

**AN INITIAL IMPRINTING OF THE SELF-HELP  
GROUPS OF NARCOTICS ANONYMOUS AND  
ALCOHOLICS ANONYMOUS IN GREECE:  
THE DEMOGRAPHIC FACTS**

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**ABSTRACT**

Although the self-help groups of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) in Greece count more than 20 years of life, the related research in the field in this country is limited. This study is the first in this context. The study was conducted in a 16-month period (September 2004–January 2006) in the following towns: Athens, Thessaloniki, Serres, Nafplio, Iraklio, and Katerini. It was carried out in the frame of a diplomatic study in the postgraduate program of Social and Clinical Psychology of Addictions and Psychosocial Problems at Aristotle University of Thessaloniki under the supervision of Phoebus Zafiridis. The research aims to provide a general picture of AA and NA groups in Greece at the present time. We profile the people who participate in NA and AA groups. Specifically, this article presents an analysis of the answers of the 18 first items of a questionnaire on the demographic characteristics of AA and NA members. Findings are compared to those provided by the central organizations of AA and NA as well as similar official therapeutic programs in Greece. Our final sample includes 22 members of AA groups and 60 members of NA groups. The approach to the members proved to be the most difficult and important part of the research. The participants responded to 55 questions voluntarily and anonymously. Statistical analysis was conducted with statistical tool SPSS-12, in some cases augmented by qualitative Thematic Analysis. The findings describe the characteristics and main demographic features of our sample, specifically: sex, age, nationality/citizenship, denomination, marital

situation, educational, and the professional and socioeconomic level of the participants. The demographic facts indicate that the profile of the people who participate in the AA and NA groups studied is quite different from the profile of individuals who attend official programs. However, some similarities are noted in the experience of addiction and for cultural backgrounds. Self-help groups in Greece are in an initial stage of development. Further research is required and is currently in planning stages.

## INTRODUCTION

The aim of this article is to present some basic findings of a wider research carried out to provide a general picture of Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) groups in Greece. The article describes the demographic characteristics of members of these groups selected from among those active several Greek towns.

Further, we compare these findings with equivalent characteristics of persons who attend other therapeutic programs in Greece, as well as with people who participate in self-help groups in other countries.

The concept of self-help is connected mostly or exclusively with the personal sense of responsibility, which calls for the activation and utilization of “your own means” in handling significant personal problems. The term “self-help groups” has wider interpretation and application. It refers to groups of people with common or similar problems, as for example diabetics, alcoholics or the addicted. Emphasis is placed on the activation of the person through the common working through of the troubling experience and approaches to solution of the problems of fellow sufferers (Μπαϊρακτάρης, 1994).

There remains some confusion among social scientists regarding the meanings of the words “self-help” and “mutual help” (see Riessman, 1997). According to the definition accepted by the World Health Organization, self-help refers to formal or informal organized groups in the frame of health care, particularly to “created social groups” that find a common—an sometimes a wider—denomination in moving toward new forms of dealing with the problems focused upon. It includes the self-help groups as such, the broader organizations of self-help and alternative forms of care, all of which are part of the “self-help movement.” The word “self-help” is used more widely than the word “mutual help,” but the second may be preferable because it emphasizes the mutuality beyond exclusive interest in the self (Kickbusch & Hatch, 1983).

On the other hand, Katz and Bender (1981) formulated the most widely usable definition for the self-help groups:

self-help groups are small, voluntary structure for the mutual help and the fulfillment of a specific purpose. They are usually created by equal people, who unit with the purpose to offer help for the satisfaction of common need

for coping with common difficulties or problems that threaten their lives—  
and to achieve the desired social and/or personal change.

The founders and members of such groups believe that their needs are not satisfied and that they cannot be satisfied by the existing social structures. Self-help groups emphasize direct social interaction and the assumption of personal responsibility by the members. They often offer material help as well as emotional support. They are often directed toward the cause of the problems and project an ideology or values through which the members may acquire a better awareness of their personal identity (Kickbusch & Hatch, 1983).

Official information about the beginning of groups of AA and NA in Greece did not exist until now. From our contact with older members of the groups, we collected some information. According to these, in about 1986–1987 soldiers of American bases in Greece, having available the experience in their country, created the first group of AA. Moreover, the same sources note that at the beginning of the 1980s a group of AA was created in the frame of the therapeutic program “18 Ano.” Later, according to the same source, Greek people with problems of alcohol abuse and illicit narcotics substances followed their example.

We should mention that the first meetings were English-speaking until the time that the basic core of Greek groups was created. Groups of NA and AA have met occasionally in several towns in Greece. Apart from the permanent groups in Athens and Thessaloniki, the groups in smaller towns represent an unstable function. For that reason, we didn’t involve all of them in this research, focusing only on those that, according to the sources (members, Internet), involve a more stable mode of functioning.

