



Northwest (HHS Region 10)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

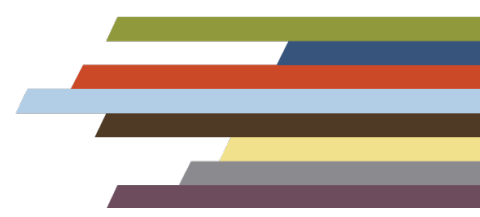


The Northwest & Pacific Southwest ATTCs and the CTN Western States Node present:

Pathways to Recovery from Addiction in Mutual Help Groups

**Thank you for joining us!
The webinar will begin shortly.**

- **You are muted with camera off.** Attendees are automatically muted with their cameras off for the webinar. Please type questions in the chat box!
- **Slides and a recording** of this presentation will be made available on our website at: <http://attcnetwork.org/northwest> later this week.



**Questions? Please type them in
the chat box!**



Look for our survey in your inbox!

We greatly appreciate your feedback!

Every survey we receive helps us improve and continue offering our programs.



A link to the slides and recording will also be provided in this email.



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- Once you submit your CE evaluation form, a CE Certificate will be emailed to you within 6-8 weeks
- Reach out to Shannon with questions (sberteau@mednet.ucla.edu)



If you requested a “certificate of attendance” rather than specific CME/CE, you will receive that certificate from the Northwest ATTC automatically via email within a week.



Mutual Help Groups as an Addiction Recovery Resource

Western States Node, NIDA Clinical Trials Network
February, 2022

Keith Humphreys

HSR&D Senior Research Career Scientist, Palo Alto VA Health Care System
Esther Ting Memorial Professor, Dept. of Psychiatry, Stanford University

Disclosures

- No pharmaceuticals, medical devices, or other products of for-profit companies will be mentioned.
- I have no conflicts of interest.

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

Background on AA, The Prototypic Self-Help Organization

- Founded in Midwestern U.S. in 1935
- Sole purpose: To help “alcoholics” become sober
- Offers meetings, sponsorship, literature, 12 steps
- “Disease” model
- Explosive growth in U.S. and world
- Influenced professionals substantially
- Most widely sought source of help for alcohol

But does it work?

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

Changing network support for drinking trial (n= 210)

- Patients Randomized to Case Management or Network Support Approaches
- Network approaches produce higher AA involvement, 20% more abstaining days

Integration of federally funded 12-step facilitation trials

- Instrumental variables analysis of over 2,300 alcohol use disorder patients in six trials
- Used randomization as instrument to test impact of AA free of selection bias
- AA effective in 5 of 6 trials

Citation: Humphreys, K., Blodgett, J. & Wagner, T. (2014). Alcoholism Clinical and Experimental Research, 38, 2688-2694.

Impact of 12 step mutual help groups on drug use disorder patients across six clinical trials

Keith Humphreys^{a,b,*}, Nicolas B. Barreto^c, Sheila M. Alessi^d, Kathleen M. Carroll^e, Paul Crits-Christoph^f, Dennis M. Donovan^g, John F. Kelly^h, Richard S. Schottenfeldⁱ, Christine Timko^{a,b}, Todd H. Wagner^{a,c}

^a Center for Innovation to Implementation, Veterans Affairs Palo Alto Health Care System, 795 Willow Road (152), Menlo Park, CA, 94025 USA

^b Department of Psychiatry and Behavioral Sciences, Stanford University, 401 N. Quarry Road, MC: 5717, Stanford, CA 94035 USA

^c Department of Surgery, Stanford University School of Medicine, 291 Campus Drive, Li Ka Shing Building, Stanford, CA, 94305 USA

^d Department of Psychiatry, UConn Health, 263 Farmington Avenue, Farmington, CT, 06030 USA

^e Department of Psychiatry, Yale University, 300 George St., Suite 90, New Haven, CT, 06511 USA

^f Department of Psychiatry, University of Pennsylvania, 3535 Market Street, Philadelphia, PA, 19104 USA

