



Rethinking the wagon

With new methods, including an anti-craving drug, alcoholics can moderate their drinking, study shows

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Alan sometimes drank until he blacked out. When he regained consciousness, he'd find himself at Harborview Medical Center in Seattle, Wash.

The 54 year-old, who requested his last name be withheld, has tried to quit drinking several times. He attended Alcoholics Anonymous meetings. He even scraped together the money for a 30-day retreat on the Olympic Peninsula that promised to help him kick the habit.

"I might as well have taken the \$1,300 bucks and set it on fire," he said.

Alan was one of 24 people to take part in a University of Washington and Harborview Medical Center study to see if people could be motivated to drink less on their own without requiring abstinence.

The year-long study included medication, counseling and a self-guided plan to reduce drinking.

It gave him hope that moderating his drinking might be possible, after all.

"On this study, I was able to drink like a normal person," Alan said. "(Alcoholics Anonymous) says that's not possible."

The research, published in the journal "Substance Abuse," found that on a self-guided program people drank less and had fewer alcohol-related problems. Participants set their own goals for the study, and they received a monthly injection of a drug called naltrexone that reduces alcohol cravings. They were allowed to decide for themselves whether or not to drink.



PHOTO BY AARON BURKHALTER
From left, UW researcher Susan Collins led the study, Richard and Alan were participants. They said naltrexone and counseling helped them lower the amount they drank.

Richard Saitz, a medical doctor and professor of community health sciences and medicine at Boston University, said the study approaches alcoholism as a medical problem instead of a moral failing. It's a challenge to conventional medical treatment, which has for years pushed people out of clinics and onto non-medical services, such as Alcoholics Anonymous.

Existing alcohol treatment programs will often provide medication, counseling or social supports, but not all three, Saitz said.

"Treating this condition, it's not a philosophy or religion," he said. "It's a health issue, and there's things that work and things that don't work."

Alan said, the naltrexone reduced his

alcohol cravings and allowed him to decrease his drinking. This defies conventional thinking on the subject. Typical treatment requires people to cease drinking immediately and encourages them to avoid drinking entirely. The results of the study indicate that people can ramp down their drinking and improve their lives without abstaining entirely.

"People know what's best for themselves," said lead researcher Susan Collins, assistant professor of psychology and behavioral science at the University of Washington Harborview Medical Center.

Alan lives in a 75-bed housing facility run by Downtown Emergency Services Center (DESC) in Seattle. It opened in 2005 and allows formerly homeless residents to drink alcohol in their rooms. Other shelter and housing programs often demand abstinence.

A prior study of the residents found that people drank less alcohol each month they stayed there. They also had reduced jail time and bookings.

The work contradicted the "enabling hypothesis," which maintains that "wet" housing would lead to increased use in alcohol.

Researchers asked participants in the current study – which included people who live in housing other than Alan's – to set their own goals. Some said they wanted to stop drinking, others said they wanted to find work or housing.

Richard, 51, another participant, signed on for the study while he was staying at Seattle's sobering center. He wanted to find

work and housing while he was on the study, but he did not plan to quit drinking entirely.

Now Richard has an apartment on Capitol Hill and is working construction again.

He still drinks, but less than before.

"This slowed everything down," Richard said.

Collins attributed that to naltrexone. The drug blocks opioid receptors in the brain. Collins described opioid receptors as babies that are sated with alcohol. Naltrexone acts like a pacifier for the receptors.

The study also removed the shame people like Richard and Alan can feel in other alcohol treatment programs, she said. By removing the requirement of abstinence, study participants did not feel like they had failed if they had a beer.

"You're still thinking about your using, but you're thinking about it in a more positive way," Alan said.

This study involved 24 people. Collins is preparing for a study of 300 people. The larger study will divide people up into three different groups to determine which method makes the most difference. Some will receive counseling, others will take a placebo and some will take the drug naltrexone.

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