

Mutual Help Groups as a Resource for Addicted Patients

26 June 2018
London, UK

Keith Humphreys

Senior Career Research Scientist, VA HSR&D
Esther Ting Memorial Professor, Stanford University

Disclosures

- No conflicts of interest.

Overview

- Definition and Scope of mutual help organizations
- Effectiveness and Cost-effectiveness of 12-step based groups
- Clinical and Policy implications

Addiction self-help organizations are an international phenomenon

- Austria: Blue Cross
- France: Vie Libre
- Hong Kong: SAARDA
- Japan: Danshukai
- Poland: Abstainer's Clubs
- Sweden: The Links
- Iran: Narcotics Anonymous

But do they work?

- Popularity does not equal effectiveness
- However, a sizable evidence base has accumulated regarding 12-step oriented interventions

Veterans Affairs RCT on AA/NA referral for outpatients

- 345 VA outpatients randomized to standard or intensive 12-step group referral
- 81.4% FU at 6 months
- Higher rates of 12-step involvement in intensive condition
- 60%+ greater improvement in outcomes in intensive referral condition

Source: Timko, C. (2006). Intensive referral to 12-step self-help groups and 6-month substance use disorder outcomes. *Addiction*, 101, 678-688.

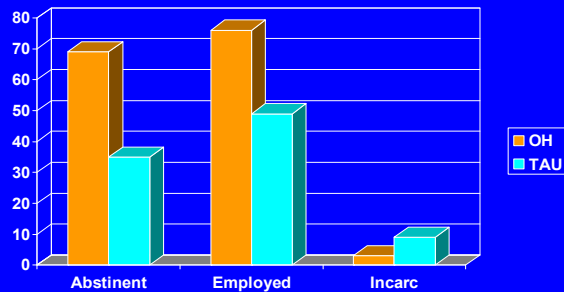
Integration of the AA/TSF Evidence Base

- Instrumental variables analysis of over 2,300 patients in six clinical trials showed consistent benefits of AA free of selection bias (Humphreys, Blodgett, & Wagner, 2014)
- Cochrane Review nearly done (Preview today!)

Clinical trial of Oxford House

- Oxford House is a 12-step influenced, peer-managed residential setting in which almost all patients attend AA/NA
- 150 Patients randomized after inpatient treatment to Oxford House or TAU
- 77% African American; 62% Female
- Follow-ups every 6 months for 2 years, 90% of subjects re-contacted

At 24-months, Oxford House (OH) produced 1.5 to 2 times better outcomes



Jason et al. (2006). Communal housing settings enhance substance abuse recovery. *American J Public Health*, 96, 1727-1729.

Cost offset findings in the U.S. Veterans Health Administration

Source: This study appeared in *Alcoholism: Clinical and Experimental Research*, 25, 711-716.

Quasi-Experimental Design, I

- Follow-up study of over 1700 VA patients (100% male, 46% African-American) receiving one of two types of care:
- 5 programs were based on 12-step principles and placed heavy emphasis on self-help activities
- 5 programs were based on cognitive-behavioral principles and placed little emphasis on self-help activities

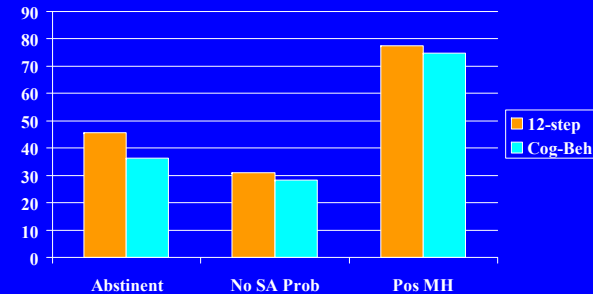
Quasi-Experimental Design, II

- Nearest programs hundreds of miles apart
- Patients matched on prior mental health/SUD care utilization
- No baseline differences in marriage, employment, comorbid psychiatric disorder, current substance use, service utilization or self-help group involvement
- 100% follow-up on utilization outcomes, 84% on other outcomes

Self-help group participation at 1-year follow-up was higher after self-help oriented treatment

