ADDICTION EXCHANGE

May 1, 1999 1(8)

News from the worlds of clinical practice and research

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Virginia Addiction Technology Transfer Center, part of the Mid-Atlantic ATTC
A CSAT-funded Center

Welcome to *Addiction Exchange*, a forum for the exchange of clinical practice and research information among clinicians, scientists, educators, and administrators in the area of addiction. Today's topic is **Effective Treatment for Alcohol Problems.** Last time we discussed the gaps that often exist between treatments found effective in research and treatments used in typical clinical practice. In today's issue, we provide highlights from a recent book chapter in which Miller and colleagues (1998) published a useful summary of the research to date on effective alcohol treatments.

Miller's research group in New Mexico has been working on the "Mesa Grande" (large table!) Project for several years. Their goal was to conduct a methodological review of controlled clinical trials for alcohol problem treatments, and to summarize them in a tabular format. They reviewed 302 studies conducted by 1996 in which the outcomes of groups of clients were compared. It is important to note that most studies in their review were randomized, meaning that subjects had equal chances of being assigned to the various treatments being compared. Randomization often results in better comparability of client characteristics across groups, so that differences found, if any, can be properly attributed to the treatment. In reviewing the scientific quality of the studies, raters assigned methodology scores on 12 possible dimensions. The researchers then classified study designs as providing positive evidence, strong positive evidence, negative evidence, or strong negative evidence for the various treatments under investigation. In order to give more weight to studies with better quality, these evidence scores were multiplied by the methodological quality score to yield a cumulative evidence score. Lower cumulative evidence scores could result from fewer studies, or many studies with conflicting evidence. In this manner, the researchers were able to construct a table depicting a hierarchy of treatments from those with strong positive evidence of efficacy to those with strong negative evidence (i.e., treatments that yield neutral or even harmful outcomes).

The researchers drew several important conclusions. "...Treatment approaches differ substantially in their demonstrated efficacy." (p. 208). They propose that it seems "sensible to emphasize in treatment those approaches ...[with more evidence of positive outcomes]... and to invest fewer resources in treatment methods with negative scores." (p. 208-209). Therefore, although no treatment is expected to work for everyone, more clients should have the best chance to benefit from treatments that have been found effective across multiple studies and populations. The **most effective treatments, arranged with the highest to lower cumulative evidence scores are: brief intervention, motivational enhancement, social skills training, community reinforcement, GABA agonist medication, opioid antagonist medication, behavior contracting, client-centered therapy, aversion therapy (nausea), cognitive behavioral marital therapy, behavioral self-control training, cognitive therapy, aversion therapy (apnea), covert sensitization, acupuncture, disulfiram use, and manualized self-help therapy**. The least effective treatments, arranged in order of less negative to more negative outcome findings, are: electrical aversion therapy, general marital therapy, placebo medication, stress management, lithium, functional analysis, relapse prevention, self monitoring, SSRI medication, hypnosis, psychedelic medication, calcium carbamide, non-SSRI antidepressant medication, "standard" treatment, milieu therapy, anxiolytic medication, videotape self confrontation, mandated AA, metronidazole, relaxation training, confrontational counseling, general psychotherapy, general alcoholism counseling, and educational lectures or films. In the next issue, we will discuss some of the implications of these findings for community treatment programs.

Reference: Miller, W.R., Andrews, N.R., Wilbourne, P., & Bennett, M.E. (1998). A wealth of alternatives: effective treatments for alcohol problems. In W.R. Miller and N. Heather (Eds.), *Treating Addictive Behaviors (2nd Ed.*), New York: Plenum Press, 203-216.

We hope you find *Addiction Exchange* useful in your work. We'd love to hear your comments. Correspond to the editor of Addiction Exchange, Dr. Karen Ingersoll, at kingerso@vcu.edu, or discuss your training needs by calling us at (804)-828-9910, or contact the VATTC office at vattc@vcu.edu. VATTC's website address is

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