## BIBLIOGRAPHIC REVIEW

Until the beginning of the 1970s, American social scientists’ interest in research and the theory of self-help was inadequate. With the exception of a study conducted by Bales (1944) concerning the therapeutic role of self-help groups in Alcoholics Anonymous, other empirical research doesn’t appear in bibliographic until 1957, when Alfred Katz (1981) published his doctoral thesis titled “Parents of Disadvantaged-People-Recovery Inc.”

Despite the important growth of self-help organizations during the 1960s, only occasional descriptive case-studies were published, including studies of specific organizations, and more general studies by writers in social work, psychology, and other clinical fields. Main exceptions are the studies of Anonymous Alcoholics by Trice (1966) and Gellman (1964) (Katz, 1981).

The social scientists and professional in the mental health field were late to recognize the existence and the importance of self-help groups. Systematic research is something even more recent following the above recognition. Today we can easily enumerate studies covering a wide range of self-help groups that

address many problems and dilemmas of wide concern. Although empirical research provided further development in the last two decades, simple demographic information such as “how many and who” participate in self-help groups in the United States remains fragmentary or unavailable.

Information on the self-help groups is of great importance especially because of recent discussions regarding imminent changes in the health services benefits. The role that these groups can and are called on to play demands basic information as the above (Lieberman & Snowden, 1994).

Tracy and Gussow conducted the first systematic assessment regarding self-help groups in 1976. Their study concerned the rate of growth of six self-help organizations during a period of 30 years (1942–1972). It showed stable increase every year from 1950 to circa 1971. However, from 1972 to 1978 the research reveals a more significant increase of 50% (Lieberman & Snowden, 1994).

In the United States, the National Institute of Mental Health (NIMH) considers the use of self-help groups as integral to the function of the mental health services system. Summarizing the results of studies in 1993, NIMH determined that 7% of the study sample refers to the attendance or participation in self-help groups. Among the participants, 7.9% presented problems of substance abuse, 9.7% co-existence of substance abuse and mental illness, and 5.1% disorders not related to substance use. Individuals who participate in self-help groups attend more meetings than individuals who make use of any other form of help (Lieberman & Snowden, 1994).

The researchers conduct three kinds of inquiry: studies of participants’ effectiveness, studies evaluating the groups by ethnographic-qualitative methods, and action studies which examine participation and process in the group (Kurtz, 1997). Most of these studies employ qualitative methods—interview and questionnaire.

Quantitative studies that examine epidemiological and demographic characteristics are an exception. In some cases scales are utilized as the Twelve Steps Persuasion Scale, the Twelve Steps Commitment Scale, the Categorization Scale assessing where an individual places self within a specific group, e.g., the addicted; and the Self-Stigmatization Scale that considers self-stigmatization involving a specific situation, e.g., addiction (Powell, 1994).

Studies on Twelve Steps groups have not fully proved the reliability of the facts collected through self-report. Many studies have not described adequately the demographic characteristics of the members. Often samples are not representative regarding socioeconomic level and gender.

In this context, it was confirmed that the effectiveness of self-help groups was identified while noting that strict scientific research on twelve steps groups is not feasible, and that all existing research shows some deficits.

The improvement of methodology and the quality of research needs to be the aim of researchers in the new generation (Emrick, Tonigan, Montgomery, & Little, 1992).

A brief review of the most recent studies by expert researchers on groups of NA and AA, confirms the conclusions of Emrick et al. (1992), observing serious deficits in methodology.

In an effort to look for the most recent research in self-help and specifically involving groups in NA and AA, we can distinguish two kinds of approach. On one hand, there are the studies that are concerned with quantitative characteristics that refer to the profile of the individuals who come to these groups. On the other hand, there appear qualitative studies that have to do with the essence of the process taking place within groups—the psychological processes, abstinence from substances, change and spiritual maturing, as well as the micro-collective processes in group settings (Miller & McCrady, 1992).

A general conclusion of the first bibliographic review indicates that the greater part of the research abroad focuses on AA groups more so than on NA groups.

GSO (General Service Office) informs us through its official site that the first survey conducted by the organization itself took place in 1977; since then such efforts are implemented at fixed intervals, every two or three years.

A very systematic and comprehensive effort of collecting and analyzing the findings of the research on AA groups was provided by the meta-analysis of Emrick et al. (1992). It examined the results of 107 published and unpublished quantitative studies and gave a complete picture of the characteristics of the sample that these studies examined. The following are the basic findings:

- the average age of the individuals attending the groups is 42 years;
- the average size of the sample for men was 116 and for women 9;
- up to 50% of the studies didn't report whether the individuals interviewed were employed or unemployed; and
- the socioeconomic level was not identified in about 75% of the studies. The studies that did refer to the variable, show that some 50% of the sample was constituted by individuals in middle socioeconomic class. Three percent of studies found that the participants were of low socioeconomic level and only 7% research reported individuals of high socioeconomic level.

According to the official three-year exhibit of GSO (AA, 1990), 42% of its sample are salespeople, administrative executives, independent professionals, or skilled workers. Almost one-fourth of the sample are unskilled or at limited skill levels—home employed, students, military, unemployed, handicapped, or retired (Emrick et al., 1992).

