

## **ADDICTION LIVES: THOMAS F BADOR**

[photo]

*Addiction Lives records the views and personal experiences of people who have especially contributed to the evolution of ideas in addiction science. To suggest an interviewee, send a statement of up to 50 words summarizing the person's exceptional contribution to the field to the Addiction Lives Editor: Professor Virginia Berridge, Centre for History in Public Health, London School of Hygiene and Tropical Medicine, 15–17 Tavistock Place, London WC1 H 9SH, UK. Tel +44 (0)207 927 2269; e-mail: [virginia.berridge@lshtm.ac.uk](mailto:virginia.berridge@lshtm.ac.uk)*

### **INTERVIEW SUMMARY BY VIRGINIA BERRIDGE**

Tom Babor was born in New York City during the closing years of the war. His grandparents were Czech and his parents both came from large families who were moving out of Manhattan to Queens and Long Island. His education gave him a strong liberal arts training. His father owned a construction company in midtown Manhattan in which he worked as a young person.

Glad to leave New York, which was going through some difficult years, he studied social psychology at the University of Arizona and this was where he became interested in substance abuse. His departmental chair for doctoral studies suggested that he study problem drinking rather than marijuana, which had been his first choice. In the early 1970s he was influenced by the 'social psychiatry' model which critiqued dominant 'biological psychiatry'. After a period in France as the American visitor as a hospital for alcoholics, he went for further training to Harvard in 1981. There he conducted postdoctoral work under Jack Mendelson. Working with Mendelson and Nancy Mello in Boston opened up enormous opportunities for meeting leading figures in the addictions field.

One of these figures, Roger Meyer, moved to the University of Connecticut, and invited Babor to join the Alcohol Research Centre which he was developing there. Here he was asked to work with Lee Towle at the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the main funder of the Centre, on developing an international screening test. The initial six-nation study developed the Alcohol Use Disorders Identification Test (AUDIT). Then came the development of a test which would cover all psychoactive substances, called the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). The two screening tests formed the core of a package of users' manuals and training materials, and they gave impetus to the psychometric and clinical research needed to create a

credible case for screening and brief intervention in primary health care. Babor cites them as an example of translational research stimulated by WHO and international collaboration. He commends Screening, Brief Intervention and Referral to Treatment (SBIRT), and argues for these to be developed more at the population level.

Babor's career has involved substantial collaborative international publishing commitments through books such as *Alcohol: No Ordinary Commodity*. He supports the involvement of scientists in publishing for policy audiences.

He has also been involved closely in treatment-matching exercises — Project MATCH, the United Kingdom Alcohol Treatment Trial (UKATT), Combined Pharmacotherapies and Behavioral Interventions (COMBINE) and other multi-centre trials, such as the VA Effectiveness Study, which tested the validity of the 'Technology Model' of therapeutic change, which postulates that patient attributes and treatment process elements, respectively, constitute moderators and mediators of change in drinking and drug use following treatment. These are less discussed now, and Babor comments that we need to ask the right questions rather than formulate questions that can only be answered by our favourite tools.

His view on cannabis legalization in the United States focuses upon the entry of commercial interests. The entry of big money, sophisticated marketing and government dependence on tax revenues is likely to increase the prevalence of marijuana dependence in young adults and older people.

As a Regional Editor of *Addiction* for many years and now overall editor of the *Journal of Studies on Alcohol and Drugs*, Babor pays tribute to how much he learnt about journal editing from Griffith Edwards. He is strongly opposed to industry influence on research and publishing.

The interview concludes with his views on his own retirement (he's having too much fun to do that) and his enthusiasm for Groucho Marx.

**LINK TO FULL INTERVIEW, CONDUCTED BY KEITH HUMPHREYS,  
ON THE SOCIETY FOR THE STUDY OF ADDICTION WEBSITE:**

<https://www.addiction-ssa.org/commentary/addiction-lives-thomas-f.-babor>

## **ANNOTATED BIBLIOGRAPHY**

Babor T.F., Mendelson J.H., Greenberg I., Kuehnle J.C. Experimental analysis of the 'happy hour': Effects of purchase price on alcohol consumption. *Psycho-pharmacology* 1978; 58:35–41.

*This paper describes a laboratory experiment like no other. Heavy and moderate drinkers lived on a hospital ward for 30 days, working on an operant task to earn money that could be used to purchase alcohol. We lowered the price by half during an afternoon 'happy hour' and observed a doubling of consumption. This is one of the first studies showing a causal effect of discount drink promotions.*

Babor T.F., Mendelson J.H., Uhly B., Souza E. Drinking patterns in experimental and barroom settings. *J Stud Alcohol* 1980; 41:635–651.

*We subsequently replicated the happy hour findings in a study conducted in a barroom setting, and also de-scribed the log-normal distribution of drinking episodes in heavy and moderate drinkers. The findings indicated that heavy drinkers drink in moderation in proportion to the frequency they drink excessively, a finding that has been totally ignored in the literature on 'moderate' drinking.*

Babor T.F., Berglas S., Mendelson J.H., Ellingboe J. Alcohol, affect and the disinhibition of verbal behavior. *Psy-chopharmacology* 1983; 80:53–60.

