

John didn't have to reach rock bottom to know that he needed help for his alcohol problem. Far too many days, his work suffered after a night of heavy drinking. He started attending weekly Alcoholics Anonymous (AA) meetings, and at first he was flattered by how welcome the group made him feel. But after two

months of meetings, John had grown increasingly uncomfortable. "I felt pressure to accept their ideas and admit that all my problems were caused by alcohol," he says. "References to a higher power are made in six of their 12 steps to recovery. And AA's 'Big Book' describes the typical alcoholic as arrogant, grandiose, immature, and in need of ego deflation." But John, who had never been religious, resented the organization's demands for spirituality; he also felt that its characterization of the alcoholic personality didn't fit him.

He began to believe, he says, "that not everyone with an alcohol problem fits the AA mold."

Disillusioned, John looked around for an alternative to AA and found Moderation Management (MM), a new program that uses a nine-step system to help people control—not quit—drinking. After organizing a support group based on the principles of MM, John says he's found a forum for facing his

drinking problem that's more comfortable than the dogmatic approach of AA. "MM is based more on science than ideology. It doesn't pretend to know all the answers," he says. "Abstinence is not the dominant theme like it is at AA meetings. Members of MM are willing to openly discuss whether certain strategies fit their personality."

MM is one of a number of new treatment programs and services that

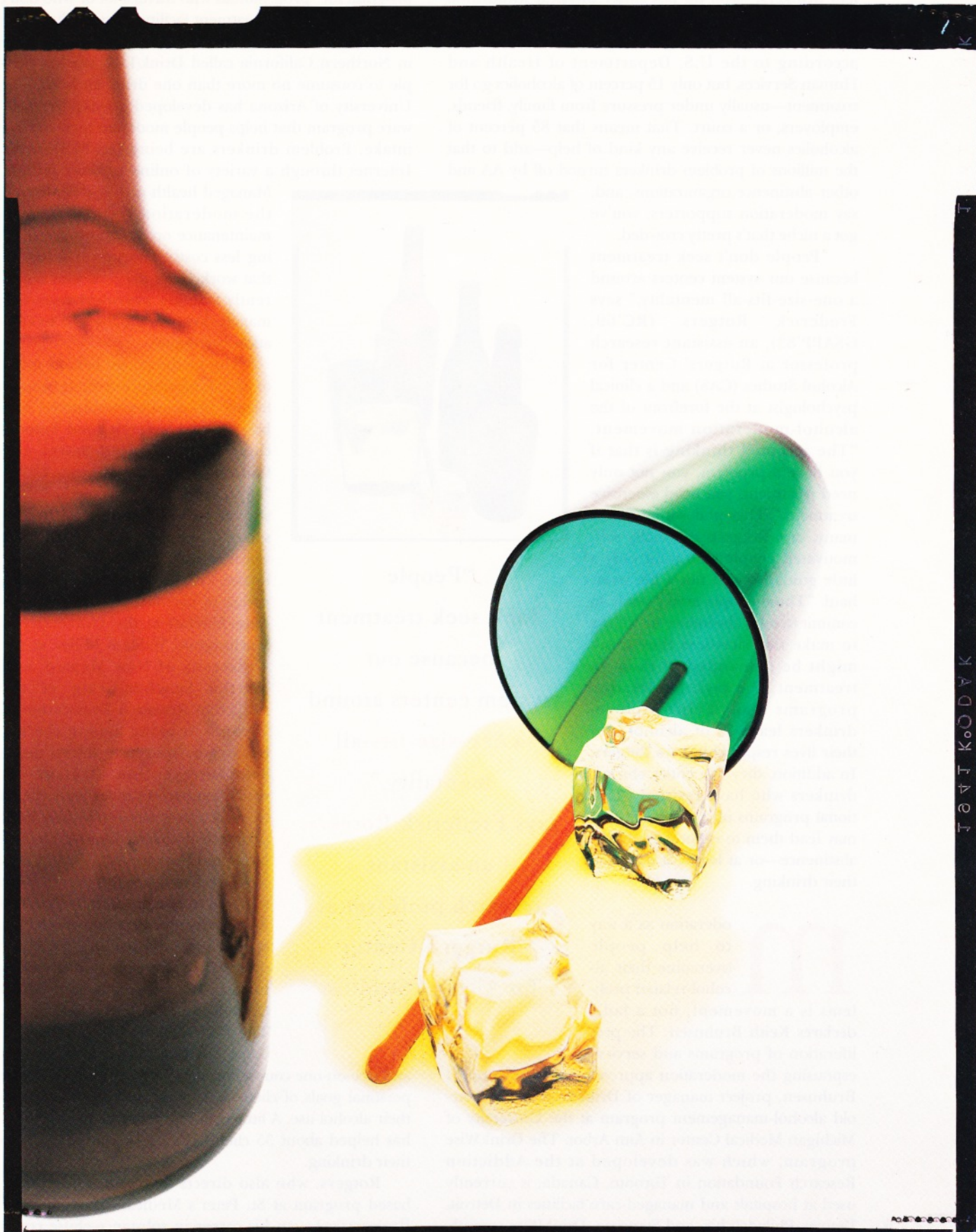
make the distinction between "chronic drinkers" who are severely dependent on alcohol, and "prob-

