# Preventing relapse: Develop and evaluate a responsible drinking program for clients who have undergone intensive drug rehabilitation

## Researchers

1. Associate Professor Petra Staiger, Deakin University.
2. Ms Amelia Lake, Deakin University.
3. Dr Caroline Long, Deakin University.
4. In conjunction with Odyssey House, Windana and the University of Washington.

## Summary

The aim of this study is to develop and evaluate the effectiveness of an alcohol intervention program (AIP) for participants who are undergoing treatment for drug dependence. The alcohol intervention program it uses is based on an adapted version of the Alcohol Skills Training Program (ASTP) which is an evidence-based intervention developed for college students in the USA by Professor Alan Marlatt and his colleagues.

The effectiveness of the intervention was tested in a randomised controlled trial with a treatment as usual program for comparison. The follow up period was 3 months and 9 months after exit from the Therapeutic Community (TC). The 186 participants were undergoing residential treatment for substance dependence. The treatment programs were at two therapeutic community residential treatment facilities: Odyssey House and Windana. Average duration of treatment in the TC is approximately 6 months. Clients participate in the alcohol intervention group about 4-6 weeks into their residential stay.

This was the first randomised controlled trial to investigate the effectiveness of an alcohol intervention for drug dependent users.

Individuals participating in treatment for drug dependency reported statistically significant reductions in alcohol use, regardless of treatment allocation, 3 and 9 months after exiting the TC. At treatment entry, only 17.6% of individuals with a drug dependency problem were drinking alcohol within NHMRC safe drinking guidelines whereas 9 months after exiting treatment 40.25% were drinking within safe limits.

Relapse into drug use 3 months after leaving the TC was significantly lower in those who had participated in the AIP and AIP participants continued to report lower levels of relapse at 9 months after exiting the TC. Over half the participants in both groups reported that alcohol contributed to their relapse to drug use. However, qualitative data indicated that those individuals who participated in the intervention group reported that the program helped them understand the link between alcohol use and potential relapse to their primary drug problem.

Post-TC support for residents who completed the entire program was considered by participants to be excellent. For example, one ex-resident living in supported accommodation stated that his ongoing abstinence was "because I'm still part of the program, and because I live with guys who were there too. I stand to lose friendships if I lapse. I'll have chucked away two years of my life."

In contrast, study participants who left the TC early and did not complete the full program reported receiving little support, stating that "coming out of a house of 80 people to nothing was very overwhelming. There was no support, you've got to fend for yourself. It's very abrupt."

Participants in both groups reported significant reductions in the number of days they used illicit drugs (heroin, cannabis, and amphetamines) in the past 90 days from baseline to 3 months and this was sustained at the 9 month follow up point. In addition, both intervention groups reported significant improvements in social functioning at both the 3 and 9 month follow up assessments, which examined residential stability, employment, inter-personal conflict, social support, and drug culture involvement. Both intervention groups also reported significant decreases in the number of days in which they experienced psychological distress.

Overall, clients reported high levels of satisfaction with the alcohol intervention program. Individuals attending the intervention group reported finding the mindfulness component, relapse prevention, and the information on safe drinking levels very helpful. Less useful were the components on challenging alcohol expectancies, and the assertiveness training.

## Outcomes

Individuals in residential treatment for drug dependence generally responded positively to the introduction of a specific alcohol intervention. Overall, there was a significant and clinically relevant reduction in alcohol use across both groups although at least half of the participants were still drinking above NHMRC recommended levels of safe drinking.

Importantly, the findings indicate that alcohol may play a contributing role in relapse to drug use and that an intervention specifically developed to address alcohol is an effective way to reduce relapse to drug use.

From the literature review and this study, the researchers believe that it is possible that the potential risks of using alcohol whilst recovering from drug dependence have been underestimated.

## References

Staiger, PK, Lake, A, Long, C et al. 2010 Preventing relapse: A responsible drinking program for recovering drug users. Final report. Unpublished: Deakin University.

[view the report](/wp-content/uploads/Preventing-Relapse-Develop-and-Evaluate-a-Responsible-Drinking-Program.pdf)