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The longitudinal relationship between self-help group attendance and course of recovery

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Abstract

Most alcohol and other drug (AOD) abuse patients participate in self-help (SH) programs such as Alcoholics Anonymous or Narcotics Anonymous at some time, but few studies investigate longitudinal SH attendance patterns. The present study examines the relationship between longitudinal SH attendance patterns and level of AOD use over 30 months in a large sample of adults seeking public AOD treatment. Continuous SH participation was associated with lowest AOD use at followup, while non-attendance was linked to highest use, even after controlling for length of formal treatment and participants' perceived severity of their AOD problem. Results suggest that both SH and formal substance abuse treatment are independently associated with reduced AOD use, and SH participation is associated with treatment. This study supports the importance of SH attendance and of formal treatment by individuals with AOD abuse disorders.

Keywords: Addiction; Self-help; Alcoholics Anonymous; Alcohol; Substance abuse; Recovery; Drug abuse; Narcotics Anonymous

Self-help (SH) groups are peer-led, non-profit, anonymous support groups that often rely on 12 prescribed steps or guidelines toward recovery from substance abuse problems. A disease model of substance abuse is used, and lifetime group attendance and abstinence from all non-prescribed substances is advocated. Twelve-step groups make up the majority of SH groups now offered to persons seeking recovery from substance abuse problems. The most well-known group of this kind is Alcoholics Anonymous (AA). AA originated in 1935 and has grown tremendously, expanding in application to a variety of different SH groups such as Narcotics Anonymous (NA) and Cocaine Anonymous (CA).[1]

Substance abuse treatment and SH attendance seem inexorably intertwined. While some persons attend SH groups without having had any formal treatment for substance abuse, others attend SH groups as complementary adjuncts to alcohol and other drug (AOD) treatment (Emrick, Tonigan, Montgomery, & Little, 1993; Fiorentine & Hillhouse, 2000; Weisner, Greenfield, & Room, 1995). Most substance abuse patients report prior AA affiliation when presenting for treatment at public health maintenance organizations and private clinics (Humphreys, Kaskutas, & Weisner, 1998), and most treatment programs recommend ongoing attendance at SH groups during and after formal treatment. Indeed, it has been shown that SH and formal treatments have an additive effect on recovery (Fiorentine & Hillhouse, 2000). SH groups can serve as effective aftercare by providing individuals with a community that strives to be AOD-free and a structured mechanism for continuous abstinence or 'recovery'. SH group guidelines emphasize the importance of continued meeting attendance with slogans recommending daily attendance, such as "90 meetings in 90 days" and "keep coming back".

Some studies have shown positive outcomes from SH attendance. Most of the existing SH research has focused on AA attendance rather than attendance of SH groups specifically targeting drug use (NA or CA). There is evidence that even occasional AA attendance during the first month following residential treatment is related to higher levels of abstinence and lower levels of incarceration relative to non-attendance, although benefits leveled off in this study as attendance rates increased (Watson et al., 1997). One set of studies evaluated SH and formal treatment

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[1] Some SH groups address other addictions, such as Gamblers Anonymous and Overeaters Anonymous, or provide support to family members of addicted persons, such as Al-Anon, but these are beyond the scope of this article.

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attendance of treatment-naïve 'problem drinkers' at 1, 3, and 8 years followup, assigning individuals to groups based on the type of treatment received. In this set of studies, AA attendance was associated with increased alcohol abstinence at 1, 3 (Timko, Finney, Moos, & Moos, 1995; Timko, Moos, Finney, & Moos, 1994), and 8 year followups (Timko, Moos, Finney, & Lesar, 2000) regardless of type of conjunct treatment, if any. Similarly, Fiorentine (1999) reported that SH attendance (presumably AA, NA, and CA) was associated with greater AOD abstinence at 2 year followup, after controlling for amount of formal treatment. SH attendance (AA, NA, or CA) has also been linked to lower 1 (Humphreys & Moos, 2001) and 3 year treatment costs (Humphreys & Moos, 1996). However, other studies suggest that AA attendance may be less predictive of overall improvement (Emrick, 1989).

