

Program Trains Families to Address Addiction

BY LINDA LITTLE
Contributing Writer

ALBUQUERQUE — 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 family-focused CRAFT program has shown a 64% success rate in getting loved ones into treatment.

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 prosocial 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 randomly were 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 said. "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. Meyer said. "The data really surprised us." ■

Many Physicians Doubt Effectiveness of Alcohol Medications

BY DAMIAN McNAMARA
Miami Bureau

Primary care physicians are not very confident that medications to treat people with alcoholism will be effective: Only 26% of 300 general practitioners and internists taking an online survey thought medication would be effective or very effective.

The survey results also showed that many physicians do not address risk with patients. "Exactly half of doctors do not ask their patients about alcohol use," Allan Rivlin said during a teleconference on alcoholism sponsored by the Community Anti-Drug Coalitions of America.

The 50% of physicians who inquire about alcohol consumption only do so half of the time or less. Reasons for this include a lack of resources (48%), patient denial (41%), and a belief that alcoholism is not their area of expertise (24%).

"The big clinical picture is there is a large population in this country with alcohol use disorders—18 million—and the majority never receive any help," said David Kessler, M.D., dean of the school of medicine at the University of California,

San Francisco, and former commissioner of the Food and Drug Administration.

Physicians can make a difference by asking patients directly about drinking. They can also help if they delay alcohol use in children and adolescents.

Primary care physicians who lack awareness and experience with medications for alcohol treatment are limiting patients' ability to recover, said Mr. Rivlin, senior vice president of Peter D. Hart Research Associates, the firm that conducted the online survey.

"People are preoccupied, anxious, overwhelmed, desperate. These medications give you a chance to bring them back into the fray," said Drew Pinsky, M.D., medical director of the department of chemical dependency services at Las Encinas Hospital in Pasadena, Calif.

Despite the availability of medications, only 139,000 people in the United States are prescribed a drug to treat alcohol dependence or abuse, according to Alan Leshner, Ph.D., chief executive officer of the American Association for the Advancement of Science, Washington.

Just over half of physicians, 51%, reported prescribing disulfiram (Antabuse)

at some point, and 26% said they currently prescribe the agent. A total of 26% have experience with naltrexone (Revia), and 15% have experience with the newest medication, acamprosate (Campral).

"Those who do have experience prescribing newer medications are much more likely to believe they are effective," Mr. Rivlin said. For example, of physicians who have prescribed acamprosate, 45% believe it will lead to recovery, compared with 25% of nonprescribers.

"I use Campral a lot, almost exclusively at this point," Dr. Pinsky said. Although it does not work in all patients, when it does work, it works fast—in the first 24-48 hours—and the "effect is rather startling."

"I do not have a lot of use for Antabuse," Dr. Pinsky said. "My patients, if they want to use, do not take their Antabuse."

Most primary care physicians indicated that they refer patients with unhealthy drinking habits. Specifically, 49% refer such patients to a treatment facility, counselor, another doctor, or an addiction specialist. In addition, 20% refer to support groups. Only 13% recommend a combination of medication and counseling.

Attitudes and perceptions about alco-

holism and its treatment were also gauged in similar online surveys of 1,000 members of the general public and 503 people in recovery. The surveys were supported by a grant from Forest Laboratories.

The surveys found that the general public might be more accepting of medications for alcohol treatment than would physicians. A total of 52% said they would be very likely to recommend that a family member try a medication if it was available and recommended by a doctor or treatment adviser, for example.

When asked if addiction to alcohol was primarily a disease/health problem, 56% of physicians agreed, 34% of the general public agreed, and 81% of people in recovery agreed. When asked if addiction to alcohol was primarily a personal/moral weakness, 9% of physicians agreed, 19% of the general public agreed, and 2% of people in recovery agreed. When asked if both play a role equally, 34% of physicians agreed, 44% of the general public agreed, and 9% of people in recovery agreed.

"The first thing we found in this survey is that alcoholism does not rate as high as our major issues of concern," Mr. Rivlin said. ■