^g Alcohol and Drug Institute, 1107 NE 45th Street, University of Washington, Box 354805, Seattle, WA 98195 USA

^h Recovery Research Institute, Center for Addiction Medicine, Harvard Medical School, 151 Merrimac Street 6th Floor, Boston MA 02114 USA

ⁱ Department of Psychiatry, Howard University, 2041 Georgia Avenue, NW, WA, 20060 USA

Project Number: 3UG1DA015815-18S5

Funded by NIDA Clinical Trials Network through Western States Node

Regression Findings

Both Fixed and Random Effect Models showed 12-step group Involvement predict decreased ASI drug and alcohol scores

But even with many controls, risk of bias

Drug Composite	
Person Random Effect	
Attendance (number)	– 0.0002**
95 % CI	(0.0001)
Observations	4656
Number of Subjects	1456
Person Fixed Effect	
Attendance (number)	– 0.0003**
95 % CI	(0.0001)
Observations	4715
Number of Subjects	1485
Alcohol Composite	
Person Random Effect	
Attendance (number)	– 0.0004***
95 % CI	(0.0001)
Observations	4657
Number of Subjects	1456
Person Fixed Effect	
Attendance (number)	– 0.0006***
95 % CI	(0.0002)
Observations	4717
Number of Subjects	1485

Cost offset findings in the Veterans Health Administration

Source: Humphreys, K., & Moos, R. 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

