

How Effective Is AA and 12 Step Treatment?

INTRODUCTION

How effective are twelve step programs? Although AA has been around for more than 75 years, the real answer to this question is that no one knows. Studies which have compared AA with a control group have shown mixed results. This article reviews the essential studies of the effectiveness of AA and concludes that while some people find that AA is a useful aid to abstinence, others find AA to be damaging and detrimental and to lead to increased drinking rather than abstinence. Hence we recommend that those who find AA to be unhelpful or harmful should find another path such as [HAMS](#), [SMART](#), [SOS](#), [WFS](#), [RR](#), etc. also bear in mind that many people who get over an alcohol problem do so on their own without the help of any support group at all.

AA'S RETENTION RATE

A number of researchers have made the claim that 95% of new AA members leave within the first year--that only 5% of new member remain. This claim is based on an AA internal document called [Comments On A.A.'S Triennial Surveys](#). This is a very confusingly written document which appears to be written by someone who is unfamiliar with statistics since there seem to be some elementary analytical errors. However, on a close reading the number 5% quite clearly refers to who are in their twelfth month of AA attendance, not those who have attended 12 months or more. The document does not tell us how many newcomers remain for more than a year, although it suggests that the number is quite substantial. It would be very interesting if AA ever made the raw data in its triennial surveys available to outside researchers, however, AA steadfastly refuses to do so.

There is, however, one very major problem with AA's triennial surveys even if the raw data from them were available. That is the fact that only officially recognized AA meetings which are registered with the AA General Service Office (GSO) are polled by these surveys. However, the vast majority of AA newcomers are introduced to AA by "in house" AA meetings which are held by halfway houses or treatment centers. None of these "in house" AA meetings are recognized by AA as "official AA meetings. This is because halfway houses and treatment centers charge insurance companies money for offering these "in house" meetings and these meetings are closed to outsiders--both violations of AA rules.

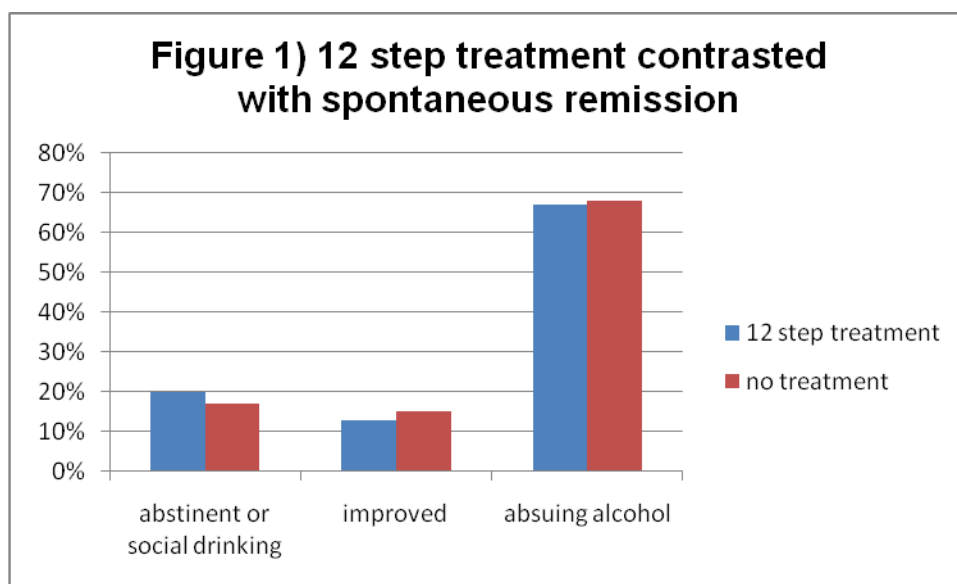
When I resided at a halfway house everyone in the house relapsed either during their stay there or immediately after graduation. The success rate for this "in house" AA meeting was zero percent. From what I have heard this is quite typical for "in house" AA held at halfway houses. These meetings are generally entirely composed of newcomers and as mentioned, are never counted in AA's triennial surveys.

