

# Controlled Drinking

## *The Science and the Art*

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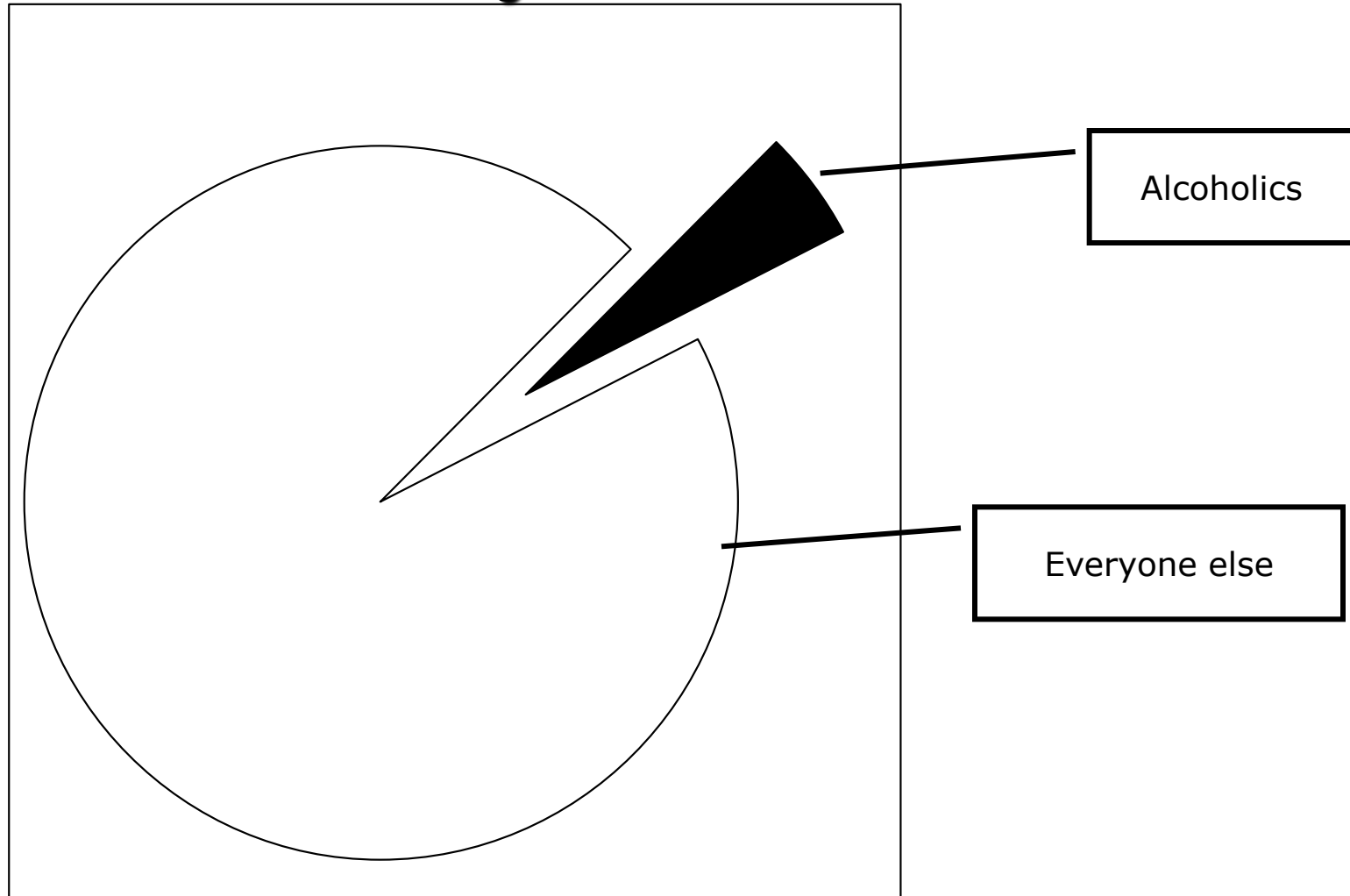
- Historical context
- Definition
- Popularity of CD
- Predictors of drinking goal
- Drinking goal and outcome
- Why offer CD?
- For whom?
- How to do it

“The idea that somehow, someday he will control and enjoy his liquor drinking is the great obsession of every abnormal drinker.

