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Self-help organizations for alcohol and drug problems: Toward evidence-based practice and policy

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Abstract

This expert consensus statement reviews evidence on the effectiveness of drug and alcohol self-help groups and presents potential implications for clinicians, treatment program managers and policymakers. Because longitudinal studies associate self-help group involvement with reduced substance use, improved psychosocial functioning, and lessened health care costs, there are humane and practical reasons to develop self-help group supportive policies. Policies described here that could be implemented by clinicians and program managers include making greater use of empirically-validated self-help group referral methods in both specialty and non-specialty treatment settings and developing a menu of locally available self-help group options that are responsive to client's needs, preferences, and cultural background. The workgroup also offered possible self-help supportive policy options (e.g., supporting self-help clearinghouses) for state and federal decision makers. Implementing such policies could strengthen alcohol and drug self-help organizations, and thereby enhance the national response to the serious public health problem of substance abuse.

Keywords: Self-help groups; Mutual help organizations; Twelve steps; Effectiveness research; Policy

1. Introduction

Self-help organizations are an important resource for addressing substance abuse, a serious public health problem that contributes to 500,000 deaths and over $400 billion in economic costs in the United States each year (Horgan, Skwara, Strickler, 2001). This white paper summarizes key research findings on addiction-related self-help groups and assesses their implications for direct service providers, treatment programs, state agencies and policymakers. This paper is drawn primarily from the conclusions of a workgroup of national experts on substance abuse self-help organizations that met November 6–7, 2001, in Washington, D.C. The information from the workgroup was supplemented by review of scientific publications, and by the comments of workgroup participants, observers, self-help group members, and other stakeholders on earlier drafts of this report.

1.1. Terminology

Addiction and *addiction-related* refer to all substance-related problems, including dependence on alcohol, illicit drugs, or nicotine, as well as being in a close relationship with a person who has such problems (e.g., a spouse or parent). *Self-help group/organization* refers to non-professional, peer-operated organizations devoted to helping individuals who have addiction-related problems. The term "mutual help group" is also sometimes used to reflect the fact that group members give and receive advice,

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encouragement, and support. Self-help groups do not charge fees and should not be equated with professional treatment services. *Twelve-step organization* refers to those self-help groups that rely on a particular philosophy of recovery that emphasizes the importance of accepting addiction as a disease that can be arrested but never eliminated, enhancing individual maturity and spiritual growth, minimizing self-centeredness, and providing help to other addicted individuals (e.g., sharing recovery stories in group meetings, sponsoring new members). Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are the best known of the subset of self-help organizations that rely on the 12 steps.

2. The nature and status of addiction self-help organizations in the U.S.

Americans participate in a variety of self-help groups for chronic health problems, including Alzheimer's disease, diabetes, cardiovascular disease, obesity, and serious mental illness. About 18% of American adults have ever attended a self-help group and about 7% have done so in the previous 12 months (Kessler, Mickelson, & Zhao, 1997). Addiction-related problems are clearly the most common motivator for self-help group attendance (Kessler et al., 1997; Room & Greenfield, 1993). In fact, Americans make more visits to self-help groups for substance abuse and psychiatric problems than they do to all mental health professionals combined (Kessler et al., 1997).

Table 1 lists some representative addiction-related self-help organizations in the U.S. The largest and best known is AA, a 12-step organization founded in 1935 that inspired the creation of many of the other organizations listed. Although the substance and population they address varies, all the organizations with "Anonymous" or "Anon" in their name employ a 12-step approach to recovery, as does Oxford House, a peer-based residential setting, and Double Trouble in Recovery, a self-help organization for addicted individuals who also have a serious mental illness. Although smaller and less well known, the following non 12-step self-help organizations represent alternatives for substance dependent individuals (Humphreys, 2004):

Secular Organization for Sobriety embraces rationality and scientific knowledge and does not include any spiritual content. The organization believes that abstinence can be achieved through group support and through making sobriety one's priority in life.

SMART Recovery views excessive use of alcohol and other drugs as a maladaptive behavior rather than a disease. Its goal is to use scientifically informed cognitive-behavioral techniques to enhance members' motivation to abstain, ability to cope with cravings, capacity to identify and modify irrational thinking, and judgment to balance momentary and enduring satisfactions.

Women For Sobriety was founded in 1976 to help women alcoholics recover through a positive, feminist program that encourages increased self-worth and enhanced emotional and spiritual growth. It emphasizes the value of having all-female groups to improve members' self-esteem and facilitate their self-discovery.

Table 1
Estimated U.S. membership of selected addiction-related self-help organizations

	Estimated U.S. Membership
Alcoholics Anonymous	1,160,000
Al-Anon Family Groups	200,000
Narcotics Anonymous	185,000
Adult Children of Alcoholics	40,000
Cocaine Anonymous	15,000
Marijuana Anonymous	10,000
Oxford House	9,000
Nicotine Anonymous	7,500
Secular Org. for Sobriety	3,000
Double Trouble in Recovery	3,000
SMART Recovery	2,000
Women for Sobriety	1,500
Dual Diagnosis Anonymous	700

Note: Data are drawn from White and Madara (2002) and Humphreys (2004).

Another mutual help organization may present an alternative for those who abuse alcohol but are not dependent on it. *Moderation Management* is a self-help group network of about 500–1000 people who have decided to reduce or stop their drinking and make other positive lifestyle changes. Founded in 1993, it operates under the premise that problem drinking, unlike chronic alcohol dependence, is a learned behavioral habit that can be brought under control. Moderation Management is the only organization mentioned in this document that generally attracts individuals with relatively minor (non-dependent) substance problems (Humphreys & Klaw, 2001).

In addition to varying in approach, philosophy, and size, self-help organizations also vary in their governance structure, organizational traditions (e.g., willingness to accept outside financial support, encouragement of lifetime membership) and racial and ethnic diversity. These differences notwithstanding, none of the above organizations charge fees, require appointments, or place limits on number of visits. Members can therefore attend them indefinitely if they wish. This point is critically important in light of the emerging conception that addiction is best treated as a chronic health problem, akin to diabetes and hypertension in its desired management (McLellan, Lewis, O'Brien, & Kleber, 2000). Acute care interventions (e.g., hospitalization) are important for addressing immediate medical needs, for stabilization, and for encouraging engagement in continuing care, but they do not in themselves cure chronic health problems. Rather, chronic health problems are managed by lower intensity supports over time (Humphreys & Tucker, 2002). Self-help groups are an important enduring support for recovery from the chronic health problem of substance dependence, and complement rather than compete with acute care interventions.