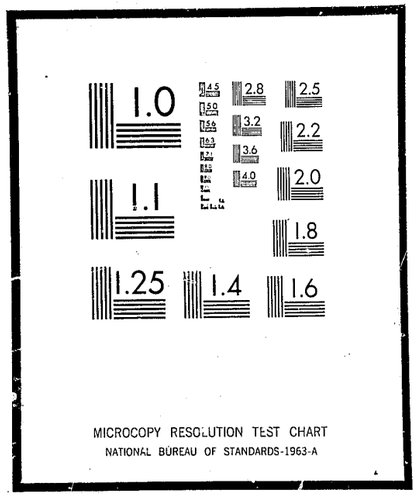

ABSTINENCE VS. CONTROLLED DRINKING: ALTERNATIVE TREATMENT PERSPECTIVES FOR PROBLEM DRINKING OFFENDERS

David D. Goodrick, Ph.D.
Wisconsin State Reformatory
Green Bay, Wisconsin 54305

Gerald L. Vigdal, M.S.W.
Bureau of Clinical Services
Madison, Wisconsin 53701

(Paper presented at the North American Congress on Alcohol and Drug Problems, San Francisco, California, December, 1974.)

(This research project is supported in part by Grant 73-03-01-13/74-03-05-03 from the Law Enforcement Assistance Administration.)

ABSTINENCE VS. CONTROLLED DRINKING: ALTERNATIVE TREATMENT PERSPECTIVES FOR PROBLEM DRINKING OFFENDERS

Correctional authorities have long recognized that problem drinking significantly contributes to the commission of criminal offenses. While statistics regarding problem drinking offenders vary from state to state, surveys done by the Wisconsin Division of Corrections may prove enlightening. In the Wisconsin Correctional Institutions, according to a recent survey, 37% of the adult inmate population have abused alcohol.[1] Additionally, problem drinking seriously interferes with the parole adjustment of offenders. Adult parolees in Wisconsin reported to be problem drinkers demonstrate a successful parole termination rate of approximately 60% while parolees who are not problem drinkers reveal a successful termination rate of approximately 90%.[2] In light of this acknowledgement of the prevalence of a psychologically damaging interaction between alcohol intoxication and criminal behavior, it is ironic that therapeutic treatment for problem drinking offenders has been grossly insufficient.

Most mental health workers, reluctant to make a serious therapeutic investment with either offenders or problem drinkers, are significantly more resistant to treating individuals who have both a history of criminal behavior and disruptive use of alcohol. Within the criminal justice system, one gains the impression that rather than perceiving offenders along a continuum of increasing severity of problem drinking, or a continuum of increasing interdependence of drinking behavior and criminal activity, correctional staff tend to lump problem drinkers into two mutually exclusive

categories. The first comprises persons whose drinking is inconsequential or is irrelevant to their criminal activity. The second category includes "full blown" or chronic alcoholics. Based on this differentiation, persons in the first category require no therapeutic intervention, and individuals in the second category are referred to Alcoholics Anonymous and receive the injunction that abstinence is the only viable treatment goal for them.

I would like to present a different classification of problem drinking offenders, discuss its ramifications for the contrasting treatment goals of abstinence and controlled drinking, and describe a comprehensive education and treatment program which is presently in the initial stage of implementation for problem drinking offenders who are incarcerated in Wisconsin.

Problem drinking offenders may be differentiated as to whether they are alcoholic persons or alcohol abusers. The alcoholic person is an individual whose behavior fits the following criteria: (1) The person experiences "loss of control" (i.e., once the person begins drinking on any occasion there is a self-perception of being unable to stop). (2) The individual is physiologically dependent upon alcohol (i.e., after excessive consumption, sudden stopping of drinking produces withdrawal symptoms such as restlessness, fragmented sleep, nausea, vomiting, etc.). (3) While drinking, the person may experience "blackouts" (i.e., short term memory deficits) and/or physiological tolerance (i.e., having to drink increasing amounts for the same psychological effects). (4) The individual experiences psychological dependence on alcohol (i.e., increasingly the person copes with problem situations and negative emotions by drinking, or the person drinks to either avoid or prepare for potentially stressful situations). (5) Drinking has serious negative social consequences: The person is likely to behave in

socially deviant ways while intoxicated and/or experience strong social sanctions for drinking (i.e., loss of job, family, friends, social status).