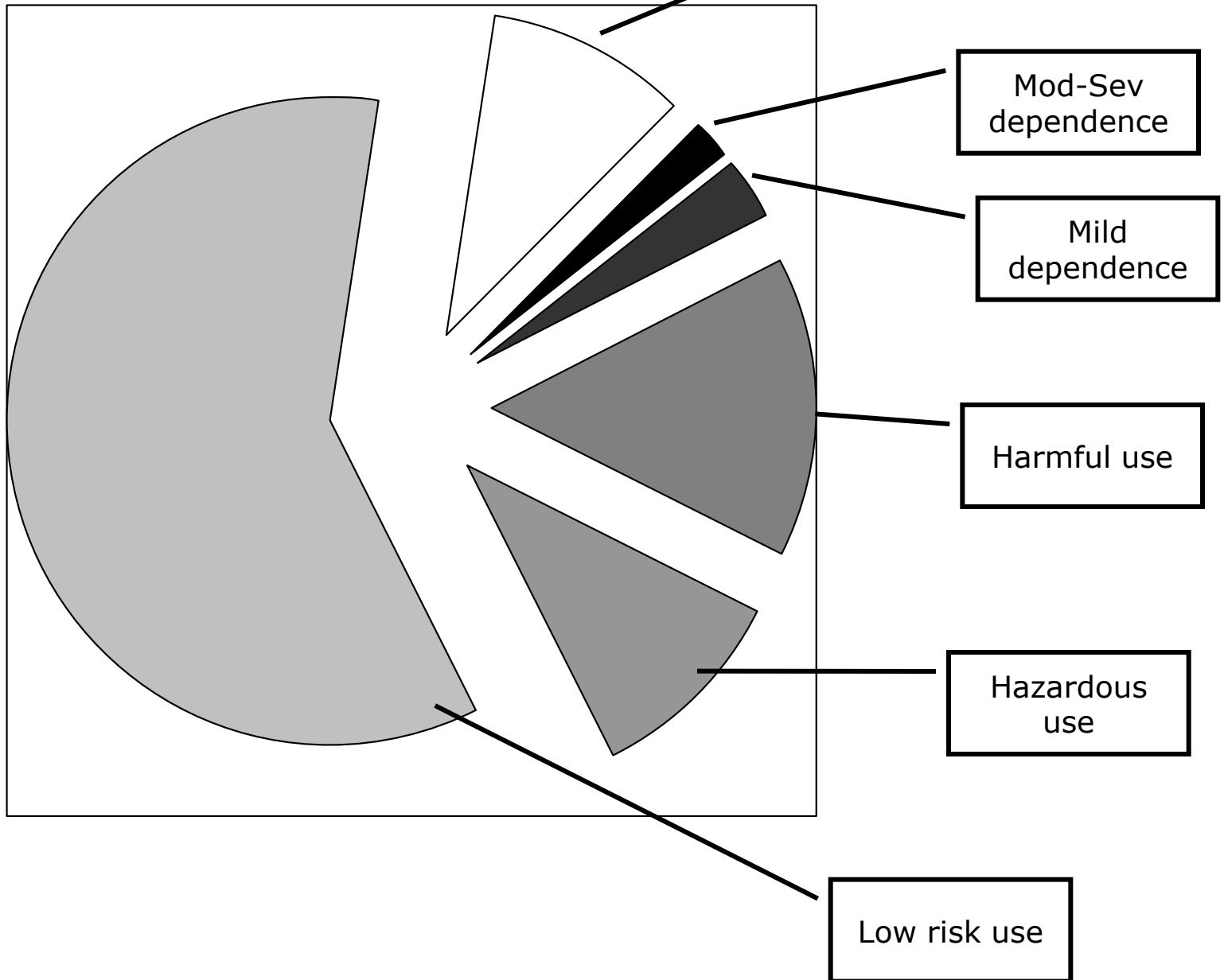
The persistence of this illusion is astonishing. Many pursue it into the gates of insanity or death”

(Alcoholics Anonymous, 1939, p41)

# A binary view



# ...but wait



# Historical Context

- A simpler time

Step 1: We admit that we are powerless over our addiction..”