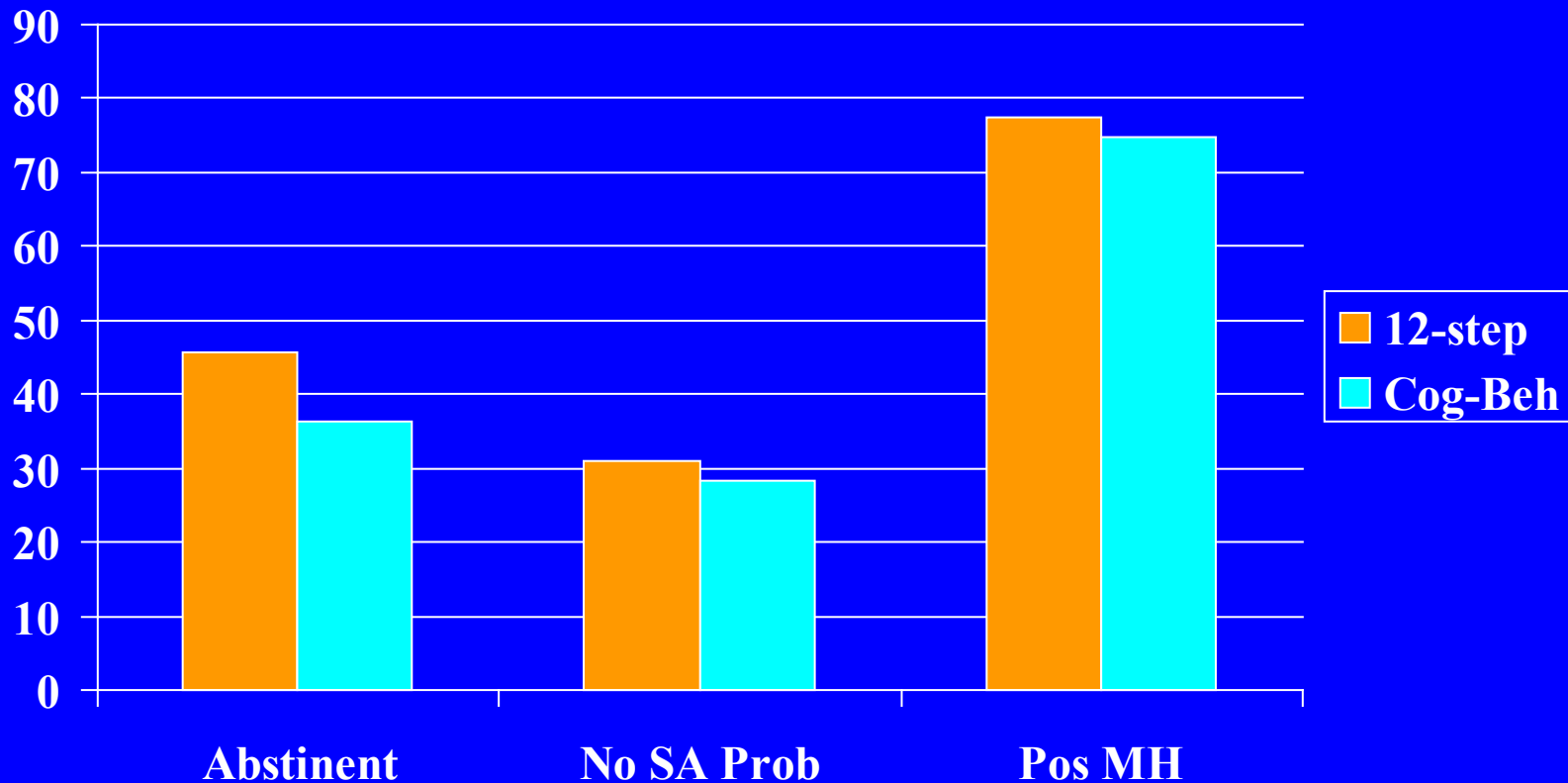
Quasi-Experimental Design, II

- 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

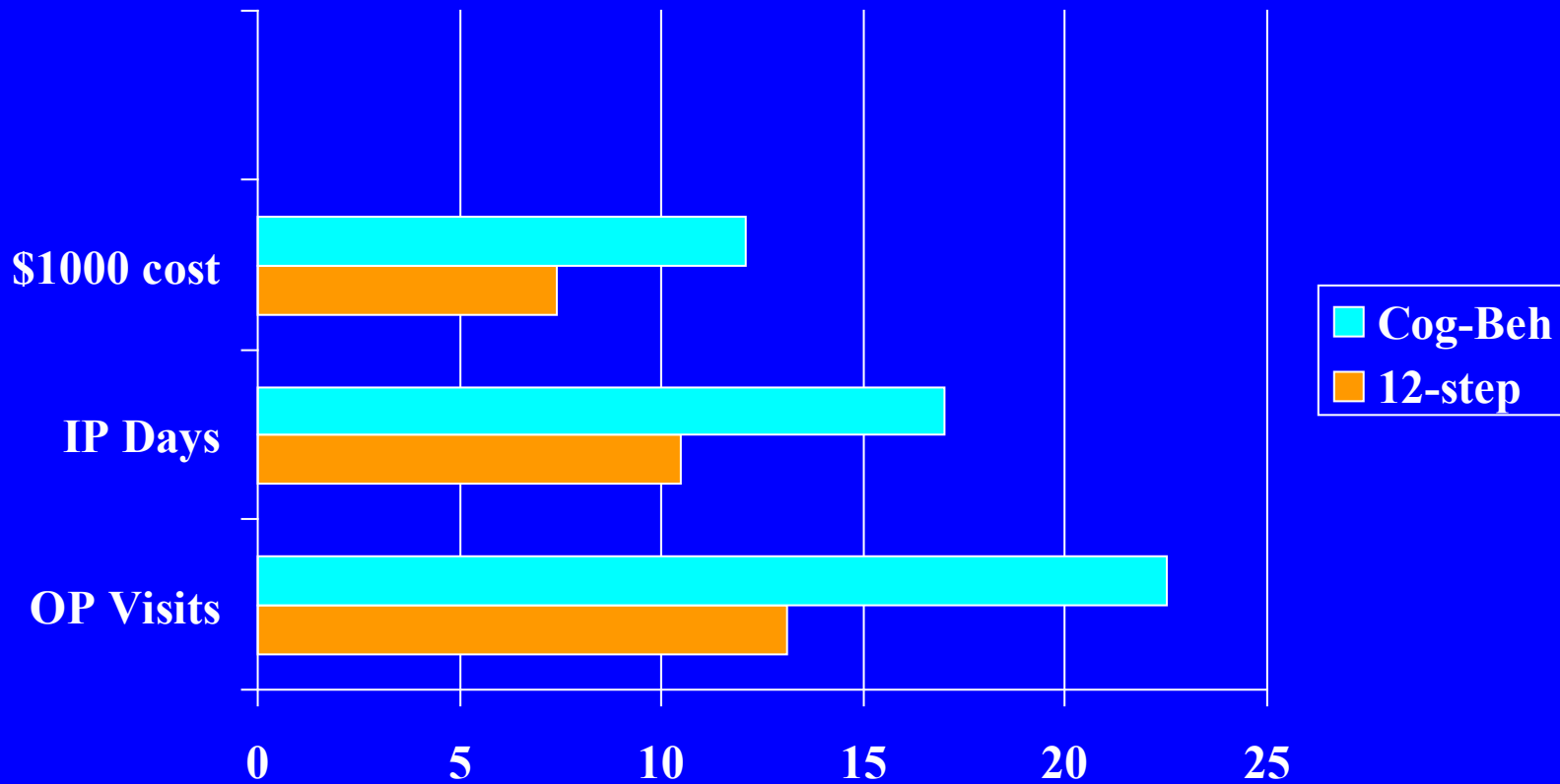
- 36% of 12-step program patients had a sponsor, over double the rate of cognitive-behavioral program patients
- 60% of 12-step program patients were attending self-help groups, compared with slightly less than half of cognitive-behavioral program patients

