



# Self-change among Spanish speakers with alcohol and drug use disorders in Spain and the United States<sup>☆</sup>



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## HIGHLIGHTS

- The process of self-change is well documented but few cross-cultural studies exist.
- Differences between Spanish speaker self-changers in Spain and in US were examined.
- Few differences were found between the two groups of self-changers.
- This suggests that factors other than language could influence the change process.

## ARTICLE INFO

### Keywords:

Cross-cultural  
Alcohol abuse  
Drug abuse  
Self-change  
Natural recovery  
Spanish speakers

## ABSTRACT

**Objective:** Few cross-cultural studies have investigated the self-change process with substance abusers. This study examined commonalities and differences related to the self-change process with Spanish speaking self-changers in Spain and the United States (U.S.) who reported recovering from an alcohol or drug problem on their own (i.e., without formal help or treatment) for  $\geq 1$  year.

**Method:** Advertisements were primarily used to recruit participants. There were 56 participants in the final sample (Spain,  $n = 29$ ; US;  $n = 27$ ). Participants provided demographic and substance use history information and completed the Drug Use History Questionnaire, Reasons for Change Scale, the Life Events Checklist, and a checklist for maintenance factors after recovery.

**Results:** Significantly more self-changers from the U.S. met DSM IV-TR criteria for alcohol dependence, reported significantly more life events in the year prior to recovery and significantly more maintenance/support events in the year after their recovery than their counterparts in Spain. The majority of participants' recoveries involved abstinence. Some alcohol abusers, however, report successfully engaging in low-risk drinking with no consequences (50% Spain; 22% U.S.), and some drug abusers in Spain (23%) reported a few days per year of very little drug use.

**Conclusions:** The two groups of Spanish speakers represented very different cultures, and those from the U.S. came from several countries in the Southern hemisphere. The results of this study suggest that even though people speak the same language that does not mitigate against cultural differences. Additional studies of the process of self-change with larger participant samples are needed to better inform the development and provision of interventions for Spanish speakers with alcohol and drug use disorders across different cultures and countries.

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<sup>☆</sup> Portions of this manuscript were presented at the 9th INEBRIA Conference, Barcelona, Spain, November 2012. The research described in this article was conducted as part of the senior author's doctoral dissertation and was supported by the grant MCYT-03-BSO-00732 (Ministerio de Ciencia y Tecnología – Ministry of Science and Technology, Spain). Final versions of all translated questionnaires are available from the either Dr. Jose Luis Carballo or Dr. Linda Sobell.

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## 1. Introduction

Several large scale population surveys (Cohen, Feinn, Arias, & Kranzler, 2007; Dawson et al., 2005; Sobell, Cunningham, & Sobell, 1996) and literature reviews (Carballo et al., 2007; Klingemann & Sobell, 2007; Klingemann, Sobell, & Sobell, 2010; Sobell, Ellingstad, & Sobell, 2000) have shown that natural recovery, or self-change, is a major pathway to recovery for individuals with alcohol and drug problems. The vast majority of these studies, however, have been conducted in North

America. (i.e., 59%, United States; 23%, Canada) followed by 18% in Europe (Carballo et al., 2007).

A striking finding in all of these studies is that treated substance abusers as compared with self-changers are more severely dependent, report more consequences, and report longer problem histories (reviewed in Carballo et al., 2007; Sobell et al., 2000; Klingemann & Sobell, 2007). In terms of alcohol and drug use, most studies of self-changers with alcohol problems report both abstinent and low-risk drinking outcomes, and many studies of drug self-changers report low-risk drug use outcomes (Sobell et al., 2000). In addition, these studies have found that social support and a positive family milieu are important factors associated with maintenance of change (Bischof, Rumpf, Hapke, Meyer, & John, 2001; Rumpf, Bischof, Hapke, Meyer, & John, 2002; Sobell et al., 2000).

Because treatment approaches and social values differ across cultures and with speakers of the same language (Klingemann, Takala, & Hunt, 1992), studies conducted outside of North America are needed to understand culture and language specific mechanisms of change. Unfortunately, cross-cultural studies of the self-change process are few in number, and we are aware of none with speakers of the same language but from different cultures. The one major cross-cultural study of the self-change process that was conducted in Switzerland and Canada found no significant differences among individuals who had recovered from a heroin, cocaine, or alcohol problem (Sobell et al., 2001). Across both countries, the most common reason for changing was what the authors labeled a “cognitive appraisal” (i.e., over time respondents reported weighing the pros and cons of changing their alcohol or drug use and eventually enacted a change). A cognitive appraisal has been reported by self-changers in other studies (Ellingstad, Sobell, Sobell, Eickleberry, & Golden, 2006; Rumpf et al., 2002; Tucker, Vuchinich, & Rippens, 2004).

The present study was designed to examine commonalities and differences related to the process of self-change and its maintenance by Spanish speakers from Spain and the U.S. who had had an alcohol (AUD) or drug use disorder (DUD).