The alcohol abuser is a person whose behavior fits only the last two criteria: the pattern of drinking shown by the alcohol abuser is psychologically and socially damaging.

Before offering treatment to problem drinking offenders, whether they are alcoholic persons or alcohol abusers, other similarities and differences between the two groups must be considered.

As to similarities, both alcohol abusers and alcoholic persons usually 1) acknowledge being intoxicated during the commission of criminal offenses; 2) have insufficient or inaccurate knowledge about alcohol abuse and alcoholism; 3) do not effectively cope with thoughts and emotions that tend to precede (and precipitate) drinking; and 4) lack skills in handling everyday problem situations that often lead to drinking. However, two differences between the groups have important ramifications for establishing a treatment program for problem drinkers within the criminal justice system: (1) of the nearly 40% of the adult offender population that comprises problem drinkers, clinical interviews reveal that alcohol abusers significantly outnumber alcoholic persons; (2) for most alcohol abusers, controlled drinking is to them the only acceptable treatment goal.

This classification of problem drinking offenders, and the contrasting treatment goals of abstinence and controlled drinking may be conceptualized as a two by two matrix. The rationale for each treatment outcome with each category of problem drinker is as follows. Abstinence is preferable for some alcohol abusers because 1) they perceive themselves as having little or no psychological control over their behavior when they are intoxicated, 2) they are unwilling to risk what they perceive as a small but real possibility that they will engage in criminal activity while intoxicated,

or 3) they fear that they will become alcoholic persons if they do not abstain completely. Controlled drinking, defined as alcohol consumption to a level of mild intoxication, and operationally defined (in Sobel's research[3]) as drinking occasions in which six ounces or less of 86-proof liquor or its equivalent in alcohol content, is appropriate for some alcohol abusers because 1) it is the only treatment goal which they will accept, 2) they have social supports for controlled drinking, and may have none for abstinence, 3) and contingent upon controlling their drinking, they predict that they are not likely to engage in criminal activity.

Abstinence is the appropriate goal for some alcoholic persons because 1) they fear that they will experience loss of control upon further drinking, 2) they perceive themselves as likely to engage in criminal behavior while intoxicated, 3) they are aware that their social behavior while intoxicated may interfere with their post-incarceration adjustment. Controlled drinking is an appropriate goal for other alcoholic persons because 1) they will not accept the treatment goal of abstinence, 2) they have practiced controlled drinking successfully in the past, 3) they have social supports for controlled drinking, and may have none for abstinence, and 4) they may despair of ever being able to abstain while in an environment where alcohol is accessible.

These rationales for controlled drinking for alcohol abusers and alcoholic persons may be unconvincing to some alcoholism workers who believe that abstinence is the only appropriate goal for any problem drinker. Such a blanket advocacy of abstinence may indeed be the most cautious and conservative therapeutic perspective, but it is unrealistic and in our opinion untenable for several reasons. First, the argument that the alcohol

abuser must abstain in order to avoid becoming an alcoholic person, implying that alcohol abuse inexorably progresses to alcoholism, has not been substantiated empirically. This stance inadvertently tends to alienate the alcohol abuser who desires some form of therapeutic assistance, but does not wish to abstain completely. Second, many offenders, whether alcohol abusers or alcoholic persons, refuse to consider abstinence for themselves. In our judgment, it is more appropriate to collaborate with such persons in their chosen goal. In those instances where they are not successful in maintaining control, the therapeutic agent is in an excellent position to influence the person towards abstinence. Third, many problem drinkers who verbally espouse abstinence nevertheless begin drinking soon after receiving alcoholism treatment. For example, Ludwig, Levine, and Stark[4] found that in their study of 176 alcoholic persons who received an intensive 30 day in-patient treatment program, 80% had consumed alcoholic beverages within three months after discharge. Fourth, a minority of alcoholic persons had been able through their own efforts, or through therapeutic treatment, to drink in a controlled fashion. These have been individuals who rejected abstinence, but who consequently were able in carefully selected situations to drink without becoming intoxicated or experience loss of control. Frequently, such individuals have experienced a period of abstinence after receiving treatment, and often they have changed occupations or other significant conditions of their social life before resuming social drinking which was documented over several years of follow-up. Incidentally, John Ewing[5] has briefly reviewed some of the accumulating evidence for successfully engaging in controlled drinking. Fourth, the assumption of "one drink, then drunk" inadvertently acts as a self-fulfilling prophecy for

the alcoholic person. This all or nothing belief may be an effective deterrant to some alcoholics someof the time, but it undermines whatever "stopping ability" the alcoholic person does have should that first drink be consumed. Ironically, it has been our clinical impression that the more convinced the alcoholic person is of the assumption that the first drink leads to loss of control, the more likely it is that loss of control will occur, and the more likely is the person to use the belief as an excuse to continue drinking should a single drink be taken for whatever reason.