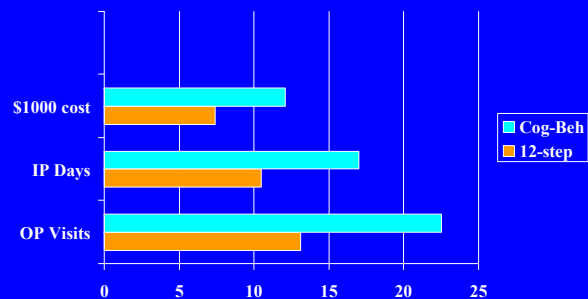
- 36% of 12-step program patients had a sponsor, over double the rate of cognitive-behavioral program patients
- 60% of 12-step program patients were attending self-help groups, compared with slightly less than half of cognitive-behavioral program patients

1-Year Clinical Outcomes (%)



Note: Abstinence higher in 12-step, $p < .001$

1-Year Treatment Costs, Inpatient Days and Outpatient visits



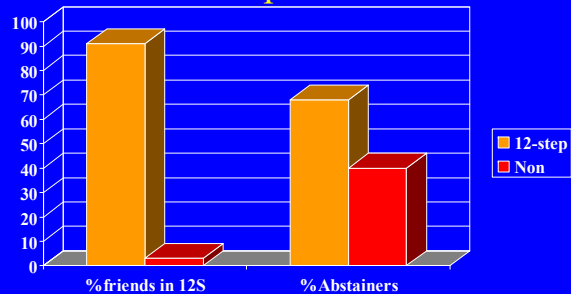
Note: All differences significant at $p < .001$

2-year follow-up of same sample

- 50% to 100% higher self-help group involvement measures favoring 12-step
- Abstinence difference increased: 49.5% in 12-step versus 37.0% in CB
- A *further* \$3,600 health care cost reduction (total for two years = \$10,600 in 2014USD)

Source: Humphreys, K., & Moss, R. (2007). Encouraging posttreatment self-help group involvement to reduce demand for continuing care services: Two-year clinical and utilization. *Alcoholism: Clinical & Experimental Research*, 31, 64-68

12-step vs. non-12 step based friendship networks of 1,932 treated SUD patients



Source: Humphreys, K., & Noke, J. (1997). The influence of posttreatment mutual help group participation on the friendship networks of substance abuse patients. *American J of Community Psychology*, 25, 1-16.

Clinical and Policy Implications

Intreatment preparation for AA produces better outcomes

- ON/OFF design with 508 patients
- Experimental received “Making Alcoholics Anonymous Easier” (MAAEZ) training
- At 12 months, 1.85 higher odds for alcohol abstinence, 2.21 for drug abstinence for those receiving MAAEZ

Source: Kaskutas, L.A., et al. (2009). *Journal of Substance Abuse Treatment*, 37, 228-239.

“We do that already: Normal referral processes are ineffective

Sample: 20 alcohol outpatients

Design: Outpatients randomly assigned to standard 12-step self-help group referral (list of meetings and therapist encouragement to attend) or intensive referral (in-session phone call to active 12-step group member)

Results: Attendance rate after intensive referral: 100%
Attendance rate after standard referral: 0%

Source: Sisson, P.W., & Mallams, J.H. (1981). The use of systematic encouragement and community access procedures to increase attendance at AA meetings. *Am J Drug Abuse*, 8, 371-376.

Self-help referral can be beneficial in non-specialty settings

	<u>Control</u>	<u>BI</u>	<u>BI+Peer</u>
6-month abstinence	36%	51%	64%
TX/AA Initiation	9%	15%	49%

Source: Study by Rick Blondell, M.D. of 140 patients hospitalized For alcohol-related injuries, *J Fam Practice*, 50

UK SMART expansion project

- Partnership between DoH, Alcohol Concern and SMART Recovery UK
- Developed training, local champions, referral processes in 6 sites in England
- Established 18 groups in 4 regions (12 original, 6 spinoffs)
- Raised profile of SMART with professionals and public

Source: Macgregor, S., & Herring, R. (2010). *The Alcohol Concern SMART Recovery pilot project final evaluation report*. Middlesex University.

Conclusions

- 12-step group participation significantly reduces substance use and health care costs.
- We need more research on and support for non-12 step alternatives.
- Linking addicted patients to groups during care can yield enduring health and well-being