new thinking on drinking

Upending decades of conventional wisdom, a growing cadre of moderation advocates spurns the doctrine that when it comes to alcohol, it's all or nothing.

by Bill Glovin

photographs by Nick Romanenko



JOY KODAK

lem drinkers,” who do not suffer physical withdrawal when they abstain. Between 6 and 7 percent of the population of the United States are considered alcoholics, according to the U.S. Department of Health and Human Services, but only 15 percent of alcoholics go for treatment—usually under pressure from family, friends, employers, or a court. That means that 85 percent of alcoholics never receive any kind of help—add to that the millions of problem drinkers turned off by AA and other abstinence organizations, and, say moderation supporters, you’ve got a niche that’s pretty crowded.

“People don’t seek treatment because our system centers around a one-size-fits-all mentality,” says Frederick Rotgers (RC’69, GSAPP’83), an assistant research professor at Rutgers’ Center for Alcohol Studies (CAS) and a clinical psychologist at the forefront of the alcohol-moderation movement. “The accepted thinking is that if you have a problem, you not only need treatment, you need extensive treatment.” That philosophy deters many, says Rotgers, especially self-motivated people who want only a little guidance and not a life overhaul. “These people aren’t ready to commit to total abstinence or willing to make the sacrifices they think might be demanded of them in treatment,” he says. Moderation programs can help problem drinkers learn to fit alcohol into their lives responsibly, says Rotgers. In addition, they can entice chronic drinkers who have resisted traditional programs into treatment that may lead them to eventually choose abstinence—or at least cut down on their drinking.

Moderation as a way to help people overcome their alcohol-related problems is a movement, not a fad,” declares Keith Bruhnson. The proliferation of programs and services espousing the moderation approach seems to support Bruhnson, project manager of DrinkWise, a two-year-old alcohol-management program at the University of Michigan Medical Center in Ann Arbor. The DrinkWise program, which was developed at the Addiction Research Foundation in Toronto, Canada, is currently used at hospitals and managed-care facilities in Detroit, Denver, Philadelphia, and Syracuse. DrinkWise recently expanded its services to include a telephone-counseling

program for “professionals who travel a lot or who don’t want to be seen at a treatment facility,” says Bruhnson.

In addition to MM and DrinkWise, an organization in Northern California called Drink/Link teaches people to consume no more than one drink an hour. The University of Arizona has developed a computer software program that helps people moderate their alcohol intake. Problem drinkers are being reached on the Internet through a variety of online support groups.

