Ford Center Hailed for Impact on Addiction Tx

BY CARL SHERMAN
Contributing Writer

Betty Ford—the former first lady whose husband, 38th president Gerald R. Ford, died in December—announced in April 1978 that she was undergoing rehabilitation for addiction to prescription drugs and alcohol. Her experience led her 4 years later to help establish a treatment facility, the Betty Ford Center, in Rancho Mirage, Calif.

As the nation recently mourned the passing of former President Ford, it marveled at the impact his wife has had on the way in which addiction is viewed and treated by physicians.

However, it is difficult to isolate the center's influence on addiction psychiatry within the overall evolution of the field during that period, said Dr. Marc Galanter, professor of psychiatry at New York University, New York, and former president of the American Academy for Addiction Psychiatry (AAAP).

The AAAP was formed in 1985, and the subspecialty recognized by the American Board of Psychiatry and Neurology in 1992. "Overlapping with other trends … [the center] played a significant role in legitimizing the field," he said. "It put addiction on the map."

Mrs. Ford, whose self-disclosure came in interviews and a memoir, also was instrumental in promoting public acceptance of alcoholism as a valid medical disorder, Dr. Galanter said. "She opened up the discussion of something not really acknowledged previously."

Dr. Robert L. DuPont said Mrs. Ford's story changed the image of an addicted person. "She made it a disease that a good person could have and get well from," said Dr. DuPont, who served as White House drug chief under President Ford and was the first director of the National Institute on Drug Abuse. In particular, her openness led to wider recognition of substance problems in women, he said.

The Betty Ford Center, which this year celebrates its 25th anniversary, extended that influence. The respectability of a former first lady, a popular image of elegance, and the glamour of A-list clientele that have included prominent entertainers (Elizabeth Taylor, Robert Mitchum, Liza Minnelli, and Johnny Cash) and sports figures, such as Mickey Mantle, have helped neutralize the stigma of addiction treatment.

In reality, those associated with the center emphasize, celebrities have made up only a fraction of the 26,000 clients and family members treated since 1982, and the cost is in "the low-average range"—about $23,000 for the standard 30-day program, according to Nancy Waite-O'Brien, Ph.D., vice president of clinical services. Also, the setting, while pleasant, is not luxurious. Residents, for example, share rooms and housekeeping duties.

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Mrs. Ford showed that addiction was a disease "that a good person could have and get well from."

In the area of addiction treatment, the center has innovated less than it has lent visibility and cachet to techniques and programs developed elsewhere. The basic program follows the rehabilitation protocol that Mrs. Ford underwent at the San Diego Naval Medical Center, a 12-step "recovery" approach based largely on the Minnesota Model.

Dr. Galanter noted that family involvement in treatment, a focus from the outset, has since been adopted more widely. "That an intervention was done on Mrs. Ford did much to legitimate that concept in addiction psychiatry," he said. In his New York University substance abuse program, for example, "network therapy," a more sustained, less confrontational approach, enlists family and peers to bring in—and keep—patients in treatment.

The center's program to maintain supportive contact with clients after discharge was new, said Dr. DuPont, who has been involved with the center since its beginning. And while programs for addicted physicians and other professionals were pioneered elsewhere, "the center has made [such programs] a major commitment," he said.

Work with women has been "the most innovative" aspect of treatment at the center, Dr. Waite-O'Brien said. Equal numbers of male and female clients are admitted, and patients follow gender-specific treatment tracks.

"Women experience addiction differently from men," she said. "We address the fact that women addicts have been sexually abused much more frequently than men," and that men deal more with absent-father issues and with anger.

Beyond treatment, almost since its inception, the center has sponsored clerkships for medical students, who spend a week working with clients and clinicians. "It fills a void medical schools have created," said Dr. Mark S. Gold, distinguished professor of psychiatry and chief of the McKnight Brain Institute at University of Florida, in Gainesville. "We've sent students there for years, and they come back and say they couldn't appreciate the practice of addiction psychiatry without this kind exposure."