- “The debate”

- Denial
- Threats
- Splits
- CD and harm reduction



- Calmer waters

- Abstinence and other yardsticks of success

# Terminology and Definition

- Reduced risk drinking
- Controlled drinking
- Moderation
- Low risk drinking
- Light / social drinking
- Non-abstinence

A working definition:

- Non-abstinence
- Planned
- Designed to reduce harm  
(and individualised)

# Popularity: Addiction Workforce

■ US	Alcohol Abuse	55%
	Alcohol Dependence	20%
■ Canada	Outpatients	50%
	Inpatients	20%
■ UK	Alcohol Abuse	80%
	Alcohol Dependence	50%
■ Switzerland	Alcohol Abuse	80%
	Alcohol Dependence	50%



# Two Australian Addiction Workforce Surveys

- Dawe & Richmond (1997)
  - CD advice provided by 66% of agencies
  - Higher support for outpatients (89%)
  
- Donovan & Heather (1997)
  - CD appropriate goal for some clients: 72%
  - Higher support in community (91%) and alcohol units (85%)
  - Higher support from more qualified workers
  - No difference for age, gender, experience

# NZ Addiction Workforce Survey

Rachel is a 33 year old Pakeha woman with two children aged 10 and 6. She was recently physically assaulted by her partner after both had been drinking heavily. Rachel works part-time as a telemarketer.

- No previous addiction treatment
- On assessment, found to have been drinking wine most days of the week, consuming about 40-50 standard drinks per week (about 2 x 2 litre casks of wine and 10 RTD bourbons), 25 cigarettes a day, 1 joint of cannabis a week and taken BZP x2 capsules 5 times in the past month. She has no history of any other drug use.
- Rachel is gambling \$80-100 once a week playing pokie machines
- Meets criteria for alcohol dependence of moderate severity of 3 years duration, nicotine dependence, cannabis abuse and pathological gambling.
- No evidence of alcoholic liver disease.
- Never had an alcohol withdrawal syndrome.

# What is the most appropriate therapeutic goal in terms of Rachel's drinking?

		<i>Plus moderate depression</i>
■ Abstinence (which will need to be life long)	17%	22%
■ Abstinence (which will need to be at least 12 months long)	16% <b>33%</b>	21% <b>43%</b>
■ Abstinence of at least 1 month before considering resuming drinking within ALAC drinking guidelines)	22%	23%
■ Continue drinking but reduced to within the ALAC drinking guidelines	17% <b>60%</b>	10% <b>49%</b>
■ Continue drinking but reduced to at least half of current consumption	9%	5%
■ Continue drinking but reduced, no specific quantities advised	12%	11%
■ Other (please specify	8%	7%

# Popularity: Clients

- CD preferred by 20-85% of clients, e.g.:
  - BTP                      65%
  - UKATT                  46%

Who chooses  
controlled drinking?

# Brief Treatment Programme (BTP)

- Sellman et al
- Christchurch, New Zealand
- Mild to moderate alcohol dependence
- Feedback + MET, NRDL or NFC
- Goal chosen by patient at baseline, 6 weeks and 6 months
- N = 122
- Six month outcome data

# Who Chooses Controlled Drinking? BTP, n=109

Logistic regression:

- More drinking days at baseline
- Fewer alcohol related problems
- Lower internal motivation
- Not assigned MET

# UK Alcohol Treatment Trial

- UKATT Research Team
- No severity exclusions
- MET vs SBNT
- Goal recorded by therapist at baseline
- N = 742
- Outcome at 3 and 12 months



# Who Chooses Controlled Drinking? UKATT, n=742

Logistic regression:

- Male
- Drink more frequently
- Drink less heavily
- Did not require detoxification
- Greater social support for drinking

Does drinking goal  
predict outcome?

