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What Do Internet-Based Alcohol Treatment Websites Offer?

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ABSTRACT

The Internet was searched for websites that advertised or provided treatment or help for alcohol problems. Websites were evaluated for the types of treatment offered and whether the treatment had an empirical basis. While a wide range of treatments were advertised, very few websites offered online services. In addition, very few sites provided or advertised alcohol treatment programs that were empirically based. Recommendations for future Internet-based health care and treatment are offered.

INTRODUCTION

The Internet has become an easily accessible, user-friendly source of information, including advice and counseling for a variety of clinical issues.1–3 Moreover, surveys show that many people are using the Internet to obtain information about treatment for medical and psychological problems.4–7 For example, in 1999 about 60 million people used the Internet to search for health-related information.8

There are several reasons why the Internet may be an ideal venue for offering interventions for individuals with alcohol problems. For example, because many people with alcohol problems never enter formal treatment programs due to the stigma (reviewed in Klingeman et al.9), online interventions could be appealing and far-reaching. In fact, brief interventions10 and self-change materials9 could easily be adapted for websites. While the Internet’s rapid growth has provided people with access to a wealth of previously unavailable information, the accuracy of this information is currently not regulated.11,12 However, the quality of Internet-based information and services has recently started to receive increasing attention.13 For example, the American Psychological Association’s Board of Professional Affairs created a Work Group on Professional Practice Issues in Telehealth to study the impact of telehealth (i.e., information and interventions mediated by telecommunications) on psychology.13

Very few studies have evaluated Internet-based interventions for alcohol problems (e.g., Cunningham et al.4). The present study evaluated treatments or interventions for alcohol problems offered over the internet and examined how many of these were empirically based.

MATERIALS AND METHODS

A search for websites was conducted between September 2000 and December 2000 using the Internet browser Microsoft Internet Explorer 5.0. Ten search engines were used: (a) Yahoo!, (b) AltaVista, (c) MSN, (d) HOTBOT, (e) Google, (f) Searchbug, (g) AOL, (h) Excite, (i) Copernic, and (j) GoTo. Websites were located by using four “Boolean” keyword search terms: (a) “alcohol” AND “treatment,” (b) “alcohol” AND “self*,” (c) “alcohol” AND “inter-
vention,” and (d) “alcohol” AND “therapy.” For the second keyword, “alcohol” AND “self*,” the asterisk after the word “self” required search engines to search all possible permutations of words beginning with the word self (e.g., self-help). Websites were coded as treatment sites if they (a) advertised treatment for alcohol problems or (b) offered online treatment for alcohol problems (e.g., online meetings). If a website described a hospital or private practitioner, it was classified as advertising treatment only if it described services available specifically for alcohol problems (e.g., hospital-based alcohol treatment program, private practitioner offering treatment for alcohol problems).

Based on the notion that most individuals searching the Internet do not scroll past the first 30 website “hits,” only the first 30 websites for each keyword per search engine were evaluated. All websites were independently evaluated by two of the authors (BAT and JD). Redundant websites (i.e., those evaluated in previous searches) were eliminated. Using all the information provided by each website, data were collected for the following variables: (a) abstinence and/or disease model orientation (coded as yes, no, not reported); if a website did not mention being abstinence and/or disease model-based, this variable was coded as not reported; (b) offered moderate drinking alternatives (coded as yes, no, not reported); (c) reported as research based, defined as providing at least one reference on the website for a peer-reviewed or other scientific publication basis for the treatment (e.g., NIAAA research monograph; coded as yes, no, not reported); (d) intervention type (coded as 12-step facilitation, cognitive-behavioral, motivational intervention, skills training, psychodynamic, harm reduction, pharmacotherapy, other, or not reported); (e) length of treatment (coded as number of sessions for outpatient treatment or number of days inpatient, classified into categories of 1–7, 8–30, 31–180, 181 or more, or not reported); (f) setting (coded as inpatient/residential, outpatient, recovery/halfway house, online meetings, self-change, other, or not reported); (g) outcomes reported (coded as percent improved, percent resolved, percent abstinent, or not reported); and (h) whether self-help materials could be obtained on the Internet (e.g., purchase books, video tapes; coded as yes or not reported; if yes, cost or free). All websites were coded for abstinence or moderation goals because moderation goals have been shown to be acceptable for individuals whose problems are not severe. Further, because individuals with mild to moderate alcohol problems have been shown to have positive outcomes in brief interventions, such individuals are a reasonable target for Internet-based interventions.

RESULTS

The initial search found 592 nonredundant websites. Seventeen of these sites could not be “opened,” and one site required payment for access. Of the remaining 574 websites, 68 (11.8%) were evaluated as treatment sites. All 68 treatment websites advertised treatment, and five (7.4%) offered online services. The five that offered online treatment also provided information about local self-help meetings.

Of the websites that reported their orientation, the vast majority were disease model (80.6%, 25/31) based. Thus, it is not surprising that of those that reported their goal, the vast majority were abstinence-oriented programs (95.2%, 20/21). Only one website offered moderate drinking as an alternative. In addition, only 13.2% (9/68) of the sites provided references supporting the basis of their intervention. Although most websites failed to provide information about their orientation, they could be coded with regard to the type of intervention offered. Some websites were coded into more than one category (e.g., treatment may have included both cognitive-behavioral and harm reduction approaches). Of the 56 sites that reported an intervention type, the most prevalent was 12-step facilitation (69.6%; 39/56), followed by other (30.4%; 17/56; e.g., inner-child therapy, bio-chemical repair), cognitive-behavioral (17.9%; 10/56), skills training (5.4%; 3/56), motivational interventions, psychodynamic, harm reduction, and pharmacotherapy [with each of the last four offered at two sites (3.6%; 2/56)].

Close to two-thirds of the sites described inpatient treatment (62.1%, 36/58), and more than half reported outpatient services (58.6%, 34/58). For the eight sites that reported the length of outpatient treatment, the mean number of sessions was 31.0 (SD = 14.2) sessions. Only 22 of the 36 inpatient treatment sites reported length of treatment, and from these 22 programs the most frequent length of inpatient stay was 31–180 days (59.1%, 13/22). In addition, very few sites reported any outcome data (7.4%, 5/68). About one quarter (23.5%, 16/68) of all sites offered materials online, and almost all of these (87.5%, 14/16) sites required payment.

DISCUSSION

The present study involved a comprehensive search of the Internet for websites that either of-
ferred or advertised interventions or treatment for alcohol problems. Of the 574 websites identified, only 11.8% were evaluated as treatment sites. Of those sites, only nine (of 68) provided a reference for an empirical basis for the treatment. This finding is unsurprising, since most alcohol treatment programs in the United States lack an empirical basis.

The majority of treatment websites that reported their orientation were 12-step, disease model, and/or abstinence based. Although the Twelve Step Facilitation treatment subgroup in the Project MATCH clinical trial evaluated a version of 12-step treatment, none of the treatment websites stated that they were based on 12-step facilitation as used in Project MATCH. Finally, while considerable evidence exists demonstrating that brief treatments and cognitive-behavioral treatments for alcohol problems are successful, most web-based treatment sites were either inpatient or reported long-term outpatient treatment (i.e., >30 outpatient sessions), and relatively few were cognitive-behavioral.

In summary, the present study found that, while there are many alcohol treatment websites advertised on the Internet, very few offer online treatment. Furthermore, most of the treatments advertised were not empirically based. Legislators and health care practitioners have been urged to consider regulating websites that offer health or mental health advice and/or treatment. In this regard, the present findings add to the growing concern about the use of the Internet for unregulated health care or advice.

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REFERENCES


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