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Treating Alcohol Problems: A Future Perspective

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Abstract

In this closing article commemorating the twentieth anniversary of the publication of Alcoholism Treatment Quarterly (ATQ), the editors offer their own thoughts about the future treatment of alcohol problems in the United States. The review includes twenty-two predictions that topically span the organization and staffing of the treatment field, the central ideas that undergird the field, and the future of clinical technologies used to treat alcohol problems.

Key Words: Future, trends, client characteristics, treatment technology, aging of workforce

Introduction

The authors of the articles in this special issue commemorating the 20th volume of *ATQ* hint at many things to come in the future treatment of alcohol problems. They envision a treatment field that is more ethically centered, evidence based, recovery focused, community linked and more clinically nuanced for those with special characteristics and needs. In this final article, the editors of this special issue offer our own thoughts about the future treatment of alcohol problems in the United States. This review includes predictions that topically span the organization and staffing of the treatment field, the central ideas that undergird the field, and the future of clinical technologies used to treat alcohol problems. It is our hope that this list will stir discussion about the most critical issues in the future treatment of alcohol problems.

Infrastructure and Cultural Context

Prediction 1: The federal/state/local partnership created by the Comprehensive Alcoholism Prevention and Treatment Act of 1970 (known as the Hughes Act) will be challenged by the growing restigmatization, demedicalization and recriminalization of severe alcohol and other drug problems. We believe this partnership and the treatment system it sustains will survive due to support from new and renewed grassroots recovery advocacy groups and increased responsiveness of local treatment programs to a broad spectrum of alcohol-related problems.

Prediction 2: The federal investment in an alcohol problems research infrastructure will reap significant rewards in the coming decades. For example, we anticipate that new understandings of the neurobiology of alcohol dependence will reap rewards in terms of new clinical tools for assessment and treatment, the most significant of which may be the ability to distinguish alcohol problems of biological and non-biological origin and the introduction of fundamentally new pharmacological adjuncts to treatment.

Organization

Prediction 3: The integration of the treatment of alcohol and other drug problems–arguably one of the major professional achievements or (according to some) the worst mistake of the past 25 years--will progress in the next decades with a full integration of the treatment of nicotine addiction along side the treatment of other drug addictions. The over-extension of the concept of addiction to other problem areas will spur a redefinition of the boundaries of the field, distinguishing the use of *addiction* as a medical concept versus the personal use of the concept of *addiction* as an organizing metaphor for behavioral change.

Prediction 4: The categorical segregation of the treatment of alcohol problems will be severely challenged in the next two decades as alcohol treatment programs are absorbed into larger umbrellas of “behavioral health” and “human services.” While such integration promises a more consumer-friendly service process and a better stewardship of community resources, our fear is that the field of alcoholism treatment could disappear while the illusion of its presence continues.

Problem Definition

Prediction 5: Multi- pathway models of understanding and intervening in alcohol

problems will replace more traditional, single-pathway models. These prevailing models will detail how alcohol problems spring from multiple etiological pathways, unfold in diverse patterns with varying courses/outcomes, and are resolved through diverse clinical interventions and innumerable pathways and styles of long term recovery. This conceptual shift will require that treatment agencies shift from offering a "program" to offering a wide menu of services that are uniquely combined and sequenced based on the needs and readiness for change of each client/family.

Prediction 6: The next two decades will witness attempts to integrate the emerging public health and medical/clinical models of understanding and responding to alcohol problems. We feel the integration of the former, which places emphasis on the economic, social and political ecology of alcohol problems, and the latter, which emphasizes the role of the individual as the source and solution to alcohol problems, has great potential.

Changing Characteristics of Treatment Consumers

Prediction 7: Differences between community and clinical populations will widen with the multiple problem client/family (greater problem severity and psychiatric co-morbidity and fewer recovery assets) becoming the norm within publicly funded treatment programs. This will create a growing dichotomy between individuals who can resolve alcohol problems with recovery self-management tools (e.g., manuals and online recovery support services) or brief professional intervention versus those who will require multi-agency models of sustained recovery management. The latter clients will require a broader menu of services (far beyond acute models of detoxification and symptom stabilization) delivered over a much longer period of time.

Prediction 8: Escalating life expectancies and the demographic aging of the "war babies" will spark growing concern about the problem of late-onset alcohol problems. We anticipate that the prevention and treatment of such problems will become a major specialty within the alcohol problems field.

The Professionalization of Treatment Providers

Prediction 9: The recognition of addiction medicine as a recognized specialty will continue, but will be offset by greater involvement of primary physicians, physician assistants, and nurse practitioners in the treatment of alcohol problems. The further professionalization of addiction medicine will be hampered by the

recent restigmatization and demedicalization of alcohol problems and the resulting marginal status associated with this arena of medical practice.

Prediction 10: The continued professionalization of the role of the addiction counselor (e.g., the licensure movement) will be balanced by new roles (recovery coaches, recovery support specialists) that will bring greater numbers of recovering people back into the field. Some will interpret this latter trend as a de-professionalization of the field while others will view this as a renewal process and a needed re-connection of treatment and recovery.