# Predictors of Good Outcome

Robust predictors:

- High self-efficacy
- Low dependence severity
- High motivation
- Abstinent drinking goal
- Low psychopathology

More tentatively:

- Low consumption level
- High SES/employment
- Religious belief/involvement

# Drinking goal & outcome I: BTP

## Drinking Goal

Drinking Outcome	Drinking Goal	
	Abstinence %(n)	Controlled Drinking %(n)
Abstinence	18.9 (7)	5.8 (4)
Controlled	32.4 (12)	14.5 (10)
Hazardous	10.9 (4)	18.8 (13)
Unequivocally Heavy	37.8 (14)	60.9 (42)

4x2  $\chi^2=11.12$ ,  $p=.011$ , 2x2  $\chi^2 = 7.69$ ,  $p=.006$

Adamson & Sellman 2001

# ALAC upper limits for responsible drinking

- Males:
  - 6 per Session
  - 21 per Week
- Females
  - 4 per Session
  - 14 per Week

# % selecting ALAC guideline

## Drinking Goal

	Within guidelines	More than guidelines
Baseline	75.3	24.7
Six Weeks	58.0	42.0
Six Months	61.1	38.9

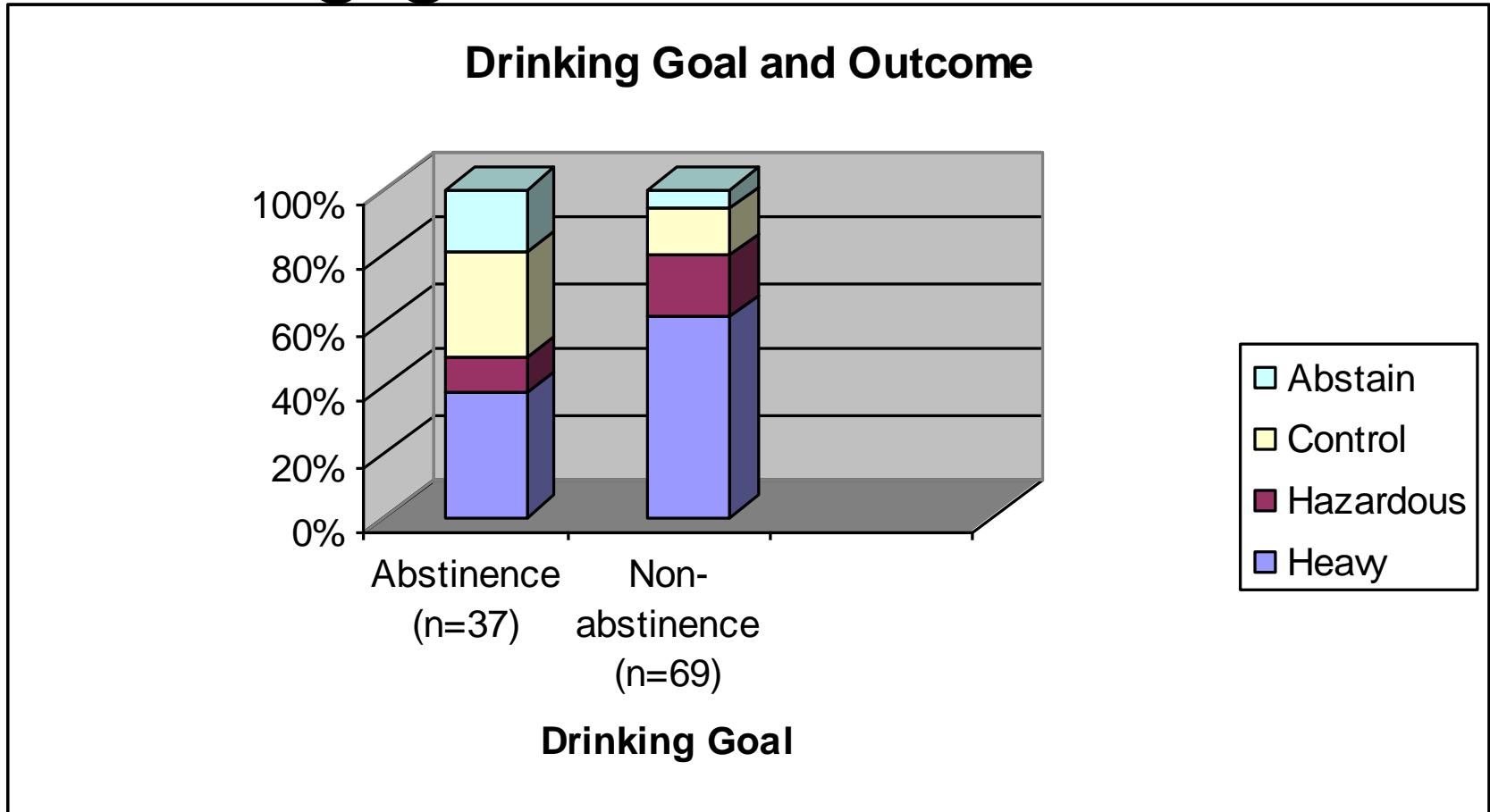
# Drinking goal & outcome II: BTP

## Drinking Goal

Drinking Outcome	Drinking Goal		
	Abstinence %(n)	Within Guidelines %(n)	Over Guidelines %(n)
Abstinence	18.9 (7)	10.0 (4)	0.0 (0)
Controlled	32.4 (12)	22.5 (9)	3.4 (1)
Hazardous	10.9 (4)	25.0 (10)	10.4 (3)
Unequivocally Heavy	37.8 (14)	42.5 (17)	86.2 (25)

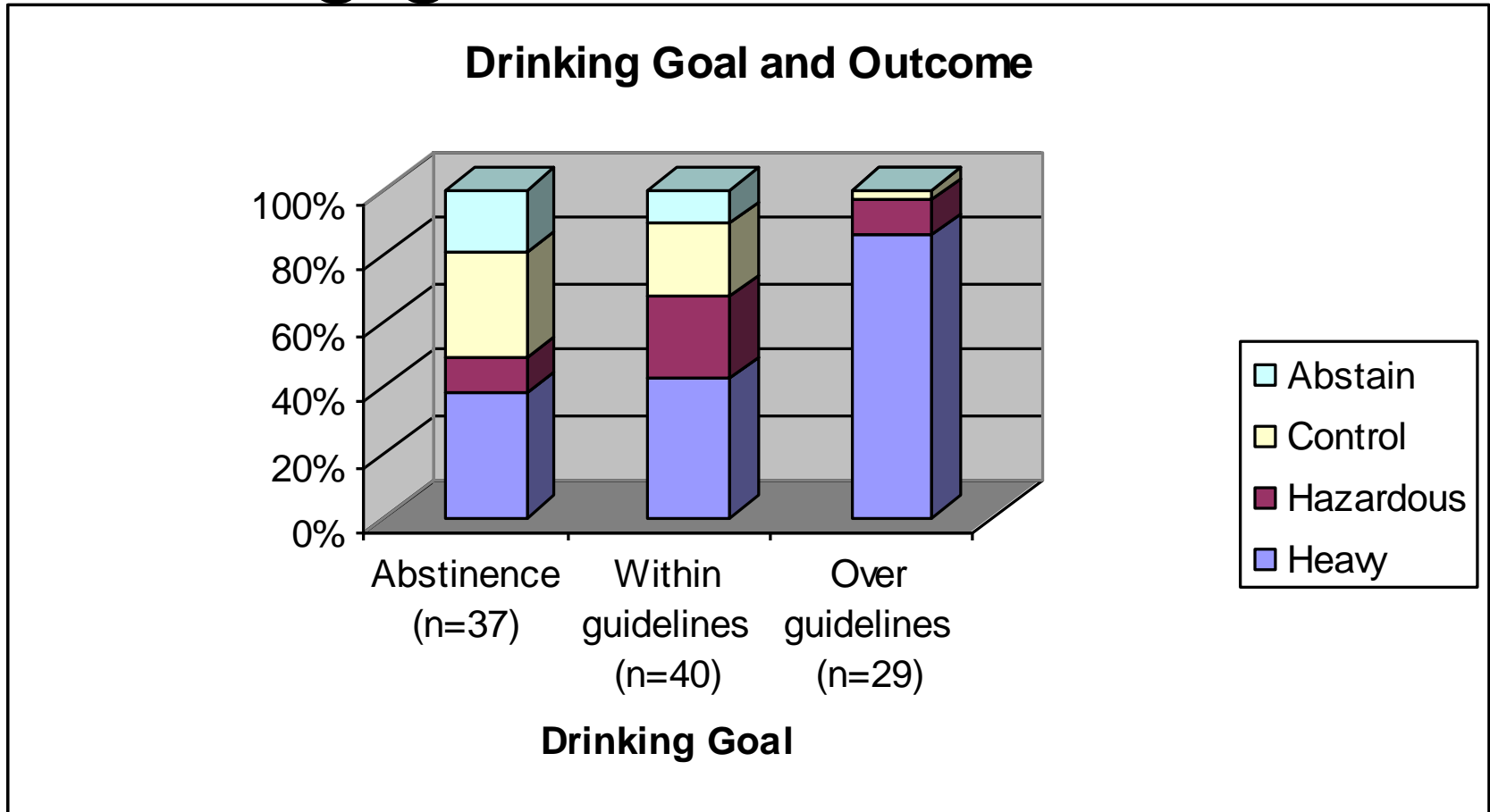
( $\chi^2 = 4.00$ ,  $df = 3$ ,  $p = 0.262$ )

