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Severely Dependent Alcohol Abusers May Be Vulnerable to Alcohol Cues in Television Programs*

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ABSTRACT. The self-reported ability of 96 alcohol abusers to resist the urge to drink heavily was assessed after they viewed a videotape of a popular prime time television program complete with advertisements. Different versions of the videotape were used to evaluate the effects of a television program with and without alcohol scenes as crossed with the effects of three different types of commercials (i.e., beer, nonalcoholic beverages, food). Before and after viewing the videotape, subjects, who were led to believe that they were participating in two separate and unrelated sets of experimental procedures, completed several drinking questionnaires. Responses to one of the questionnaires provided an unobtrusive measure of self-reported ability to resist the urge to drink heavily. Results indicated that alcohol cues in a television program affected some alcohol abusers’ perceived ability to resist the urge to drink heavily. In particular, those with higher alcohol dependence scores showed a decrease in confidence after viewing a television program with alcohol cues compared to subjects who watched the same program but without the alcohol scenes. The clinical implications of these findings are discussed. Until further research is forthcoming, given the artificial nature of the study setting, the results of this study must be viewed with some caution. (J. Stud. Alcohol 54: 85-91, 1993)

THE FACT that virtually all homes in North America have at least one television set (Canada, 99%; United States, 98%) underscores the ubiquitous nature of television in our lives (Statistics Canada, 1990; Wallack et al., 1990). Along with its widespread use, television has attracted its share of critics, some of whom feel that programs and commercials can have a negative effect on viewers (e.g., violence; drug use; see Feldman, 1980, and Liebert and Schwartzberg, 1977). Various theories suggest that television viewing may produce a variety of effects (e.g., exposure shapes broad perceptions of the world; social models can shape or modify behaviors and beliefs even without direct consequences). With respect to alcohol and cigarettes, concern has focused primarily on whether use of the product is encouraged or promoted, especially among young viewers (Cafiso et al., 1982; Jacobsen et al., 1983; Strickland et al., 1982).

While several studies have documented a very high frequency of alcohol cues in television programs (Cafiso et al., 1982; DeFoe et al., 1983; Futch et al., 1984; Greenberg, 1981; Wallack et al., 1990), few studies have examined the effects such cues have on actual drinking or on urges to drink (Cafiso et al., 1982; Sobell et al., 1986; Strickland et al., 1982). Only one study has examined the effects of alcohol cues in television programs on drinking, and that study found that neither drinking scenes in the program nor beer commercials precipitated increased drinking in male normal drinker college students (Sobell et al., 1986). One other study evaluated the effects of alcoholic beverage commercials on drinking in female normal drinker college students and found no overall increase in drinking (Kohn and Smart, 1984). The effects of cues within programs, however, were not tested in this latter study.

Since cues in commercials can be readily recognized as persuasive messages, they may elicit resistance in viewers (Petty et al., 1981). However, cues that occur in the context of an ongoing program may not engender such counterresponses. Although research examining the effects of either beer advertisements or alcohol cues in television programs has studied only normal drinkers, several studies have suggested that alcohol abusers, in contrast to normal drinkers, are more responsive to environmental alcohol-related stimuli than to internal alcohol-related stimuli (Brown and Williams, 1975; Buck, 1979; Mathew et al., 1979; Tucker et al., 1979; Williams, 1977). Other research, based on conditioning theory (e.g., Poulos et al., 1981), suggests that alcohol cues in television programs and commercials may act as conditioned stimuli for individuals with a significant drinking history and elicit behavioral (i.e., drinking) and cognitive (i.e., urges to drink alcohol) conditioned responses. Thus, it is possible that drinking history may interact with exposure to

*The views expressed in this article are those of the authors and do not necessarily reflect those of the Addiction Research Foundation. Portions of this article were presented at the 23rd annual meeting of the Association for Advancement of Behavior Therapy, Washington, D.C., November 1989.
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alcohol cues in television programs or other mass media. If this hypothesis is valid, then alcohol abusers may be at increased risk for drinking when exposed to alcohol-related cues.

The design of the present study closely parallels that of a previous study (Sobell et al., 1986) that investigated the effects of alcohol cues in television programs and beer commercials on the alcohol consumption of male normal drinkers. The present study used alcohol abusers and examined the effects of alcohol cues on self-efficacy (i.e., ability to resist the urge to drink heavily) rather than on actual alcohol consumption.