Continuing the report of results of the meta-analysis, up to two-thirds of the studies examined all members of some groups. About 19% examined members who agreed to participate voluntarily, or who were selected by random sampling.

As to methodology, only 16% of the studies employed some experimental condition.

The majority of the studies were correlative, examining the relation among several variables. Only one-third of the studies examined individuals at two

different time points. Thus, most studies selected data at only one time point in the course of recovery of the individual.

Almost half of the studies did not manage to prove the reliability of their research instruments.

Thirty-one percent of the studies made use of some “indirect” source of information to confirm data collected by self-report. Thirteen percent of the studies employed some biological method or medical report to control validity of the self-report. These findings suggest that there is considerable room for improvement in the collection of reliable and valid data in this field (Emrick et al., 1992).

The last exhibit of GSO includes facts on members of the groups in the United States and Canada, as follows:<sup>1</sup>

- Gender: 65% men, 35% women.
- Age: 21 years or younger, 21%; 21-30 years, 7.9%; 31-40 years, 18.2%; 41-50 years, 33%; 51-60 years, 23.1%; 61-70 years, 1.5%; older than 70, 4.8%.
- Ethnicity: “White” (Caucasian), 89.1%; African American, 3.2%; Hispanic, 4.4%; Native American, 1.8%; others, 1.5%.
- Employment: 71% employed, 14% retired, 3% students, 6% unemployed, and 6% individuals who are unemployable because of a specific problem.
- Abstinence from alcohol: on average almost eight years with the rates ranging from a few months to more than 10 years.

Most demographic studies in NA groups have been conducted by the central organization of NA (World Service Office) and usually take place in world international conferences. Similar efforts have been made in local conferences in several countries (e.g., Victoria-Australia in 2003, New Zealand in 2005).

The last published study of the world organization of NA, in which almost 13,000 members participated, attended the world conference of NA in San Diego, California. in 2003, provides the following:<sup>1</sup>

- Gender: 55% men, 45% women
- Age: Under 21 years, 3%; 21-30 years, 12%; 31-40 years, 31%, 41-50 years, 40%; 51 or older, 13%
- Ethnicity: “White” (Caucasian), 70%; African American, 11%; Hispanic, 8%
- Employment: Employed full-time, 72%; employed part-time, 7%; unemployed, 7%; other, unemployed or not in labor force
- Abstinence/Recovery: ranging from less than one year to 40 years with average 7.4 years (Narcotics Anonymous, 2003).

Individual recent research concerning the demographic characteristics of the members of groups, are fewer than those conducted by organizations. However,

<sup>1</sup> Some totals do not add to 100% because of non-response or ambiguous categories.

Quartini, Malandrini, Bardazzi, Tedici, and Allamani (2001) on NA groups in four big cities in Italy found facts similar to those reported.

Other topics have been studied, as for example the participation of White and African American in self-help groups in the United States, examining possible ethnic or social factors affecting such participation (Snowden & Lieberman, 1994). Factors that relate to the frequency of participation in a self-help group, such as the content of group process and the extent to which it fits with the individual's perceptions, applicability of Twelve Step approaches in groups with specific characteristics as homosexual women, individuals with co-existence of mental disorder and substance abuse disorder, and families of mentally ill people or alcoholics also have been examined (Kammer, 2002; Kaskutas, Weisner, & Cactano, 1997; Kurtz, 1997).

Rascon and Tonigan (2003) found that in comparing the profile of members of NA and AA, in NA the 20% were women and the 80% men, whereas in AA the 36% were women and the 64% men. The average age of the NA members was shown to be 38.2 years and of AA members 40.4 years.

Because in Greece the related research is at an early stage, we consider essential a first overall imprinting—systematic overview—of the groups before we analyze specific facts and proceed in correlations.

## METHODOLOGY

### Participants

The individuals who participated in the research are members of Twelve Steps of Alcoholics Anonymous and Narcotics Anonymous in groups in several towns in Greece—Athens, Thessaloniki, Iraklio, Naflpio, Serres, and Katerini. The total number of the participants was 8.2 The basic criterion by which the individuals were selected was their participation in Twelve Step groups related to the problem of addiction.

### Research Plan–Method

A questionnaire survey method was chosen. By this means we examine patterns of characteristics and compare these to a representative sample of the population (Bell, 2001).

### Questionnaire Construction

The questionnaire includes 55 items of which 18 concern demographic facts, 34 information about participation in the group, substance use, and subjects related to it. The final three questions inquire regarding subjective aspects and needs of the individuals. The initial 52 questions are closed-ended (answer by one



word or one number), or choice of one answer among mutually exclusive alternatives, or choice of several answers from a catalog of subjects.

To exclude the possibility of losing data, the questionnaire provides opportunity for clarifying or providing alternative responses.

Three of the questions are open (which can be stated by a word, a phrase, or an expanded comment).