# Drinking goal





# Drinking goal



# Who adopted ALAC guidelines?

More likely to choose limit within recommended ALAC guidelines if:

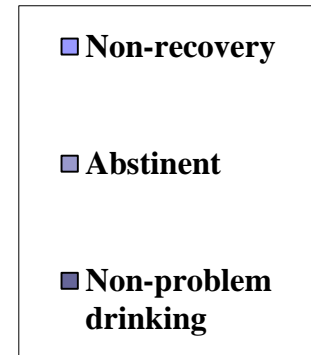
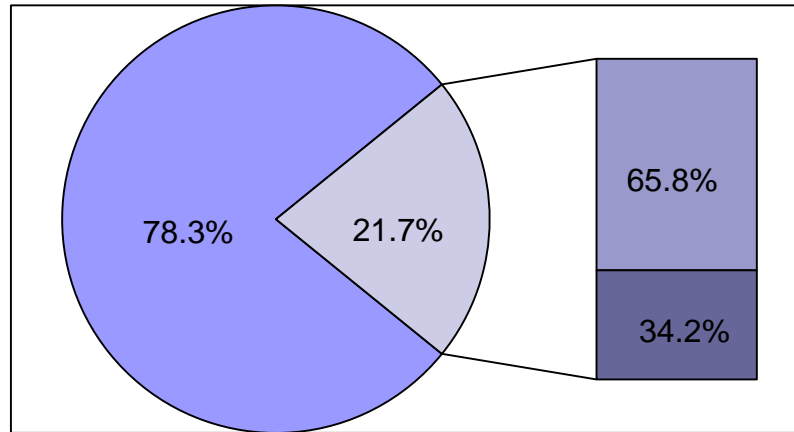
Logistic regression:

- Older

# Drinking Goal & Outcome: UKATT

## Goal abstainers

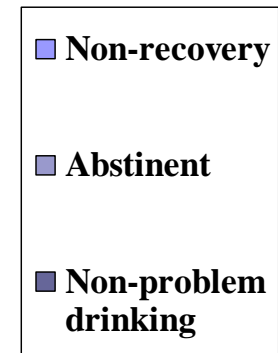
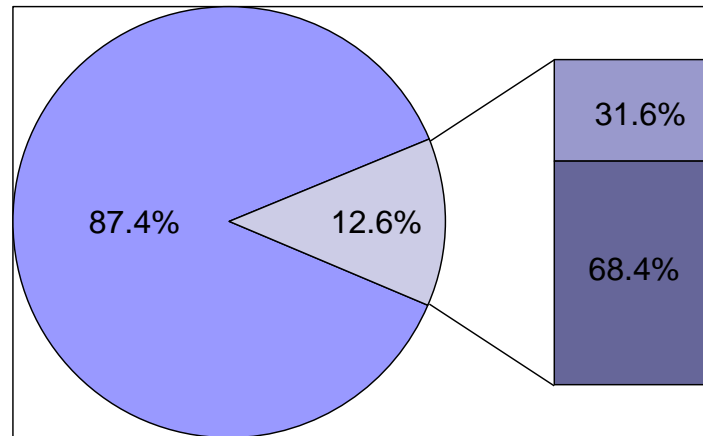
3 Months