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)



Cochrane Database of Systematic Reviews

Alcoholics Anonymous and other 12-step programs for alcohol use disorder (Review)

Kelly JF, Humphreys K, Ferri M

120 pages!

Kelly JF, Humphreys K, Ferri M.
Alcoholics Anonymous and other 12-step programs for alcohol use disorder.
Cochrane Database of Systematic Reviews 2020, Issue 3. Art. No.: CD012880.
DOI: 10.1002/14651858.CD012880.pub2.

www.cochranelibrary.com

Alcoholics Anonymous and other 12-step programs for alcohol use disorder (Review)
Copyright © 2020 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

WILEY

Cochrane Systematic Review on AA/TSF (2020)

- Kelly, JF
- Humphreys, K
- Ferri, M

Selection Criteria

- We included randomized controlled trials (RCTs), quasi-RCTs, and non-randomized studies that compared AA/TSF with other interventions such as motivational enhancement therapy (MET) or cognitive-behavioral therapy (CBT), TSF treatment variants, or no treatment.
- Health care cost-offset (economic) studies were also included.
- Participants were non-coerced male and female adults with AUD.

Search Methods



Cochrane Drugs and Alcohol Group Specialized Register (via CRSLive), Cochrane Central Register of Controlled Trials (CENTRAL), PubMed, Embase, CINAHL and PsycINFO from inception to August 2019.



Also searched for ongoing and unpublished studies via ClinicalTrials.gov (www.clinicaltrials.gov) and WHO International Clinical Trials Registry Platform (ICTRP) (apps.who.int/trialsearch/).



All searches included non-English language literature. We hand searched references of topic-related systematic reviews and included studies.

Included Studies (n participants)

- A total of 27 primary studies containing N=10,565 participants were included (21 RCTs/quasi-RCTs, 5 non-randomized, and 1 purely economic study) that reported follow-up results across 36 reports.

Outcomes

Abstinence

- **Proportion of Patients Completely Abstinent:** 16 studies (n participants = 8,153)
- **Percent Days Abstinent (PDA):** 16 studies (n participants = 4,244)
- **Longest Period of Abstinence:** 2 studies (n participants = 148)

Drinking Intensity

- **Drinks per drinking day (DDD):** 8 studies (n participants = 2,650).
- **Percent Days Heavy Drinking (PDHD):** 3 studies (n participants = 648).