Method

Subjects

Male clients (N = 96) at the Addiction Research Foundation (Toronto, Ontario) were recruited for the study from either the outpatient department (n = 54) or the detoxification unit (n = 42). To be eligible for the study, subjects were required to: (1) sign an informed consent; (2) be between 19 and 60 years of age; (3) have alcohol as their primary substance of abuse; (4) not be committed to a total abstinence goal; (5) not be using anti-alcohol drugs; (6) have a zero blood alcohol level at the start of the session as determined by a breath test (Mobat SM-9, Lucky Laboratories, San Bernardino, Calif.); (7) not smoke during the study; (8) have consumed alcohol in the thirty days prior to the interview; and (9) have no evidence of cognitive impairment as evaluated by age-adjusted scores on the Trail Making Test (Davies, 1968) and on a shortened version of the WAIS (Wilkinson and Carlen, 1980).

Demographic and general drinking history data for both the outpatient and detoxification subjects are presented in Table 1. The data were analyzed using t tests for parametrically scaled variables and chi-square tests for nonparametrically scaled variables. Table 1 shows that the detoxification subjects were significantly different (p < .05) from the outpatient subjects on all variables assessed except race and age. As a group, detoxification subjects had less education, were less stable in terms of their employment and marital status and were more seriously dependent on alcohol than were the outpatients.

Experimental design

Subjects were randomly assigned among six television-viewing conditions defined by a 3 x 2 between-subjects factorial design. The first factor (ad type) involved three different types of advertisements: beer, nonalcoholic beverages and food. The second factor (scene type) was operationalized as two different versions of the same prime-time television program (“Dallas”). One version (alcohol scenes) was unedited and contained numerous scenes containing alcohol cues (i.e., drinking and preparing to drink by different characters). The second version (no alcohol scenes) was edited to eliminate scenes portraying alcohol consumption or visual or verbal references to alcoholic beverages. The editing was done so as not to disrupt the program. Additional content was added to the edited version so that both programs were about 1 hour long. At no time during this study or a previous one (with male normal drinker college students; Sobell et al., 1986) that used the same edited videotapes did any subject (236 total subjects) ever mention that they thought the tapes had been edited or that there appeared to be missing segments. This suggests that the deletions were not obvious; programs like “Dallas” that have multiple short vignettes can be easily edited without disrupting the program. Moreover, this is not the first program to edit out drinking scenes and report no detection of the deletions (Rychtarik et al., 1983).

Table 1. Demographic and drinking history variables for outpatient and detoxification subjects

<table>
<thead>
<tr>
<th>Program</th>
<th>Outpatient (n = 54)</th>
<th>Detoxification (n = 42)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race: % white</td>
<td>96.3</td>
<td>85.7</td>
</tr>
<tr>
<td>Mean (± SD) age in yrs</td>
<td>34.9 ± 8.2</td>
<td>38.2 ± 8.9</td>
</tr>
<tr>
<td>Mean (± SD) yrs education</td>
<td>12.8 ± 2.9</td>
<td>10.6 ± 2.5</td>
</tr>
<tr>
<td>Usual occupation: % blue collar</td>
<td>44.4</td>
<td>81.0</td>
</tr>
<tr>
<td>Current employment status:% employed</td>
<td>63.0</td>
<td>26.2</td>
</tr>
<tr>
<td>Current marital status:% married</td>
<td>25.9</td>
<td>4.8</td>
</tr>
<tr>
<td>Mean (± SD) no. yrs of problem drinking</td>
<td>8.4 ± 5.9</td>
<td>15.0 ± 8.5</td>
</tr>
<tr>
<td>Mean (± SD) no. public drunk arrests</td>
<td>2.4 ± 8.5</td>
<td>37.7 ± 83.2</td>
</tr>
<tr>
<td>Mean (± SD) no. drunk-driving arrests</td>
<td>1.3 ± 1.7</td>
<td>2.8 ± 3.1</td>
</tr>
<tr>
<td>Mean (± SD) alcohol-related hospitalizations</td>
<td>0.5 ± 1.2</td>
<td>28.6 ± 57.0</td>
</tr>
<tr>
<td>Mean (± SD) ADS score</td>
<td>15.9 ± 8.4</td>
<td>30.2 ± 9.7</td>
</tr>
<tr>
<td>Mean (± SD) SMART score</td>
<td>7.1 ± 2.4</td>
<td>10.2 ± 1.3</td>
</tr>
</tbody>
</table>

*Outpatient and detox. subjects differed significantly (p < .05) on all variables except race and age.
* Includes hospitalizations for detoxification from alcohol.
* Alcohol Dependence Scale (ADS) score is out of 47 possible.
* Short Michigan Alcohol Screening Test (SMART) score is out of 13 possible.
* Drinks = standard drinks per drinking day.

