

Perceptions of Narcotics and Alcoholics Anonymous among polysubstance users newly admitted to outpatient treatment

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Overview

- **Substance users are routinely encouraged to attend 12-step meetings, both during and after treatment, and there is growing evidence that 12-step affiliation promotes recovery.**
- **Regrettably, some substance users do not attend and many drop out early.**
- **Although NA and AA are based on the same recovery program, there is anecdotal evidence that the ecology of the two fellowships differs; this may influence engagement and retention.**
- **Little is known about drug users' perceptions of AA and NA, although these issues have important implications (e.g., client education, referral practices).**
- **This study explores affiliation with and perceptions of NA and AA among polysubstance users newly admitted to outpatient treatments in NYC.**

Materials and Method

- **Data collected in the context of a prospective NIDA-funded investigation of 12-step participation as aftercare resource**
- **Participants are newly admitted clients at two large inner-city outpatient addiction treatment programs in NYC.**
- **Participation is voluntary and based on informed consent.**
- **Semi-structured interview lasting approximately 2.5 hrs.**
- **Subjects receive \$30 for their time**
- **Current study reports on the first 205 completed interviews**
- **Measures:**
 - **AA and NA attendance history**
 - **Open-ended items about experiences in both fellowships; answer codes were developed on the first 30 completed interviews; based on a subsample of 25 instruments coded by two independent researchers, inter-rater reliability was $r = .92$.**

SAMPLE DESCRIPTION (N = 205)

Male	57%
Age (Mean, St. Dev)	38.9 (9.0 years)
Ethnicity	
African American	64%
Caucasian	14%
Other	22%
Latino/Hispanic	38%
Education years (Mean, St. Dev)	10.5 (2.2)
Gov't. Assistance as Primary income	73%
Psychiatric disorder (ever)	33%
Current legal involvement (any)	42%
Substance Dependence Severity^a	7.6 (4.3)
(Mean, St. Dev)	

SUBSTANCE USE: History and Current Status

	<u>Primary Substance</u>	<u>Secondary Substance</u>	<u>Used past year</u>	<u>Used past month</u>
	%	%	%	%
Crack	43	16	50	25
Alcohol	19	14	70	40
Marijuana	13	6	48	25
Heroin	17	4	17	8
Cocaine	6	8	23	7
Street methadone	1	1	5	2
Hallucinogens	1	1	2	1
“Downers”/Depressants	0	0	4	1
Ecstasy	0	0	2	0

Any substance use past year 82%

Any substance use past month 45%

History of Narcotics and Alcoholics Anonymous Affiliation

	<u>Narcotics Anonymous</u>	<u>Alcoholics Anonymous</u>
Ever attended	73.0%	43%
Started attended months ago (mean, SD) ^b	64.2 (77.4)	40.9 (73.9)
Attended past year ^b	60.4%	72.1%
Attended past month ^b	46.9%	55.8%
Helpfulness (mean, SD) ^c	3.4 (1.5)	3.7 (1.5)

12-step utilization by dependence severity and alcohol among problem substances^b

	Ever	Dependence Severity	Alcohol among problem substances ^d	
	%	Mean ^a	No %	Yes %
Neither NA or NA	21.6	5.5	25.9	12.3*
NA only	35.3	7.8*	43.2	18.5***
AA only	5.4	8.2	1.4	13.8***
Both AA and NA	37.7	8.6*	29.5	55.4***
Helpfulness NA	--	--	3.5	3.3 n.s.
Helpfulness AA	--	--	3.4	3.9 n.s.

Narcotics & Alcoholics Anonymous Attrition^b

Since you first started attending , have you ever stopped attending for one month or longer? (yes)

Narcotics Anonymous	85%
Alcoholics Anonymous	91%

How many different times did you stop attending for a month or longer since you began attending meetings? (among those who report Interrupted attendance)

Narcotics Anonymous - mean (SD)	6.1 (13.2)
Alcoholics Anonymous	6.4 (12.1)

How long was the longest interruption in attendance? (in months)

Narcotics Anonymous - mean (SD)	29.8 (27.7)
Alcoholics Anonymous	29.9 (30.8)

Reasons for Attending Narcotics and Alcoholics Anonymous^{b, e}

	Narcotics Anonymous	Alcoholics Anonymous
	(N = 150)	(N = 88)
Promotes recovery/sobriety	59%	41%
Support/acceptance/fellowship	33%	58%
None (did not get anything out of it)	18%	10%
Mandated/pressured	11%	6%
To make friends, to check it out	4%	4%
Step work, spirituality	3%	8%

