

Program Uses Families to Address Addiction

Community Reinforcement and Family Training, a 12-session program, boasts a success rate of 64%.

BY LINDA LITTLE
Contributing Writer

ALBUQUERQUE, N.M. — Training family members can successfully get alcoholic patients and other substance abusers into treatment, a New Mexico psychologist said.

A new program that trains a spouse or other family member how best to deal with the addicted patient has shown a 64% success rate in getting loved ones into treatment. And this success rate far exceeds those of interventional programs and Al-Anon.

"The key is family members," Robert J. Meyers, Ph.D., said at a psychiatric symposium sponsored by the University of New Mexico. "They have an enormous amount of information on the user that is very important. They help us get the individual to accept treatment."

The Community Reinforcement and Family Training (CRAFT) approach, a 12-session program created by Dr. Meyers, seeks to empower spouses and other family members. The goals in part are to get families to take care of themselves and to lead fuller lives.

"We try to teach family members how to disassociate themselves from the user when they are drunk or stoned, and we show them how to give praise when the user is sober," said Dr. Meyers, of the Center on Alcoholism, Substance Abuse, and Other Addictions at the University of New Mexico.

Many alcohol and drug abusers do not wish to enter treatment. "This program helps get them in the system before they totally unravel with driving under the influence records, prison, or hurting someone," he said.

More traditional approaches, such as 12-step programs, advise waiting until the abuser wants help. For example, participants in the Johnson Institute Intervention program invite friends to a "surprise party" and as part of that exercise, a list is drawn up of all "the horrible things" the person has done. Al-Anon programs, which help partners and children of alcoholics, often do not get the alcoholic patient into treatment, he said.

The three major goals of the CRAFT program are to reduce the loved one's drinking, engage the person into treatment, and improve the functioning of the concerned significant other.

The CRAFT program, in 1-hour sessions, gives family members skills aimed at promoting sobriety in the loved ones by teaching them how to change their own behavior to have a positive impact. "They are taught how to change their interaction style, a new way of dealing with the drinker or drug abuser," said Dr. Meyers, coauthor of "Get Your Loved One Sober: Alternatives to Nagging, Pleading, and Threatening" (Center City, Minn.: Hazelden Publishing and Educational Services, 2004).

The therapist helps the user find proso-

cial rewards in an effort to get the person to stop. "It's not meant to be a rigid treatment method," Dr. Meyers said. "The key is to define what is rewarding to the individual user. Each culture has different rewards, and that's the challenge. People have to quit for a reason."

To study the effectiveness of the program, researchers studied 130 men and women who answered an advertisement for the program. The significant others were randomly assigned to one of three interventions: CRAFT, the Johnson Institute Intervention, and Al-Anon Facilitation Therapy.

The significant other had to be a first-degree relative and had to be in contact with the substance abuser at least 40% of the time. The substance abuser had to be resistant to treatment, and there could be no planned separation or plans to change living arrangements.

The resulting treatment engagement rates after the sessions were 64% for the CRAFT program, 23% for the Johnson program, and 13% for Al-Anon.

But the program not only had a higher success rate for the substance abuser entering treatment; the emotional health of the spouses and other loved ones dramatically improved. The significant others' Beck Depression Inventory scores dropped from 10 to 6; there were significant changes in their levels of anger, and a significant lessening of anxiety.

"Problems with family relationships were reduced, family cohesion went up, and family conflict was reduced," Dr. Meyers said.

The program teaches spouses, parents, and other relatives how to avoid arguments and deal with the potential of domestic violence, he explained. "It teaches them how to get the loved one to stop drinking without nagging, pleading, or threatening."

The CRAFT program also received funding from the National Institute on Drug Abuse for a demonstration project targeting treatment-resistant drug abusers. The drugs of choice included cocaine (used by 37%), marijuana (35%), stimulants (16%), opiates (8%), and sedatives or tranquilizers (3%). All but 3% of the significant others were women; about half were white and the other half Hispanic.

After the spouses and relatives underwent the CRAFT program, 74% of the drug abusers entered treatment, Dr. Meyers said. "The data really surprised us."

Other studies of the CRAFT program have shown similar results, Dr. Meyers said. "There is a gigantic difference in the programs," Dr. Meyers added. "The CRAFT program helps the family member navigate the world of the substance abuser. Most have said they never would go to treatment, but they went—and stayed."

The CRAFT program gives family members skills aimed at promoting sobriety in the loved ones by teaching them how to change their own behavior.

Smoking Might Be Associated With Metabolic Syndrome

BY JEFF EVANS
Senior Writer

Intensity of exposure to tobacco smoke appears to be associated with the rate of metabolic syndrome in a dose-response relationship in adolescents, according to a study in the cross-sectional third National Health and Nutrition Examination Survey.

The study is the first of its

kind to associate smoking with metabolic syndrome by using a biologic marker of smoking—serum levels of the nicotine metabolite cotinine—and exposure to environmental tobacco smoke in adolescents, reported Michael Weitzman, M.D., of the University of Rochester (N.Y.) and his colleagues (Circulation 2005;112:862-9).

In the 1988-1994 survey of 2,273 adolescents aged 12-19 years, exposure to environmental tobacco smoke and active smoking were independently tied to nearly fivefold and more than sixfold higher odds of developing metabolic syndrome, respectively, after adjusting for gender, age, race or ethnicity, poverty status, region, and parental history of diabetes or heart attack.

The investigators obtained similar results when they restricted their analysis to individuals with a body mass

index at the 85th percentile or higher (those who are overweight and at risk for overweight).

Of 664 adolescents overweight or at risk for overweight, metabolic syndrome occurred at a rate of 5.6% in individuals who were not exposed to tobacco smoke; 19.6% in those exposed to environmental or secondhand smoke; and 23.6% in active smokers. The increase in the rate of metabolic syndrome in adolescents followed a significant trend from those who were not exposed to tobacco smoke, through the lowest to highest level of exposure to environmental tobacco smoke, up to active smokers.

The criteria for metabolic syndrome consisted of a triglyceride level of 110 mg/dL or higher, an HDL cholesterol level of 40 mg/dL or lower, a waist circumference at the 90th percentile or higher, blood pressure in the 90th percentile or higher, and a fasting plasma glucose level of 100 mg/dL or higher.

Their report cannot "conclusively establish an etiologic role for tobacco smoke in the devel-

opment of metabolic syndrome in youth," the investigators noted. But a "plausible biologic basis exists for this association" in that "evidence in studies of children suggests that insulin resistance mediates the deleterious effects of excess adiposity on blood pres-

sure and lipids in metabolic syndrome" and "smoking is associated with increased insulin resistance in adults."

At least two other studies have found increased rates of metabolic syndrome in adult smokers.

