

Women Closing Gap in Risky Drinking, Driving

BY BETSY BATES

Los Angeles Bureau

SANTA BARBARA, CALIF. — Longitudinal data from a large national alcohol abuse survey suggests that the gender gap is narrowing with regard to drinking and driving: Women's rates of risky alcohol-related driving behaviors are actually increasing in some cases.

"The worldwide decline in alcohol-related traffic fatalities seems to have leveled off or reversed in recent years," said S. Patricia Chou, Ph.D., at the annual meeting of the Research Society on Alcoholism.

A careful look at trends in drinking and driving patterns may help to explain why.

Some news was positive when Dr. Chou reported on data collected in 1991-1992 and then again in 2001-2002 as part of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a

landmark, long-term survey of the National Institute of Alcohol Abuse and Alcoholism.

Over the 10-year period, driving after drinking declined a remarkable 22%, from a prevalence of 3.7% down to 2.9% of the nationally representative sample of 43,093 people.

The decline was greatest (33%) among 18- to 29-year-olds.

Despite that trend, the number of Americans who drive after drinking is still high, "posing significant risks on America's roadways," she said.

The data showed the behavior peaked among 22- and 23-year-olds in 2001-2002, with the prevalence rates of driving after drinking at those ages of 11.5% and 10.4%.

The study highlighted several potentially worrisome patterns over time.

More 21- and 23-year-old females were driving after drinking in 2001-2002 than they were in 1991-1992. Although the dif-

ference was not statistically significant, there was certainly no decline in this behavior among young women.

Drinking while actually driving also declined overall in the 10-year time period, but not among females aged 45-64 years, or among Hispanic females aged 18-29 years.

These two groups posted significant increases in drinking while driving, according to the survey.

Drinking while driving was rare among young Hispanic females in 1991-1992,

when the prevalence in that group was 0.5%. That rate rose to 2% in 2001-2002.

Overall, males in 2001-2002 still drank while driving at rates 2-3 times higher than females.

Among racial and ethnic groups, Dr. Chou reported that Native Americans had the highest rates of drinking while driving, followed by whites. Both groups had significantly higher rates of the risky behavior than did Hispanics, African Americans, or Asian Americans.

Other high-risk groups for drinking and driving included underage youths, males, and 18- to 29-year-olds.

Dr. Chou and her associates at the NIAA division of intramural clinical and biological research surveyed four drinking and driving behaviors: drinking while driving, driving after drinking, riding as a passenger in a car driven by a drinking driver, and riding as a passenger while drinking. ■

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Study Detects Some 'Heretics' Among AA Program Faithful

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SANTA BARBARA, CALIF. — A comprehensive 10-year study of Alcoholics Anonymous participants has unveiled several surprising, sometimes counterintuitive findings about the program's influence over a membership that numbers more than 1.2 million in the United States and 2 million worldwide.

Perhaps most notably, J. Scott Tonigan, Ph.D., and his associates at the University of New Mexico, Albuquerque, found that many one-time AA participants rarely or never attend meetings and may not place much stock in a higher power's role in their recovery, yet continue to read AA literature and believe that the organization helps them stay sober.

One of the underlying premises of AA is that, to be successful, members must commit to lifelong abstinence and meeting attendance, as well as dedication to a "spiritual awakening" that includes turning over to "a power greater than themselves" the control alcohol holds over their lives.

'A Little Bit of Heresy'

Eight of the 12 steps forming AA's core framework mention a higher power, "God, as we understand Him," and/or prayer.

"It's a little bit of heresy to say one can benefit from a 12-step program without believing in a higher power, but there are people who do just that," Dr. Tonigan said in an interview after his presentation of 10 posters detailing his study at the annual meeting of the Research Society on Alcoholism.

Dr. Tonigan and his associates

at the university's Center on Alcoholism, Substance Abuse, and Addictions followed up on participants in the Matching Alcoholism Treatments to Client Heterogeneity (Project MATCH) study, which, in the mid-1990s, recruited 226 heavy drinkers and randomly assigned them to one of three manual-guided, therapist-client therapies: cognitive-behavioral therapy (CBT), motivational enhancement training (MET), or 12-step facilitation aimed at "engaging clients into the lifelong program of AA."

In the ensuing 10 years, some participants died and others were lost to follow-up, but investigators achieved a remarkable 85% follow-up rate among 175 eligible subjects. They conducted lengthy interviews and obtained detailed drinking and lifestyle information from 50 participants who had undergone CBT, 48 who received MET, and 52 assigned to 12-step facilitation.

"This study offered a rare, long-term view of treatment outcome," Dr. Tonigan and coinvestigator William R. Miller, Ph.D., also of the University of New Mexico, noted in a poster.

Dr. Tonigan and Dr. Miller found that people in all three groups were doing quite well 10 years after the intervention, both in terms of the number of days they remained abstinent and in their total number of drinks per drinking day, compared with baseline drinking patterns.

There was no relationship, however, between which therapy they had received and their current abstinence or drinking intensity. "In fact, while at the end of year 1 and year 3, 12-step facilitation clients reported signifi-

cantly higher rates of complete abstinence relative to CBT and MET, this advantage was lost such that the 12-step facilitation clients reported the lowest rates of abstinence (24%) at 10-year follow-up," they reported.

Total abstinence rates in the CBT group and MET group were 31% and 35%, respectively.

Meetings: 'One Dimension'

A closer look at 51 of the clients originally assigned to the 12-step group found that just 5 achieved sustained and regular 10-year attendance at AA meetings. Sixteen more attended erratically over the years, but at the time of follow-up fewer than half were attending AA meetings.

Dr. Tonigan stressed that meeting attendance is "but one dimension of the AA experience."

Members of the original 12-step group still drew on AA for support, with 22 of 51 reporting that they still read AA core literature and 25 saying that they considered themselves members of AA. Moreover, AA appeared to be "an important resource" for study participants assigned to the non-12-step arms of the study, he said.

Overall, 66% of all 151 Project MATCH clients who participated in the follow-up said they attended AA during or after the original study. Recent AA attendance was reported by 39%.

"This percentage increased to 49% when non-AA meeting behaviors and beliefs were included to define commitment to AA doctrine, e.g., reading core AA literature. It is clear, therefore, that problem drinkers view AA as a valuable resource regardless of formal treatment orientation," Dr. Tonigan wrote.

A separate analysis found that regular attendees of AA meetings were more likely than were erratic or former attendees to express commitment to core elements of the program, including making amends, believing in and deferring to a higher power, and participating in fellowship and step activities of AA. Some of these activities predicted abstinence or total alcohol consumed among consistent AA attendees, but belief in a higher power and deferring to that power did not.

Among erratic or former AA attendees, no relationship could be seen between commitment to the core elements of the program and abstinence or a reduction in drinking, despite the fact that one in four said AA was "pretty helpful" or "very helpful" in combating their drinking problems.

Dr. Tonigan said it is vital to find out which elements of AA are successful, so that those elements can be integrated into therapy for people who choose not to stay in the formal AA program. ■

Of the 12 Steps, 8 Are Godly

Eight of the 12 steps forming Alcoholics Anonymous' core framework mention a higher power, "God, as we understand Him," and/or prayer. The 12 steps describe the experience of the organization's early members:

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

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