Alcohol-Related Consequences

- 8 studies (n participants = 3,281)

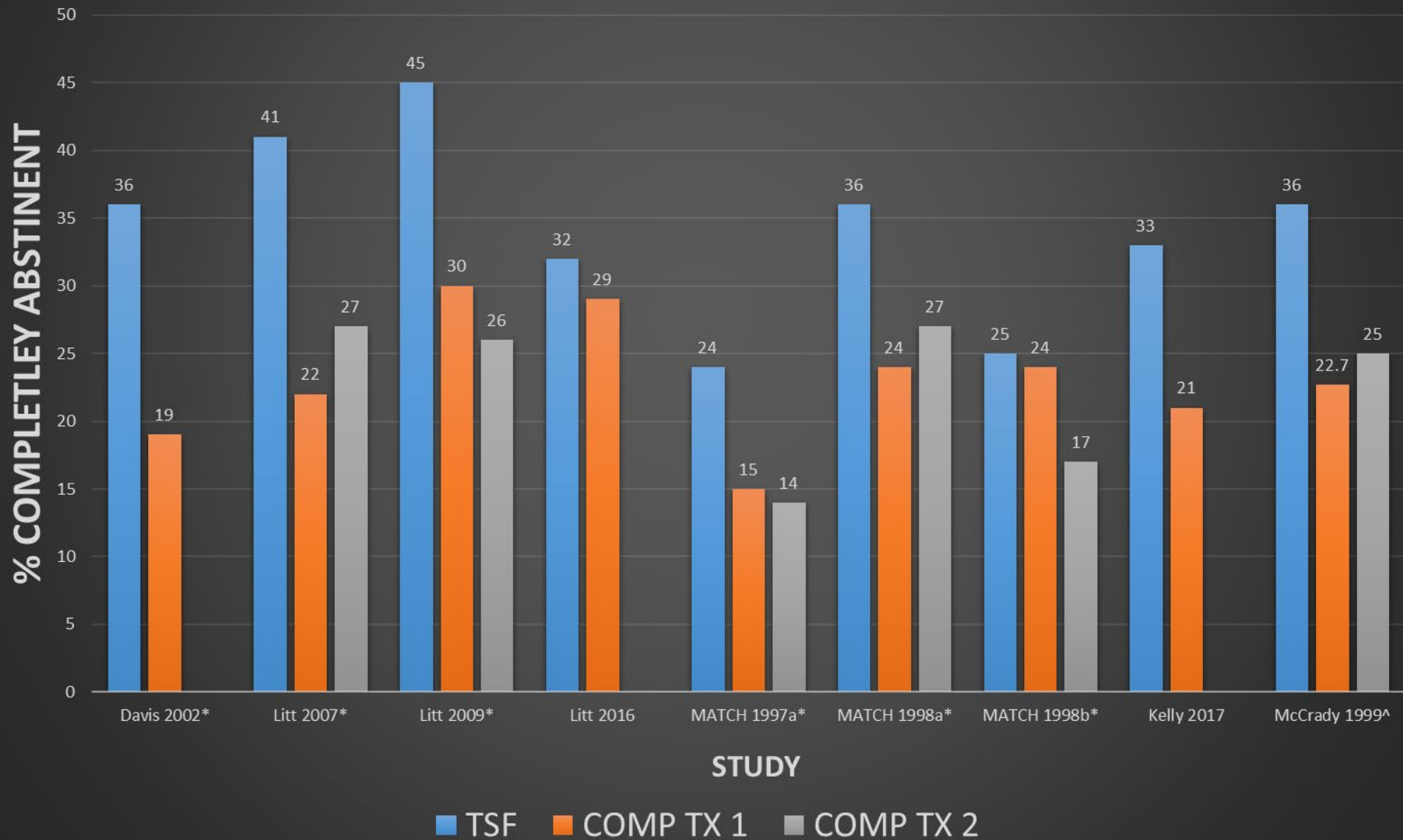
Alcohol Addiction Severity

- 7 studies (n participants = 1,616)

