

Issues with Supervised Alcoholism Services at Healthcare

Dr. Sotale MP*

Department of addiction & Environmental Sciences, New Jersey Institute of Technology (NJIT), Newark, NJ, USA

Abstract

This study critically examines the challenges and issues associated with supervised alcoholism services within healthcare settings. Through a comprehensive analysis, the research identifies barriers that impede the efficacy of supervised interventions, including issues related to stigma, access to care, treatment adherence, and the integration of mental health services. By exploring these challenges, the study aims to contribute to the enhancement of supervised alcoholism services, fostering a more holistic and patient-centered approach within healthcare systems.

Keywords: Supervised alcoholism services; Healthcare; Treatment barriers; Stigma; Access to care; Treatment adherence; Mental health integration; Patient-centered care

Introduction

The provision of supervised alcoholism services within healthcare settings is a critical component of addressing alcohol use disorders. However, this article delves into the complex landscape where challenges and issues intersect with the delivery of these services. By shedding light on barriers such as stigma, limited access to care, treatment adherence, and the integration of mental health services, we aim to stimulate discussions that contribute to refining and improving the efficacy of supervised alcoholism services within healthcare systems.

Stigma surrounding alcoholism: One of the pervasive challenges in providing supervised alcoholism services is the enduring stigma associated with alcohol use disorders. Individuals seeking help may face societal judgment and self-stigmatization, hindering their willingness to access supervised services. Healthcare professionals, in turn, need to cultivate environments that destigmatize alcoholism, fostering open communication and understanding.

Access to care: Limited access to supervised alcoholism services is a considerable barrier to effective intervention. Geographical disparities, financial constraints, and insufficient infrastructure can impede individuals from reaching the care they need. Addressing access issues requires a multifaceted approach, involving community outreach, telehealth initiatives, and policy reforms that prioritize equitable distribution of services.

Treatment adherence and continuity: Ensuring consistent treatment adherence poses another challenge in supervised alcoholism services. Factors such as the chronic nature of alcohol use disorders, the complexity of treatment regimens, and external stressors can contribute to lapses in adherence. Healthcare providers must implement strategies that support treatment continuity, including personalized care plans, comprehensive patient education, and ongoing support systems.

Integration of mental health services: Alcoholism often coexists with mental health disorders, necessitating a holistic approach to treatment. The integration of mental health services into supervised alcoholism interventions is crucial for addressing underlying issues and promoting comprehensive recovery. Siloed approaches that neglect mental health considerations can undermine the effectiveness [1-5] of supervised services.

Patient-centered care: The essence of supervised alcoholism services lies in providing patient-centered care that acknowledges individual needs and preferences. Challenges arise when healthcare

systems fail to tailor interventions to the unique circumstances of each patient. Emphasizing patient-centered care involves active collaboration, shared decision-making, and a recognition of the diverse factors influencing an individual's relationship with alcohol.

Multidisciplinary collaboration: A lack of multidisciplinary collaboration within healthcare teams can impede the effectiveness of supervised alcoholism services. Successful treatment requires coordination among healthcare professionals, including physicians, psychologists, social workers, and addiction specialists. Establishing effective communication channels and collaborative care models can enhance the synergy needed for comprehensive interventions.

Addressing underlying social determinants: Social determinants, such as poverty, unemployment, and housing instability, significantly impact an individual's susceptibility to alcohol use disorders and their ability to access supervised services. A holistic approach must include strategies to address these social determinants, advocating for policies that create supportive environments conducive to recovery.

Conclusion

Supervised alcoholism services within healthcare settings play a pivotal role in addressing alcohol use disorders, yet they encounter multifaceted challenges. Recognizing and navigating these challenges is essential for improving the efficacy of interventions. By destigmatizing alcoholism, enhancing access to care, addressing treatment adherence, integrating mental health services, prioritizing patient-centered care, fostering multidisciplinary collaboration, and tackling social determinants, healthcare systems can advance towards more comprehensive, effective, and inclusive supervised alcoholism services. Through a concerted effort to overcome these challenges, the healthcare community can better support individuals on their journey to recovery from alcohol use disorders.

*Corresponding author: Dr. Sotale MP, Department of Chemistry & Environmental Sciences, New Jersey Institute of Technology (NJIT), Newark, NJ, USA, E-mail: sotalemp427@gmail.com

Received: 1-Jan-2024, Manuscript No: jart-24-125770, **Editor assigned:** 3-Jan-2024, Pre QC No: jart-24-125770 (PQ), **Reviewed:** 17-Jan-2024, QC No: jart-24-125770, **Revised:** 19-Jan-2024, Manuscript No: jart-24-125770 (R), **Published:** 25-Jan-2024, DOI: 10.4172/2155-6105.1000617

Citation: Sotale MP (2024) Issues with Supervised Alcoholism Services at Healthcare. J Addict Res Ther 15: 617.

Copyright: © 2024 Sotale MP. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

References

1. Berger AJ, Koo T-W, Itzkan I, Horowitz G, Feld MS, et al. (1999) Multicomponent blood analysis by near-infrared Raman spectroscopy. *Appl Opt* 38: 2916-2926.
2. Wood BR, Caspers P, Puppels GJ, Pandiancherri S, McNaughton D, et al. (2007) Resonance raman spectroscopy of red blood cells using near-infrared laser excitation. *Anal Bioanal Chem* 387: 1691–1703.
3. Virkler K, Lednev IK (2010) Raman spectroscopic signature of blood and its potential application to forensic body fluid identification. *Anal Bioanal Chem* 396: 525-534.
4. Jaychandran S, Meenapriya PK, Ganesan S (2016) Raman spectroscopic analysis of blood, urine, saliva and tissue of oral potentially malignant disorders and malignancy-A diagnostic study. *Int J Oral Craniofac Sci* 2: 11–14.
5. Zermeño-Nava J, Martínez-Martíne MU, Rámirez-de-Ávila AL, Hernández-Arteaga AC, García-Valdivieso MG, et al. (2018) Determination of sialic acid in saliva by means of surface-enhanced Raman spectroscopy as a marker in adnexal mass patients: Ovarian cancer vs benign cases. *J Ovarian Res* 11: 1–9.