On the first page of the questionnaire we provide a text of introduction, describe our professional fields, and the main aims of the research. We guarantee anonymity, and remind that participation in the research is voluntary.

For the form and content of the questions and answers we consulted statistics provided by the E.I.I.Ψ.Y. (Researching University Institute of Mental Health), to facilitate comparability of results. Specifically, we use the annual exhibit of E.K.T.E.I.I.N. (National Centre of Substantiation and Information for Drugs, 2004) describing the situation regarding the use of drugs and alcohol in Greece. Guides for construction of the questionnaire were provided by review of studies, e.g., AA and NA; Victoria-Australia, 2003; New Zealand, 2005).

## Process

Approaching the groups and their members constitutes a very important aspect of this research. The groups are close and cohesive and only the directly interested people can participate in their meetings. Moreover, the philosophy of these groups is positioned in the Twelve Traditions, which protect the members from possible outside interventions.

The following process was implemented: we arranged contact with the central organizations or collective organs of the groups involved (World Service, General Service Office, Intergroup) to obtain some overall information as basis for the research. Correspondence was limited but positive. At the same time we met some key persons who could be and were willing to give us advice to assist our effort and to share some information regarding the groups and their function. These persons typically were ordinary members of the four groups, or individuals responsible for the groups' public information.

After we had collected the essential facts through the bibliography and the above contacts, we progressed to the pilot study. The things we wanted to investigate were possible defects or failings of the questionnaire and clarification of the way we were to approach the group members.

The group we chose for the pilot study was AA in Serres. Our choice was based on its small size and on the consideration that one member had helped us in the first stage of the research.

We visited the group in an open meeting and after the member we knew introduced us, we explained the aims of our study. We administered the questionnaires and discussed with the members questions and concerns. On the basis of



the discussion, we noted that we should change some points of the introductory text that might have possibly caused confusion.

### **Data Selection**

We emphasize that in most cases the contact was feasible only individually with members of the groups and rarely with the whole group, as the function of the group involves some rules, one of which is not to let other factors intervene. Particularly, in the open meetings non-members can only be observers and their involvement is not allowed.

Bibliographic reports by Wilson (1995) regarding research procedure provided us with some useful practical information and guidelines.

In our research, from the very beginning we knew that, apart from the common characteristics, each group maintains its autonomy concerning its organization and function, and that the members we met represented only themselves and not necessarily the group in which they participate.

Taking this as basis, we started our contacts with a regular nuclear members of NA and AA whom we knew from the site of our clinical practice, the Self-Help Promoting Program in Thessaloniki. Our daily contact and development of relationships with these people helped us in the creation of confidence, which, as we saw later, was an essential prerequisite for continuance of the research.

The first contacts "opened" the way for contacts with members of other groups in Greece. Some members of the groups in Thessaloniki helped us by giving information about which groups existed in Greece at that time and, most important, they sent us to people-members of the groups they personally knew and with whom they were familiar. This ensured positive correspondence with people we tried to meet in other towns. It provided the main way for connection with the other groups and the relationships we needed to create. These efforts guided our approach, the duration of the contact, the frequency of the visits in each group, and as it was proved, the proportion of the returned questionnaires.

Particularly, depending on the case, we shaped our varied and unique ways of approaching the members of the groups. One way involved initial contact with a reference person from each group, providing information about the aims of our research and, if we received a positive reaction, our subsequent visit to an open or public meeting of the group in order to distribute the questionnaires. The return of the questionnaires took place at a second visit to the group within a short period.

Another way of approach involved the administration of the questionnaires to some individual group members who, in turn, were engaged to distribute questionnaires to other members who then returned responses to us. This approach proved to be the less effective, possibly because some members engaged did not sympathize with our objectives.

One further and simple way called for the meeting with each member of the group separately, and each filling out the questionnaires on the spot. The experience showed that this means of personal contact was the most effective.

In all our efforts, it was most important not to intervene inappropriately or to interfere with the rules of the group. We often needed to visit each group many times because questionnaires had not been filled out. On the other hand, the inconsistency of some members impeded the process and it sometimes made us feel embarrassed in our association with them.

In separate contacts with members and groups, we had decided in advance that we would pay the expenses of the meeting, since we had invited them. But in some cases, the members wanted to make us feel comfortable, so they undertook covering the expenses and indeed sometimes our transportation as well.

### **Method of Data Analysis**

In the method of analysis we followed a simple quantitative approach with the help of statistical implement SPSS-12. The majority of the questions could be analyzed quantitatively. For several open-type questions, qualitative analysis was required, specifically thematic analysis as defined in Smith's *Qualitative Psychology* (2003).

Both quantitative and qualitative steps focused on exploring the profile of people who join Twelve Steps groups, and the presentation of their possible needs, beyond simple statistical indicators. Facts as collected are compared with those of official programs (e.g., EKTEIIN).

In the following discussion there is an effort to indicate issues, possible correlations, and the annotation of findings.

## **FINDINGS**

After the collection of the questionnaires and the recording of data by statistical implement SPSS-12, the following findings are presented.

### **Alcoholics Anonymous**

We distributed 40 questionnaires to members of Alcoholics Anonymous, 22 of which were returned.

#### *Socio-Demographic Characteristics*

Of the 22 individuals who replied, 59.1% were men and 40.9% women; 13.6% belong to the age group 25-35, 40.9% to the age group 36-50, and 40.1% to 50 years old and up.

As far as to nationality and citizenship, 95.5% of the sample are Greek and the remaining 4.5% from other countries.

Religions included Christian Orthodox, 90.9% and Catholic, 4.5%.

As to marital situation, 40.9% were single, 50% married, and 4.5% divorced. Of the 54.5% children, 41.7% has one child, and 50% has two children.

Education includes 86.4% graduated from the Lyceum or six-class Gymnasium, while 9.1% and 4.5% respectively have completed 10 and 11 years of education. After basic school, 54.5% have undertaken studies of which in turn 66.7% have graduated from University and 33.3% from some form of technical school (OAEΔ, IEK, etc.).

At this time, 68.2% are employed and 11.3% are retired. Of the employed individuals, 92.3% are in private industry and 7.7% in public service. Second jobs were held by 7.7%. On average, their work week was 42 hours and the majority (66.7%) reported annual income to about 20,000 euro (approximately 26,000 US\$).

Residence includes 59.1% living in one of the two big cities in Greece (Athens and Thessaloniki) and 40.9% live in towns to 500,000 inhabitants. Only 27.3% live alone, 45.5% live with husbands/wives, 18.2% with mates, and 9.1% with parents.

### **Narcotics Anonymous**

The questionnaires given to members of groups in Narcotics Anonymous totaled 96, of which 60 were returned.

#### *Socio-Demographic Characteristics*

Of the 60 individuals who replied to the questionnaire, 70% were men and 30% women. The average age was 31.5 years, specifically 46.7% belong to the age group 21-29; 40% belong to the age group 30-40, and the rest (41 years or older), 13.3%.

As far as to nationality and citizenship, 98.3% are of Greek nationality and citizenship and 1.7% are Albanian.

Of the 90% of participants who answered the questions about denomination, all stated "Christian Orthodox."

As concerns their marital situation, 78.3% were unmarried, 15% married, and 1.7% estranged, and 3.3% divorced. Only 13.3% of the participants report having children, all with one child.

All participants have gone to school, completing on average 10.8 years of education. Most of them (61.7%) have graduated from the Lyceum or six years Gymnasium, while 10% of the sample has completed 9, 10, and 11 years of education. After basic school, 45% of the individuals have studied further, of which 33.4% have graduated from some form of technical school (IEK, TEE, KATEE, and TES) and 3.3% have graduated from University.

At this time, 71.7% are employed; of these 60% are in private industry, 5% have their own business, 3.3% have occasional jobs, and 1.7% are in public

service. Second jobs were held by 11.7%. Their average work week is 44.2 hours. As for their economic situation, 39.1% report an annual income to about 10,000 euro (approximately 13,000 US\$); 21.8% 6,000 euro (7,800 US\$); 13.9% 20,000 euro (26,000 US\$), the remainder at low levels or non-response.

Permanent residence is occupied by 95.5% and 5% are staying at a location temporarily; 75% live in one of the two big cities in Greece (Athens and Thessaloniki) and 13.3% live in small towns (to 15,000 inhabitants), 8.3% in towns (to 500,000 inhabitants), and 3.3% in villages (to 3,000 inhabitants). Living alone was stated by 31.7%, 42.6% live with parents, and 21.3% with husband or mate.

## DISCUSSION

In this part of the article we comment on the data collected and inquire regarding the association between facts at hand and similar studies in other countries. We also mention information obtained from the official annual exhibits of EKTEIIN 2004.

We cite the socio-demographic characteristics of drug users ( $N = 4,269$ ) of the national net, Indicator of Request Treatment ( $\Delta.A.\Theta.$ ) 2004. These figures are based on data reported by therapeutic communities (73.2%), substitute programs (20.6%), and Centres of Urgent Access (6.5%).

For the alcohol users, data are derived from programs "18 Ano" (Psychiatric Hospital of Athens), Therapeutic Program "Athena," Health Centre of Alcoholology (Patra) and Self-Help Promoting Program (OKANA).

### Alcoholics Anonymous

As concerns gender, interesting differences emerge: in our findings (men 59.1%, women 40.9%); those of GSO (men 65%, women 35%), as contrasted with the meta-analysis of Emrick et al. (1992) (men 92.8%, women 7.2%), and those of EKTEIIN (2004) (see Table 1).

This finding is of note because the first three studies refer to the groups of AA. Despite that, we should point out that the meta-analysis reports averages of various studies in the field; each of these has followed different and not always comparable methodologies.

The average age of the individuals in our study was quite high (49.9 years) and higher than shown in the meta-analysis of Emrick et al. (1992) (42 years). Also, a similar trend is observed in the findings of the study of GSO, with the greatest percentage (33%) to be 41-50 years old.

In the data of EKTEIIN (2004), the majority of individuals belong to the age group 36-50 with the difference that in our study the age group "up to 51" has a bigger percentage (40.1%) than shown in other studies.

Table 1. Proportion of Men-Women

	Men (%)	Women (%)
Alcoholics Anonymous ( <i>N</i> = 22)	59.1	40.9
Emrick et al. ( <i>N</i> = 125 on average)	92.8	7.2
General Service Office (GSO) ( <i>N</i> = 7,500)	65.0	35.0
18 Ano (EKTEIIN) ( <i>N</i> = 399)	74.7	25.3
Athina (EKTEIIN) ( <i>N</i> = 79)	71.8	28.2
Self-Help Promoting Program (EKTEIIN) ( <i>N</i> = 41)	53.5	46.5
Health Centre of Alcoholology in Patra (EKTEIIN) ( <i>N</i> = 57)	80.7	19.3

The fact that the people who ask for help for their problem of alcoholism are quite old is an expected finding because possibly alcohol is a more “acceptable” substance in our culture as compared to other addictive substances (see Table 2).

The findings for nationality seem to confirm those of the bibliography (Kammer, 2002; Kaskutas et al., 1997; Snowden & Lieberman, 1994). Specifically, it seems that the participation of people from minority groups in self-help groups depends mostly on the adequate representation of their nationality in the group (here in AA). This is confirmed by the sample of GSO study, where in the United States and Canada 89.1% of the participants belong to “white” (Caucasian).

The participation in AA most of the time involves a closer contact with spiritual issues and concepts as God, the higher force, etc. The majority of participants (90.9%) reported denomination of Christian Orthodox—which probably means that they simply stated their official religion. Our own contact with the members AA showed that most of their spiritual concepts involved wide comprehension and broad view of the concept of God, rather than specific religiosity.

The educational level of the members of AA in the study noticeably is quite high, with most of them having completed 12-year education (86.4%) and many having continued to the university (40.9%) (see Table 3).

As for the employment, although the biggest percentage if employed (68.2%) and the percentage of unemployed is relatively low (only 18.2%), these facts are compared with those provided by GSO, where 71% are employed, 14% retired, and 6% unemployed. The unemployment of these people may be related to the problem of addiction to alcohol but it should not be attributed only to this, as unemployment also is a problem in the general population (see Table 4).

Table 2. Average Ages

	On average (years)	18-24 (%)	25-35 (%)	36-50 (%)	Up to 51 (%)
Alcoholics Anonymous	49.9		13.6	40.9	40.1
Emrick et al.	42				
18 Ano (EKTEIIN)		2.5	25.5	48.6	23.3
Athina (EKTEIIN)		3.5	18.8	49.4	28.3
Self-Help Promoting Program (EKTEIIN)		5.5	29	50	5.5
Health Centre of Alcoholology in Patra (EKTEIIN)		3.5	12.3	54.4	29.8
General Service Office (GSO)	To 21	21-30	31-40	41-50	Up to 51
(%)	1.5	7.9	18.2	33	39.4

Table 3. Years of Education

Completed years of basic education (AA) (%)	
10	9.1
11	4.5
12	86.4

Table 4. Professional Situation

	AA (%)	GSO (%)
Employed	68.2	71
Unemployed	—	6
Retired	13.3	14

Generally, we can say that most participants belong to the middle socioeconomic class, with their income above that found in Greek society as a whole. This corresponds to the findings of the research cited by Emrick et al. (1992), although in three-fourths of the studies facts regarding the employment and socioeconomic level are not fully available.

Rarely do participants live in small towns or villages. The issue arises whether this may be related to the existence (or non-existence) of the problem in small communities or possibly even to its concealment. However, as shown later, we have met members of NA who, whereas they were staying in small towns or villages, they were visiting groups meeting in the closest city. Further, as three-fourths of our sample live with someone else, we can discern the need of activation of a supportive network among these people, which may contribute to more effective coping with the problem (see Table 5).

### **Narcotics Anonymous**

The numerical predominance of male members of the groups of NA is clear in our findings (70% men, 30% women), as well as in the official reports of NA, presenting demographic facts on members who attended the World Conference in San Diego in 2003 (55% men, 45% women), and in the study of Quartini et al. (2001) in Italy (74.5% men, 25.5% women).

Also, the facts according to official programs (EKTEIN) mention that the majority of drug users are men, at a percentage of 84%. We observe that in Greece (NA-EKTEIN), the proportion of men to women is greater in comparison with the data in other countries and cultures (see Table 6).