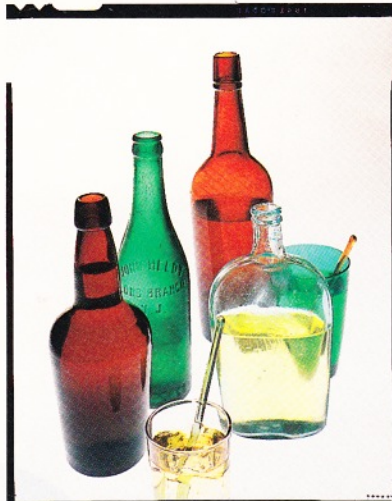
Managed health care is also pushing the moderation trend. “Health-maintenance organizations are seeking less costly, short-term solutions that work,” says Rotgers, who is currently training providers from two managed-care companies in moderation techniques.

The methodology behind many of these moderation programs is based on studies conducted at a handful of universities and foundations in the United States and Canada over the last 20 years. Called “harm reduction,” this methodology strives to help people with substance-abuse problems decrease the volume and frequency of their intake, with the goal being the elimination of harmful use. Rotgers cites Alan Marlatt at the University of Washington, William Miller at the University of New Mexico, and Martha Sanchez-Craig at the Addiction Research Foundation in Toronto as being among the key researchers who have shown that a brief-intervention strategy—in which counselors meet with clients in only a few sessions—can help problem drinkers handle alcohol safely and responsibly.

CAS has taken the theory from research to practice with its Drinkers Risk Reduction Program (DRRP), a moderation-counseling provider directed by Rotgers that operates under the auspices of CAS’s Consultation and Treatment Service. The first such service on the East Coast, DRRP uses individual analysis

and one-on-one counseling sessions to accommodate the personal goals of clients who want to make changes in their alcohol use. A little over one year old, the program has helped about 35 clients reduce or completely stop their drinking.

Rotgers, who also directs a second moderation-based program at St. Peter’s Medical Center in New Brunswick, began his career in substance-abuse counseling as director of psychology in the New Jersey



“People don’t seek treatment because our system centers around a one-size-fits-all mentality,” says Frederick Rotgers, an assistant research professor at Rutgers’ Center for Alcohol Studies.

prison system. He came to CAS in 1987 after running a program on alcoholism for the state dental association. Over his career, he says, he worked with several clients who were able to moderate their substance intake. Intrigued, he began to delve into the extensive scientific literature on the subject. Gradually, he became convinced that moderation was a viable alternative for the many people who are unable or unwilling to abstain. Stresses Rotgers: "I'm not a moderation advocate; I'm an advocate for client choice. I'm for people learning the facts and making good decisions." At CAS, Rotgers and his staff of six faculty, all of whom are clinical psychologists, are among the growing number of treatment professionals who have declared that abstinence is not the only solution to problem drinking.

the issue is an emotionally charged one: After all, 100,000 deaths in the United States each year are related to alcohol abuse. For some dependency counselors, statistics like this are dire enough to preclude any approach other than complete abstinence. "Alternative movements that don't include abstinence simply aren't effective," says James

Mell, chief executive officer of Little Hill-Alina Lodge, a long-term residential rehabilitation center for substance abusers in Blairstown. "Nothing is foolproof, but AA has clearly demonstrated its effectiveness over almost 60 years. I've seen movements that try to teach alcoholics to drink responsibly or to use other drugs in place of alcohol. They don't work. People who need professional treatment generally cross a line that is irreversible."

