

The Recognition of Problem Drinkers



Mark B Sobell
Linda C Sobell

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**MARK B. SOBELL
LINDA C. SOBELL**

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The Recognition of Problem Drinkers

Services tailored to problem drinkers have been neglected for several reasons. First, workers in the alcohol field have not made services for problem drinkers a priority. Second, many therapists may be uncomfortable with suitable alternative treatments for problem drinkers as they often involve brief treatment and a reduced-drinking rather than abstinence goal (Sanchez-Craig, 1990; Sanchez-Craig & Wilkinson, 1986/1987; M. B. Sobell & L. C. Sobell, 1986/1987). In our view, however, the major reason why appropriate treatments for problem drinkers have not been offered is conceptual, relating to the traditional notion that alcohol problems are a progressive disorder.

Are Alcohol Problems Progressive?

To suggest that alcohol problems are progressive means that once the problems develop, they will inevitably worsen and follow a predictable course of symptoms if drinking continues. Several decades ago this concept was applied to alcohol problems by Jellinek (1946, 1952, 1960a, 1960b). The main problem with the notion of progressivity is that it lacks empirical support.

The basic approach used by Jellinek and others who have attempted to replicate his work (reviewed by Pattison, Sobell, & Sobell, 1977) involved retrospectively interviewing severe alcoholics and having them reconstruct the temporal ordering of symptoms they had experienced. Interestingly, Jellinek's first study was not planned. The then-fledgling self-help organization, Alcoholics Anonymous (AA), had prepared a questionnaire that was distributed in their newsletter, the Grapevine. The questionnaire provided respondents with a list of symptoms and asked them to indicate in what year they had experienced each symptom. Of approximately 1,600 questionnaires distributed through the Grapevine, 98 were returned and usable. Jellinek was then asked by AA to analyze the returns, and he agreed, despite knowing the research problems that plagued that survey. Paramount among these were: (1) the sample was highly selective (the typical subject was a long-time member of AA and well versed in AA writings); (2) the subjects were only asked to indicate when a particular event first happened; and (3) the list of potential events was generated by the staff of the Grapevine. Nevertheless, Jellinek

analyzed and reported the data, and the notion that alcohol problems follow an inexorable course was born.

Later studies of progressivity, while not as biased in design or in the demands placed on subjects, still obtained retrospective data from severely dependent alcoholics. Although these studies do not agree on the exact ordering of symptoms (see Mandell, 1983), typically severe alcoholics do report that they experienced less serious symptoms earlier in their problem drinking career. Such reports tell us that persons with severe problems will report that they experienced less severe problems in the past, but they do not address the central issue of progressivity. That is, they fail to assess whether people who have an alcohol problem at one time and continue to drink will have a worse problem at a later time.

The appropriate way to determine whether alcohol problems are progressive is by prospective studies, that is, by tracking people who have been identified as having alcohol problems over time. A sizable number of longitudinal studies that have used this methodology have overwhelmingly demonstrated that a minority of cases (about 25-30%) do show a progressive development of alcohol problems (i.e., they worsen over time with continued drinking) (Fillmore, 1988; Mandell, 1983). The more common pattern, however, is one of people moving into and out of periods of alcohol problems of varying severity, with problem episodes separated by periods of either abstinence or of drinking without problems (Cahalan, 1970; Cahalan & Room, 1974; Pattison et al., 1977). Except in a few cases where persons have fairly advanced problems (Fillmore & Midanik, 1984), it is not possible to predict with any confidence that an individual who has an alcohol problem and does not get treatment will still have problems at a later time. It is also impossible to predict how severe the problems will be if they continue. One recent study, for example, found that some persons' problems are less serious at a later point in time (Hasin, Grant, & Endicott, 1990). Findings such as these have led some (e.g., Hill, 1985; Kissin, 1983) to hypothesize that problem drinkers may be qualitatively different from individuals who become chronic alcoholics, and that problem drinkers may never progress to being severely dependent on alcohol. This thesis awaits empirical test.

Despite the lack of evidence for progressivity, the notion is deeply ingrained in the field's thinking about alcohol problems. For example, the Seventh Special Report to the U.S. Congress on Alcohol and Health (1990) by the National Institute on Alcohol Abuse and Alcoholism states that "7.2 million abuse

alcohol, but do not yet show symptoms of dependence” (p. ix, italics added). The word “yet” conveys a clear expectation that these individuals will become dependent unless they are steered from that course.