Motivation plays a key role in understanding the relationship between SH group attendance and recovery. For example, patients who reported entering treatment due to a court order or for the purpose of family reunification attended pretreatment SH groups less frequently than those reporting a desire for a lifestyle change (Fiorentine & Hillhouse, 2000). However, AA affiliation after treatment (as measured by reliable attendance or having a 'sponsor' or program mentor) is related to maintaining motivation and self-efficacy for abstinence and increasing active coping, all of which are predictive of more favorable outcomes (Morgenstern, Labouvie, McCrady, Kahler, & Frey, 1997). Because all SH group outcome studies involve individuals who choose whether to attend SH groups, it is difficult to determine the extent to which positive results are a result of SH group attendance or a result of innate attributes (e.g. motivation) of the self-selected sample. As a result, it is unclear the degree to which positive outcomes found for this select sample can be generalized to substance abuse treatment participants as a whole.

Several studies have been conducted to describe the characteristics of those who choose to attend SH groups and whose attendance is associated with positive outcomes. Findings have remained somewhat equivocal (Fiorentine, 1999) since Emrick's (1989) assertion that neither reliable differences between AA attendees and non-attendees nor parameters for predicting success with AA had been found. In a review of the AA literature, Galaif and Sussman (1995) suggested that individuals who attended AA regularly and who were demographically similar to each other benefited most from AA attendance, although others have refuted this (Humphreys, Moos, & Finney, 1995; Room & Greenfield, 1993). Ogborne (1989) suggested AA may attract individuals who have long drinking histories, have felt a 'loss of control', have stability in their social lives, are religious, respond to authoritarianism, and have limited serious psychiatric comorbidity. In similar studies, individuals who had a high degree of AA affiliation used more substance abuse and psychiatric treatment services; had lower incomes; were separated or divorced; had greater alcohol, psychiatric, and employment difficulties (Humphreys et al., 1998); and were African American (Kaskutas, Weisner, Lee, & Humphreys, 1999).

The purpose of the present study was to investigate the longitudinal relationship of long-term SH attendance to AOD outcomes in a sample of persons presenting for treatment. More important, this study identifies longitudinal patterns of SH group attendance (AA, NA, and CA) and focuses on short-term (6-month) and long-term (30-month[2]) outcomes for both drug and alcohol use. Because participants were not randomly assigned to SH attendance groups, this article describes the characteristics of individuals who chose to attend SH groups and their motivation for recovery.

The primary hypothesis was that continuous or increased SH attendance patterns would be associated with decreases in both alcohol and drug use over time, even after controlling for the length of formal treatment. A secondary hypothesis was that formal AOD treatment would be associated with decreases in both alcohol and drug use over time independent of SH attendance. The tertiary hypothesis was that SH attendance would be associated with decreases in both alcohol and drug use over time, independent of participants' perceived severity of their AOD problem.

1. Method

1.1. Subjects

Of the 1380 individuals seeking treatment for substance abuse from public treatment systems within Cuyahoga County, Ohio between October 1996 and October 1999, 1237 (90%) provided their consent and completed the baseline interview. The characteristics of this baseline sample were 61% male, 70% African American, 3% Hispanic, with a mean age of 35.3 years. Of these 1237 participants completing baseline interviews, followup interview rates were 71, 76, 74, and 78% at 6, 24, 30, and 36 months, respectively. Our analyses focused on data from baseline, 6- and 30-month followups. To increase the data available for the final (30-month) followup wave, if data were missing from the 30-month interview, 36-month data were used, and if data were missing from both the 30 and 36-month followups, 24-month data were used, yielding a followup rate for the endpoint of 88%. In the end, the endpoint used in the analyses consisted of 86% data from the 30-month followup, 9% data from the 36-month followup, and 5% data from the 24-month followup.

Key SH and AOD variables of interest were available for 98% of the sample interviewed at baseline, 70% at 6

[2] To maximize the sample size, 36- and 24-month followup data were substituted in the 14% of cases where 30-month data were unavailable (described in Section 1.1).