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AN EVALUATION OF THREE TREATMENT PROGRAMMES FOR

ALCOHOLISM: AN EXPERIMENTAL STUDY WITH SIX-

AND EIGHTEEN-MONTH FOLLOW-UPS.

by

Philippa Lynne Howden-Chapman

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ABSTRACT

To evaluate the efficacy of a typical range of New Zealand alcoholism treatment programmes, 113 male and female alcoholics were randomly assigned after inpatient detoxification to one of three programmes that provided decreasing amounts and intensity of treatment: a six-week inpatient programme, a six-week outpatient programme, and a single confrontational interview where patients were referred to non-hospital services. Those who refused or dropped out of treatment were followed up in a semi-control group. A broad range of patient measures were taken at intake and 6 and 18 months afterwards, when 86% of subjects were located.

No treatment was more effective than another (in terms of statistically significant differences) in helping subjects to abstain or drink less, nor did any treatment appear to be more effective than another in promoting social and psychological recovery. Furthermore, those who stayed in treatment did not show significantly more long-term improvement than those who refused or dropped out of treatment. Two programmes did significantly reduce the alcohol consumption of the alcoholics assigned to them at the 6-month follow-up compared to those who dropped out, but by 18 months there was no longer a significant treatment effect.

Although the two follow-ups showed individual drinking patterns were unstable, on average almost half the subjects located had improved either because they had abstained or

were drinking moderately. There were only small gains on direct measures of social adjustment.

Compared to the general New Zealand population, subjects were more likely to be divorced or separated, manual workers and unemployed. Nonetheless, these characteristics did not contribute to predicting the subjects' response to treatment. Multiple regression equations explained between 33% and 57% of the variance in amount drunk after treatment. The patients' own predictions of their chances of drinking again, evidence of electrocardiographic abnormalities and the patients' net weekly incomes, were more consistent variables in explaining drinking levels and predicting abstinence in the long term than the demographic and psychological variables. Variables that were significant in explaining drinking levels were often not significant when it came to predicting abstinence and vice versa.

Abstinent subjects felt more often than drinkers that they had achieved the goals that they had set themselves and by the final follow-up there were many positive differences in lifestyle apparent. Thus, in the final outcome, although abstinence was clearly demonstrated to be a worthwhile goal, no treatment was significantly more effective than another in helping to achieve this goal. Patients who underwent treatment apparently showed greater recovery than those who dropped out of treatment but this result was also not statistically significant.

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