked Doors, Lost Pathways	The Health Hurdle	The physiological effects of alcohol can cause severe cognitive impairments, such as Korsakoff's syndrome, hindering clients' ability to understand or accept interventions. These challenges make seeking, engaging with, or benefiting from treatment difficult.	*They confabulate, they start inventing things, and it's very difficult, once there is cognitive impairment… sometimes they (rehabs) won't even accept them*
	The Battle Within	Denial, pride, shame, and guilt often prevent individuals from accepting timely help, even when faced with clear evidence of alcohol's harmful effects. These emotions reinforce resistance, delaying intervention and recovery.	*Denial is supreme… Until you finish up with your face in the mud, you will not admit that you have a problem.*
	The Waiting Game	Long waiting periods and placement in inappropriate services can delay treatment access, leading to frustration and discouragement, and reducing motivation.	*Sometimes they have to wait three four five months to be admitted*
	The Social Cage	The legal status and societal acceptance of alcohol create unique challenges, particularly in Malta, where it is deeply embedded in cultural practices. This normalisation delays recognising problematic use. Additionally, social stigma, judgment, and cultural norms deter individuals from seeking help, hindering recovery.	*Sometimes it becomes the norm, even within the family context. Malta is small… there's stigma when it comes to seeking help*
Present Routes, Future Roads	Lost in the Labyrinth	The absence of multidisciplinary teams well-versed in AUD and DD undermines treatment effectiveness. Healthcare providers juggle multiple roles, risking burnout and inadequate client support. Inconsistent aftercare services further weaken long-term recovery.	*Clients who are not fit for rehab, yet who don't benefit from staying in hospital… what do we do with them?*
	The Way Forward	Many individuals with DD cycle through services due to systemic gaps, with homeless clients facing even greater instability.	*We don't have all the members of the team we need. Money! If you have more funds, you have more qualified people. We need qualified people. Believe me*

5. Discussion

Clinical and social outcomes are poorer amongst individuals with DD in AUD (Kubiak et al., 2011). Physical health is generally impoverished and often aggravated by social marginalisation and the direct consequences of mental health problems and substance use (Rethink, 2004). On that count, these individuals, presenting with multiple need requirements that require addressing (Weaver et al. 2004) are "a kind of mental health underclass" left to navigate fragmented systems of care (Hawkings and Gilburt 2004, p. 58). Given the vulnerabilities of this service user group, there is a clear need for a more comprehensive service response. Service users frequently experience the 'ping pong' effect of being bounced around or shunted between services. A comprehensive service response would incorporate a holistic, integrated biopsychosocial approach that acknowledges and addresses the interaction and interplay of multiple predisposing and maintaining biological, psychological and socio-cultural factors (Skewes & Gonzalez, 2013). Furthermore, with more optimal treatment services, the windows of opportunity for progress and recovery may be further enhanced therapeutically and practically. Research on mental illness-related stigma in health care has shown that when patients are made to wait excessively long or when they are given insufficient information about their condition and their treatment plans or when they are addressed in a patronising and condescending manner, they feel stigmatised and can become non-compliant and difficult to handle (Hamilton et al., 2014). These issues can generate barriers to treatment, such as non-disclosure of problems, interruption of treatment and strained therapeutic relationships (Henderson et al., 2014). The interaction of the environmental stressors and intrapersonal factors does not augur well for adherence to psychiatric interventions and therapeutic circumstances (Bunyan et al., 2017). Other studies have found that individuals with DD in AUD often face issues of treatment effectiveness. Consequently, a change of culture in clinical mental health service is needed to effectively treat these individuals (Clark, 2013).

6. Concluding note

Individuals with DD in AUD not only contend with multiple complex issues but they also face the challenge of navigating fragmented treatment systems. While investment in specialised, integrated, and multidisciplinary service provision for this client group is undoubtedly warranted, it is equally important to critically evaluate whether the professional response adequately addresses their needs. In conclusion, this study does not merely expose the cracks in the system; it also seeks to trace a way forward. With the right investment, training, coordination, and compassion, a better path is not only possible but within reach. Malta has the opportunity to build a treatment system that no longer leaves DD clients behind, but walks beside them; every step of the way.

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