Dr. Gold noted that much of the work at the center has been corroborated by research: It represents a melding of "science and the Big Book [the central text of Alcoholics Anonymous]." The long-standing inclusion of dietary counseling and exercise regimens in the center's programs, for example, predates the research finding that food and drugs of abuse compete in the brain area associated with rewards and craving, he said.

"Abstinence is followed by rebound hyperphagia and weight gain, and an important way to avoid relapse is not to get too hungry."

Today, the center represents "an influential minority" in addiction psychiatry, Dr. DuPont said. He noted "a kind of split" in the field about treatment goals, with harm reduction favored in academic and publicly funded settings, and institutions such as the Betty Ford Center taking a contrary view.

"We are very skeptical that harm reduction is helpful in cases of true addiction," Dr. Waite-O'Brien said.

In addition, while drugs like buprenorphine and benzodiazepines are used to support detoxification at the center, "we're leery about medications to help people stay sober," Dr. Waite-O'Brien said. "Treatment is an emotional and spiritual process, and we haven't found a medicine that works for that."

Arguably, the center could help bridge differences within the field. In September, for example, it initiated the Betty Ford Institute "to conduct and support collaborative programs of research, prevention, education, and policy development." Their first undertaking, a consensus conference on the concept of recovery, introduced "an academic psychiatry perspective into an important area in which it has been less involved," said Dr. Galanter, who chaired the conference. "To operationally define [recovery] will be useful for outcome research."

In general, "rehabilitation programs have not been integrated much into academically grounded addiction psychiatry," Dr. Galanter observed. He is chairing an AAAP committee aimed at fostering more communication between camps, "and Betty Ford is illustrative of the concept." ■

Education Raises Young Women's Risk for Binge Drinking

BY JONATHAN GARDNER
Contributing Writer

Binge drinking is less common among British women with lower educational levels or job status when they are in their 20s than it is among those with higher educational levels or job status, but in their 30s the trend reverses, according to a new study.

The cohort study of more than 10,000 British men and women found that, while trends in both binge drinking and abstaining from alcohol remained stable over time for men, women were more likely to change their binge-drinking habits as they age (J. Epidemiol. Community Health 2007;61:150-3).

At age 23 years, less-educated women were 9% less likely to binge drink than were better-educated women. At age 33, they were 11% more likely, and at age 42, 28% more likely.

The researchers, led by Barbara Jefferis, of the Institute of Child Health in London, said their findings suggest that the differences in binge-drinking habits may reinforce alcohol-related health inequalities.

"The initial peak of alcohol use in the most educated women differs from characteristic social gradients in health behaviors, whereby healthier behaviors are taken up by the most educated in society, as seen with smoking in this cohort," they wrote. "Social gradients in health behaviors, including alcohol consumption, differ across locations and times, and are influenced by cultural and economic contexts."

The researchers followed a group of British men and women all born the same week in March 1958, surveying them on drinking habits at the ages of 23, 33, and 42 years.

Survey respondents were asked to describe their drinking habits, and binge drinkers were identified by dividing the number of units of alcohol consumed in the past week by their normal weekly frequency of drinking.

In both sexes and at all time points, abstaining from alcohol was more likely among those achieving lower educational and job status. At age 23, men in the less educated group were 31% more likely to be nondrinkers, decreasing to 19% at age 33 and 17% at age 42. Less-educated women were 23% more likely to abstain at age 23, decreasing to 20% at age 33, but then increasing to 28% at age 42. The trends were not statistically significant.

Abstainers were a small proportion of the study population, reaching a maximum of 3.7% of men and 6.3% of the women at age 42.

Among men, binge drinking was more likely among those with lower educational and job status at all time points. At age 23, men in the less-educated group were 13% more likely to binge drink, 17% more likely at age 33, and 18% more likely at age 42. That odds increase among the less-educated men was not statistically significant, however.

Binge drinkers were a larger share of the cohort than abstainers, with a maximum of 36% of men and 18% of women at age 23. ■

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