By most accounts, the line that separates problem drinkers from those suffering with the disease of alcoholism is drawn at three to four drinks a day (or 20 drinks a week) for men and at two to three drinks a day (or 15 drinks a week) for women. A person who can't keep alcohol intake below that level crosses into addiction. "In deciding whether a client can moderate, it is essential that we differentiate alcohol use, problems related to alcohol use, alcohol abuse, and alcohol dependence or alcoholism," says Gail G. Milgram. Milgram, a professor of alcohol studies, is director of both the Education and Training Division of CAS and its summer school for researchers, counselors, medical practitioners, and other dependency professionals. "Not only is society confused by the definitions of these

defining the alcoholic

alcohol-treatment professionals like Rutgers professors Frederick Rotgers and Gail Milgram agree that confusion exists in distinguishing between people who have problems with alcohol but can control their drinking and those who need to stop drinking completely. According to the American Psychiatric Association, there is no single key to determining who suffers from alcoholism. Less severe diagnostic categories, like alcohol abuse, share some features of alcoholism and can be severely debilitating. Among lay people, "problem drinking," which is not a diagnostic term, is often used to cover anything from alcoholism to occasional social difficulties that stem from drinking.

In the association's fourth edition of the Diagnostic and Statistical Manual of Mental Disorders, the term "alcoholism" is not used. Instead, it lays out the following criteria to distinguish between alcohol dependence (commonly called alcoholism) and alcohol abuse.

alcohol abuse

A diagnosis requires that a person exhibit a pattern of alcohol use that leads to clinically significant impairment or distress, as demonstrated by at least one of these traits:

- ◆ Continued use despite social and interpersonal problems caused by drinking;
- ◆ Recurrent drinking when alcohol use is physically hazardous;
- ◆ Recurrent drinking resulting in a failure to fulfill major obligations at work, school, or home;
- ◆ Recurrent alcohol-related legal problems.

alcohol dependence

A diagnosis requires that a person meet at least three of these criteria in any 12-month period:

- ◆ High tolerance;
- ◆ Withdrawal syndrome;
- ◆ Drinking larger amounts over a longer period of time than intended;
- ◆ Persistent desire to drink or unsuccessful efforts to control drinking;
- ◆ Giving up or reducing important social, occupational, or recreational activities in favor of drinking;
- ◆ Spending a great deal of time obtaining alcohol, drinking, or recovering from drinking;
- ◆ Continuing drinking despite knowledge of having a persistent or recurrent physical or psychological problem caused or exacerbated by drinking. □

terms, but it often uses them interchangeably and erroneously," she says. This misuse fuels some of the murkiness surrounding proper therapy strategies.

For decades, abstinence has been the prescribed solution for anyone walking into an AA meeting or a private treatment center. But alcoholics account for only 20 to 25 percent of those whose drinking is problematic. Before the moderation approach was proposed, drinkers who did not meet the two criteria for alcoholism—high tolerance and signs of withdrawal—and who were turned off by AA had limited, if any, options. "I'm not an AA basher. I've sent many patients to them," says Rotgers. "But many people who are active in the treatment system in this country were alcoholics who benefitted from AA's one-day-at-a-time philosophy. Their view is that if abstinence worked for them, it should work for everyone. But AA isn't for everyone. Their own surveys show that one-third to one-half of those who try AA drop out. Unfortunately, they've been the only game in town for far too long."

In 1990, the Institute of Medicine, an affiliate of the National Academy of Sciences, released a 600-page report called "Broadening the Base of Treatment for Alcohol Problems." The report urged treatment providers to reach a wider range of problem drinkers, singling out for praise programs in Sweden, Scotland, England, and Australia that help people reduce their drinking significantly through a brief-intervention strategy. "The United States is the only country in the world where moderate drinking as a solution to alcohol abuse is controversial," contends Rotgers. "The rest of the world says, 'Look, we understand that people with drinking problems have different needs and that some will do better with moderation while others need to stop drinking completely.' Problem drinkers who are prematurely pushed into abstinence and who relapse are much worse off than those who first try to moderate their drinking. And the research shows that moderate drinking after any treatment program is as common as abstinence."