OR=1.92 p=.003

OR=4.17 p=.001

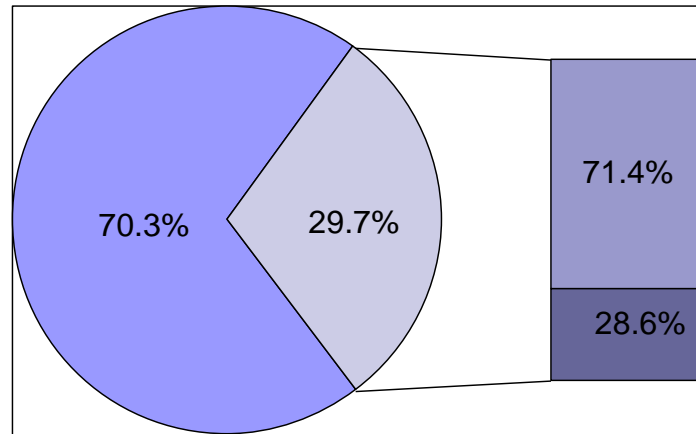
## Goal non-abstainers



# Drinking Goal & Outcome: UKATT

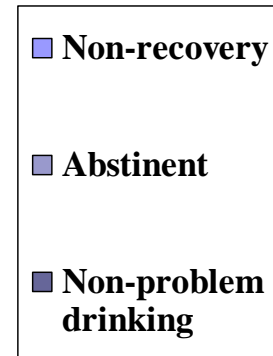
12 Months

**Goal abstainers**

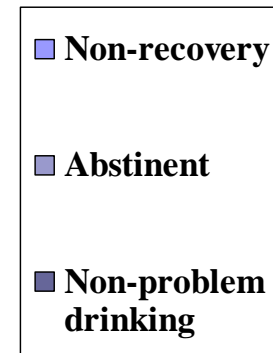
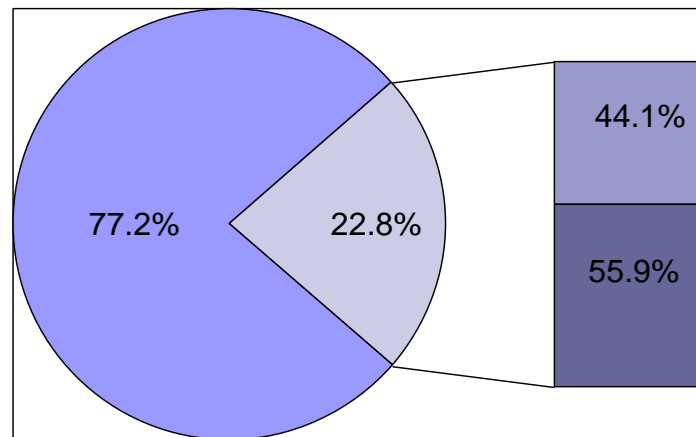


OR=1.44 p=.063

OR=3.17 p=.001



**Goal non-abstainers**



# Controlling for covariates of goal choice

Outcome measure	3 months		12 months	
	Uncontrolled	Controlled	Uncontrolled	Controlled
Recovered (OR)	1.92**	1.74*	1.44†	1.42
Abstinent (OR)	4.17***	2.20	3.17***	2.51*
PDA (%)	12.6%***	11.4%***	9.0%**	11.3%***
DDD (SD)	1.92*	1.23	1.49	1.20

†<.10, \*<.05, \*\*<.005, \*\*\*<.001

# Conclusions: clinical implications

- Should we tell everyone to abstain?
  - Those *choosing* abstinence were also more motivated, more aware of negative consequences and had less support for drinking.
  - Some outcome measures are no different, especially when outcomes more broadly defined
  - Engagement, the therapeutic relationship and motivation
  - Level of drinking goal matters
  - Positive outcome generally matches goal choice, but exceptions are common
- *But*, these data provide a solid basis for providing guidance on goal choice when this is sought

# Clinical application

# Why would I offer CD?

- It's what my client wants
- The benefits of choice
  - improved engagement
  - does this improve outcome?
- Horses for courses – titrate intervention to problem severity
- Learning experience for client



# The risks of offering CD

- Poorer outcome
- Sub-optimal treatment/selling your client short
- Increased risk of relapse

