



Promoting

Guided-Self-Change

No-Treatment

Self-Help

Self-Change

Natural-Recovery

Spontaneous-Remission

Self-Change: Findings and Implications for the Treatment of Addictive Behaviors

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Objectives

- Briefly look at where addictions field was 35 years ago with respect to providing treatment services
- Examine prevalence and process of self-change and its implications for treatment
- Present results from 2 large scale community interventions in Canada and US designed to promote self-change
- Consider public health and policy implications of this line of research

Addictions Field Circa 1970



- Research scarce; most **knowledge derived from folk science**
- **Very few treatment programs; inpatient norm**
- Dominant treatment approaches: **AA and 28-day Minnesota Model**
- Abstinence **ONLY** goal!
- Treatment services **PRIMARILY** for severely dependent substance abusers
- **Terms like problem drinker and harm reduction not in our vocabulary**

35 Years Ago Addictions Field Looked Very Different



- Addictions problems viewed as progressive and irreversible;
- Motivation something clients brought to treatment; if not, they were viewed as not ready to change
- Brief cognitive-behavioral treatments and self-change were considered as heresy, and
- Recovery was viewed as **ONLY** possible through treatment or self-help groups



Recovery Only Possible Through Treatment



- *Robert Dupont, 1993: "Addiction is not self-curing. Left alone addiction only gets worse, leading to total degradation, to prison, and ultimately to death."*
- *V. E. Johnson, 1980: "Alcoholism is a fatal disease, 100% fatal. We estimate that 10% of drinkers in America will become alcoholic, and that these people will not be able to stop drinking by themselves. They are forced to seek help; and when they don't, they perish miserably."*
- *Hazelden, 2003: "Untreated addiction will ultimately kill you."*

Not All Change Occurs in Clinical Context

- Large body of evidence, including research we have done for 20 years, shows that across several problem behaviors **large % of people change on their own and *MAINTAIN* the change**
- ***“Self-change”*** studies have been most notable with SUDs, gambling, eating disorders, smoking, and stuttering

Natural Recovery Studies Not New

- **1814: Dr. Benjamin Rush**, signer of Declaration of Independence, described several cases of natural recoveries from alcohol problems
- **Early Classic Pioneering Studies (160s-170s):**
Winick, Vaillant, Tuchfeld, Rozien, Fillmore
- **Vietnam Veterans Study:** One of largest natural recovery studies (*Robins*)
- **Different Types of Natural Recovery Studies**
 - Longitudinal studies
 - Population surveys
 - Convenience samples

Reviews of Self-Change Studies With Substance Users *

Variable	Review 1960-1997 N=40	Review 1999-2005 N=22
Mean (SD) # self-change respondents	140 (399.2)	383 (791.3)
Mean (SD) problem length prior to recovery (years)	10.9 (4.0)	12.8 (4.9)
Mean (SD) recovery length (yrs);range (yrs)	6.3 (2.3) 0.5 - 11.7	8.0 (2.7) 3.0 - 11.5

*Substances: alcohol, heroin, cocaine, and other drugs

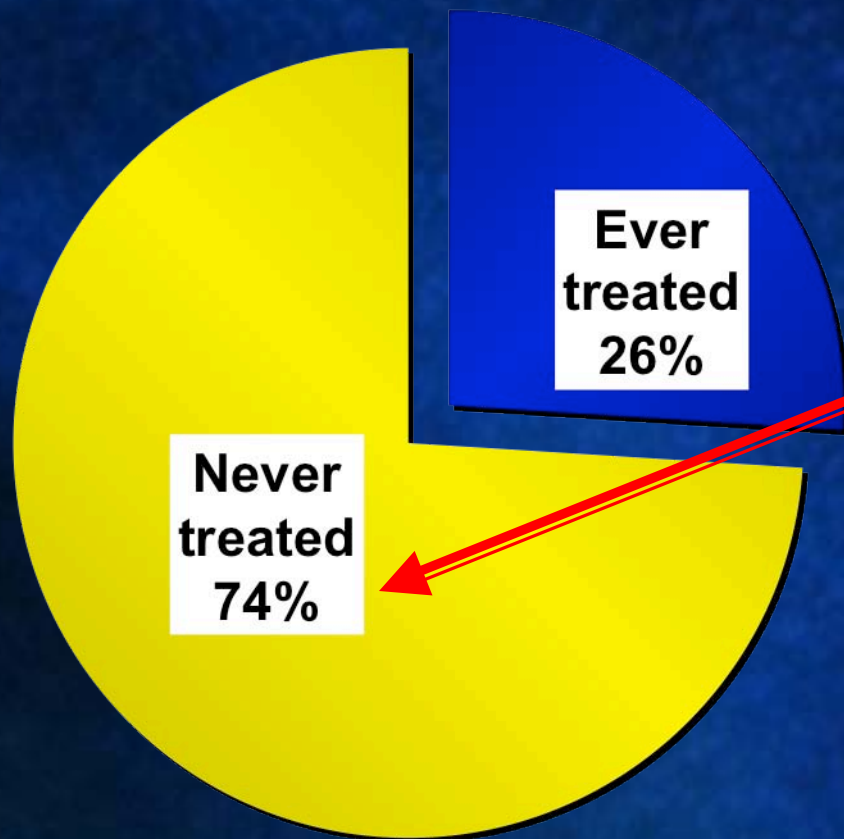
Why Study the Self-Change Process?