Television program design and preparation

Since the study design and preparation of the programs were the same as in an earlier study (Sobell et al., 1986), only essential details will be reported here. Preparation and editing of the television program complete with commercials was performed by the audio/visual department of
the Addiction Research Foundation which is experienced
in preparing programs for public broadcast.

The television program “Dallas” was selected for sev-
eral reasons: (1) it was a current popular prime-time tele-
vision drama; (2) it had been used in previous studies
evaluating drinking portrayals (DeFoe et al., 1983; Green-
berg, 1981); (3) it had a very high incidence of drinking
scenes among top-rated television programs (13.3 inci-
ents per programming hour; Greenberg, 1981); and (4) it
used a multiple vignette format that could be edited with
minimal disruptions. Consistent with the literature (Futch
et al., 1984; Greenberg, 1981; McEwen and Hanneman,
1974), drinking-related scenes in the present program
were predominantly social in nature (Sobell et al., 1986).

The videotape also contained four groups of three com-
mercials each spaced at approximately equal intervals
throughout the tape. The ad type commercial (beer, non-
alcoholic beverage, or food) was placed first in each set to
maximize the likelihood that subjects would attend to the
advertisement. The remaining commercials were fillers
(e.g., cars, clothes, detergent) and were similar for all ad
type conditions. The nonalcoholic beverage advertisements
were used to control for the effects of thirst, while the food
advertisements controlled for general appetitive effects.

Procedure

Subjects participated individually in a single, two-part,
2-hour session. Individual subject sessions were conducted
by one of several experimenters (4 women, 3 men). Two
separate, but adjacent rooms at the Addiction Research
Foundation constituted the experimental setting. The first
room resembled a television/family room (e.g., couch,
chairs, pictures, tables, television, low lighting) and was
the same room used in a similar study with normal drink-
ers (Sobell et al., 1986). The second room was set up to
appear like an office.

Initial instructions. As in the previous study with nor-
mal drinkers (Sobell et al., 1986), the two experimental
procedures were presented as unrelated, and two separate
consent forms were used. Subjects read the first consent,
which indicated that the exact nature and reasons for each
of the experimental procedures would be explained at the
end of the session, but that they would be informed in
advance about the details of each procedure. The first con-
sent also stated that the first set of procedures would ask
subjects questions about their past and present drinking
and that as part of this first set of procedures they would
be asked to respond to some of these questionnaires at a
later time. After being given a breath test to ensure that
they were alcohol-free, subjects completed the following
questionnaires: (1) demographic history; (2) 31-item ver-
sion of the Situational Confidence Questionnaire (SCQ)
(Annis and Davis, 1988); (3) Alcohol Dependence Scale
(ADS) (Skinner and Allen, 1982; Skinner and Horn,
1984); (4) Short Michigan Alcohol Screening Test
(SMAST) (Selzer et al., 1975); and (5) an abridged (days
were classified into categories, e.g., days 1-3 drinks, etc.)
version of the Timeline Follow-Back Drinking Question-
aire (Sobell et al., 1979; Sobell and Sobell, in press). All
questionnaires were completed in the office-like room.
After completing the questionnaires, subjects were thanked
and told that the first set of procedures was completed for
the time being and that the second set of procedures
would be conducted in the television/family room. To
make the two sets of experimental procedures appear un-
related, subjects were told at the beginning of the study
that they would be paid $6 for each set of experimental
procedures ($12 in total).

Instructions for the second set of experimental proce-
dures. Prior to starting the second set of procedures, sub-
jects read the second consent, which explained that they
would be asked to evaluate a prime-time television pro-
gram. To enhance the credibility of this set of procedures,
subjects were asked to review the television program eval-
uation questionnaire to become familiar with the rating
system (6 pages with 30 items, each to be rated using a
5-point scale). After viewing the program, subjects com-
pleted the questionnaire giving their impressions of the
program that they had just watched. They were then told
that the second set of procedures was completed and they
were taken back to the first room to finish the first set of
procedures. In the office-like room subjects were told “as
you recall from the consent form, part of what is involved
with the first set of procedures is to answer some of the
questions a second time.” They were then told that the
next two questionnaires were the same as ones that they
had filled out earlier. Subjects completed, in reverse order
from their original administration, the SFAST and the SCQ.
The SCQ was repeated to draw attention away from the
fact that the SCQ was administered twice.