# Who is CD appropriate for?

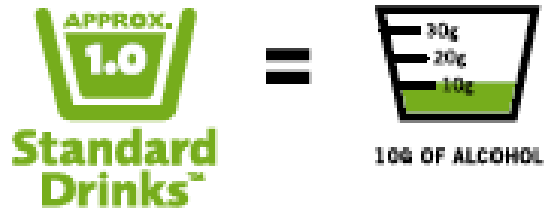
- Lower severity
  - dyscontrol
  - Health and other consequences
- Track record – past attempts
- Social support for moderation
- Those who would drop out if not given the choice

# Controlled drinking despite contra-indications

- i.e. severe dependence
- Evidence that a (very small) proportion of this group can succeed
- Controlled drinking as harm reduction
- Controlled drinking as an intermediate goal
- Not succeeding would be a good learning experience

# Choosing a limit

# Standardising “a drink”



**ONE STANDARD DRINK EQUALS 10 GRAMS OF PURE ALCOHOL**

It's not the amount of liquid you're drinking that's important – it's the amount of alcohol.

**IF YOU DRINK:**



**APPROX. 10G PURE ALCOHOL  
(10G = 12.7ml)**

330ml bottle of beer at 5% alcohol



APPROX. 1.3 Standard Drinks™

750ml bottle of wine at 13% alcohol



APPROX. 7.7 Standard Drinks™

# Choosing a limit

## NZ Guidelines:



# Choosing a limit

## Aust Guidelines:

### WHAT DO THE GUIDELINES RECOMMEND?

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- ▶ For healthy men and women, drinking no more than two standard drinks on any day reduces your risk of harm from alcohol-related disease or injury over a lifetime.
- ▶ Drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

**REDUCE  
YOUR  
RISK**



NEW NATIONAL  
GUIDELINES FOR  
**ALCOHOL CONSUMPTION**

# Choosing a limit

- National guidelines are “Low Risk” for the general population
- Is this too high for someone with an alcohol use disorder?
- Is this too low to be realistic for someone reducing from a much higher level?



# Choosing a limit

- Aim for ALAC figures as a maximum
- Aim for a higher number of non-drinking days
- Engage client in conversation about at what level:
  - Problems might occur
  - Ability to control consumption is diminished

# Choosing a limit

High Risk Drinking

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*Buffer*

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Low Risk Drinking

# More than just a limit

- Per occasion
- Per week/fortnight
- Define week (eg Mon-Sun)
- Drinks/hour
- Stop drinking after x hours
- Dos and Don'ts

# More than just a limit

## ■ Do:

- Only have one sometimes
- Keep a drinking diary
- Take my time and enjoy it
- Have spacers
- Abstain when around high risk people
- Share these rules with my partner/friends

# More than just a limit

## ■ Don't:

- Drink on an empty stomach
- Drink alone
- Drink with people I don't like
- Stay out after 1am
- Drink when feeling stressed or to drown feelings
- Drink spirits
- Drink Red Bull and vodka
- Preload

# More than just a limit

## ■ Don't

- Drink before dinner
- Drink while cooking dinner
- Continue drinking after dinner
- Start drinking before 7pm
- Drink if I haven't already decided it's safe
- Drink if I feel like I *need* a drink
- Drink at work functions
- If in doubt, don't drink

# More than just a limit

## ■ If I break a rule:

- Discuss with my partner
- Work out why and do something about it
- Stop and think about how it's going. Review treatment material
- Have a week/month off
- Contact counsellor

# But first....

- Initial period of abstinence
  - 1-3 months
  - “sobriety sampling”
  - Developing new skills
  - Establishing a “new normal”
  - Consider whether to extend this period indefinitely



# And then....

- Monitor progress
- Utilise relapse prevention strategies
  - Identify High Risk Situations
    - Avoid
    - Mitigate
  - Deal with craving
  - Drink refusal skills
- Revisit and adjust as required
- Maintain an open door to abstinence



# Support for Controlled Drinking

- Is the goal supported by others around the client?
- The value of engaging family in the treatment process
- Support group options

# Conclusions

- A large proportion of our clients want to reduce, not stop
- A goal of abstinence predicts better outcome, but this doesn't mean prescribing abstinence would be as effective
- Controlled drinking is an appropriate goal for less severe drinkers
- Effective CD is negotiated with clients, contains clear guidelines and ongoing supervision and support

*Thank you*