- “If you only study the tip of the iceberg your view of the disorder will be very biased.” *Cahalan, 1987*
- “Addiction looks very different if you study it in general populations compared to treated cases” *Robins. 1993*
- “We cannot understand the natural history of alcoholism by only studying clinic populations.” *Vaillant & Milofsky, 1984*

Major Findings From Self-Change Studies

- Today there **over 60 studies** of **self-change process** in the addiction field
- **Self-change is very enduring**: Almost all recoveries > 1 year and 50% > 5 years
- Vast majority of moderate drinking recoveries occur **without treatment**
- While there are multiple pathways to recovery (e.g., treatment, self-help), **predominant pathway** across several large scale studies **is self-change**

**75% Previously Diagnosed
Alcohol Dependent for **e 1 Year**
(N = 4,422) Recovered On Their Own**



**Majority
recovered
without
treatment or AA**



What is Happening to Those Who Have Alcohol Problems?

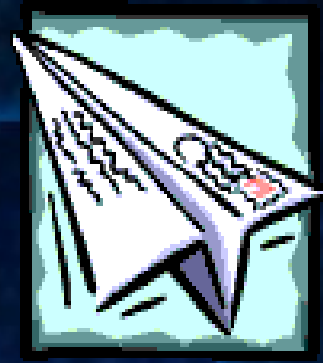
- 2003: **ONLY 8%** in US who met criteria for Alcohol Use Disorder received any services in past year
- And of those 8%, **50% did not complete treatment**
- Of the **92%** who received no services, **ONLY 5%** reported needing **“*treatment*”**

SAMSA (2004). National Survey on Drug Use and Health

Why Do So Many People Not Seek Treatment?

- One reason sizeable numbers of people with SUDs do not seek treatment is that both substance use problems and treatment remain “*stigmatized*” in our society
- For decades efforts to reduce or remove the stigma have been unsuccessful
- Recent self-change studies suggest ways to reach those with SUDs without forcing them to interact with the traditional treatment system
- To this end, we designed 2 studies to promote self-change by engaging people who might not have considered treatment as an option for changing

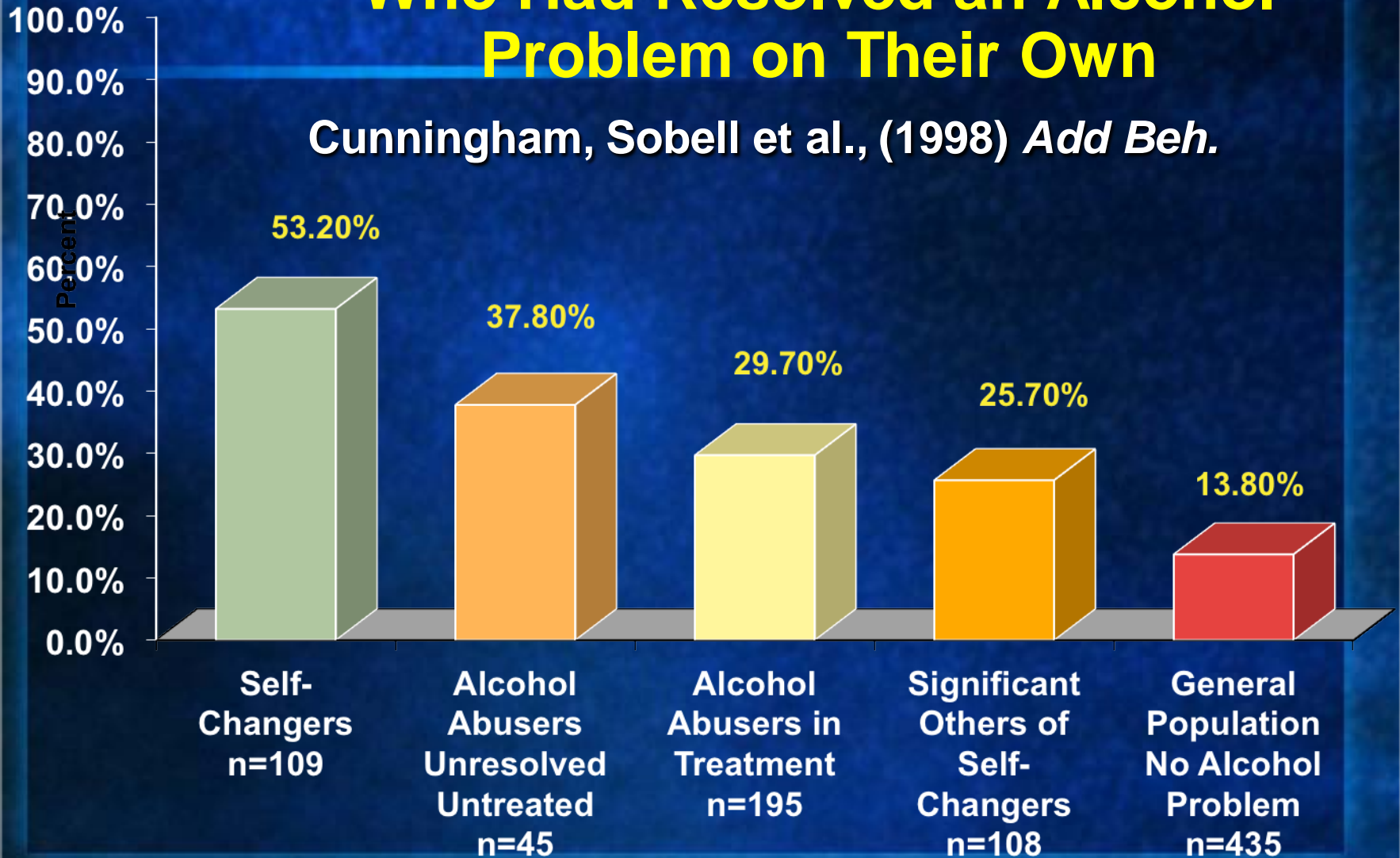
How To Attract Those Who Don't Seek Treatment?



