

their own; and (3) almost all nonabstinent recoveries—those who return to moderate drinking—occurred without treatment.

These two studies coupled with a growing body of recent literature clearly show that many people recover from alcohol problems on their own.

#### NEW FELLOWS ADDRESS

Chair: *Rudy E. Vuchinich*, Auburn University, Auburn, AL.

**SLOWLY INTO THE BREACH: RATIONAL TREATMENT FOR PROBLEM DRINKERS.** Mark B. Sobell, Addiction Research Foundation and University of Toronto, Toronto, Ontario, Canada.

The majority of persons who have alcohol problems can be considered "problem drinkers," as contrasted with chronic alcoholics. Yet, services for problem drinkers are rare. This address first briefly describes the evolution of research over the past two decades, identifying major lines of work that have influenced the development of treatments for problem drinkers. Most of the research has been in the context of behavioral treatments. A quarter of a century ago, behavioral treatments were developed based on strong assumptions that excessive drinking was learned as an inappropriate coping response, and that persons who had drinking problems had response deficiencies that prevented them from coping more constructively. Early treatments, therefore, had a strong emphasis on skills training. Even when epidemiological data began appearing in the early 1970s demonstrating that the majority of persons with alcohol problems were not seriously physically dependent, skills training approaches still dominated behavioral treatments. However, behavior therapists were among the first to recognize that services should be developed for problem drinkers, and to begin testing treatments specifically directed at problem drinkers.

Three other concurrent lines of work eventually forced a reevaluation of treatment approaches. First, research started to accrue demonstrating that short term treatments, as short as a single session, were as helpful as more intensive treatments for many alcohol abusers, and particularly those whose problems were not very severe. Second, systematic studies of persons who recovered from alcohol problems without treatment began to appear in the literature. Finally, psychotherapy research on stages of change led to conceptualizing motivation for change as a state rather than personality variable. These lines of research challenged conventional skills deficits assumptions and eventually led to the development of motivationally based treatment approaches. The development of one such approach, Guided Self-Change, is described. The approach was developed for working with problem drinkers, and assumes that many problem drinkers have the capacity to change their own behavior if they are sufficiently motivated. The treatment, which involves a few outpatient sessions, emphasizes the individual assuming personal responsibility for deciding upon treatment goals and for creating and implementing treatment plans. The approach is presently being extended to low severity problems with other drugs and to a group treatment format.

A formidable remaining challenge is for such treatments, thus far largely tested in research settings, to become widely available in communities. In this regard, the value of a public health approach to alcohol problems and the role of treat-

ments for problem drinkers in the health care system are discussed. Barriers to dissemination are considered, as are ways of surmounting barriers. It is suggested that primary care health providers are likely to become the main professionals who will provide services for problem drinkers. One reason relates to the apparent inability of many traditional addictions service workers to embrace philosophically a public health approach and to work with clients to reduce rather than cease their alcohol consumption. Another reason is economic. It is very unlikely that a new cadre of service providers can be added to the health care system at a time when there is tremendous emphasis on cost containment. Enabling primary care health workers to identify and insofar as possible deal with alcohol problems among their patients makes sense as a cost-effective way of providing these needed services by a health care system that is already financially hard pressed. These developments will be of huge value to problem drinkers—the "underserved majority" of those with alcohol problems.

#### NEW FELLOWS ADDRESS

Chair: *Marlyne M. Kilbey*, Wayne State University, Detroit, MI.

**SMOKING RELAPSE EPISODES: NEW METHODS AND FINDINGS.** Saul Shiffman, University of Pittsburgh, Pittsburgh, PA.

Most efforts to quit cigarette smoking or other drug use end in relapse. Widely used relapse prevention strategies have grown out of research on relapse episodes. However, this research is marred by serious methodological weaknesses: (1) retrospective recall, often over months, introduces biases; (2) without base-rate data on moods and activities, data on relapse situations is difficult to interpret; and (3) individual differences are usually ignored.

This paper describes preliminary data obtained using a novel method for obtaining data on relapse episodes. 200 subjects who quit smoking for at least 24 h monitored lapses and temptation episodes using small palm-top computers they carried with them. When subjects reported such episodes, the computer administered an assessment of their mood and circumstances. The computer obtained base-rate data by administering the same assessment at random several times daily.

Episodes were typically reported within 5 minutes of their resolution. In one analysis, first lapses were contrasted to nearby temptation episodes and random assessments. Mood was significantly more negative in lapse situations than in either temptations or random control situations. This effect was stronger for more nicotine-dependent subjects, suggesting that some of the observed mood disturbance might be due to nicotine withdrawal. The occurrence of lapses could be predicted prospectively from ratings of stress, motivation, and self-efficacy obtained the preceding day.

Cigarette availability and exposure also significantly distinguished lapses from temptations. Subjects were more likely to have consumed alcohol prior to lapse episodes than either temptation or control situations. The data suggested that alcohol intoxication reduced subjects' motivation to control their impulses, rather than directly promoting smoking. Coping strongly discriminated temptations from lapses. Even in high-urge situations, subjects who performed cognitive or behavioral coping were 20 times more likely to avoid lapsing.

These methods and findings have implications for theory, treatment, and research.