Economic Analyses

- 4 studies (n participants = 2,657)

TSF Compared to Different Theoretical Orientation Treatments (RCTs all Manualized)



AA/TSF Findings Summary



For alcohol-related outcomes other than complete abstinence, AA and professionally-delivered TSF interventions are at least as effective as other well-established



For abstinence outcomes, AA and TSF interventions are as effective or better than other well-established treatments.



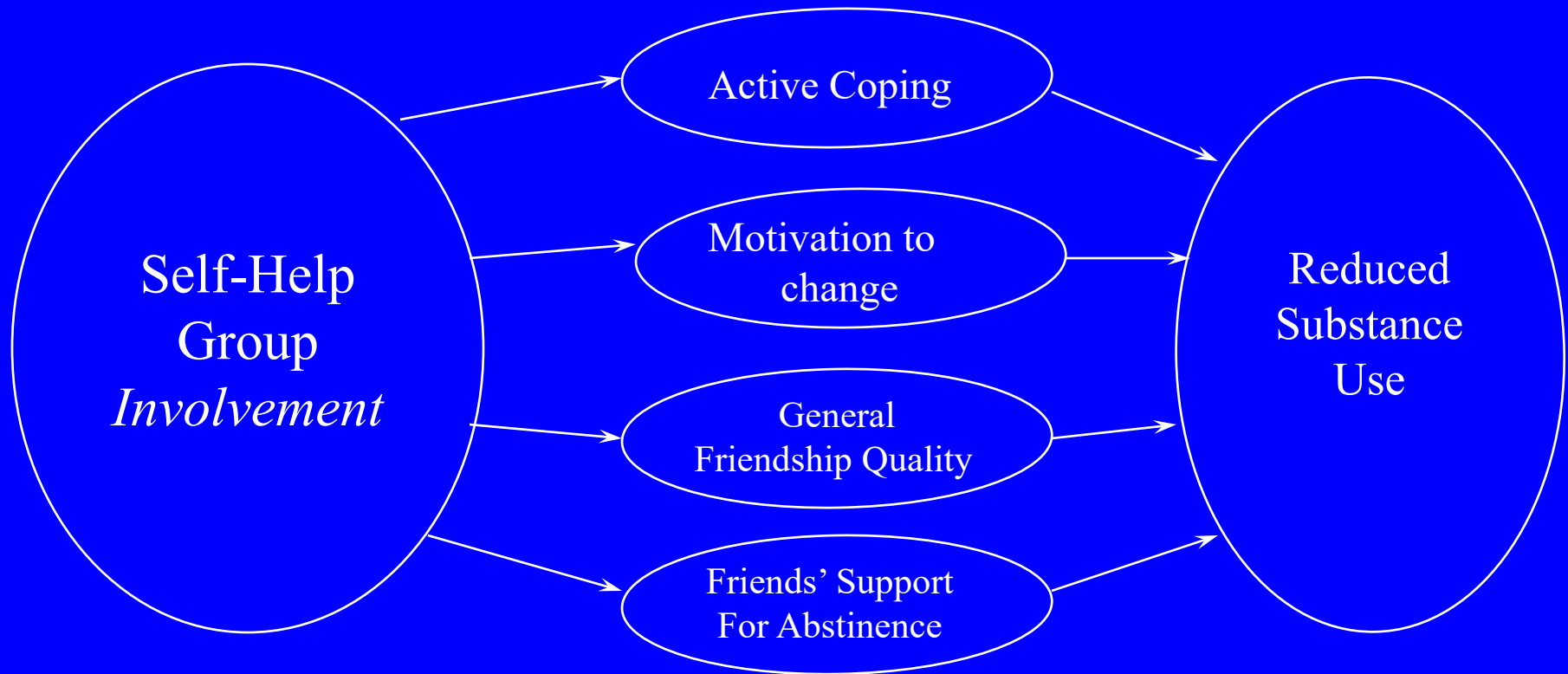
Implementing AA and TSF also appear to produce substantial health care cost savings.



