

Study: Alcohol, drug abuse counselors don't always require total abstinence

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Compared to a survey conducted nearly 20 years ago, about twice the proportion of addiction counselors now find it acceptable for at least some of their patients to have a drink occasionally – either as an intermediate goal or as their final treatment goal, according to a new study published by the American Psychological Association.

The researchers surveyed 913 members of the National Association of Alcoholism and Drug Addiction Counselors from across the United States. About 50 percent of the respondents said it would be acceptable if some of their clients who abused alcohol wanted to limit their drinking but not totally give up alcohol. In the earlier survey published in 1994, about 25 percent of the responding administrators of [substance abuse treatment](#) agencies found moderate drinking acceptable for some of their clients.

When asked about treating clients who abuse drugs, about half the counselors in the new study accepted moderate drug use as an intermediate goal and one-third as a final goal – this is about the same as it was in a similar survey 10 years ago.

"Individuals with alcohol and drug problems who avoid treatment because they are ambivalent about [abstinence](#) should know that—depending on the severity of their condition, the finality of their outcome goal, and their drug of choice—their interest in moderating their consumption will be acceptable to many addiction professionals working in outpatient and independent practice settings," wrote study co-

authors Alan K. Davis, MA, and Harold Rosenberg, PhD, both with the Department of Psychology at Bowling Green State University. The study was published online in the APA journal [Psychology of Addictive Behaviors](#).

However, for clients diagnosed with alcohol or [drug dependence](#) – which is considered more severe than alcohol or drug abuse – respondents to the new survey were less accepting of clients aiming for limited or moderate substance use. Specifically, at least three-quarters of respondents said they would not approve of limited or moderate consumption for clients with alcohol or drug dependence, as either an intermediate or final goal.

Substance abuse often results in relationship, work or legal problems, such as driving under the influence. Substance dependent people have many of the same problems, but they also experience markedly increased tolerance, withdrawal symptoms and a sense of compulsion or loss of control over their substance use, according to the Diagnostic and Statistical Manual of Mental Disorders, the standard classification of mental disorders used by mental health professionals in the United States.

When respondents were asked why they rejected any consumption at all by their clients, many said it would send the wrong message, is not effective and is not consistent with their treatment philosophy. When asked what other client characteristics they thought were important to evaluate when clients wanted to limit or moderate their substance use, respondents rated a patient's health, age, emotional stability and "drug of choice" as important.

The study also found that limited or moderate substance use appears less acceptable to counselors in the United States than in several other countries. For example, a nationwide survey of British alcohol and drug

treatment agencies found 86 percent considered continued use acceptable as an intermediate goal and 81 percent found it acceptable as a final goal for clients with a history of alcohol abuse. In that same survey, 68 percent accepted continued use as an intermediate goal and 50 percent as a final goal for clients with alcohol dependence. In addition, a recent survey of Swiss alcohol treatment agencies also found that respondents rated limited or [moderate drinking](#) as more acceptable for clients with [alcohol](#) abuse and dependence than did the American addiction counselors.

All the U.S. survey respondents were NAADAC members, and their views about the acceptability of limited or moderate [substance use](#) by clients may differ from therapists who are not members of the organization, the authors noted. Also, previous studies of counselors' views of outcome goals were usually based on responses from administrators of substance abuse treatment facilities rather than individual counselors.

"Our study did not examine whether those who want to moderate their drinking or drug use had better or worse outcomes than those who attempt to abstain immediately and completely, and research has found that episodes of lapse and relapse are common among clients no matter what outcome goal they pursue. In light of this study, we suggest that clients ask about their counselor's openness to limited or moderate consumption as an outcome goal, and that agencies acknowledge their policy regarding negotiation of outcome goals as part of informed consent," Rosenberg said.

More information: "Acceptance of Non-abstinence Goals by Addiction Professionals in the United States," Alan K. Davis, MA, and Harold Rosenberg, PhD, Bowling Green State University, *Psychology of Addictive Behaviors*, online first Oct. 22.

Provided by American Psychological Association

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