The progressivity notion is the pivotal justification for the position that anyone with identifiable alcohol problems, regardless of severity, should receive the same treatment. The assumption is that alcohol problems form a uniform disorder, and unless an individual who has developed alcohol problems ceases drinking the disorder will intensify to chronic alcoholism. Many existing treatment approaches are predicated on the notion that anyone who is identified as having an alcohol problem is in the midst of a progressive deterioration into full-blown alcoholism unless they stop drinking. If this approach is taken, then all cases are viewed as suitable for the same treatment because the primary difference between individuals is that some have deteriorated less than others when they enter treatment.

To date, the primary benefit of recognizing problem drinkers has been an increased emphasis on early case identification (Weisner & Room, 1984/ 1985). This, unfortunately, has led to routing such individuals to conventional treatments. A major element of “early interventions” based on the progressivity notion is an emphasis on convincing such individuals of the futility of their attempting to control their drinking. As illustrated in the next chapter, most problem drinkers do not drink excessively every time they drink. Often they limit their alcohol consumption to nonhazardous levels. Thus, the subjective experience of most problem drinkers contradicts the edict that they lack control over their drinking.

A major field demonstration of how service providers fail to distinguish problem drinkers from chronic alcoholics was reported several years ago by Hansen and Emrick (1983). The authors studied the fates of trained actors sent to five inpatient treatment centers and one outpatient treatment center to be evaluated for treatment of a possible alcohol problem. The five actors were trained to represent varying levels of drinking-problem severity: one was trained to present as someone who was an alcoholic in the past but who had achieved a stable non-problem-drinking recovery and actually needed no treatment; the other four were trained to present as problem drinkers, none of whom would qualify for a diagnosis of alcohol dependence and none of whom would require inpatient treatment. The authors concluded that “there was no apparent consistency as to who was considered ‘alcoholic’ nor was any

relationship observed between the severity of the symptoms presented and the treatment recommended” (p. 164).

Prevalence of Problem Drinkers

In Chapter 1, we briefly mentioned that problem drinkers constitute a much larger group than severely dependent drinkers. In fact, considerable epidemiological and longitudinal research supports this conclusion. In the early 1970s, when the alcohol field started to gain visibility as an area of research, epidemiological studies began reporting compelling evidence that the very chronic alcoholics who had the public’s eye were only the tip of the iceberg of individuals with alcohol problems. In a national survey of alcohol use in the United States, Cahalan (1970) found that 15% of men and 4% of women had experienced multiple alcohol problems at some time during the 3 years preceding the interview. If a more liberal criterion of alcohol problems is employed, these rates increase to 43% for men and 21% for women. Yet, only a small percentage of respondents reported experiencing alcohol withdrawal symptoms. Although it is impossible to calculate the actual prevalence of severe dependence in Cahalan’s sample, the important point is that many people had alcohol problems without accompanying physical dependence.

In another study that conducted a random survey of U.S. Air Force personnel, Polich (1981) found that 4.6% of respondents could be classified as alcohol dependent (symptoms of withdrawal and impaired control over drinking), whereas 9.5% could be classified as nondependent alcohol abusers (based on serious adverse effects of drinking or consumption of > 150 ml of ethanol daily). Noting that these findings were based on a selected subgroup within the general population, Polich compared his results with those of major epidemiological studies. He concluded that “the comparative analysis of problem drinking among civilians and military personnel reveals no striking differences between them, after demographic differences are taken into account” (p. 1131). In a Scandinavian study of middle-aged males in the general population, Kristenson (1987) found that 5.4% were alcohol dependent, whereas 9.4% had alcohol-related problems but were not dependent. Similar studies have been reported by Cahalan and Room (1974) and by Hilton (1987, 1991).

Besides the survey findings, several longitudinal studies have examined the prevalence of alcohol

problems at a given time as well as interviewed individuals on two or more occasions. These studies have not only failed to support the notion of progressivity but they have also provided evidence for the prevalence of problem drinking. For interested readers, the literature on longitudinal studies has been impressively summarized by Fillmore (1988).

In addition to the general population studies, problem drinkers can also be found in treatment programs. Skinner and Allen (1982) found that alcohol abusers who had voluntarily entered treatment and scored below the median on the Alcohol Dependence Scale were likely to report no history or signs of physical dependence on alcohol, to not self-identify as alcoholic, and to not perceive a need for abstinence as the goal of treatment. Further evidence of problem drinkers in treatment is discussed in Chapter 3, where characteristics of problem drinkers are considered in greater detail.

A recent report by the Institute of Medicine to the NIAAA suggests that the ratio of problem drinkers to those seriously dependent on alcohol is about 4:1 (Institute of Medicine, 1990). As discussed in Chapter 1, the exact ratio of problem drinkers to more severely dependent individuals will depend on the definitions used (Hilton, 1991). Whatever the definition, the important point is that by any reasonable definition, the population of problem drinkers is quite large, and it is considerably larger than the population of persons who are severely dependent on alcohol (Room, 1977, 1980; Skinner, 1990). Clearly, problem drinkers form a sizable population that manifests alcohol problems, but they do not fit the conventional stereotype of individuals physically and chronically dependent on alcohol. The distribution of alcohol use in the adult population is graphically displayed in Figure 2.1, which reflects the estimates by the Institute of Medicine, as well as a gray area of a range of estimates derived from other classifications in which different criteria were used for making the distinction between severely dependent and problem drinkers.

To this point, we have considered how the alcohol field has gradually come to recognize the existence of problem drinkers, a sizable population of individuals with alcohol problems. In Chapter 3, we will consider how problem drinkers differ from more severely dependent persons with alcohol problems, and in Chapter 4, we will cover why problem drinkers require different interventions from the intensive treatments that currently dominate the alcohol treatment system.

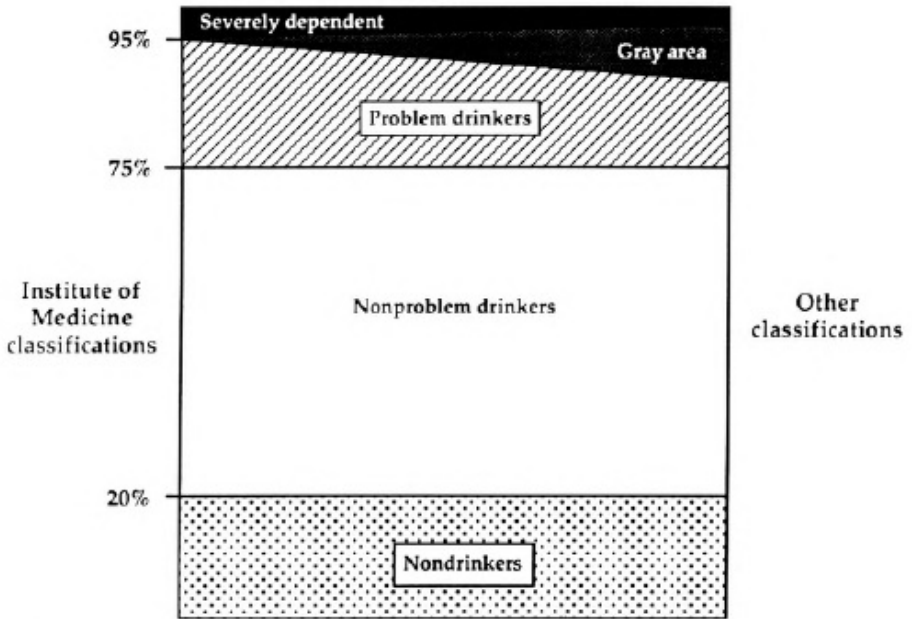


FIGURE 2.1.

Distribution of alcohol use in the adult population. From "Treatment for Problem Drinkers: A Public Health Priority" by M. B. Sobell and L. C. Sobell, 1993, in J. S. Baer, G. A. Marlatt, and R. J. McMahon, eds., *Addictive Behaviors across the Lifespan: Prevention, Treatment, and Policy Issues*, Beverly Hills, CA: Sage. Copyright 1993 by Mark B. Sobell and Linda C. Sobell. Adapted by permission.