As concerns age groups, we see that our findings agree with those of EKTEIN in that the biggest percentage of people are between 21 and 29 years old (NA 46.75%, EKTEIN 62.6%). This is not presented in the official site of NA where the biggest percentage (40%) of the members are from 41 to 50 years old and in the findings of Quartini et al. (2001), where the 58% belongs to the age group 35-44. This may relate to method of data selection and access to specific individuals. The fact that our findings do not involve adolescents may have to do with the fact that, as the findings show, most individuals try other ways of treatment before

Table 5. You Live With:

AA	(%)
Parents	9.1
Mate	18.2
Husband	45.5
Alone	27.3



approaching the group of NA, so they are usually older. The group of NA, as the official site shows (individuals to 20 years old: 3%) it is difficult to attract and retain very young people, since the attendance of the group requests high motivation, as there is the free-choice without imposed commitments or duties. Moreover, in young ages the drug users usually begin the use of the main substance and they need time in order to realize the problem and ask for help. The last fact is known also from the official programs, where the percentage is only (see Table 7).

The percentage of the participants that are single (78.3%) can possibly be explained by the young age of the sample and by the general trend of the time, where people get married at an older age. This may explain the lower percentage of unmarried in the facts of Quartini et al. (2001), where the average age is greater.

Table 6. Proportion of Men-Women

	NA (%)	NA (site) (%)	EKTEIIN (%)	Quartini et al. (%)
Men	70.0	55	84	74.5
Women	30.0	45	16	25.5

Table 7. Age Groups

Years	NA (%)	EKTEIIN (%)		
To 18		5		
19-29	46.7	62.6		
30-40	40	24.2		
Up to 41	13.3	8.2		
	NA (site) (%)			
To 20	3			
21-30	12			
31-40	31			
41-50	40			
Up to 51	13			
Quartini et al.	To 25	25-34	35-44	Up to 45
(%)	2	28	58	12

As for the educational level, there is a difference among our findings and those of Quartini et al. (2001) and EKTEIIN (2004) in the graduates from the Lyceum (NA: 61.7%, EKTEIIN: 35.7%, Quartini et al. 22%) and in the graduates of primary school (NA: 1.7%, EKTEIIN: 23.6%, Quartini et al.: 10%). This difference is caused partially by the fact that the facts of EKTEIIN have been collected—among others—from substitution programs, in which people with difficult case histories and consequently with worse functionalism usually turn to. In the study of Quartini et al. (2001), the low educational level may be related to the oldest age of the sample. In the higher and university studies, the percentage in our study is low (3.3% university studies), as well as in EKTEIIN (4.7% higher and university studies), which is clearly related to the substance abuse mainly during the crucial education years. In general, it seems that most participants in our sample followed studies related to technical positions (33.4%), while there is a tendency in some members of NA to follow the studies of a treatment counselor (6.7%) (see Table 8).

There is a great difference in the rate of unemployed between our findings (28.3%) and those of official programs (EKTEIIN 58.9%). This difference can possibly be explained by the data collection of official programs and substitution programs, as we mentioned, as well as by presence in therapeutic communities (closed programs) (see Table 9).

As to the economic situation, quite enough people did not answer (23.3%), probably because they consider this data private. Most of them are of a low or middle economic level.

Most participants in our study reside at a stable residence (95%) consistent with data of EKTEIIN (2004) (92.7%). Most people in our sample live in the two big cities of Greece (almost 75%). The 25% of the sample who reside in provincial towns and villages are related to the growth of NA groups in specific areas. On the other hand, we observe that the groups in provincial areas usually have short duration and low viability because of the small number of participants and the limitations of the social environment, leading the individuals to search for solutions in the closest city.

Table 8. Educational Level

	NA (%)	EKTEIIN (%)	Quartini et al. (%)
Elementary school	1.7	23.6	10
Gymnasium	30	34.8	58
Lyceum	61.7	35.7	22
Higher education	3.3	4.7	8

Table 9. Professional Situation

	NA (%)	EKTEIIN (%)
Employed	71.7	33
Unemployed	28.3	58.9
	NA (site) (%)	
Full-time job	72	
Part-time job	9	
Unemployed	7	

Table 10. You Live With:

	NA (%)	EKTEIIN (%)
Alone	31.7	9.2
Parents	42.6	73.7
Mate— Husband/Wife	21.3	9.5

It is remarkable that the 42% of our sample live with their parents while the percentage report per official programs is 73.7% (see Table 10). This difference may be explained by the fact that, in the sample of EKTEIIN, many individuals come from substitution programs; they represent difficult case histories, and circumstances of life counterproductive to their being independent. Moreover, this finding may show that the members of NA are more independent in comparison with the people who turn to official programs.