- Unwanted messages evoke resistance and produce counter arguments
- For example, when high risk drinkers told they are “**alcoholic,**” they start thinking of reasons why they are not
- **To attract intended target audience messages need to be carefully worded**
- Also, as shown in the next slide, most people are unaware that self-change is a pathway to recovery from alcohol problems

% Who Reported Knowing Someone Who Had Resolved an Alcohol Problem on Their Own

Cunningham, Sobell et al., (1998) *Add Beh.*



Studies of the Self-Change Process Suggest



- **Avoid labels** in messages (e.g., alcoholic)
- Promise confidentiality
- **Use a message that says** “*MANY PEOPLE RECOVER ON THEIR OWN*”
- **Offer interventions outside of clinical settings**
- Based on these findings, we designed the AD shown in the next slide

Large Scale Intervention In Canada Designed to Promote Self-Change Using Mail Interventions

- 1st study funded by NIAAA
- Recruited **825 participants** with no past history of self-help or alcohol treatment
- **RCT**: Compared personalized motivational materials with 2 alcohol pamphlets
- **12 month follow-up**
- 10% collaterals interviewed and verified self-reports

A16 THE TORONTO STAR Saturday, May 11, 1996 **

**Over 1 Year Got
2,500 Calls**

**THINKING ABOUT CHANGING
YOUR DRINKING?**

Did you know that 75% of people change their drinking on their own?

CALL US for free materials you can complete at home.

(416) 595-6071

All calls are confidential

Sponsored by the University of Toronto and
the Addiction Research Foundation

Pretreatment Variables

825 Participants

Females	32%
Mean age (years)	47.5
Mean years drinking problem	11.4
Mean AUDIT score (0-40)	20
% days drinking past year	78%
Mean drinks/drinking days	6.0

Promoting Self-Change: Community Intervention for 825 Problem Drinkers

Randomly Assigned



Control Group

Received 2 Alcohol
Education Pamphlets
and Drinking
Guidelines Available in
the Community

Experimental Group

Motivationally
Enhancing
Personalized
Feedback

Control Group

2 Educational Pamphlets Available in the Community



Drinkthink

How Much is Too Much?

Risky Drinking Check List

- Do you regularly drink more than 2 *standard* * drinks a day ?
- Do you drink every day ?
- Do you drink more than 12 drinks in an average week ?
- Do you drink and drive ?
- Do you drink when boating, while swimming, hunting or using power tools ?
- Do you drink and are pregnant ?
- Do you drink and take medication ?
- Do you drink until the effects are obvious ?
- Has drinking caused problems for you ?

If you checked yes to any question, your drinking may be affecting your health.

***Standard Drink:**

- 12 oz. bottle of regular beer (5% alcohol)
- 5 oz. glass of wine (12% alcohol)
- 1½ oz. shot of liquor (40% alcohol)



Alcohol and You

Alcohol (ethanol) is a psychoactive drug—its principal effect is on the brain as a depressant. Not all types of alcoholic beverages contain the same amount of alcohol. For example, 12 oz. of regular beer contains about the same amount of alcohol as 5 oz. of table wine, which contains about the same amount as 1 1/2 oz. of 80-proof hard liquor. Although people can drink large quantities of alcohol in short periods of time, alcohol is metabolized and eliminated (used and released) from the body at a slow and fixed rate. For average sized people the rate is about 1 drink per hour. Sometimes it is helpful to think of the body as a funnel: whether you pour in a large or a small amount, it leaves the body at a steady rate. The unused alcohol circulates in the bloodstream and is known as a person's blood alcohol level (BAL). Finally, it is important to know that a woman will typically reach a higher BAL after drinking a given amount of alcohol than will a man of the same body weight.

Experimental Group:

**Respondents answers to assessment materials
used to prepare advice feedback materials**

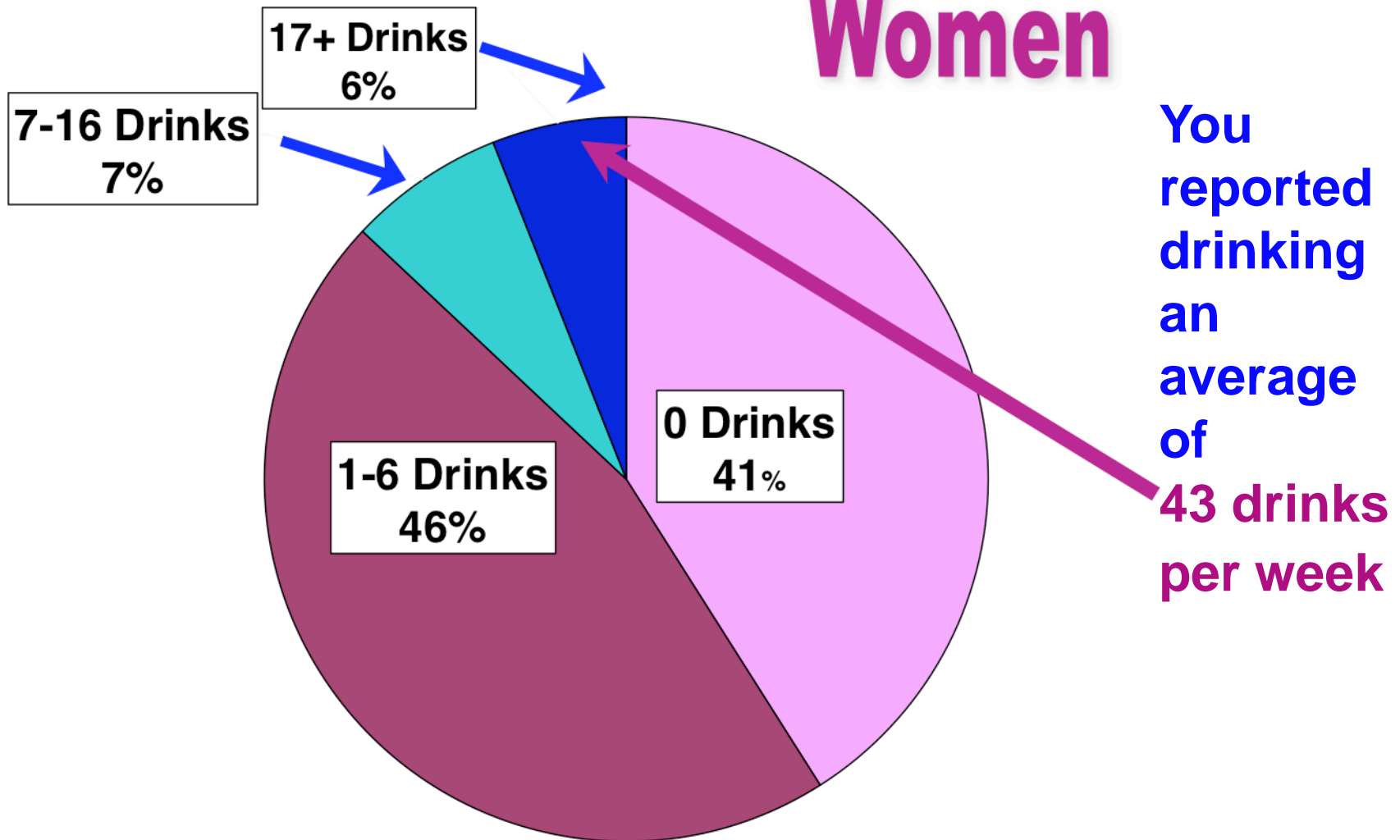
Where Does Your Drinking Fit In? Personalized Feedback

- **Weekly alcohol use patterns**
- **Health risks**
- **AUDIT score and problem level**
- **Self-confidence profile**
- **Drinking guidelines**

Where Does Your Drinking Fit In?

Personal Feedback for _____

Women



Did It Work?

(Sobell et al., 2002, ACER)

- Examined many drinking and nondrinking related variables
- **GOOD NEWS:** For both groups there were **significant changes in drinking** 1 year pre- to 1-year post intervention
- **15% reduction** number of drinking days
- **18% reduction** number of drinks per drinking day
- **28% reduction** mean drinks per week

Bad News

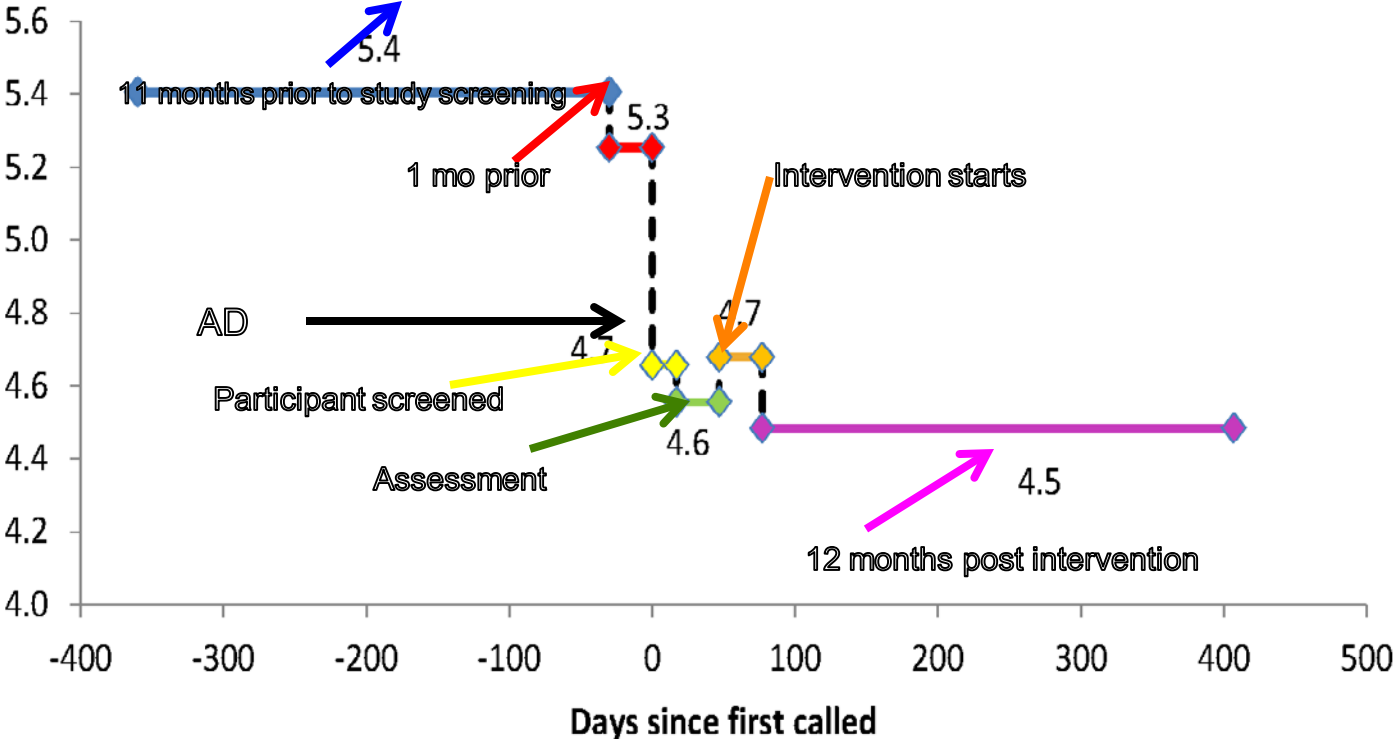
- Experimental materials resulted in **NO** additional value beyond 2 pamphlets given to control group
- **If motivational materials had no value beyond 2 informational pamphlets, what caused participants to change their drinking?**