Disliked Aspects of Narcotics & Alcoholics Anonymous^{b, e}

	Narcotics Anonymous	Alcoholics Anonymous
	(N = 150)	(N = 88)
Nothing	35%	52%
Members use, deal drugs, phony	28%	13%
Repetitious/boring	13%	5%
Don't like meeting format	11%	9%
Too negative/too raw	8%	0%
Don't know/not sure	6%	7%
Does not work/triggers me	4%	1%
Limited focus drug or alcohol	0%	6%
Inconvenient locations	0%	5%

Why did you stop attending? (longest interrupted period)^f

	<u>Narcotics Anonymous</u> (N = 120)	<u>Alcoholics Anonymous</u> (N = 72)
Was using/relapsed/not ready to stop	27%	33%
Didn't like it/tired of it	26%	19%
Did not need it/felt I could recover on my own	25%	0%
Limited to drug or alcohol/ no identification	0%	15%
Not helpful	13%	1%
Went to alternative fellowship	6%	8%
Time/location constraints	8%	15%
Not comfortable sharing	5%	0%
Not required	0%	4%
No reason	3%	13%

Perceived Differences between Narcotics and Alcoholics Anonymous^{b, e}

	Narcotics Anonymous (N = 150)	Alcoholics Anonymous (N = 88)
No difference	29%	31%
Better Identification with members	21%	14%
More inclusive, empathic, accepting	14%	7%
More recovery, spirituality, experienced members	0%	22%
More honest, less phony	0%	11%
Different meeting format	5%	0%
More helpful	7%	0%
Prefer other fellowship	7%	1%
Prefers this group (non-specific)	0%	3%
Insufficient experience with other fellowship to tell	23%	1%
Don't know/not sure	0%	11%

Summary of findings

- Eight out of ten study participants reported lifetime 12-step attendance and over one third had attended both AA and NA
- Greater dependence severity and reporting alcohol among problematic substances increased significantly the likelihood of participating in both AA and NA
- Three quarter of participants had attended NA compared to 43% AA
- Helpfulness ratings for AA and NA did not differ significantly
- The majority of participants had attended 12-step had stopped attending at least once; mean number of attendance interruptions was 6, mean length of longer interruption, 29 months. There were no significant difference in attrition patterns (number or length of interruption) between NA and AA.
- Recovery and support/fellowship were the two most often cited reasons for attending both AA and NA.
- Main reasons for disaffiliation were drug use and not liking the meeting or getting tired of attending.
- One half of AA attenders had no dislike of the fellowship, compared to one third of NA attenders; most frequently disliked aspects of 12-step meetings were negative impression of other members and boredom. One third of participants reported no difference between the two fellowships; AA was perceived as offering more honesty and more recovery whereas NA was cited as more accepting and affording better identification with other members.

Clinical Implications

- **Consistent with previous reports, lifetime 12-step attendance was high**
- **Disaffiliation was very common and frequent: data showed pattern of repeated interruptions in 12-step attendance.**
- **Substance use and getting tired of attending, the most frequently cited reasons for disaffiliation, should to be addressed by clinicians:**
 - **Members striving for recovery are welcome to attend 12-step meetings (although not to share) when actively using**
 - **Clients should be encouraged to attend different group meetings sites and meetings of different formats (e.g., step meeting, beginners' meetings, round robin) as a possible strategy to minimize boredom**
- **A significant percentage of NA attenders expressed negative views of other NA members and they too should be encouraged to 'sample' different meeting sites in an effort to find a 'home group' where they are comfortable**
- **Although about a third of participants reported no difference between AA and NA, this preliminary report suggest that many others do perceive differences between the two fellowships; in particular, present findings document empirically the anecdotal view that there is greater focus on recovery principles in AA than in NA and that NA is more 'raw.'**
- **Clinicians should encourage clients to attend both fellowships to form an individual opinion of the best suited meeting by which recovery can be fostered**

Research Directions

- **Future research should elucidate further perceived similarity and differences between NA and AA rather than studying them as a single entity;**
- **In particular, longitudinal affiliation patterns and effectiveness should be assessed separately for AA and NA among polysubstance drug users in order to refine clinical practice guidelines.**

Footnotes and references to go at the end

^a Sheehan DV & Lecrubier Y (2002) Mini International Neuropsychiatric Interview. University Florida: Tampa. Possible score range: 0 to 14.

^b among 'ever' attenders

^c 1 = not at all, 5 = extremely

^d Chi square

^e may add up to over 100% because up to 3 answers were coded

^f among 'ever' attenders who reported one or more interruptions in attendance

* $P < .05$ ** $P < .01$ *** $P < .001$