Postexperimental procedures. After completing the last
two questionnaires, the experimenter asked subjects to
complete a postexperimental questionnaire that asked
about their perceptions of the study and at which point in
the study, if at all, they decided the purpose of the study.
The experimenter then gave subjects a debriefing form
that included a statement that they could retroactively
withdraw their participation now that they knew the exact
nature of the study (no subject withdrew as a result of the
debriefing). The experimenter then asked subjects not to
discuss the experiment with other potential participants.

Dependent measures

Situational Confidence Questionnaire (SCQ). As a mea-
sure of self-efficacy, the SCQ assesses subjects’ beliefs (at
the time of administration) that they can resist the urge to
drink heavily in a variety of situations. The SCQ generates
eight subscales based on Marlatt’s (Marlatt and Gordon,
subjects (18.6%, 22 / 118) were excluded because they correctly indicated on the postexperimental questionnaire the general nature of the study (e.g., the two experimental procedures were related, or the study was examining urges to drink). The 22 subjects were compared on the background and drinking history variables listed in Table 1 with subjects in their respective groups (i.e., detoxification or outpatient) who did not correctly guess the nature of the study. No statistically significant (p > .05) differences were found for any of these variables for the detoxification subjects. Only one of the 17 variables in Table 1 (mean number of days drinking) was significant for outpatient subjects (p < .05). Given the number of variables examined, this finding was probably spurious.

When the current study is compared with other studies that report such results, the proportion of subjects excluded for possibly guessing the hypothesis in this study is not unusual. While very few studies in the alcohol field that have included a deception manipulation (e.g., balanced-placebo design) have reported asking subjects about the manipulation or reported the number of subjects excluded on that basis, the number of subjects excluded in the present study parallels the number of subjects excluded in a similar study with normal drinker subjects (Sobell et al., 1986). In another recent study where subjects subjectively rated their levels of intoxication using a balanced-placebo design it was reported that 40% guessed the nature of the manipulation (Martin et al., 1990).

**Drinking history severity**

One purpose of the study was to evaluate whether subjects’ responses to alcohol-related cues were a function of drinking history severity. Although subjects were recruited from two different treatment programs and showed significant differences on variables related to drinking history, it was decided that drinking history severity could be classified more accurately by using a standardized assessment measure rather than by program designation. The Alcohol Dependence Scale (ADS) (Skinner and Allen, 1982; Skinner and Horn, 1984), which subjects completed at the first interview, was used to categorize subjects’ drinking history. Based on norms developed at the Addiction Research Foundation, subjects were divided into two groups: (1) ADS scores below the 50th percentile reflecting low to moderate dependence on alcohol (ADS ≤ 21, n = 53) and (2) ADS scores reflecting higher dependence on alcohol (ADS > 21, n = 43).

**SCQ scores**

The total SCQ score (31 items) and the full Urges and Temptations subscale score (10 items) constituted the two main dependent variables. A 2 (scene type) × 3 (ad type) × 2 (ADS score; ≤ 21 versus > 21) analysis of covariance

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**Results**

**Manipulation checks**

To obtain usable data on 96 subjects, a total of 118 subjects completed the experimental procedures. Twenty-two
TABLE 2. Observed (Time 2) and adjusted (ANCOVA) mean (± SD) total SCQ scores for subjects with low and high alcohol dependence scale (ADS) scores across the six experimental conditions*

