

Alcoholism and mutual help. From necessity to evidence

Alcoholismo y ayuda mutua. De la necesidad a la evidencia

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Alcohol consumption is one of the most important public health risk factors worldwide, with a high proportion of the toxic effects of drinking associated with deterioration, which may have a permanent impact at the level of the central nervous system (Soler et al., 2014).

Despite the passing of time, mutual help or self-help movements (sometimes used synonymously) continue to be a reality in the treatment of addictions, in general, and of alcoholism, in particular.

With historical roots dating back to 19th century temperance movements (Pascual Pastor & Castellano Gómez, 2006), in some cases of a religious or military nature, their ultimate aim is to achieve and obtain complete abstinence from alcohol. The progress of these movements has enabled creating programmes such as Alcoholics Anonymous (AA) (Pascual Pastor, 2009) based on 12 steps, or Recovered Alcoholics (RA), with a more multidisciplinary approach including recovered alcoholics, professionals (physicians, psychologists, social workers, etc.) and family support in accordance with the so-called Minnesota method (Carreras Alabau, 2011).

Though the terms “self-help” and “mutual help” are used interchangeably, far from being synonyms both are complementary, while the first refers to assuming personal responsibility for taking care of oneself, and the second refers to support given by someone to another.

In 1978, the Mental Health Commission of the U.S. Government proposed self-help as the main pillar of community mental health interventions (Villalba Quesada, 1996). Rather than weakening the model, the passing of time has consolidated it, and regional and national organizations exist across different points worldwide. Even in Europe, one of these groups has established the European Mutual Help Network for Alcohol Related Problems (EMNA), for the purpose of standardizing support, offering help and fostering advocacy.

In Spain, the Confederation of Alcoholic Addicts in Recovery and Family Members (CAARFE), founded in early 2015 on the basis of the experience of the extinct Federation of Recovered Alcoholics of Spain (FARE), has completed the structure with the participation of three pillars: the ill undergoing rehabilitation, family members and professionals. Addictions other than alcohol have also been included, given

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that types of substance use have changed the profile of the user, presenting a pattern of polydrug use or several addictions, normally of alcohol together with cocaine, cannabis, tobacco or even behavioural addictions, especially gambling.

Now then, our objective is to define these groups or movements, listing their goals and evaluating their efficiency based on scientific evidence.

Self-help Groups (SHGs) are a health model, especially relevant as a “peer” model, comprised of individuals sharing the same pathology or conflict. These arose in response to the lack of professional services, quickly revealed their efficiency and the World Health Organization itself recommended it for certain community health needs (WHO, 1987).

Its strengths are founded on learning, emotional support, participation and self-esteem, the ability to request social changes and the capacity for organization.

Its main principles are its meetings, knowledge and personal experience and support among its participants, originally without the presence of professionals, but their development revealed an increase of their validity for the community through the participation of professionals for completing the treatment (Roca Soriano, 1998), using the reciprocity inherent to this therapeutic approach based on Giving, Receiving and Contributing (Módena, 2009).

The basic essence of the structure is its democratic nature, adapted to the place, surroundings and culture where experiences are shared without generalizing, without offering advice, without making value judgments and without stances of speaking from the perspective of knowing or being (Montaño Fraire, 2010).

Its fundamental objectives are to satisfy a shared need, to overcome an obstacle that seriously hinders one’s life and to achieve desired social or personal changes (Villalba Quesada, 1996). As concerns addictions, this entails attaining and maintaining abstinence, improving one’s personal weaknesses, and modifying one’s way of being, acting and relating.

According to García Roldán et al. (1997), interaction within self-help groups enables patients to acquire knowledge about their illness, debunk myths about drugs, learn coping strategies and, especially, share experiences on how to confront and overcome conflicts that have generated their addiction, alcohol consumption, and change their lifestyle and remain abstinent, achieving integration within family, employment and social circles (Martínez Leiva et al, 2010).

However, are these actually effective?

Apparently, different studies claim they are. In 2004 a study was carried out with 279 alcohol-dependent patients (Zemore et al, 2004), obtaining positive results, analysing the progress of patients participating in the 12-step programme, likewise corroborated by the Match project (Pagano et al, 2004), even asserting that participants in SHGs remained abstinent longer than those who participated in conventional treatment, wherefore physicians were encouraged to refer alcoholic patients to these groups.

These results led the American Psychiatric Association in 2006 to position SHGs as a primary recommendation for treating alcoholism (APA, 2006)

However, a review of Cochrane Library literature mostly using the work carried out by AA is inconclusive, and highlights the lack of more complete studies to establish scientific evidence (Ferri et al., 2006).

Though the AA model is the longest-standing programme with the widest dissemination to date, paradoxically its only requirement is for participants to desire to quit drinking and, despite the group’s heterogeneity, the sole target is to attain abstinence, though a minimum participation of once per week is necessary to obtain good results (Martínez Ortiz, 2013). Other studies claim that participating twice weekly results in at least 3 more days per month of abstinence from alcohol (Humphreys et al., 2014).

In Spain, results are currently being evaluated. In 2013, a study was published based on the integration of SHGs for family members in a public alcohol treatment programme (Rubio et al., 2013) that concluded that interventions with family members of patients dependent on alcohol proved efficient for improving the prognosis of dependency on alcohol, which improves when said family members participate in the SHGs, resulting in lower rates of abandonment and fewer days of drinking during treatment for the patients themselves.

Coordination with the public health system and membership in these groups increases abstinence and decreases the number of relapses, confirming that the longer the participation in these groups the lower the probability of relapsing as to substance abuse (Pascual, 2015), making the SHGs a good therapeutic strategy together with public assistance for alcohol-related problems.

According to the Socidrogalcohol Clinical Guide, evidence for these interventions attains a level of 2B and a recommendation level of B (Tomás, 2013).

Clearly, these are useful therapeutic strategies, but a more exhaustive, homogeneous evaluation of resources and methods is required to assert their suitability as a therapeutic option. For now, there is no doubt that it is a useful, complementary therapy to reduce relapses, increase adherence to treatment and maintain longer abstinence. Even better results are obtained when family members and patients participate together, with the corresponding professional support and guidance.

Therefore, we are in the presence of an assistance model for problems related with the consumption of alcohol and other addictions, which may be assumed to be an ideal complement that brings treatment closer to patients and their family members, due to geographical nearness, flexible time schedules and the empathy of the structure itself, comprised of individuals who have experienced the same addiction. However, we insist on the participation of professionals and of coordination with community health services specialized in this type of pathology.

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