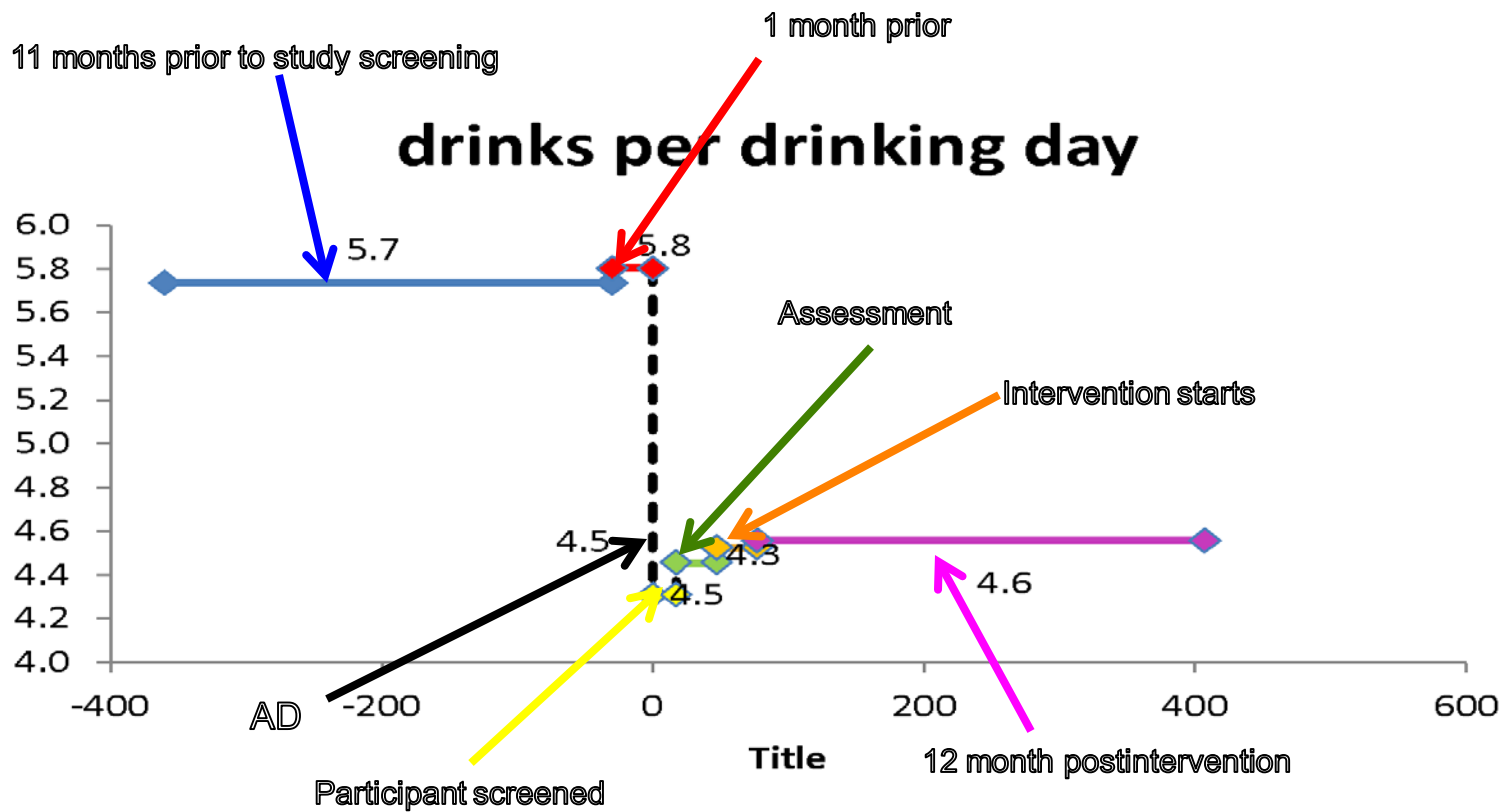
When Did the Change Occur?

