

## United Kingdom substance misuse treatment workers' attitudes toward 12-step self-help groups

Ed Day, (B.M., B.Ch., M.R.C.Psych.)<sup>a,\*</sup>, Romina Lopez Gaston, (M.B., Ch.B.)<sup>b</sup>,  
Elizabeth Furlong, (M.B., Ch.B., M.R.C.Psych.)<sup>b</sup>,  
Vijaya Murali, (M.B., B.S., D.P.M., M.R.C.Psych.)<sup>b</sup>, Alex Copello, (Ph.D.)<sup>b</sup>

<sup>a</sup>Department of Psychiatry, University of Birmingham, Queen Elizabeth Psychiatric Hospital, Mindelsohn Way, Edgbaston, Birmingham B15 2QZ, UK

<sup>b</sup>Birmingham & Solihull Mental Health NHS Trust, Substance Misuse Directorate, The Loft, 296 Washwood Heath Road, Washwood Heath, Birmingham B8 2UL, UK

Received 24 September 2004; received in revised form 5 March 2005; accepted 23 August 2005

### Abstract

Research has highlighted the benefits of professional substance misuse treatment workers facilitating their clients' involvement in 12-step self-help groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). This study used a cross-sectional survey design to explore the attitudes of substance misuse treatment staff working in the English West Midlands region toward AA and NA and the 12-step philosophy. A total of 346 treatment workers responded (71%). Fewer than 10% used the 12-step model in their treatment work, and only a third felt that their clients were generally suited to AA or NA. Fewer than half (46%) said that they were likely to recommend that their clients attend a self-help group meeting. Staff with nursing qualifications were more likely to have a positive attitude toward AA/NA than their non-nursing colleagues, and there was a statistically significant association between the level of reported spirituality of the workers and the likelihood of them recommending to clients that they attend AA or NA meetings. These results highlight differences in the role of AA/NA within the substance misuse treatment system in the United Kingdom and that in the United States; possible explanations are discussed. © 2005 Elsevier Inc. All rights reserved.

**Keywords:** Substance use disorders; Staff attitudes; Alcoholics anonymous; Narcotics anonymous; 12-Step treatment

### 1. Introduction

The 12-step model is one of the most widely used treatment philosophies for substance use problems around the world, with an estimated 3.5 million people attending an Alcoholics Anonymous (AA) meeting at 1 of approximately 96,000 meeting locations (Room, 1993). The model has a number of important therapeutic elements, including providing strategies that promote the development of spirituality and using practical strategies to combat dependence. Reviews of the empirical research on AA have concluded that drinking and problem severity are positively predictive of subsequent AA affiliation and that AA attendance is modestly associated with improved functioning

and abstinence (Emrick, Tonigan, Montgomery, & Little, 1993; Tonigan, Connors, & Miller, 2003). Similarly, there is some research evidence for a positive association between Narcotics Anonymous (NA) attendance and positive drug-using outcomes (Christo & Franey, 1995; Fiorentine, 1999). However, despite the potential benefits of the 12-step approach as practiced by AA and NA in the United States, the situation in the United Kingdom is very different. Although unequivocal data are hard to obtain, in our experience, most National Health Service (NHS) statutory services do not use the 12-step ideology, and it is often left to the discretion of individual clinicians as to whether they promote AA or NA attendance to their clients (Best et al., 2001).

A range of factors may influence the number of substance users attending AA or NA meetings within a particular society, including the level and type of

\* Corresponding author. Tel.: +44 121 678 2356; fax: +44 121 678 2351.  
E-mail address: e.j.day@bham.ac.uk (E. Day).

substance use; the structure, extent, and ideology of the professional treatment system; and the historical development of AA or NA within that society. For example, it is reported that the growth of NA in the United Kingdom was sporadic and appeared to depend on local attitudes toward 12-step fellowships and, in particular, the presence of 12-step-based treatment centers. In some parts of the United Kingdom, attitudes toward the fellowships were more cynical within both the substance-using and professional cultures (Wells, 2005). However, a key variable may be a recommendation to attend AA or NA by a treatment worker in the field.

