Changes In Abstinence During Early AA Attendance: Does Pathway Into AA Moderate AA-Related Benefit?

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INTRODUCTION

Most studies report that problem drinkers receive positive albeit modest benefits from attending AA (e.g., Tonigan et al., 2002; Kelly et al., 2007). These findings, however, are generally based upon treatment seeking substance abusers, and it is well known that a majority of problem drinkers do not seek treatment. This study compared the relative benefit of AA for non-treatment and treatment seeking adults, with special focus on discerning potential differences in the growth trajectories in abstinence rates of these two groups over 6-months.

• The study had 3 aims:
  • Examine if help-seeking pathway moderated overall pre-post gains in proportion abstinence days.
  • Examine if help-seeking pathway moderated rates of change in proportion abstinence days.
  • Examine the relative benefit of AA for treatment seeking and AA recruited adults

METHOD

As part of a larger study of AA (R01AA014197, PI Tonigan), 70 alcoholics new to AA were recruited from the community and 140 alcoholics were recruited as they presented for treatment (also reporting minimal AA history). Frequency of AA attendance, formal treatment and drinking behavior were collected using the calendar-based Form 90 (Miller, 1996). Eligibility criteria were intentionally broad although prior AA exposure and formal treatment experiences were limited. The intake assessment included self-report questionnaires, semi-structured interviews, and urine toxicology screen. Follow-up assessments were done at 3, 6, 9, 12, 18 and 24 months. A majority of the sample was male (64.8%, n = 136), and about 38.73 (SD = 9.72) years old.

RESULTS

Table 1 displays the means (SD) for three primary measures of drinking at intake, 3, and 6 months by recruitment source. Ignoring group, large pre-post gains (intake to 6-month) were reported in increased abstinent days (d = .96), reduced drinks per drinking day (d = .92), and total standard drinks consumed in a 3-month interval (d = .84).

Aim 1. Three repeated measure GLM were done, with 3 and 6-month data as outcomes (2 levels, within-subject), intake value of the dependent measure as a covariate, and recruitment source as a between-subject factor. There were no recruitment main effects nor time by recruitment interactions (M.E. p values in Table 1, PDA p < .06, DPDD p < .67, TOTSEC p < .15) on the 3 drinking measures. Improvement in drinking did not differ based upon recruitment source.

Aim 2. Longitudinal HLM was done with PDA as the level 1 repeated measure (intake, 3 and 6-months: linear and quadratic terms entered). Recruitment source was dummy coded and entered in level 2. Restricted maximum likelihood estimation was used. Rapid gains in PDA were found for both AA-exposed groups up to 3-months, with the AA recruited group reporting a significantly faster rate of improvement using PDA as the criterion measure (β = .58, p < .001 relative to β = .24, p < .01). A non-significant decline in PDA was found for the treatment seeking sample months 3 to 6, β = -.09, p < .06, but this deceleration was significant for the AA recruited sample, β = -.19, p < .01 (see Figure 1).

Aim 3. Bivariate correlations and longitudinal HLM were used to assess the relative benefit of AA for the two AA exposed groups. Lagged Pearson correlations (AA intake predicting PDA 3-month, and AA 3-month predicting PDA 6-month) for the AA recruited sample were r = .26* and r = .48*, respectively. Parallel correlations for the treatment seeking sample were r = .11 and r = .26*, respectively. Modeling AA attendance as a time-varying predictor in an HLM, however, both groups reported about the same benefit (PDA) from attending AA, β = .27, p < .001.

SUMMARY

Findings offer a complex picture about AA-related benefit as it relates to point of entry into AA. On one hand, overall pre-post mean improvement in PDA, DPDD, and total SEC was relatively similar regardless of pathway into AA. In contrast, rates in which overall PDA was achieved differed significantly between groups, and cross-panel analyses suggested that frequency of AA meeting attendance was more strongly associated with abstinence for the AA recruited group. Noteworthy, rates of abstinence declined more rapidly between the 3 and 6 month follow-up for the AA recruited sample.

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