<table>
<thead>
<tr>
<th>Ad type</th>
<th>TV scene type</th>
<th>Beer</th>
<th>Nonalcoholic beverage</th>
<th>Food</th>
<th>TV scene condition mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>LOW ADS SCORE (≤ 21)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol scenes</td>
<td>Observed</td>
<td>71.2 ± 17.7</td>
<td>64.6 ± 25.3</td>
<td>58.1 ± 25.6</td>
<td>64.4 ± 23.0</td>
</tr>
<tr>
<td></td>
<td>Adjusted</td>
<td>62.4 ± 4.9</td>
<td>56.3 ± 3.1</td>
<td>53.9 ± 7.7</td>
<td>57.4 ± 6.6</td>
</tr>
<tr>
<td>No alcohol scenes</td>
<td>Observed</td>
<td>56.0 ± 17.0</td>
<td>76.5 ± 16.5</td>
<td>61.5 ± 16.5</td>
<td>64.5 ± 18.2</td>
</tr>
<tr>
<td></td>
<td>Adjusted</td>
<td>55.4 ± 4.5</td>
<td>57.4 ± 2.5</td>
<td>59.4 ± 6.9</td>
<td>57.5 ± 5.1</td>
</tr>
<tr>
<td>Alcohol scenes</td>
<td>Observed</td>
<td>35.9 ± 27.3</td>
<td>56.9 ± 25.4</td>
<td>46.3 ± 10.1</td>
<td>46.4 ± 23.4</td>
</tr>
<tr>
<td></td>
<td>Adjusted</td>
<td>52.5 ± 9.0</td>
<td>56.7 ± 8.2</td>
<td>51.5 ± 5.2</td>
<td>53.7 ± 7.7</td>
</tr>
<tr>
<td>No alcohol scenes</td>
<td>Observed</td>
<td>38.0 ± 21.1</td>
<td>55.7 ± 28.3</td>
<td>53.8 ± 25.2</td>
<td>48.9 ± 25.3</td>
</tr>
<tr>
<td></td>
<td>Adjusted</td>
<td>57.4 ± 9.3</td>
<td>58.5 ± 6.1</td>
<td>60.6 ± 6.2</td>
<td>58.7 ± 7.2</td>
</tr>
<tr>
<td>Alcohol scenes</td>
<td>Observed</td>
<td>55.7 ± 28.1</td>
<td>61.2 ± 24.8</td>
<td>53.7 ± 21.5</td>
<td>56.9 ± 24.6</td>
</tr>
<tr>
<td></td>
<td>Adjusted</td>
<td>58.1 ± 8.4</td>
<td>56.4 ± 5.6</td>
<td>53.0 ± 6.8</td>
<td>55.8 ± 7.2</td>
</tr>
<tr>
<td>No alcohol scenes</td>
<td>Observed</td>
<td>47.0 ± 20.7</td>
<td>66.1 ± 24.8</td>
<td>58.1 ± 20.4</td>
<td>57.1 ± 23.0</td>
</tr>
<tr>
<td></td>
<td>Adjusted</td>
<td>56.4 ± 7.2</td>
<td>58.0 ± 4.6</td>
<td>60.0 ± 6.4</td>
<td>58.1 ± 6.2</td>
</tr>
<tr>
<td>Ad condition mean</td>
<td>Observed</td>
<td>51.4 ± 24.7</td>
<td>63.7 ± 24.5</td>
<td>55.9 ± 20.7</td>
<td>57.0 ± 23.7*</td>
</tr>
<tr>
<td></td>
<td>Adjusted</td>
<td>57.2 ± 7.7</td>
<td>57.2 ± 5.1</td>
<td>56.4 ± 7.4</td>
<td>57.0 ± 6.8*</td>
</tr>
</tbody>
</table>

aSCQ scores could range from 0 to 100. Higher scores indicated that subjects were more confident in their ability to resist the urge to drink heavily.

*Grand mean (± SD).

(ANCOVA), with the covariate being the pretest SCQ score, revealed no significant main effects for either the total SCQ or the Urges and Temptations subscale. However, two significant interactions were found for the total SCQ score (ADS score by scene: $F = 3.99, 1 / 88$ df, $p = .049$; ad type by scene: $F = 3.40, 2 / 88$ df, $p = .038$). Table 2 presents the observed and adjusted means and standard deviations for the total SCQ scores for subjects by low, high and all ADS scores across the six experimental conditions.

Scheffé post hoc pairwise comparisons of scene type with ADS score revealed that subjects with the higher ADS scores were significantly ($p = .014$) less confident in their ability to resist the urge to drink heavily after viewing the program with alcohol scenes. This interaction is shown in Figure 1 using adjusted means. Scheffé post hoc pairwise comparisons of scene type with ad type interaction yielded two significant differences. The first revealed that scene type conditions differed significantly within the food ad condition ($p = .004$). Subjects in the food ad condition, who had viewed the alcohol scenes in the television program, were less confident in their ability to resist the urge to drink heavily compared with subjects who had viewed the program without the alcohol scenes. The second significant post hoc comparison shows that, within the alcohol scenes condition, subjects who viewed the beer ads differed significantly ($p = .031$) from those who viewed the food ads. Subjects who viewed the television program with alcohol scenes and beer commercials were more confident in their ability to resist the urge to drink heavily compared with subjects who viewed the same program with food commercials.