Aaron, a Rutgers College graduate who credits AA with saving his life, has heard all the criticisms aimed at the organization. In 1979, after wrapping his car around a tree coming home from a bar, he lost his driver's license and almost lost his job as a reporter with a major daily newspaper. With the support of AA, a personal sponsor provided by the organization, and its one-day-at-a-time philosophy, Aaron has managed to stay sober for 17 years. Not convinced that there is a distinction between problem drinkers and alcoholics, he is irritated by the alcohol-in-moderation movement.

"If you've reached out for counseling, it's very likely that your problem is pretty far along," he contends. "Whether some ivory-tower expert defines your level of drinking as a big or small problem is beside the point. Should we moderate people who might be able to handle reduced amounts of crack cocaine?" Aaron believes that moderation therapy allows alcohol abusers to lay their rationalizations in the laps of counselors, thus

absolving themselves of responsibility. "Treatment professionals telling them that it's okay gives them an excuse" to go back to drinking, he says.

Another former alcoholic who credits AA for his turnaround is Jason, an advertising professional. For years, he lied to a psychiatrist about his drinking, underestimating both his intake and its impact on his life. "I don't even think I was consciously lying," he says. "That's how an alcohol problem can get under your skin." AA, says Jason, allowed him to face his addiction and come to grips with it. Not a devout churchgoer, he never felt that the organization attempted to steer him toward religion. "No one tried to convince me to believe in God," he says. "AA asks you to buy into the concept that there is a source outside yourself that you can lean on for strength. The spiritual thing is simply used to get you on the road to abstinence."

AA currently has 1.7 million members in 87,000 groups worldwide; of these, 1.2 million are members of the 51,000 groups in the United States. Currently, its one-day-at-a-time philosophy is gaining adherents around the globe. Asked for AA's position on moderation, a spokesperson for the group said that it is their policy to offer no opinion on other organizations or issues. "We don't want to give anyone an excuse not to seek help because we took a particular stand on an issue," says the AA spokesperson. "We have never held out that we are the exclusive resource, and we do not turn away members who continue to drink. As far as we're concerned, if you're a moderate drinker, you don't need to stop drinking."

That, however, is not the impression AA left on Audrey Kishline, a former client of the abstinence organization and the founder of Moderation Management. She first tried alcohol in her late teens, she says; began drinking socially in her early 20s; and, over a six-year period, drank until it became a central activity in her life. Eventually, she checked herself into a hospital treatment program that required attendance at AA meetings. There, says Kishline derisively, "I had to admit that I was powerless over alcohol and not sane; turn my will and my life over to the care of God; write a moral inventory; and confess my wrongs to God."

Kishline did not buy the notion that spiritual training was an acceptable treatment for a supposed medical disease. Nor was she willing to believe that if she did not attend AA meetings for the rest of her life, she'd end up dead, in jail, insane, or in the gutter. Her husband's work took the couple all over the country, and she met many honest, sincere, and warmhearted people at hundreds of AA meetings in 10 states. But Kishline, who couldn't relate to the severity of their stories or to the philosophy of AA, dropped out of the program. Disgraced and demoralized, feeling that she would be forever branded an alcoholic, she began to drink again.

As time passed, she says, a simple, natural progression drew her away from her dependency. "I began to

