SY30-2
DISULFIRAM: THE MOST EFFECTIVE (AND THE MOST MISUNDERSTOOD) DRUG IN ALCOHOLISM
PHARMACOTHERAPY. A RESPONSE TO SOME THERAPEUTIC, PSYCHOLOGICAL AND ETHICAL CRITICISMS
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Introduction. Supervised disulfiram (DSF) is considerably more effective than other relapse-prevention medications in alcoholism but its unique mode of action means that as with surgical vs pharmacological treatments in other fields, classic placebo-controlled trials are not necessarily the most appropriate method for studying it. Some critics not only fail to recognise its specific effectiveness but also criticise DSF on the grounds that its alleged mode of action (aversion) is ethically unacceptable because it supposedly involves ‘punishment’ and is also inconsistent with what they mistakenly claim to be the underlying psychological principles.

Method. This paper reviews recent effectiveness research, including meta-analyses, and publications that examine the real psychological principles involved in supervised DSF treatment.

Results. DSF’s effectiveness is confirmed. Its initial mode of action is deterrence, not aversion. This both facilitates and reinforces the cognitive-behavioural process of exposure and response-prevention, leading to progressively more appropriate responses to drink-related cues and high-risk situations. DSF can then be tentatively discontinued.

Conclusion. Comprehensive supervised DSF programmes should be seen not as essentially pharmacological interventions but as essentially educational processes, facilitated by DSF. Since the physician-therapist and the patient agree to collaborate in these processes, there are no valid ethical objections.