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AIMS: To determine from a review of the available literature the extent to which involvement in 12-Step mutual support groups could play a role in the recovery process for individuals abusing or dependent on methamphetamine. METHOD: Review of the literature on outcomes associated with 12-Step meeting attendance and involvement in 12-Step activities among substance abusers, particularly those who abuse stimulants. RESULTS: There are few if any data available on methamphetamine abusers and their use of 12-Step approaches. Evidence derived from work with alcohol- and cocaine-dependent individuals indicates that involvement in 12-Step self-help groups, both attending meetings and engaging in 12-Step activities, is associated with reduced substance use and improved outcomes. Although involvement in 12-Step fellowship improves outcome, many individuals do not engage on their own in 12-Step activities, and there are high rates of dropout from such groups. There are a number of evidence-based therapies available to assist clinicians in facilitating 12-Step involvement; however, these have not been used with methamphetamine abusers. While there are some potential barriers to adopting manualized treatment interventions into clinical practice, the familiarity, in community-based practice, of the 12-Step approach may make this easier. CONCLUSION: More actively integrating 12-Step approaches into the treatment process may provide low- or no-cost options for methamphetamine abusers and increase the capacity for providing treatment. Further research and evaluation are necessary to determine the extent to which methamphetamine abusers do engage in 12-Step self-help programs, whether they prefer more general (e.g. Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous) or drug-specific (e.g. Crystal Meth Anonymous) meetings, the rate of dropout and the outcomes associated with their involvement. Further, the efficacy of efforts to facilitate involvement of methamphetamine abusers in such 12-Step groups needs to be determined.

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Humphreys, K., & Moos, R. H. (2007). Encouraging posttreatment self-help group involvement to reduce demand for continuing care services: two-year clinical and utilization outcomes. [Research Support, N.I.H., Extramural

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Encouraging Posttreatment Self-Help Group Involvement to

Reduce Demand for Continuing Care Services: Two-Year

Clinical and Utilization Outcomes

Keith Humphreys and Rudolf H. Moos

Background: Accumulating evidence indicates that addiction and psychiatric treatment programs that actively promote self-help group involvement can reduce their patients’ health care costs in the first year after treatment, but such initially impressive effects may wane over time. This paper examines whether the positive clinical outcomes and reduced health care costs evident 1 year after treatment among substance-dependent patients who were strongly encouraged to attend 12-step selfhelp groups were sustained at 2-year follow-up.

Methods: A 2-year quasi-experimental analysis of matched samples of male substance-dependent patients who were treated in either 12-step–based (n5887 patients) or cognitive-behavioral (CB, n5887 patients) treatment programs. The 12-step–based programs placed substantially more emphasis on 12-step concepts, had more staff members ‘‘in recovery,’’ had a more spiritually oriented treatment environment, and promoted self-help group involvement much more extensively than did the CB programs. The 2-year follow-up assessed patients’ substance use, psychiatric functioning, selfhelp group affiliation, and mental health care utilization and costs.

Results: As had been the case in the 1-year follow-up of this sample, the only difference in clinical outcomes was a substantially higher abstinence rate among patients treated in 12-step (49.5%) versus CB (37.0%) programs. Twelve-step treatment patients had 50 to 100% higher scores on indices of 12-step self-help group involvement than did patients from CB programs. In contrast, patients from CB programs relied significantly more on outpatient and inpatient mental health services, leading to 30% lower costs in the 12-step treatment programs. This was smaller than the difference in cost

identified at 1 year, but still significant ($2,440 per patient, p50.01).

Conclusions: Promoting self-help group involvement appears to improve posttreatment outcomes while reducing the costs of continuing care. Even cost offsets that somewhat diminish over the long term can yield substantial savings. Actively promoting self-help group involvement may therefore be a useful clinical practice for helping addicted patients recover in a time of constrained fiscal resources.

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ABSTRACT

Rates of return to active substance use after addiction treatment tend to be high; participation in 12-step fellowships (e.g., Alcoholics Anonymous) reduces relapse rates but many clients do not attend or attend for a short period only. This quasi-experimental study uses repeated measurement to explore the role of presence/absence of on-site 12-step meetings during treatment on post-treatment outcomes. Polysubstance-dependent clients (N = 219) recruited at a program with and one without 12-step on-site, were followed for one year post-treatment. On-site 12-step enhanced 12-step attendance, especially during treatment, and predicted continuous abstinence for the post-treatment year. Holding 12-step meetings on-site is a low-cost strategy that programs should consider to foster post-treatment remission maintenance.