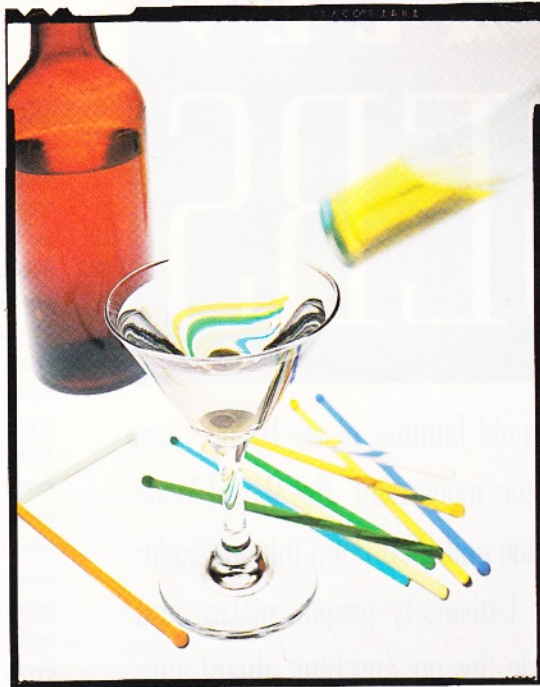
grow up," she says. "I matured, took on life's responsibilities, and reestablished priorities. I found that my choices were not predetermined by a disease at all, but were entirely the result of my own decisions, which I *did* have control over." With her newfound inner strength, Kishline eventually taught herself to moderate her drinking and has kept it under control ever since. In 1994, with no professional training, a strong desire to help people who had been down the same road, and the idea of creating a self-help organization, she started her own support group and wrote *Moderation Drinking: The New Option for Problem Drinkers* (Sharp Press, 1994).

"I first met Audrey last year when we appeared together on the television show 'Good Morning America,'" says Rotgers, a firm supporter of Kishline who praises the depth of research that went into both her book and MM. "Audrey's work is a tribute to what a nonprofessional can do if she sets her mind to it." Kishline, who now runs the burgeoning MM network from her office/living room in Ann Arbor, Michigan, in turn says that without the support and guidance of researchers and clinicians at universities like Rutgers, she would never have had the confidence to tell her story and MM would never have gotten off the ground.

In the two years since its inception, the MM network has launched 10 groups nationwide; another 60 are in the planning stages. Television shows including "Oprah," "Prime Time Live," and "World New Tonight" and dozens of newspapers and magazines around the country have featured Kishline, Rotgers, or both, prompting a flood of inquiries to the offices of both MM and CAS. New Jersey's first MM group was organized this past May in Morristown. According to its organizer, the 12 people who attended the first meeting had "all heard about it through the media and pictured themselves acting moderately with alcohol after changing a few of their habits." Rotgers now recommends the Morristown

branch of MM to his clients who ask for additional support; he plans to eventually use the Morristown group for a research project on moderation efficacy.

Rotgers and Kishline have also joined forces to try to convince the National Council on Alcohol and Drug Dependence, the nation's largest private organization devoted to substance abuse, that moderation has a place in treatment. It may be an uphill climb; the organization—which featured in a recent newsletter the lead story "Alcoholics Beware: Moderation Doesn't Work"—has been highly critical of the moderation movement. Rotgers and Kishline have met briefly with the council's president and have requested permission to speak before its board of directors. Says Rotgers: "Our message is not antithetical to what they believe; it's supplemental. They need to hear that moderation isn't the enemy."



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others had gradually cut down their consumption using their own willpower. Says Rotgers: "There are plenty of people who have one cigarette after lunch and one after dinner. Not everyone who smokes needs to go through a pack or two a day. And if people can moderate themselves when it comes to nicotine, why can't they exercise the same self-control when it comes to alcohol?"

At CAS, the Drinkers Risk Reduction Program
(continued on page 44)

Rotgers tells a story to make a point about personal behavior change. At a recent workshop for counselors on the frontlines of alcohol treatment, he and Stanton Peele, another moderation advocate and the author of *The Truth about Addiction and Recovery* (Simon and Schuster, 1991), asked the 100 professionals in the room to select the legal substance that they believe is the most addictive. The group overwhelmingly chose nicotine. About 60 members of the group reported that they had once been addicted to nicotine; and although almost all of them had stopped smoking, only three had used a professional treatment program to quit. The

Thinking on Drinking

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es clients to make their own about their treatment options. A short series of counseling sessions makes clear that by and large, people stop using alcohol and drugs the first time they recognize it is a problem," says Rotgers. Research suggests that through feedback that outlines the risks with alcohol, people can make significant changes in their

ts who enter the program in an initial two-session comprehensive assessment. The first session is a 45-minute interview covering lifestyle, history, drug use, and family history. It includes a neuropsychological assessment and blood screening to determine liver function, cholesterol level, and blood-cell count.