12 STEP TREATMENT PROGRAMS

Harvard psychiatry professor George E. Vaillant is a strong supporter of Alcoholics Anonymous who has served as a trustee on AA's General Service Board. Dr. Vaillant conducted an eight year

long follow-up of 100 people who had undergone 12 step treatment for alcoholism at Cambridge hospital. When Dr. Vaillant compared the treated group with an untreated control group he got some rather surprising results. He found that people with a diagnosis of alcohol dependence who had never been treated were just as likely to quit drinking as those who went through the 12 step treatment program. In fact, the only significant difference that Dr. Vaillant found between the treated and untreated groups was that people who had gone through the 12 step treatment program were more likely afterwards to attend 12 step AA meetings. They were not more likely to abstain from alcohol however. Vaillant also reports that in the group which quit drinking without attending a 12 step treatment program, three fourths quit on their own without AA attendance either.

Figure 1 contrasts Vaillant's 12 step treated sample with an untreated sample of alcoholics at two year follow up. As we can see just as many treated alcoholics are abusing alcohol at the end of two years as are the untreated sample. Moreover just as many got better on their own as the result of treatment.



THE BRANDSMA STUDY: PROJECT SHARP

DESIGN

In 1980 Dr Jeffrey Brandsma and colleagues published a large scale controlled study of the effect of alcoholism treatment on alcoholics. 197 patients who met the NCA 1972 criteria for a diagnosis of alcoholism were randomly assigned to one of four treatment groups or to a control group as shown in Table 1.

	AA	Insight	Lay-RBT	Pro-RBT	Control	Total
Start	38	38	42	48	31	197
End	12	22	25	26	19	104

Roughly one third of the subjects in this study were self-referred. Roughly two thirds were court ordered to treatment. Treatment was outpatient. The four types of treatment were: Alcoholics Anonymous (AA) meetings, Psychoanalytically-based Insight therapy, Lay-led Rational Behavioral Therapy and Professionally-led Rational Behavioral Therapy.

Subjects were tested for therapeutic outcome at the end of therapy. Follow-up testing was also done 3, 6, 9, and 12 months after the termination of therapy.

RESULTS:

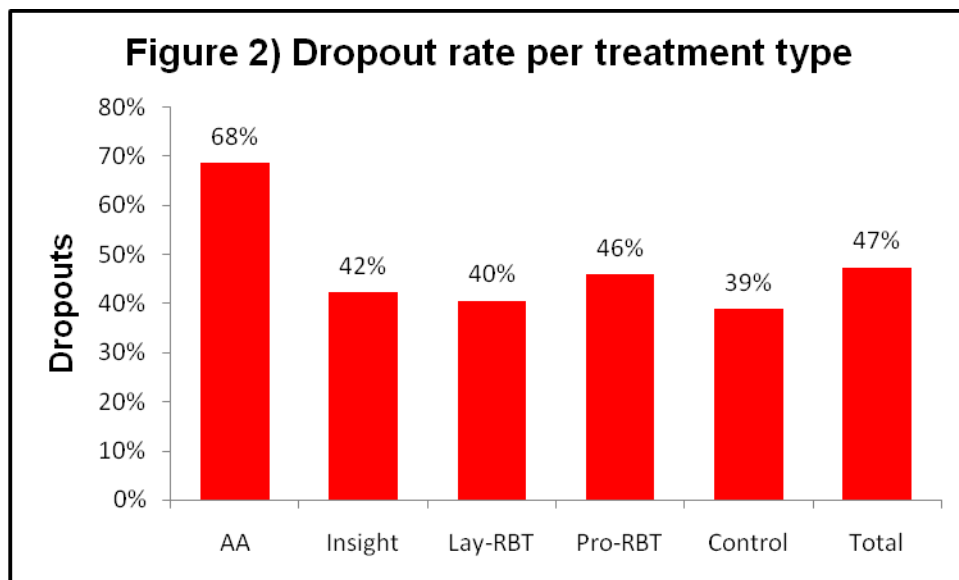
The Eysenck Effect

As early as 1952 Dr. Hans Eysenck noted that that it was always essential to compare mental health treatments to an untreated control group because BOTH treated mental health patients and untreated mental health patients show SIGNIFICANT improvement over time. The effectiveness of a mental health treatment can only be demonstrated if there is a control group. I call this improvement (or "spontaneous remission") in the untreated control group "the Eysenck effect". In 1980 the US Congress published a massive study of the effectiveness of psychotherapy. The upshot of this was that even though psychotherapy is more helpful than no psychotherapy--untreated patients still show significant improvement over time.

In the Brandsma study 50% of the untreated control group reported an overall reduction in their drinking at the end of the treatment period. 88% of treated subjects reported an overall reduction in drinking at the end of the treatment period. This was a statistically significant difference. There were no significant differences between the four types of treatment on this measure.

Dropout Rates

The AA group had significantly more dropouts than any of the other groups including the control group. 68% of the AA group dropped out. Only 42% of the others dropped out. Figure 2 illustrates the dropout rates graphically.



Binge Drinking

The AA group showed a significantly greater number of episodes of binge drinking at the 6 month follow-up period than any other group including the untreated control group. However, this variable was not significantly different at any of the other outcome periods (3, 9 or 12 month) nor was it significant at termination of treatment. A binge was defined as seven or more drinks at one occasion.

Abstinence Days

The Insight group and the Professionally-led RBT group both had significantly more abstinence days than the control group. There was no significant difference between the control group and the AA and the Lay-RBT groups in number of abstinence days.

MMPI Scores

Scores on the addiction scale increased for the AA group during follow-up. Scores on the hysteria scale increased for the AA group during both treatment and follow-up.

Legal

All treated subjects appeared to have fewer legal difficulties than the control group although a confound made an exact comparison impossible.

Total Abstinence

Almost none of the subjects remained totally abstinent after treatment. There were no significant differences between groups on this variable.

Reduced drinking

All groups including the control group showed a significant reduction in drinking compared to pre-treatment levels. All treated groups showed significantly more reduction in drinking than the control group.

12 Month Follow-up Outcomes

At the follow-up 12 months after the conclusion of treatment only the Insight and the Professionally-led RBT group did better than the control group on the measure of drinking days. There were no other significant results of treatment at 12 month follow-up. The AA and Lay-RBT group were not significantly better than the untreated control group on any variable at the 12 month follow-up.

Conclusions from the Brandsma Study

From this study we conclude that whereas AA may be a good and comfortable fit for a few people who have a problem with alcohol, the majority of people with alcohol problems appear to do better with a different approach. We would love to see a study of why so many people dropped out of AA. We hypothesize that this may be due to the fact that AA's theological notions of the powerlessness of humanity and of the need for a rescuing God are unpalatable not only to many atheists and agnostics but to almost all theists who are not Calvinists as well. Unfortunately, no attempt has ever been made to study the best way to match individuals with alcohol treatment which took these theological variables into account.

It may also be the case that the AA philosophy of "powerlessness" over alcohol and slogans such as "one drink, one drunk", "one is too many and a thousand is never enough" and "alcohol is cunning, baffling, and powerful" actually set people up to binge drink rather than to practice damage control when they slip up and fail to abstain as intended. More data on this topic is definitely needed.

PROJECT MATCH

1997's Project MATCH is a rather flawed study which cost the taxpayers 35 million dollars and proved little of any meaningful value. One would hope that a study with this name would attempt to find which treatments were the most effective with which patients--but since the above mentioned theological variables were not taken into account this study did nothing of the sort.

Project MATCH compared three modes of treatment with each other: motivational enhancement; cognitive behavioral coping skills therapy; and "12-step facilitation" therapy. Project MATCH claimed to have demonstrated that all three forms of therapy were equally effective. Actually Project MATCH failed to demonstrate that any of these forms of therapy was effective since there was no control group.

Another problem with Project MATCH is that all the therapies were done in one-on-one sessions with a counselor--however AA meetings and 12 step treatments in real treatment centers are never done one-on-one.

The final objection to Project MATCH is that the treatment sample was pre-selected to be composed of only highly motivated subjects rather than the typical treatment resistant coerced subjects,

In the final analysis we learned little if anything from Project MATCH.

