Letters

Alcoholism Treatment

I strongly support the efforts of the National Institute on Alcohol Abuse and Alcoholism to step up research on differential effectiveness alcoholism treatment. We certainly need more and better information. However, I would like to clarify several points in Constance Holden's article (News & Comment, 3 Apr., p. 20) about contemporary alcoholism treatment.

Holden quotes the 1977 paper by Griffith Edwards (*1*) to illustrate that perhaps "treatment" is no more effective than "advice" at 1-year follow-up for married male alcoholics. However, the treatment offered in England in the late 1960s was quite different from that offered in the United States today. In addition, none of the patients studied were able to stop drinking in the first year, and the 2-year follow-up published in 1976 (*2*) showed a different picture. Ten subjects in the "advice" group had found their way into treatment. Those men who were alcohol-dependent at the time of entry into the study (so-called, "gamma" alcoholics) were far more likely to be improved if they had had treatment. None of them had a good outcome on "advice" alone.

Later, Holden states, "[i]npatient detoxification (usually a week or less) is also a routine practice, despite research indicating that more than 90% of alcoholics can be safely detoxified in a nonmedical setting." Studies of public inebriates treated in a "social setting detox unit" as an alternative to jail can hardly be considered applicable to all people suffering from alcoholism. Middle- or working-class alcoholics actually "detoxify" themselves at home hundreds of times for every occasion that they present themselves to a medical practitioner and are found in need of inpatient detoxification. The homeless alcoholic, with little or no access to a safe environment, is picked up by the authorities to be "detoxed." It is not surprising that a supportive, structured environment with good nursing observation is sufficient to allow 90% of the group to "sleep it off" safely.

Finally, Holden writes, "Since 1957, when the American Medical Association officially recognized alcoholism as a chronic and progressive 'disease' . . . ." In his classical paper on the disease concept (*3*) Mark Keller reminds us that "alcoholism without psychosis" and "alcohol addiction" appeared in the first American Standard Classified Nomenclature of Disease in 1933 and have appeared in every diagnostic compilation since.

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REFERENCES

1. G. Edwards *et al.*, *J. Stud. Alcohol* **38**, 1004 (1977).
2. J. Orford, E. Oppenheimer, G. Edwards, *Behav. Res. Ther.* **14**, 409 (1976).
3. M. Keller, *J. Stud. Alcohol* **39**, 143 (1978).

Holden states that "the attrition rate in all [alcoholism treatment] programs is extremely large—probably over 50%. . . ." While it may be that public programs serving indigent and skid-row populations have such high drop-out rates, this is certainly not true of programs serving middle-class Americans. The CATOR (Chemical Abuse Addiction Treatment Outcome Registry) system, which has provided outcome evaluation for more than 60 treatment programs throughout the United States, has consistently documented the completion rate for various public and private facilities to be well over 75%. On the basis of a sample of more than 20,000 inpatients and approximately 4,000 outpatients, fewer than 15% of patients who have entered chemical dependency treatment programs leave against medical advice (AMA). When one includes both AMA discharges and discharges due to noncompliance with the program, less than 20% of the patients leave prematurely. Thus, on the basis of data collected since 1980, premature discharges account for less than 20% of the patients who have entered treatment.

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Holden's article "Is alcoholism treatment effective" carries some factual comments about Alcoholics Anonymous (AA), but unfortunately even more of the increasingly prevalent disinformation about "treatment."

The extensive experience of AA over the past 50 years should be sufficient to demonstrate that recovery from addiction does not occur through "treatment," but by beginning a new life. Such phraseology does not have a scientific ring, but it is surely time that the plain facts are acknowledged.

As Holden points out, there has been considerable recent growth in the numbers and elaboration of rehabilitation facilities. The usual 28-day program is now standard, although there is considerable variation, and frequently outpatient programs are also offered under various circumstances. Some of these can have much value, especially for the beginner in recovery who needs a protected environment in which to attend AA meetings as well as to regain health in general. It is not a criticism of rehabilitation facilities to state, however, that they would not last a week without the AA meetings in the basement, which are the essential source of the patient's recovery. There should be no confusion about "which treatment" does in fact have any effect since there is only one effective process—not a treatment.

A number of individual practitioners involved in addiction programs, especially alcoholic programs in big cities, send their patients to AA and at times to other self-help groups for addictions. At the same time, they "treat" by means of psychotherapy, and perhaps addictive sedatives and tranquilizers. Most drugs are quite detrimental because of the rapidly evolving addiction that so frequently occurs in parallel with alcoholism. Psychotherapy can blur the commitment to real recovery in AA. The addict wants any way to return to the addiction without interference and without the consequences—such is the concept of being "well." Such indeed, also, is the hidden promise of treatment on the medical model: a return to the "predisease" state so that the addict will, having resolved his problems, then be able to use the substance safely.

There is no "treatment" for addiction. This does not mean that progress cannot be made, but that we should no longer insist on the medical model as a "cure" for a "disease" and at the same time depend on AA while denying that we are doing so. It is as if a physician or a hospital were to treat infectious diseases with antibiotics and then to add in psychotherapy, blood-letting, vitamin pills, diets, sunlamp treatments, and several other modalities while ignoring the essential role of antibiotics.

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Erratum: In John Walsh's article "Some refuseniks see no *glasnost*" (News & Comment, 24 July, p. 356), the Committee for Concerned Scientists was incorrectly identified as the "Union" of Concerned Scientists.