## REFERENCES

- AA Group. (1990). *Alcoholics Anonymous World Services*, New York.
- Alcoholics Anonymous. (2004). *Membership survey*. New York: World Services.
- Bales, R. F. (1994). The therapeutic role of "Alcoholics Anonymous" as seen by sociologists. *Quarterly Journal of Studies on Alcohol*, 5, 267-278.
- Bell, J. (2001). Μεθοδολογικός σχεδιασμός παιδαγωγικής και κοινωνικής έρευνας [Methodological planning of educational and social research]. Athens: Gutenberg.
- E.K.T.E.Π. N. (2004). (2005). Ετήσια έκθεση για την κατάσταση των ναρκωτικών και ονοπνευματωδών στην Ελλάδα Αθήνα: Ερευνητικό πανεπιστημιακό

- ινστιτούτο ψυχικής υγιεινής (ΕΠΙΨΥ) [Annual report for the situation of drugs and alcohol in Greece. Athens: Research Academic Institute of Mental Health] (ΕΠΙΨΥ).
- Emrick, C. D., Tonigan, J. S., Montgomery, H., & Little, L. (1992). Alcoholics Anonymous: What is currently known? In R. W. Miller & S. B. McGrady (Eds.), *Research on Alcoholics Anonymous, opportunities and alternatives*. New Jersey: Publications Division Rutgers Center of Alcohol Studies.
- Kammer, R. E. (2002). Predictors of Black and Hispanic women's involvement in Alcoholics Anonymous and Narcotics Anonymous. *Dissertation Abstracts International, A: The Humanities and Social Sciences*, 63(4), 1558-A.
- Kaskutas, L. A., Weisner, C., & Caetano, R. (1997). Predictors of help seeking among a longitudinal sample of the general population, 1984-1992. *Journal of Studies on Alcohol*, 58(2), 155-161.
- Katz, A. H. (1981). Selfhelp and mutual aid: An emerging social movement? *Annual Review of Sociology*, 7, 129-155.
- Kickbusch, I., & Hatch, D. (1983). Introduction: A reorientation in healthcare? In S. Hatch & I Kickbusch (Eds.), *Self-help and health in Europe*. Copenhagen: WHO, Regional Office for Europe.
- Kurtz, L. F. (1997). *Selfhelp and support groups: A handbook for practitioners*. Thousand Oaks, CA: Sage.
- Lieberman, M. A., & L. R. Snowden (1994). Problems in accessing prevalence and membership characteristics of selfhelp group participants. In T. J. Powell (Ed.), *Understanding the self-help organization: Frameworks and findings*. Thousand Oaks, CA: Sage.
- Mäkelä, K., Armineu, I., Bloomfield, K., Eisenbach-Stong, I., Halmerson Bergmark, K., Kurube, N., Mariolini, N., Olafsdottir, H., Peterson, J. H., Swiatkiewicz, G., Woronowicz, B., & Zielinski, A. (1996). Alcoholics Anonymous as a mutual help movement. Wisconsin: University of Wisconsin Press.
- Miller, R. W., & McCrady, S. B. (1992). The importance of research in Alcoholics Anonymous. In R. W. Miller & S. B. McCrady (Eds.), *Research on Alcoholics Anonymous, opportunities and alternatives*. New Jersey: Publications Division, Rutgers Center of Alcohol Studies.
- Μπαϊρακτάρης, Κ. (1994). Ψυχική Υγεία και Κοινωνική Παρέμβαση. Αθήνα: Εναλλακτικές Εκδόσεις [Ba'raktaris, K. (1994). Mental health and social intervention]. Athens: Eualaktikes, Ekdoseis.
- Narcotics Anonymous. (1990). *Facts about Narcotics Anonymous*. Paper presented at the ICAA's 18th International Institute on the prevention and treatment of drug dependence. Berlin: Αναθεωρήθηκε το 1995 και το 2003.
- Narcotics Anonymous. (1995/2003). *A survey of the population of Narcotics Anonymous Victoria*. Melbourne.
- Narcotics Anonymous. (2005). *Regional survey of Narcotics Anonymous members: "Making your recovery count."* Aotearoa, New Zealand: Regional Service Committee.
- Powell, T. J. (1994). Selfhelp research and policy issues. In T. J. Powell (Ed.), *Understanding the self-help organization: Frameworks and findings*. Thousand Oaks, CA: Sage.
- Quartini, A., Malandrini, S., Bardazzi, G., Tedici, M., & Allamani, A. (2001). The new drugs: Definitions and classifications evaluation of treatment for poly-drug

- abusers—Aids in the year 2000: Normalising trends and social stigmatization. *Journal for Drug Addiction and Alcoholism*, 2.
- Rascon, C., & Tonigan, J. S. (2003). *A comparison of Narcotics Anonymous and Alcoholics Anonymous member perceptions of group dynamics*. New Mexico: Clinical Research Branch Center on Alcoholism, Substance Abuse, and Addictions (CASAA), University of New Mexico.
- Riessman, F. (1997). Ten self-help principles. *Journal of Social Policy*, 27, 6-11.
- Snowden, L. R., & Lieberman, M. A. (1994). African-American participation in self-help groups. In T. J. Powell (Ed.), *Understanding the self-help organization: Frameworks*. Thousand Oaks, CA: Sage Publications.
- Tracy, G., & Gussow, Z. (1976). Self-help health groups: A grass roots response to a need for services. *The Journal of Applied Behavioral Science*, 12(3), 381-396.
- Wilson, J. (1995). *How to work with self-help groups. Guidelines for professionals*. England: Arena.

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