## 2. Method

### 2.1. Participants

Participants who reported that they had recovered without any formal help or treatment were recruited from two countries, Spain (Northern) and the United States (South Florida). The participants from Spain were described in a previously published paper (Carballo et al., 2008) that compared individuals with a substance use disorder (SUD) who had recovered through treatment with those who had recovered on their own (i.e., self-changers). In the current paper, only data for the 29 self-changers from Spain are presented.

Over two-thirds (67.86%) of the 56 participants (Spain,  $N = 29$ ; U.S.,  $N = 27$ ) were recruited through media advertisements (e.g., newspapers, radio). Several other less successful recruitment methods were also used (e.g., posters, debates on the topic in newspapers and radio; referrals by physicians specializing in substance abuse but not providing treatment; addiction specialists recruited only those who had recovered through treatment; community centers; self-help organizations; posters at the university; social centers, bus stations, sports centers). To be enrolled in the study the participants from the U.S. had to meet the same eligibility criteria as those previously published for the self-changers in Spain (Carballo et al., 2008): (a) prior to their recovery participants had to meet the DSM-IV-TR criteria (American Psychiatric Association, 2004) for either an AUD or DUD; the DSM diagnosis refers to the number of criteria endorsed for the primary substance from which participants recovered for either an AUD (abuse or dependence) or DUD (abuse or dependence); (b) 18 years of age or older (legal drinking age in Spain); (c) never received formal help or treatment for an alcohol or drug problem; as in previous self-change studies (reviewed in Klingemann & Sobell, 2007; Sobell et al., 2000) help was defined as (i) receiving

pharmacological, psychiatric, or psychological services for an alcohol or drug problem provided in either an inpatient or outpatient setting; (ii) attending  $\geq 3$  self-help meetings (e.g., AA, NA); or (iii) any minimal intervention (e.g., brief discussion with a health care practitioner, reading self-help books, or even one treatment session); (d) fluent Spanish speakers whose primary language was Spanish; and (e) signed an informed consent. Those with an AUD had to meet the following criteria: (a)  $\geq 1$  year prior to recovery had consumed the following number of standard drinks (SD) per week (International Center for Alcohol Policies, 2008; World Health Organization, 1998; SD defined by the World Health Organization Spain = 10 g of alcohol, which is less than the US definition of 1 SD = 14 g): Spain:  $\geq 21$  SDs (210 g) for men and  $\geq 14$  SDs (140 g) for women; U.S.:  $\geq 14$  SDs (210 g) for men and  $\geq 7$  SDs (98 g) for women (National Institute on Alcohol Abuse and Alcoholism, 2005); (b) recovered for  $\geq 1$  year prior to the interview defined as either no alcohol use (abstinence), or low-risk drinking of no more than 3 SDs per day for men and 2 SDs for women; and (c) if engaged in low-risk drinking no self-reported alcohol-related consequences (e.g., psychological, occupational, social, family, health, or legal). Those with a DUD had to meet the following criteria: (a) drug use for  $\geq 1$  year prior to recovery; (b) recovered for  $\geq 1$  year prior to the interview defined as no drug use (abstinence) or low-risk drug use defined as one or two times per year for marijuana and one time per year for all other illicit drugs and with no adverse consequences. Definitions of low-risk, non-problematic drug use have varied across studies, but what we all have in common is very few days of use and no drug-related consequences (i.e., psychological, occupational, social, family, health or legal) when using (reviewed in Klingemann & Sobell, 2007; Sobell et al., 2000).

In the U.S., the Institutional Review Board (IRB) at Nova Southeastern University approved the study. In Spain, the IRB counterpart, the Ministry of Science and Technology of Spain (Ministerio de Ciencia y Tecnología, Spain), reviewed and approved the study. All participants signed consent forms to participate in the study. No background information was available for ineligible participants because only eligible participants were administered study questionnaires.

### 2.2. Design and setting

The ad used to recruit self-changers in both countries read as follows: *¿Has cambiado tus hábitos de consumo de alcohol u otras drogas sin ayuda? ¿Has abandonado o reducido el consumo de alcohol u otras drogas por ti mismo? ¿Has modificado tu forma de consumir alcohol u otras drogas sin tratamiento?* (English translation: “Did you change your habits in relation to alcohol or other drugs without help? Did you give up or reduce your drinking or use of drugs by yourself? Did you change your way of drinking or taking other drugs without treatment?”). The ad also told participants that researchers at the Psychology Faculty of Oviedo University or Nova Southeastern University were interested in interviewing people who had changed their habits in relation to alcohol or drug use without treatment or professional help, and that they could provide the researchers with valuable information that could help the researchers improve treatments for individuals with alcohol and drug problems. Total confidentiality was also promised. The only difference between the ads used in both countries is that in Florida eligible participants were told that they would be compensated with \$25 (US). Compensation was allowed for participants in Spain. Based on previous studies by the South Florida research group, a small amount of compensation was deemed necessary to recruit participants. As noted earlier media advertisements were the primary way participants were recruited.

With a few exceptions, due to transportation difficulties (Spain,  $n = 2$ ; US,  $n = 5$ ), interviews were conducted in person during a single session, and ranged from about 30 to 60 min. The senior author (JLC) interviewed all the participants in Spain and 22 of the participants in Florida. The five remaining Florida participants were interviewed by one of the other

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