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Review

Self-help for substance-use disorders: History, effectiveness, knowledge gaps, and research opportunities

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Abstract

Scientific evidence suggests substance-use disorder (SUD)-focused self-help group involvement is a helpful adjunct to SUD treatment, yet significant knowledge gaps remain. The principal aim of this review is to highlight areas of knowledge deficit and their implications for research and practice. To accomplish this, evidence regarding whether self-help group involvement is effective, for whom, and why, is reviewed. The appropriateness of self-help groups for certain subpopulations is considered with respect to psychiatric comorbidity, religious orientation, gender, and age. An increasingly rigorous body of evidence suggests consistent benefits of self-help group involvement. Regarding subpopulations, current evidence suggests non- or less-religious individuals benefit as much from self-help groups as more religious individuals and women become as involved and benefit as much as men. However, participation in, and effects from, traditional self-help groups for dually diagnosed patients may be moderated by type of psychiatric comorbidity. Some youth appear to benefit, but remain largely unstudied. Dropout and nonattendance rates are high, despite clinical recommendations to attend. Clinicians can significantly influence the effectiveness of self-help, but optimal methods and duration of facilitation efforts need testing. Greater understanding of the reasons why many do not attend or drop out would benefit facilitation efforts.

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1. Introduction

In the last 15 years, increasing scientific attention has been directed to understanding and assessing the influence of self-help organizations in the context of substance-use disorders (SUDs) and their treatment. A monograph published in the early 1990s (McCrary & Miller, 1993) focused purely on the self-help organization, Alcoholics Anonymous (AA). The review included in that influential volume as well as others since, have concluded that available studies were generally of poor methodological quality (e.g., Emrick, Tonigan, Montgomery, & Little, 1993). Consequently, a certain amount of clinical skepticism regarding the merits of self-help has remained. However, a more rigorous and more diverse body of research evidence has emerged in recent years. The aim of the current review is to integrate both old and new evidence with regard to the influence of self-help, but, in addition, to examine research about effects for particular patient subgroups that tend to arouse clinical concerns (e.g., psychiatrically comorbid, youth). Initially, this review will present a brief history and overview of self-help and self-help integration with treatment in the United States. Then, meta-analyses, randomized controlled trials (RCTs), and effectiveness studies of the effects of self-help groups are reviewed and methodological concerns addressed. The evidence is then reviewed with regard to concerns about who may or may not benefit from self-help involvement, with focus on four specific areas: psychiatric comorbidity, religious orientation, gender, and age (youth). Attention is then turned to studies attempting to elucidate how or why self-help group involvement may or may not be beneficial. In the concluding section, recommendations for future research are made.

2. Brief history and overview of self-help movements in the United States

This section focuses on the origins of modern self-help movements in the United States and the integration of self-help ideology and practices with professional SUD treatment.

2.1. *From temperance to Alcoholics Anonymous*

Large self-help fellowships, such as AA, intended to help individuals suffering from SUDs, are not new. Organizations with similar aims have existed for over 150 years in the United States (White, 1998). In 1840, a movement known as the Washingtonians began in Baltimore, MD, reaching a membership of 600,000 nationally (White, 1998). Membership was open to anyone who took a pledge not to drink and, thus, the Washingtonians were not exclusively focused on helping alcoholics. However, although its growth was rapid, so was its decline: It fizzled out completely by the 1860s. Many causes for its fragmentation and dissolution have been proposed, including lack of a binding therapeutic ideology and engagement in political controversies, such as prohibition. In the 1920s and 1930s, a religious organization, based on first-century Christianity and known as The Oxford Group, began and became a refuge for alcoholics (Kurtz, 1991). Although not explicitly a program of alcoholism recovery, its meeting structure and program of personal change would contribute

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