These arguments for the feasibility of controlled drinking must be placed in a therapeutic perspective. The fact that a minority of alcoholic persons have successfully become controlled drinkers, and the demonstrated fact that control is feasible for some alcoholic persons when attempted within a treatment regiment, neither implies that all alcoholic persons can become controlled drinkers nor assures any alcoholic person that controlled drinking is definitely an obtainable goal.

However, the feasibility of controlled drinking has three therapeutic implications that must be recognized: less destructive patterns of drinking are sometimes a desirable treatment goal; an alcoholic person should not be excluded from treatment as a consequence of rejecting abstinence, since controlled drinking may either be feasible or be at least a stop gap measure until the individual is willing to accept, or is able to achieve, abstinence; and the alcoholism worker should neither expect the alcoholic person to necessarily experience loss of control when drinking is resumed nor should the worker ignore loss of control when it in fact does occur.

It is in light of these considerations-that problem drinking significantly influences criminal behavior, that problem drinking offenders are not receiving

sufficient treatment, that problem drinking offenders should be given the opportunity to seek divergent treatment goals, that the Wisconsin Division of Corrections is presently establishing a comprehensive education and treatment program for problem drinking offenders.

The program is a voluntary, pre-release project which will be carefully evaluated in regards to the effectiveness. After individuals receive their parole grants, they will be screened to determine whether they perceive the existence of a drinking problem, and if so, may volunteer to enter the Problem Drinking Project. Upon finishing the six week education and treatment program they will be released to the community on the date specified in their parole grant, and they will be offered voluntary aftercare for their problem drinking in addition to their parole supervision.

Within the framework of the contrasting goals of abstinence and controlled drinking, the project utilizes a functional approach to problem drinking. This functional approach involves individualization of treatment programming, as the participant is carefully interviewed to learn to identify the antecedents, concomitants, and consequences of drinking behavior as well as specify the interrelationship between the individual's socially deviant behavior and alcohol consumption. In regards to treatment, all individual participants, regardless of treatment goal will be encouraged to attend voluntarily "Orientation to Alcoholics Anonymous" and lectures on Antabuse. As well, all participants will be given self-control training and social skills training. Self-control training involves systematic desensitization to reduce the problem drinker's anxiety about many situations that the person encounters, as well as video-tape feedback methods which make the person acutely aware of the negative consequences of previous drinking. Social

skills training involves participants learning to respond to many problem situations which previously encouraged drinking by alternatively behaving in socially appropriate ways that are incompatible with alcohol consumption. Upon discharge to the community, the members of the staff routinely interview the participant with family members and parole agent in order to give social support for whatever treatment goal has been determined by the individual. The staff members are also available for crises which may occur, and other staff members will independently interview the client to determine their functioning at three, six, and twelve month intervals. The criteria of participant functioning by which the program will eventually be evaluated include occupational functioning, leisure time activity, family realtionships, legal difficulties, and pattern of drinking. The project will be evaluated also as to the degree to which alcoholic abusers and alcoholic persons are able to achieve their specified treatment goals.

Although the program is barely underway and no research data is yet available, we are confident that by addressing ourselves to both alcoholics and alcohol abusers and by offering therapeutic measures agreeable to both populations that we will reach a substantially larger proportion of the problem drinking offender population in our state.

END

---

[1] Working papers: Division of Corrections, Drug Survey; 1973.

[2] Wisconsin Division of Corrections, Statistical Bulletin, C-56; 1971,1972.

[3] Sobel, Mark B., Linda C. Sobel,"Evidence of Controlled Drinking by Former Alcoholics: A Second Year Evaluation of Individualized Behavior Therapy. Paper presented at the 81st Annual Convention of the American Psychological Association, Aug. 31, 1973, Montreal, Canada.

[4] Ludwig, A. M., Levine, J., Stark, L. H., LSD and Alcoholism, Charles C. Thomas: Springfield, Illinois, 1970.

[5] Ewing, J. A., Annals of the New York Academy of Science, Vol. 233, 147-154, 1974.