(used TLFB to assess changes over time)

- All participants saw the AD prior to being screened
- As shown in the next 2 slides, for all drinking variables most participants **changed some time during the month before calling in response to AD** and before being screened for study
- Assessment and intervention effects were minimal

drinking days/week





Next Step

Results from this 1st study suggested that we needed to tease out what **catalyzed participants' motivation to change**

Was the change related to the AD itself or to the message that ***“75% of people change on their own”***

1st Message

Original AD

A16 THE TORONTO STAR Saturday, May 11, 1996 **

2nd Message

Normalized process of self-change

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2nd Study: 1st Message was the AD to Recruit Participants

Courier

11

THINKING ABOUT CHANGING YOUR DRINKING?

Eligible participants will receive \$40
and free materials

Participation is entirely by mail

For more information call toll free
866-432-1992 or email us
selfchange@nova.edu

All Calls Are Confidential
Sponsored by Nova Southeastern University

Manipulation in 2nd Study: Timing of 2nd Message

2nd MESSAGE

72 pt. font on yellow page attached to signed consent

**DID YOU KNOW
THAT 75% OF
PEOPLE CHANGE
THEIR DRINKING
ON THEIR OWN**

Timing of 2nd message: 3 groups

Message

After consenting to study and **before assessment**

Delayed Message

After **assessment** before intervention

No Message

2nd NIAAA Study in US (2011)

- Used ADs to recruit 474 people in 48 states
- Mailed assessment & intervention materials (personalized feedback)
- 2 Arms
 - No prior treatment/self-help (mildly dependent)
 - Prior treatment/self-help (seriously dependent)
- 3 month follow-up
 - 97% (455/474) found for follow-up
 - 10% collaterals randomly selected for follow-up and verified participants self-reports
- Both arms attracted very selective population —
Both had very high readiness to change scores at screening (10-pt scale: 1=not ready 10=very ready)
Means: No Tx = 7.8, Past Tx = 8.1

Pretreatment Characteristics of 464 Participants by Treatment Arm

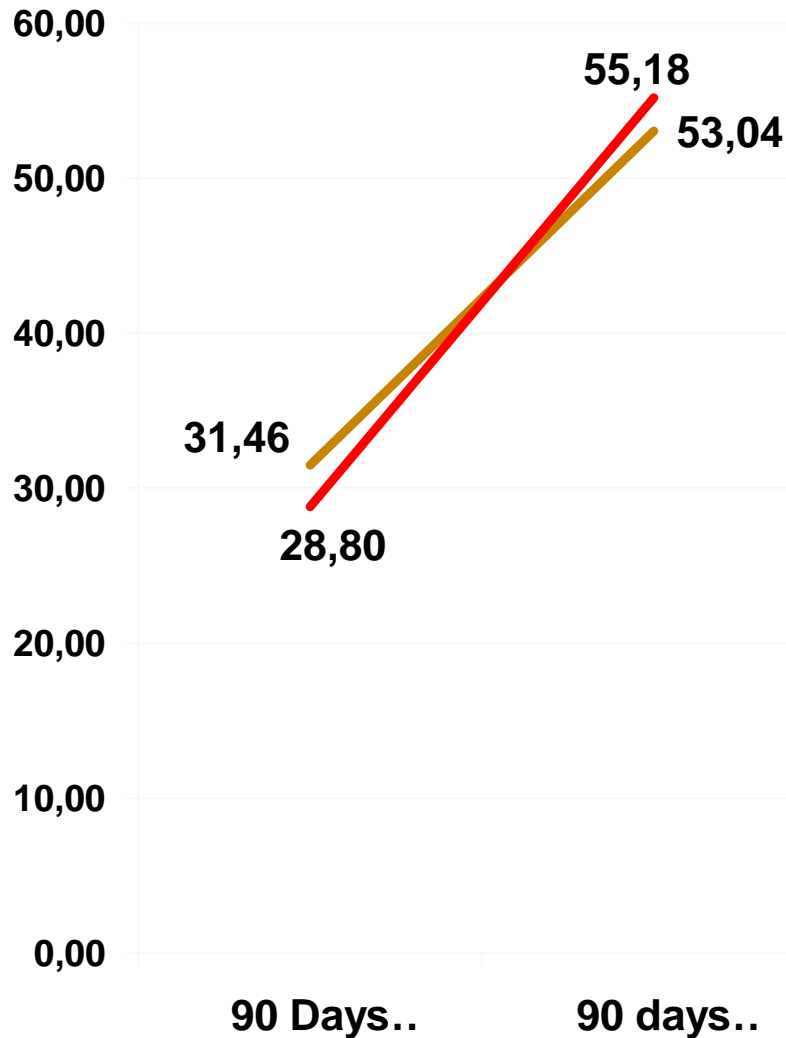
Variable	No Treatment (n=279)	Treatment (n=195)
Mean (SD) age (yrs)	41.91 (13.33)	45.87 (11.44)
Female (%)	58.4	40.5
Mean (SD) years alcohol problem	10.82 (10.14)	18.33 (11.47)
Mean (SD) alcohol arrests	0.45 (1.08)	3.03 (7.04)
Mean (SD) alcohol hospitalization	0.24 (0.96)	2.61 (5.18)
Mean (SD) alcohol quit attempts	5.75 (9.28)	9.56 (12.67)
Mean (SD) AUDIT score	20.49 (7.33)	25.52 (7.22)
Mean (SD) drinks/drinking day	4.93 (2.30)	6.44 (3.04)
Mean (SD) % days abstinent	31.06 (26.47)	28.28 (25.48)