Mediational analyses demonstrate clinically delivered TSF produces its benefits largely through its ability to foster increased AA participation during and, importantly, following the

What mediates these benefits?

Structural equation modeling results from over 2,000 patients assessed at intake, 1-year, 2-year



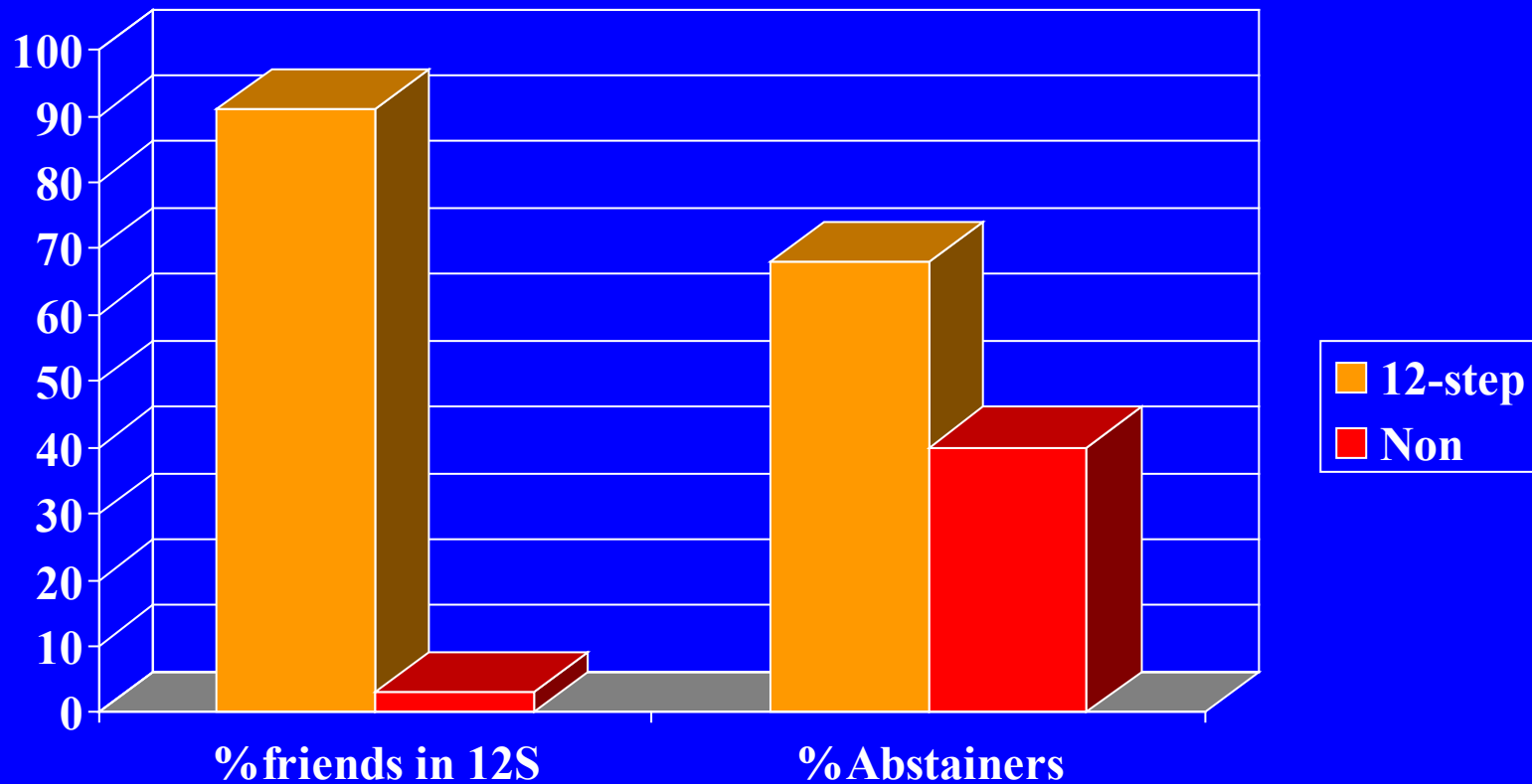
Note

All paths significant at $p < .05$. Goodness of Fit Index = .950, *Annals of Behavioral Medicine*, 21: 54-60

Partial mediators of 12-step groups' effect on substance use identified in research

- Increased self-efficacy
- Strengthened commitment to abstinence
- More active coping
- Enhanced social support
- Greater spiritual and altruistic behavior
- Replacement of substance-using friends with abstinent friends

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

“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 Alc 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

What About Non-12 Step Mutual Help Organizations?

- Diverse patients need diverse solutions
- Non-12 step groups newer, smaller

Most work has been descriptive

Kaskutas et al. Women for Sobriety

Humphreys et al. Moderation Management

Zemore et al., PAL studies

Journal of Substance Abuse Treatment 88 (2018) 18–26



Contents lists available at ScienceDirect

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journal homepage: www.elsevier.com/locate/jsat



A longitudinal study of the comparative efficacy of Women for Sobriety, LifeRing, SMART Recovery, and 12-step groups for those with AUD



Sarah E. Zemore*, Camillia Lui, Amy Mericle, Jordana Hemberg, Lee Ann Kaskutas

Alcohol Research Group, Emeryville, CA, United States

Kelly et al, SMART Recovery

SMART
Recovery: First
large,
comparative
prospective
study

Characterize professional and non-professional recovery support service participation choices, migrations, and pathways using group trajectory analyses over a two-year period for individuals (N=348) starting a new AUD recovery attempt.

Investigate the comparative effectiveness of SMART Recovery by comparing outcomes of AUD individuals making the new recovery attempt (N=348) pursuing either a SMART Recovery (n=174), or a non-SMART recovery (n=174), pathway.

Explore mechanisms of behavior change (e.g., self-efficacy, impulsivity), as well as moderators of the degree of benefit (e.g., gender, psychiatric distress) to help determine how SMART Recovery may help its affiliates.

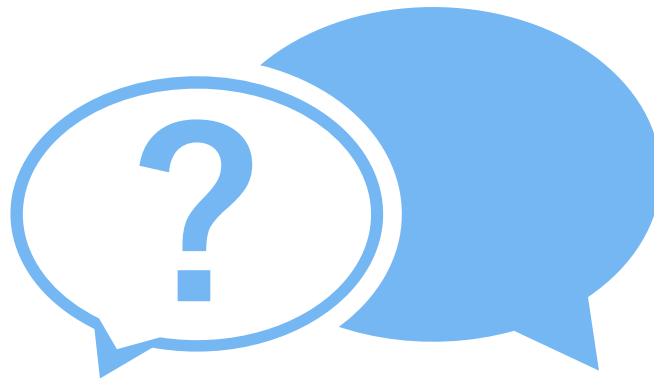
UK SMART expansion project

- 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

Conclusions

- 12-step group participation significantly reduces substance use and health care costs.
- Benefits of 12-step groups mediated both by psychological and social changes.
- We need more research on and support for non-12 step alternatives.
- Investment in mutual-help supportive infrastructure may benefit public health and reduce health care cost.

**Questions? Please type them in
the chat box!**





gracias cảm ơn bạn धन्यवाद 고맙습니다
 شڪرا جزيلا salamat благодарю вас 谢谢
 Dziękuję Ci **Thank** ευχαριστώ
 quyana tack **you!** አመሰግናለሁ
 धन्यवाद danke asante grazie
 hík'wu? merci הודת obrigado ขอบคุณ
 ありがとうございます спасибі mahalo