The likelihood of treatment staff highlighting the benefits of AA or NA attendance to supplement the treatment that they provide depends on factors such as the chosen treatment goal but may, in turn, depend on their level of knowledge about the process and their attitude toward the AA/NA fellowship and the 12-step approach. In the United States, this relationship is formally recognized by many services through the incorporation of 12-step principles within professional treatment programs (Humphreys, 1999). Some programs are directly and substantially based on the 12 steps, and many other services supplement their programs by recommending NA/AA attendance as an aftercare resource (Gossop, 2003). The authors of Project MATCH believe that their findings provide compelling evidence for the value of AA as an adjunct to professional treatment. They suggest that if therapists want their clients to be involved in AA after treatment, then they should see to it that AA attendance begins during treatment and encourage clients to attend three or more meetings per week during treatment (Tonigan et al., 2003). Other work has shown that clients treated in 12-step-oriented programs have significantly greater involvement in self-help groups at follow-up as compared with those treated with other approaches (Humphreys, 1999; Humphreys & Moos, 2001). Survey evidence suggests that enthusiasm for the 12-step approach is high among substance use treatment workers in the United States (Forman, Bovasso, & Woody, 2001; Humphreys, 1997).

It has been suggested that interest in 12-step facilitation interventions has grown in the United States alongside the growth of managed health care (Humphreys, 1999). Because managed care has reduced the amount of time available for practitioners to work with patients, clinicians are increasingly interested in facilitating patient involvement in self-help groups as an inexpensive way of achieving and maintaining treatment gains. Likewise, boosting AA/NA attendance in the United Kingdom would be beneficial at a time when the capacity of the statutory and nonstatutory agencies to provide treatment is outstripped by the demand. AA and NA offer a free and potentially lifelong treatment and support system of proven benefit, and yet the impression in United Kingdom-based studies is that their services are relatively rarely taken up (Luty, 2004).

This study aimed to answer a number of questions. First, we wanted to quantify how much United Kingdom substance use treatment staff felt they knew about AA or NA and to explore their attitudes and beliefs about 12-step therapy. Work conducted with drug and alcohol users in another United Kingdom center found higher levels of agreement with the practically orientated *personal responsibility steps* (Steps 1, 4, 8, 9, 10, and 12) than with the *higher power-mediated steps* (Steps 2, 3, 5, 6, 7, and 11) that refer specifically to a “higher power” (Best et al., 2001). Would these results be replicated in treatment workers? Second, we were interested in the individual factors that are associated with an increased likelihood of referral to AA or NA meetings, including perceived level of knowledge about the 12 steps and the AA/NA fellowship, professional group, place of work, and perceived level of spirituality.

## 2. Materials and methods

The West Midlands is one of nine regions in England designated by the National Treatment Agency for Substance Misuse. It has a population of just over 5 million people and includes a mixture of urban and rural areas. A list of all the drug and alcohol treatment agencies in the region was compiled from the relevant sections of the main national directories of substance misuse treatment services (Alcohol Concern, 2004; Drugscope, 2002) and supplemented by other services that we were aware of but not included in these directories. The sample did not include residential rehabilitation services but did include staff working at three NHS inpatient units. The services were contacted by telephone and asked for the names of all the non-medical treatment staff currently working for them (medical practitioners were to be the subject of a separate study). Each staff was then sent a questionnaire by post along with a stamped addressed return envelope. The questionnaires did not require the workers to reveal their name, and all data were treated in strict confidence. However, each questionnaire had a unique code number to facilitate the sending of a second mailing to nonresponders, and the code list was not available to the researchers analyzing the data to maintain confidentiality. The project was approved by the local research ethics committee (No. 03/07/656).

The questionnaire was composed of five sections. The first asked the participants general questions about the service in which they worked, how long they had worked there, and the type of problems that their clients presented with. The second was composed of questions surrounding knowledge and attitudes toward AA and NA. The participants were asked a series of fixed-response questions to rate their overall attitude toward AA or NA treatment, how suitable they felt it was for their clients, and how likely they were to recommend that their clients attend AA or NA. In addition, the treatment workers were asked to estimate the percentage of their client group who attend AA or NA

متن کامل مقاله

دریافت فوری ←

**ISI**Articles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات