

AA: What is it? Does it work? How does it work?

The granddaddy of self-help groups and movements is AA – Alcoholics Anonymous. It began in Akron, Ohio in 1935, founded by two professionals struggling with alcohol dependence, Bill W. and Dr. Bob. They began to meet together to help each other stop drinking. As their success inspired others, their mutual aid society grew until today the worldwide fellowship has millions of active members. But it is difficult to quantify research in AA primarily because of part of its name, e.g. “anonymous.” AA does not engage in or support research. And the multiplicity of AA groups and environments they are located in, (such as hospitals, churches, schools, incarcerations, or court-mandated drunk driving education programs, etc.) make it difficult to interpret study results.

However, there have been important studies completed that shed light on some of the important principles. Three factors emerge as critical for success: 1. Clinician encouragement; 2. Dependence severity; 3. Self-efficacy.

Clinician encouragement: The key here is pro-active. Those clinicians who encourage and follow up have more patients who attend.

Dependence severity: Several studies have shown that the more severe the alcohol dependence, the more likely the patient will attend and participate in AA.

Self-efficacy: Belief that one can abstain from alcohol is clearly associated with being able to reduce one’s drinking.

So what about effectiveness? Does AA work? Project MATCH is probably the largest and most important AA study to date. One of the important findings is that AA is most effective for those who actively participate rather than just attend. AA involvement includes: identifying oneself as an AA member, working the steps, having an AA sponsor and celebrating sobriety milestones. Some AA studies claim up to 80% success rates.

What can the clinician do to help?

- Disseminate information about alcohol-dependence self-help groups such as AA

- Become knowledgeable about local AA options to facilitate referral and cooperation (locations, days, times, etc.) It would be important for clinicians to attend several AA meetings and read from the Big Book. Have a schedule of AA meetings and locations ready at hand.
- Offer appropriate self-help referrals to family members such as Al-Anon and Al-Ateen
- Try to match client preferences with local AA groups such as Women's AA and Young People's AA meetings, Gay/Lesbian AA, non-smoking AA, etc.
- Use AA as an adjunct to professional care, rather than stand-alone treatment
- Learn about alternatives to 12-step programs – such as SMART Recovery (a CBT-based program presented in an earlier FAX sheet), Secular Organization for Sobriety, Women for Sobriety – for clients who prefer other self-help options.

AA's Twelve Steps of Personal Recovery:

1. We admitted we were powerless over alcohol – that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

Related Resources:

- Alcoholics Anonymous. General Services Office, PO Box 459, Grand Central Station, New York, NY 10163. Phone (212) 870-3400. www.aa.org
- AA Grapevine: International Journal of Alcoholics Anonymous. <http://www.aagrapevine.org>
- National Institute on Alcohol Abuse and Alcoholism. <http://www.niaaa.nih.gov>
- National Institute on Drug Abuse. <http://www.nida.nih.gov/NIDAHome.html>
- Cocaine Anonymous. <http://www.ca.org>
- Narcotics Anonymous. <http://www.na.org>
- Secular Organizations for Sobriety. <http://www.sossobriety.org>
- SMART Recovery. <http://www.smartrecovery.org>

Much of the material of this month's FAX Sheet has been drawn from the May 2005 article in "Current Psychiatry" by Connery, McHugh and Greenfield (McLean Hospital) "Does Alcoholics Anonymous Work? That's (in part) up to you."

Post-Script: There is a dilemma in the recovery field: the Medical Model in alignment with the findings in the "Current Psychiatry" article emphasizes the principle of self-efficacy. This probably is closer to the philosophy of Rational Recovery, while AA in step one emphasizes powerlessness where their lives have become unmanageable because of alcohol. We are soliciting in-put from the field – what are your thoughts, opinions and experiences in regard to this difference.