

Rapid change on entry to treatment is well documented and with respect to cocaine addiction, cutting back in the run up to treatment is the best predictor of longer term success. The rapidity and timing of such changes precludes treatment as a major factor, at least in their initiation. The US alcohol treatment trial Project MATCH provides an example. Patients who did not return for therapy did almost as well as those who went through all 12 sessions of the two most extensive therapies. Across the study, nearly all the improvement there was going to be in drinking had occurred by week one. ❶ In another US study of heavy drinkers who responded to ads offering help to cut back, most of the drinking reductions occurred after they had responded to the ads, but before receipt of any of the project's assessment or self-help materials. ❷ In both cases, change was on average well sustained after treatment.

Such findings focus attention on the **processes associated with deciding to cut back** or stop using. When these processes are intentional – weighing up the pros and cons and taking an explicit decision – Prochaska and DiClemente's 'stages of change' model offers a detailed description. But this is not the only nor it seems the most robust way people change. In a national UK survey, half of all attempts to stop smoking were unplanned – often smokers did not even finish the pack. ❸ These resolutions were twice as likely to 'stick' as planned attempts. Similarly in California, a survey of problem drinkers found that weighing the pros and cons as a reason for cutting down was much less likely to lead to lasting remission than 'conversion' experiences like hitting rock bottom, a traumatic event, or experiencing a spiritual awakening. ❹ In these situations too, half finished bottles can be poured down the sink.

The authors of the UK paper relate their findings to "an alternative model to the stages of change ... based on 'catastrophe theory' [which] deals with the way in which tensions develop in systems so that even small triggers can lead to sudden 'catastrophic' changes." They argue that the build up to such events creates a state of "motivational tension" in which "even quite small 'triggers' can lead to a renunciation of smoking." A catastrophe model has also been developed in the USA for the opposite process – relapse to dependent drinking. ❺

❶ Cutler R.B. *et al.* "Are alcoholism treatments effective? The Project MATCH data." *BMC Public Health*: 2005, 5:75.

❷ Sobell L. *et al.* "Responding to an advertisement. A critical event in promoting self-change of drinking behavior." Presented at the Association for the Advancement of Behavior Therapy, 2003.

❸ West R. *et al.* "'Catastrophic' pathways to smoking cessation: findings from national survey." *British Medical Journal*: 2006, doi:10.1136/bmj.38723.573866.AE. For more see [www.primetheory.com](http://www.primetheory.com).

❹ Matzger H. "Reasons for drinking less and their relationship to sustained remission from problem drinking." *Addiction*: 2005, 100, p. 1637–1646.

❺ Witkiewitz K. *et al.* "Modeling the complexity of post-treatment drinking: it's a rocky road to relapse." *Clinical Psychology Review*: in press.