12-step programs for reducing illicit drug use are neither better nor worse than other interventions

Illicit drug abuse has serious and far-reaching implications for the abuser, their family members, friends, and society as a whole. Preferred intervention programs are those that effectively reduce illicit drug use and its negative consequences, and are cost-effective as well. Current evidence shows that overall, 12-step programs are just as effective as alternative, psychosocial interventions. The costs of programs are, therefore, an important consideration. However, the strength of the studies is weak and further evidence regarding the effectiveness of 12-step programs is needed.

What did the review study?
Illicit drug abuse is a globally recognised problem leading to high human, social and economic costs.

The 12-step program, modelled on the approach of Alcoholics Anonymous and adopted by Narcotics Anonymous and others, aims for complete abstinence. The 12-step approach is used both by self-help groups and for professional treatment called Twelve Step Facilitation (TSF).

This review examines the effectiveness of 12-step programs in reducing the use of illicit drugs. Secondary outcomes considered are on criminal behaviour, prostitution, psychiatric symptoms, social functioning, employment status, homelessness, and treatment retention.

What studies are included?
Included studies assess 12-step interventions for participants with illicit drug dependence using randomized controlled trials and quasi-experimental studies. Study populations are participants who have used one or more types of illicit drugs, regardless of gender and ethnic background.

A total of 10 studies consisting of 1,071 participants were reviewed.
participants are included in the final evaluation. Nine of the studies were conducted in the United States, and one in the United Kingdom. The studies compare the 12-step program to alternative interventions. Nine studies were included in meta-analysis.

What are the main results in this review? There is no difference in the effectiveness of 12-step interventions compared to alternative psychosocial interventions in reducing drug use during treatment, post treatment, and at 6- and 12-month follow-ups. 12-step programmes combined with additional treatment did have a significant effect at 6-month follow-up, but this finding is based on few studies and is not found at 12-month follow-up.

There is some evidence that 12-step programmes retain fewer of their participants than other programmes, but the evidence has shortcomings. No effect was found on other secondary outcomes.

What do the findings in this review mean? The main evidence presented in this review suggests that 12-step programs for reducing illicit drug use are neither better nor worse than other interventions.

This conclusion should be read with caution given the weakness of the evidence produced by the studies.

The power to detect a difference between the 12-step interventions and alternative psychosocial interventions was low and the estimated effect sizes were small. Many studies failed to adjust for the fact that the intervention is administered to groups, and so may overestimate effects. Given all these shortcomings, further evidence regarding the effectiveness of this type of intervention, especially in self-help groups, is needed.

How up-to-date is this review? The review authors searched for studies published until September 2016. This Campbell Systematic Review was published in February 2017.

What is the Campbell Collaboration? The Campbell Collaboration is an international, voluntary, non-profit research network that publishes systematic reviews. We summarise and evaluate the quality of evidence about programmes in the social and behavioural sciences. Our aim is to help people make better choices and better policy decisions.

About this summary This summary was prepared by Ada Chukwudzie and Howard White (Campbell Collaboration) based on the Campbell Systematic Review 2017:2 12-step programs for reducing illicit drug use: a systematic review by Martin Bøg, Trine Filges, Lars Brännström, Anne-Marie Klint Jørgensen and Maja Karrman Fredriksson (DOI 10.4073/csr.2017.2). Copy-editing and layout was done by Tanya Kristiansen (Campbell Collaboration). Financial support from the American Institutes for Research for the production of this summary is gratefully acknowledged.