**Discussion**

Under the conditions tested in this experiment, a major finding was that severity of drinking history interacted with exposure to alcohol cues such that more severely dependent alcohol abusers reported being less confident in their ability to resist the urge to drink heavily after watching a television program with alcohol scenes. This finding, while restricted to the more severely dependent alcohol abusers, is consistent with research showing that alcohol abusers, in contrast to nonproblem drinkers, are more responsive to environmental than to internal alcohol-related stimuli (noted in Sobell et al., 1986). It is also consistent with conditioned appetite motivation approaches which predict that more severely dependent individuals (i.e., stronger conditioning history) will be more likely to experience urges to drink in response to alcohol cues (Sherman et al., 1988). While effects similar to those for television programs were not found for beer commercials only, one possible explanation rests on the observation that alcohol cues in television programs are more subtle and less obvious than those in commercials. Cognitive
response theory (Petty et al., 1981) suggests that when subjects receive a persuasive message with which they disagree (i.e., self-identified alcohol abusers in treatment would oppose a message urging alcohol), they may cognitively counterargue against the message, thereby negating its effects. Thus, beer commercials may not have affected subjects’ self-efficacy ratings because cues in these advertisements are readily identifiable as encouraging drinking. In fact, counterarguing might account for the fact that subjects who viewed alcohol scenes with beer commercials reported being more confident in their ability to resist urges to drink heavily compared to subjects who viewed alcohol scenes paired with food commercials.

The conclusions from the present study, as with an earlier study of normal drinkers (Sobell et al., 1986), must be considered in the context of where and how the study was conducted. First, while attempts were made to make the home environment appear realistic, viewing took place in the context of a study, subjects viewed the program in isolation rather than in a social context and the study was conducted during the day rather than the evening when prime-time programs are broadcast. Second, since confidence to resist urges to drink heavily was assessed immediately subsequent to viewing a single program, it is possible that more powerful effects might follow repeated exposures to such programs. Third, the present study did not represent a thorough test of conditioning theory. For example, more sensitive instruments for assessing urges as well as other ongoing changes may be important to consider in future research. Fourth, since subjects were screened for not being committed to abstinence, generalization to subjects committed to abstinence remains to be investigated. In this regard, however, two studies suggest that long-term abstinent subjects would not report being affected by alcohol cues in television programs or advertisements. The first study (Mathew et al., 1979) examined self-reported characteristics of craving and found that craving was inversely related to the duration of abstinence from alcohol. The second study involves alcohol abusers who had recovered on their own (Sobell et al., 1992). In the second phase of this longitudinal study subjects were asked, if they were to see television commercials for beer or wine or programs showing people drinking alcohol, how likely would it be that those portrayals would at that time affect their desire to drink alcohol. Of the 80 long-term abstinent subjects (mean \( \pm \) SD = 13.3 \( \pm \) 6.0 years abstinent) interviewed to date, nearly all indicated that alcohol cues in both television programs and commercials would have absolutely no effect on their desire to drink (mean rating for television commercials = 3.93 \( \pm \) 0.78; mean rating for television programs = 3.98 \( \pm \) 0.27; 7-point rating scale: 1 = very much decrease my desire to drink, 4 = no effect, 7 = very much increase my desire to drink).

The interaction between scene type and ad type found in this study is perplexing and not readily explainable. It is particularly curious that food advertisements should interact with alcohol cues in a television program to decrease subjects’ self-efficacy, while advertisements for nonalcoholic beverages (e.g., coffee, soft drinks) did not have a similar effect.

Watching television is a frequent leisure activity for most people. For severely dependent alcohol abusers, however, viewing alcohol-related cues in television programs might make them more vulnerable to drinking. If this is so, then viewing such programs, especially repeatedly or in concert with other high-risk situations, could contribute to relapses. The concern about alcohol cues in television programs cannot be taken lightly, as a recent review shows that most prime-time television programs not only continue to include many drinking-related acts (8.1 per hour), but also portray the inappropriate use of alcohol (e.g., drinking as a coping response; Wallack et al., 1990).

Since this is the first study of its kind to use alcohol abusers as subjects and to present results suggesting that alcohol cues in television programs might increase the likelihood of relapse, additional research is needed. However, until such research is forthcoming, the implications for clinical service providers, particularly those who treat more severely dependent alcohol abusers, would be to help their clients recognize and prepare to deal with the possible influence on their drinking of alcohol-related cues in television programs. It may be that simply informing clients of the potential risk is sufficient to minimize its impact.
Acknowledgments

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