ANECDOTAL EVIDENCE

My personal experience with AA was that it increased my drinking to dangerous and harmful levels which almost killed me and that I only got better after leaving AA. I have met many people with identical experiences who were only able to moderate their drinking or to successfully abstain from alcohol after leaving AA.

DEPENDANT PERSONALITY DISORDER AND AA

In 1988 Poldrugo and, Forti published a study of the relation of personality disorder to alcoholism treatment outcome. Poldrugo and, Forti studied 404 subjects who were undergoing treatment for Alcohol Use Disorders. One quarter of these subjects had personality disorders. What Poldrugo and, Forti found was that alcoholism treatment was far more effective for people suffering from Dependent Personality Disorder (DPD) than for any other group including those with no personality disorder. 75% of individuals suffering from Dependent Personality Disorder completed the course of treatment and remained abstinent for a year. Only 33% of the non-dependent subjects did the same.

The DSM-IV-TR criteria for Dependent Personality Disorder are as follows:

A pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- (1) has difficulty making everyday decisions without an excessive amount of advice and reassurance from others
- (2) needs others to assume responsibility for most major areas of his or her life
- (3) has difficulty expressing disagreement with others because of fear of loss of support or approval.
Note: Do not include realistic fears of retribution.
- (4) has difficulty initiating projects or doing things on his or her own (because of a lack of self-confidence in judgment or abilities rather than a lack of motivation or energy)

(5) goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant

(6) feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself or herself

(7) urgently seeks another relationship as a source of care and support when a close relationship ends

(8) is unrealistically preoccupied with fears of being left to take care of himself or herself

To me this suggests that 12 step alcoholism treatment is simply the wrong approach to take with the majority of people who have problems with alcohol. A far better approach to take would be a harm reduction based approach where individuals were treated as responsible adults rather than diseased and powerless puppets of baffling and cunning alcohol. A harm reduction based approach teaches people to take responsibility for working to reduce or eliminate harms associated with alcohol use and is probably far more applicable to the majority of people with alcohol problems than the "powerless" model,

CONCLUSIONS

AA, NA, or other 12 step groups are probably only a good fit for a minority of people with a drug or alcohol problem. The vast majority of people with a drug or alcohol problem will probably do better with either a secularly oriented treatment approach such as is found in SMART Recovery or Rational Recovery or with a harm reduction based approach such as is found in HAMS. Support groups or professional treatment are helpful to some individuals whereas others just need an instruction manual on how to "do-it-yourself".

Some people might find AA unhelpful because it does not fit their personality whereas others may find it a bad fit because of its theology. Baekeland characterizes the average AA member as follows: "He is not highly symptomatic, and is a socially dependant and guilt-prone person with obsessive-compulsive and authoritarian personality features, prone to use rationalization and reaction formation."

Moreover there seems to be considerable evidence that AA can cause at least some individuals to drink more than before.

If AA is working for you then fine--keep right on doing it.

However, if you are finding that AA is unhelpful to you or harmful to you in terms of either increasing your drinking or causing psychic distress we advise you to run--do not walk--in the other direction.

Do not let anyone coerce you into going to AA meetings against your will, not a spouse or an employer or a doctor or a therapist or a judge--not anyone. The life you save may be your own

As of this writing (September 2009) Federal Circuit Court rulings make it illegal in 16 States for courts to mandate someone to attend AA without offering them a non-religious alternative because of the religious content of AA meetings. Court ordered AA attendance is a violation of separation of church and state as established by the first amendment of the constitution of the United States. For more information please visit our web page [Coerced AA Participation Unconstitutional](#).

It seems that the research allows us to draw the following conclusions about AA and 12 step treatment

- AA is a good fit for a small number of people with alcohol problems and helps them to abstain.
- AA is a poor fit for the majority of people with alcohol problems and can make some people worse.
- AA is better at creating "true believers" than it is at eliminating problem drinking.
- Whether or not AA is a good fit for a person has little if anything to do with how much a person drinks or the number of alcohol-related problems that a person has--the essential factor is personality type.
- AA is a good fit for black-and-white thinkers who accept proof by authority.
- AA is a poor fit for people who think in shades of gray and demand empirical evidence and scientific proof.

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