2nd Study: Major Conclusions

- **First**, 2nd message “75% of people change on their own” **did not appear to drive the self-change process** as most participants changed **BEFORE** responding to ADs
- **Second**, most participants changed their drinking **BEFORE** completing the assessment or receiving intervention materials
- **Third**, as shown in next 2 slides, **participants in both study arms, Treatment and No Treatment**, showed significant reductions in drinking 3 months pre to 3 months post intervention
- **Fourth**, even those with **serious alcohol problems** appear to have skills to change on their own

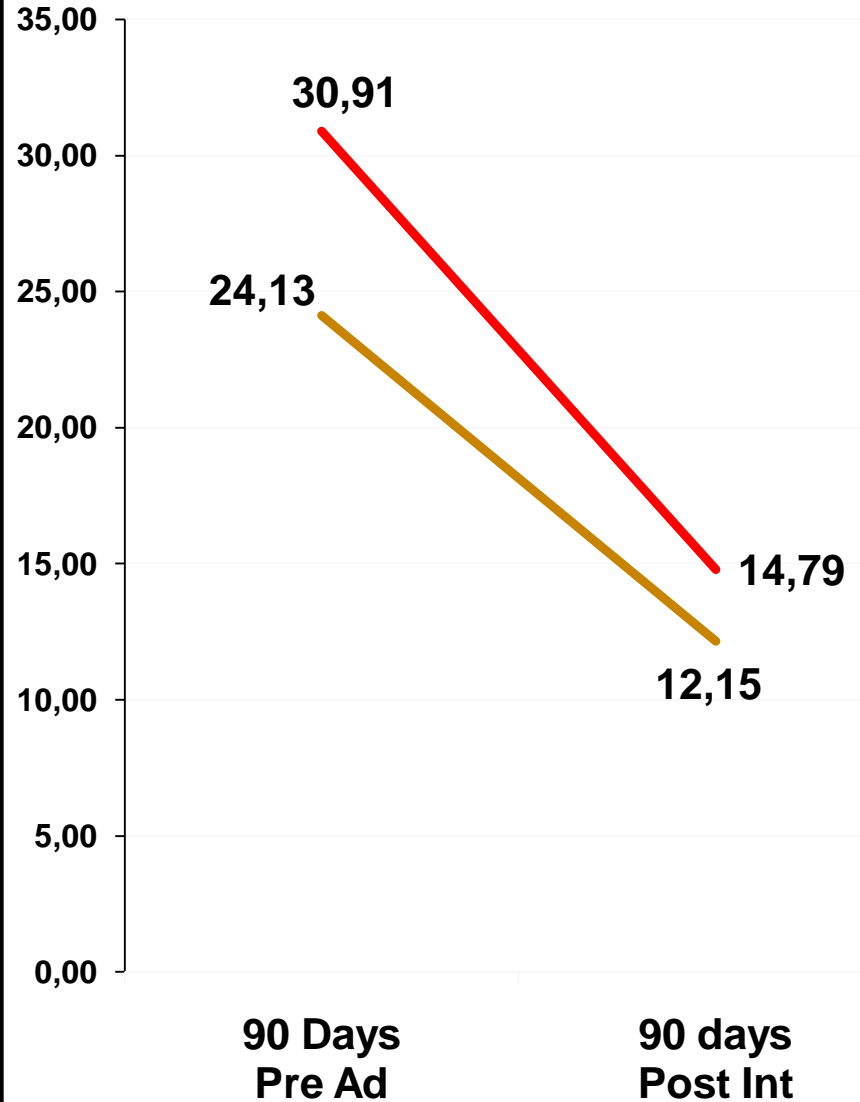
Mean % Days Abstinent

— No Treatment — Treatment

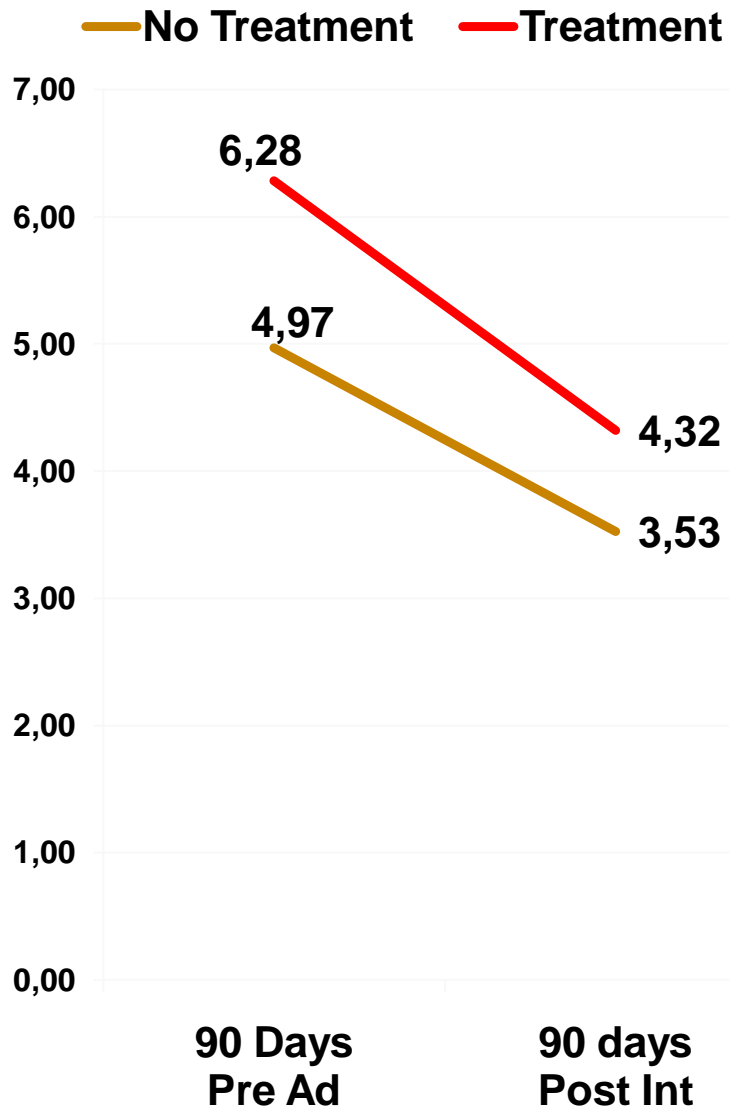


Mean Drinks Per Week

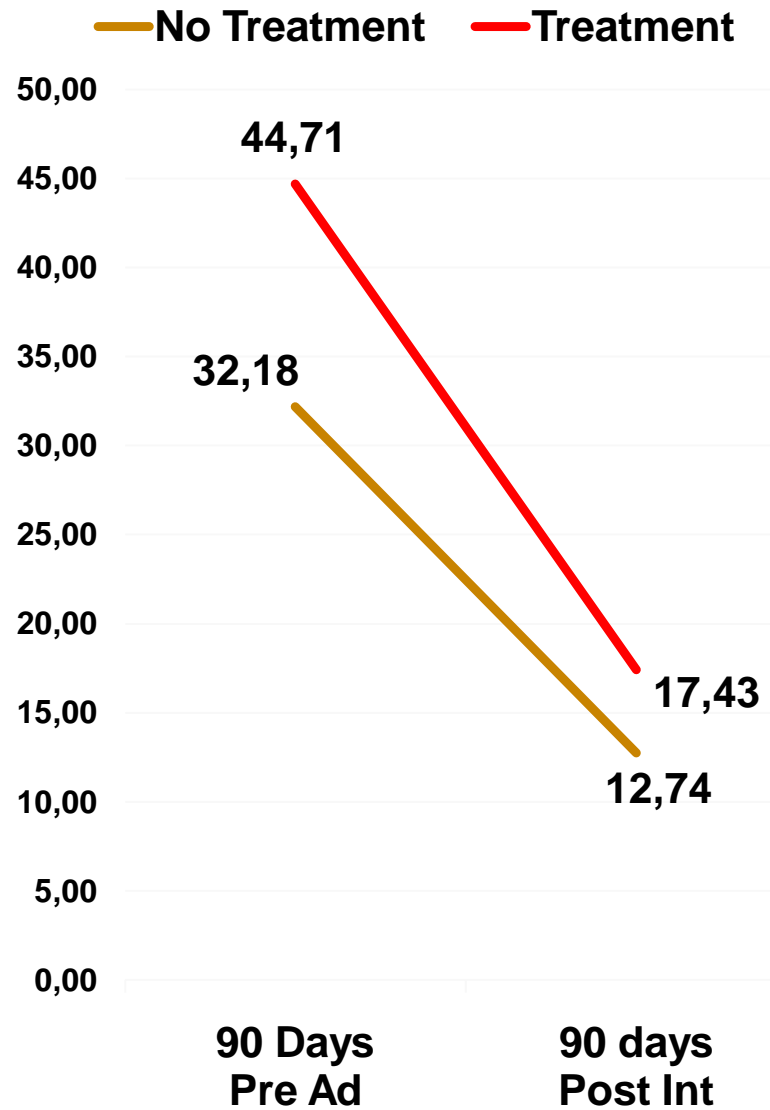
— No Treatment — Treatment



Mean Drinks Per Drinking Day



Mean Percent Days Drinking



Public Health and Policy Implications of Mail Interventions

- **In context of Stepped Care Model**, promoting self-change using mail interventions consistent with efficient approach to health care
- **As a 1st STEP**, mail-in interventions are least restrictive, least intrusive, and in 2 studies have good outcomes, and **CONSUMER APPEAL**
- **From Harm Reduction perspective**, stepped care looks at incremental improvements
- When self-change promotions do not work there should be messages to seek treatment

Where do large scale mail interventions fit in overall system of health care that has a finite number of resources?

As sensible 1st step in a Stepped Care model of treatment

Summary

- 2 large mail interventions, one in Canada and one in US, demonstrated that low cost population approaches can reach large numbers of people with alcohol problems who are unwilling or not ready to access traditional health care settings
- Interestingly, **25% of participants never previously in treatment** reported stepping up own care by seeking **some help or treatment during 1 year after mail intervention**
- **Question:** Have these 2 self-change studies prompted people to change **earlier** than they otherwise would, or have we **selected** people who are ready to change?

2011, #81

**er
access to
treatment
could play
an important
role in helping
people to reduce
their drinking.**

NIAAA Alcohol Alert, 2011

- Suggests that the field needs to respond to full range of alcohol problems by recognizing and offering multiple and varied pathways to change, including promoting self-change
- Shift to a public health paradigm is underway