*This laboratory study monitored the verbal behavior and feeling states of young adult drinkers during the blood alcohol content (BAC) intoxication, demonstrating that at the exact same BAC levels, feeling states are quite different depending on whether the BAC is ascending or descending. Going up, people feel stimulated and euphoric; coming down, they report fatigue, depression and hostility.*

Babor T.F., Cooney N.L., Lauerman R.J. The drug dependence syndrome concept as a psychological theory of relapse behaviour: an empirical evaluation. *Br J Addict* 1987; 82:393–405.

*This paper describes how the severity of the alcohol dependence syndrome predicts the reinstatement of alcohol dependence following relapse to drinking intreated alcoholics. It was one of the few empirical evaluations of the dependence syndrome concept.*

Babor T.F., Higgins-Biddle J., Saunders J.B., Monteiro M.G. *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for use in Primary Care*, 2nd edn. Geneva, Switzerland: World Health Organization; 2001.

*The AUDIT Manual was published by WHO in 2001. Along with the validation study published by Saunders et al. in 1993; the AUDIT has emerged as the most widely used alcohol screening test in the world. The process of developing the AUDIT was a true collaboration among investigators in six countries, something that was carried out with a palpable sense of excitement about the potential of applied research to change clinical practice for the better on an international level.*

Babor T.F., Del Boca F.K., editors. *Treatment Matching in Alcoholism*. Cambridge, UK: Cambridge University Press; 2003.

*This book tells the story of Project MATCH, the largest treatment-matching study ever conducted with alcoholics. There are some interesting findings here: that treatment with talk therapy 'works', particularly if combined with Alcoholics Anonymous, and that the*

*Technology Model of treatment-matching does not work, at least when patient characteristics are matched theoretically with different psychotherapies.*

Robins L.N., Wing J., Wittchen H.U., Helzer J.E., Babor T.F., Burke J. et al. The Composite International Diagnostic Interview: an epidemiological instrument suitable for use in conjunction with different diagnostic systems and in different cultures. *Arch Gen Psychiatry* 1988; 45:1069–1077.

*I worked with Lee Robins to develop the alcohol section of the CIDI, which subsequently became one of the main tools used internationally in psychiatric epidemiology. Although it provided the basis for the standardization of psychiatric diagnoses in international studies, the limitations of the alcohol section have never been corrected to my satisfaction.*

Babor T.F., Hofmann M., Del Boca F., Hesselbrock V., Meyer R., Dolinsky Z. et al. Types of alcoholics, I: Evidence for an empirically-derived typology based on indicators of vulnerability and severity. *Arch Gen Psychiatry* 1992; 49:599–608.

*This paper provided the empirical basis for the Type A/Type B distinction in the manifestation of alcohol dependence. The findings were consistent with many prior theories and studies, but we also provided a better theoretical rationale for the need to consider different types of alcoholics for treatment and an understanding of etiology.*

WHO Brief Intervention Study Group. A cross-national trial of brief interventions with heavy drinkers. *Am J Public Health* 1996; 86: 948–955 [T.F. Babor responsible author].

*After the development of the AUDIT, a 10-nation trial was initiated by WHO to evaluate the effectiveness of brief interventions. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) funded the participation of a US site and the US Coordinating Center, although our grant was rejected initially because the reviewers did not believe that we could obtain accurate information from drinkers in different countries. The trial demonstrated the ability of brief interventions to reduce hazardous drinking, a finding the generalized across a diverse group of countries, cultures and language groups.*

WHO ASSIST Working Group. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): development, reliability and feasibility. *Addiction* 2002; 97:1183–1194.

*With the success of the AUDIT, the World Health Organization, under the leadership of Maristela Monteiro, convened a planning group to develop the prototype for a screening test that would identify at-risk substance use across 10 substance classes, providing severity metrics to allow clinicians to prioritize the substances most in need of an intervention. The ASSIST has proved to be a useful screener and now we have developed a short version that is much more efficient in terms of time and training.*

Babor T., Caetano R., Casswell S., Edwards G., Giesbrecht N., Graham K. et al. *Alcohol: No Ordinary Commodity — Research and Public Policy*. Oxford, UK: Oxford University Press; 2003

*Griffith Edwards, then Editor of Addiction, and Case Coos at WHO EURO organized a meeting in Copenhagen to plan a new policy review of the world literature on alcohol. A group of co-authors was chosen and a collaborative process was initiated to produce a scholarly review of the science base for alcohol policy. After several meetings to review chapter drafts the authors concluded that the emerging theme that captured the epidemiology as well as the*

*policy issues was that alcohol was no ordinary commodity. The book won the first prize in 2004 in the British Medical Association's book awards in the public health category, and was again ranked in the top three when the second edition was published in 2010.*

Babor T.F., Stenius K., Savva S., editors. *Publishing Addiction Science: A Guide for the Perplexed*. Rockville, MD: Social and Health Services Ltd; 2003.