In the second session, the counselor and client sit down to review the information from the first session and to discuss the client's personal treatment goal in light of his or her motivations for using alcohol. For example, Rotgers finds that clients claim that they use alcohol to help them relax or better cope with others. He may suggest that they try to find alternatives other than drinking; for example, exercising to relieve stress and exercising with a club provides an opportunity to socialize without alcohol. Rotgers also helps clients deal with the rejection of drinking partners and offers methods to hone drink-refusal

skills. The cost for the initial four hours is \$125. If a client elects to continue in the program, the clinicians generally set the rate at \$125 for each hour of counseling. After treatment is completed, clinicians schedule six-month follow-ups to see if clients are progressing; clients can drop out of the program at any point if they no longer need help.

The program "is a very client-driven process," says Rotgers. "We will make suggestions if asked, but we don't tell clients what to do anything because we know people are going to make their own decisions." Rotgers has found that clients come in expecting to mod-

erate, but after the self-assessment initiated by the program, about 80 percent choose abstinence. The important thing, says Rotgers, is that the choice is their own: "Clients usually decide that it's going to be better in the long run if they stop drinking all together, and if they're the ones making that decision, it's going to be much more powerful than if someone else tells them they need to stop."

Rotgers remembers one client who insisted that he wanted to moderate although he was consuming between 10 and 12 drinks a day. Although he was able to cut his drinking down to four drinks a day over four or five days a week, he found that moderation took a great deal of willpower. He eventually chose abstinence. Says Rotgers: "The program made him realize that he needed to stop drinking completely, and that moderation was more difficult than abstinence."

Public awareness that people need to drink moderately and responsibly has been raised over the last 10 years. In addition to moderation counseling, other initiatives to reduce overindulgence in alcohol have flourished. Programs that warn of the dangers of driving under the influence have had great success in cutting the death toll from drunk drivers. Abuse-prevention programs in schools raise the consciousness of children in the same way that the national Alcohol Awareness Week and other campaigns steer the attitudes of the general public toward acceptable drinking behaviors. Nonalcoholic beverages are now available in stores and at weddings, parties, restaurants, and bars. Even beer companies are getting into the act with television campaigns encouraging responsible consumption of their products.

"We've done some wonderful things; whether they're effective is not always

easy to gauge," says CAS's Gail M. Alcohol consumption in the United States has declined over the last 15 years. About 10 percent of all high school students consumed alcoholic beverages before they graduate. If they go on to college, it is likely that many will binge drink—an eating problem on many campuses and that isn't expected to disappear any soon. In fact, adolescents—who traditionally have not been associated with alcoholism—are the group demonstrating the greatest growth in qualifying for that

"Alcohol is a problem that has plagued civilizations for centuries," says Milgram. And while abstinence is certainly not the solution to everyone's drinking problem, she says, neither is moderation. "If we've learned anything, it's that when it comes to alcohol abuse, there is no simple answer."

Bill Glovin is the senior editor of Rutgers Magazine.

A Good Catch

While you're not likely to find Carlos Martin (CC'93) dressed in the garb of an early pioneer in

ing. "Trapper Carlos" is on call to rid Rutgers of varmints that find their way into basements and ceilings. "One of my primary concerns is that the animals

are treated humanely," says Martin. "That means I don't use any toxicants, check my traps daily, and release the animals once they're caught. I also try to find the source of entry to prevent future problems."



the course of a normal workday, you may spot him in thick gloves, bundling a bat, squirrel, raccoon, skunk, or pigeon out of a campus build-

Through the years Martin has had some unlikely experiences: He once saved a wedding by climbing 35 feet up a tree to rescue the groom's escaped conure.

LETTERS

SOBER THOUGHTS

The article "New Thinking on Drinking" in the Summer 1996 issue of *Rutgers Magazine* was a delight. Senior editor Bill Glovin did his homework and presented the facts fairly. It was an "easy read" and a scholarly piece of work.