Prediction 11: Professional roles in the field, dominated by men when the first issue of ATQ was published, will be increasingly filled by women. This feminization of the field will add momentum to address the special needs of women impacted by alcohol problems.

Treatment Technology

Prediction 12: The organizing mantra of the next decade will be the call to bridge the gap between clinical research and clinical practice in the resolution of alcohol problems. The failure to achieve this goal could threaten the very future of the field; the achievement of this goal could move treatment from the status of a folk art to a science-guided endeavor. Some of the most promising applications include new identification and engagement technologies, a new generation of global assessment and service planning instruments; new pharmacological adjuncts to treatment; evidence-based, manual-guided therapies; and sustained recovery management protocols.

Prediction 13: The next decade will witness the widespread application of disease (recovery) management technologies from primary medicine to the treatment of severe and persistent alcohol problems. We believe that the shift from an exclusively acute model of intervention to a continuum of interventions that include the option for sustained recovery management will mark one of the most significant technical advancements in the history of the field. This breakthrough marks the marriage of the relapse prevention technologies of the alcohol field with techniques used in primary medicine to manage chronic disorders like diabetes, asthma, and hypertension.

Prediction 14: Research findings will compare and contrast explicitly religious and spiritual frameworks of recovery from explicitly secular frameworks. Although hoped-for treatment matching effects have not been robust in existing studies, there

may be matching effects related to these broader frameworks.

Prediction 15: There will be a movement to push the breakthroughs in knowledge about special populations of clients from the enclave of the demonstration project to the mainstream of the field. It is time these breakthroughs in understanding and technique were moved from the status of loosely attached appendages to the field to the very heart of the field, e.g., front line clinical practice in non-specialty programs.

Professional Ethics

Prediction 16: There will be a significant movement in the next decade to get the treatment field ethically re-centered. This movement will include developing new ethical decision-making models, upgrading organization codes of professional practice, and advanced training to enhance ethical sensitivities and ethical decision-making skills. A major focus of this work will be on the development of ethical standards related to the field's business practices–an arena we view as one of continued vulnerability for the field.

Prediction 17: New roles that focus on harm reduction, pre-treatment/engagement, and sustained recovery support will call for a re-evaluation of traditional definitions of appropriateness related to ethical conduct, particularly those governing relationship boundaries. This will emerge as an area of intense debate within the field and call for heightened supervisory support for persons filling these roles.

Recovery and Community

Prediction 18: The treatment field will face in the next decade what it has never faced in its history: a strong consumer/constituency movement. This new recovery advocacy movement will demand inclusion of recovering people and their families in the planning and evaluation of treatment services. This movement will demand lower thresholds of engagement, higher thresholds of extrusion, and a greater focus on building long term recovery support services for individuals and families.

Prediction 19: The locus of treatment will expand beyond the institutional/office environment to the natural environment of each client. "Systems interface" will become the rule rather than the exception as alcohol treatment agencies enter into an increasing number of service delivery partnerships with public health, mental health, child welfare, criminal justice, educational, occupational and welfare

institutions. Treatment and recovery support services will be offered in a wider variety of settings–health care clinics, churches, community centers–but they will also be much more likely to be delivered within neighborhoods and homes. Work with client's enmeshed in drug/criminal cultures will focus on guiding the client into relationship with an alternative culture of recovery and organizing such cultures where none exist.

Prediction 20: There will be increased demands for the field to shift its research focus from one of pathology to one of resilience and recovery. More specifically, there will be calls to generate new service technologies based, not on studies of the problem, but on studies of the myriad solutions that already exist in the lives of individuals and families in communities across America. There will be calls to plot the long term pathways, stages and styles of recovery and to delineate these findings across such factors as gender, age, ethnicity, and clinical profiles. Advocacy for this resilience and recovery research agenda will generate parallel calls for strengths-based models of assessment and intervention.

Prediction 21: The growing "varieties of recovery experience" will continue to manifest themselves within the growing diversification of mutual aid structures. As these structures become more geographically accessible, the communities of recovery with whom treatment programs will be collaborating will be greater in number and more diverse than anyone could have anticipated, confirming in local communities across the country A.A. cofounder Bill Wilson's 1944 observation that "the roads to recovery are many."

Achilles Heel: The Aging of the Field

Prediction 22: The rapidly approaching loss of long-tenured clinical and administrative leaders will constitute one of the most significant challenge to the future integrity and existence of the field. If major efforts are not implemented to address the issues of leadership development and leadership succession, much of the field's history, core values and technical knowledge will be lost, and the field will be vulnerable to colonization by more powerful forces within its operating environment. The mantle of leadership of the alcoholism treatment field is about to be passed: Will there be a new generation of prepared leaders there to accept it?

A Closing Thought

If there is a legacy of this past twenty years it is most fittingly the fact that there are hundreds of thousands of individuals and families in recovery today whose

lives were touched by professionally-directed treatment services. For the past twenty years, ATQ has detailed the interventions that have made such transformations possible. It is hoped that twenty years from now, *ATQ* will be again celebrating the reality and methods of such recoveries.