*Publishing Addiction Science came out of my collaboration with a group affiliated with the International Society of Addiction Journal Editors. We wanted to develop a guide for people interested in publishing and expose them at the same time to the ethical challenges of bringing good scientific research to fruition in a journal article. The book has since been rewritten and expanded in two subsequent editions, the latest in 2017 that was published by Ubiquity Press.*

The Marijuana Treatment Project Research Group. Brief treatments for cannabis dependence: findings from a randomized multi-site trial. *J Consult Clin Psychol* 2004; 72:455–466 [T.F. Babor, responsible author].

*The Marijuana Treatment Project (MTP) was one of the most interesting multi-site studies I participated in, because we were dealing with chronic marijuana smokers who were desperately trying to stop using cannabis. The results were about as good as you can get from a clinical trial, and they provide interesting insights into how treatment works. The findings suggest that the anticipation of treatment is as important as the treatment itself in motivating chronic users to cutdown or stop.*

Dennis M., Godley S.H., Diamond G., Tims F.M., Babor T., Donaldson J. et al. The Cannabis Youth Treatment (CYT) study: main findings from two randomized trials. *J Subst Abuse Treat* 2004; 27:197–213.

*The CYT study showed that all the fancy therapeutic techniques developed to treat young people's marijuana smoking work no better than a few sessions of cognitive behavioral therapy, probably because once kids are busted by their school or their parents they respond equally well to just about any therapeutic intervention. It seems as if the main value of different psychosocial treatments is to motivate therapists to appear competent, regardless of the effectiveness of their therapy.*

Babor T.F., Higgins-Biddle J., Dauser D., Higgins P., Burtleson J. Alcohol screening and brief intervention in primary care settings: implementation models and predictors. *J Stud Alcohol* 2005; 66:361–369.

*This study showed that screening rates depend on a variety of practical considerations in the clinic, including whether clinicians are happy with their jobs and have a minimum of competing priorities so they can set up and manage a screening program.*

Babor T., Caulkins J., Edwards G., Fischer B., Foxcroft D.R., Humphreys K. et al. *Drug Policy and the Public Good*. Oxford, UK: Oxford University Press; 2010.

*With the success of Alcohol: No Ordinary Commodity as a policy brief, Griffith Edwards convened a group of career scientists to summarize the science base relevant to national and international drug policy. The book found mixed evidence for current policy options in the areas of demand reduction and supply control, but the most remarkable finding was the*

*failure of the international drug control system and government funding agencies to invest in drug policy research.*

Humeniuk R., Ali R., Babor T., Formigoni ML., de Lacerda R., Ling W. et al. A randomized controlled trial of a brief intervention for illicit drugs linked to the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) in clients recruited from primary healthcare settings in four countries. *Addiction* 2012; 107:957–966.

*This study was organized by the World Health Organization in order to test the value of screening for drug use in primary care settings. The results were very encouraging, especially in the context of a trial that was conducted simultaneously in India, Australia, the United States and Brazil.*

Babor T.F., Xuan Z., Damon D., Noel J. An empirical evaluation of the US Beer Institute's self-regulation code governing the content of beer advertising. *Am J Public Health* 2013; 103: e45–51.

*We collected advertisements broadcast throughout a 10-year period during the US college basketball national tournament. The study allowed us to apply a new technique to the documentation of code violations, and it demonstrated the hollowness of the beer industry's claims about 'corporate social responsibility'.*

Noel J., Babor T., Robaina K. Industry self-regulation of alcohol marketing: a systematic review of content and exposure research. *Addiction* 2017. doi: 10.1111/add.13410.

*There was a need to pull together a somewhat disparate literature dealing with alcohol marketing and the alcohol industry's self-regulation schemes. The literature proved to be a severe indictment of the alcohol industry's claim that they were capable of regulating their own commercial activities in the interests of public health.*

Heidari S., Babor T.F., De Castro P., Tort S., Curno M. Sex and gender equity in research: rationale for the SAGER reporting guideline and recommended use. *Res Integrity Peer Rev* 2016; 1:2. doi: 10.1186/s41073-016-0007-6 [corresponding author].

*I was asked to join the Gender Policy Committee at a chance meeting with a small group at the bi-annual meeting of the European Association of Science Editors. We reviewed the literature on gender issues, conducted a survey of journal editors, and developed the guideline published in this paper. I subsequently worked to encourage addiction journals to adopt the guideline.*

Noel J., Babor T.F., Robaina K., Feulner M., Vendrame A., Monteiro M. Alcohol marketing in the Americas and Spain during the 2014 FIFA World Cup Tournament. *Addiction* 2016; 112 (Suppl. 1):109–16.

*We suspected that the FIFA World Cup would be a mega-marketing event for the alcohol industry, and were not disappointed. With no encouragement or funding from government, private or philanthropic organizations, we enlisted collaborators in 10 countries to record the round of 16 games and then evaluated the marketing contents for code violations. The results were revealing.*