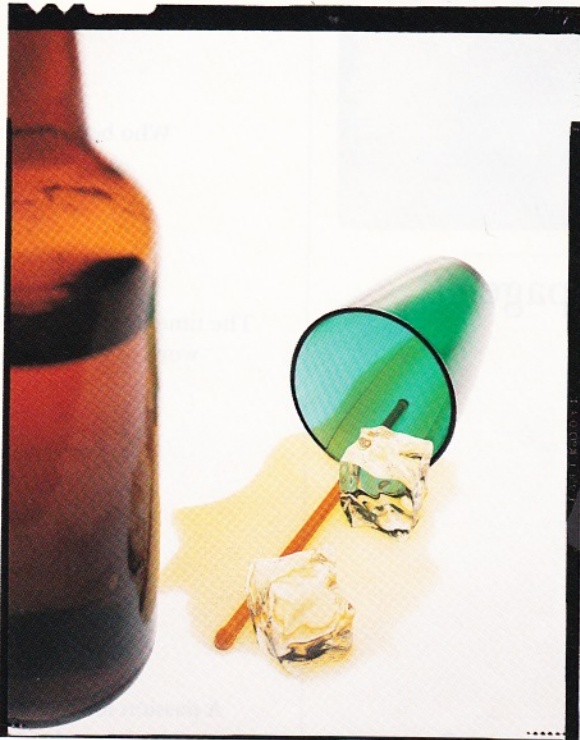
I've been in the field 20 years and was amazed at how Mr. Glovin was able to digest an enormous amount of material and distill from it the essence of what's happening in the addictions world. The operative word is "change." In graduate school, we learned (and then forgot) to "fit the program to the client." Now we're doing it.

There are roughly three times more problem drinkers than alcoholics out there, yet treatment centers have ignored them. Audrey Kishline, the founder of Moderation Management, and Rutgers professors Frederick Rotgers and Gail G. Milgram have called our attention to the obvious.

Two observations. First, Ms. Kishline never refers to her program as "treatment," a word that presupposes sickness as disease, nor does she have a problem with those who hold spiritual or religious values. Hers is a mental-health educational program with an emphasis on moderation, balance, and prevention. Second, the correct identification for her book (on which I served as editor and adviser) is *Moderate Drinking* (Crown, 1994).

VINCENT L. FOX
INDIANAPOLIS, INDIANA

Your article "New Thinking on Drinking" supports what I am working on—somewhat quietly—in the treatment field. I am the director of a 21-bed facility for people with alcohol- and other substance-abuse problems. We have a 30-day inpatient program along with outpatient day treatment and a halfway house. I also teach



a state-mandated 21-hour course for repeat DUI offenders.

When I say "quietly," it is because of the noise from peers in the field who believe that abstinence is the only way. Well, I myself am in recovery from alcoholism, and it is becoming clearer to me that there are other ways to help people. I am looking for support to present to managed-care companies that other alternatives should be examined and we should stop throwing the baby out with the bath water.

As you can imagine, having this type of discussion with people in the

field is considered blasphemy. Your article was a breath of fresh air to this open-minded, recovering drunk.

R. P. MACPHERSON, SERVICE DIRECTOR
CROSSROADS, SEMINOLE COMMUNITY
MENTAL HEALTH CENTER
FERN PARK, FLORIDA

Our Moderation Management meeting group certainly enjoyed your article. The program sets out guidelines for safe upper limits on both the amount of alcohol used and on the rate of intake. In our meetings, we share our personal experiences on how to keep to these guidelines. For example, we have found that the pace at which one consumes a first drink is of special importance. Take a first drink slowly and have something to eat with it in order to slow the rate of absorption. People interested in our meetings can call 201-984-2976 for information.

RUDY H.
MORRISTOWN, NEW JERSEY