12 Step Meetings

- Narcotics Anonymous
  - Cincinnati: www.nacincinnati.com
    - 513-820-2947
  - Dayton: www.dascna.org
    - 937-833-6262
- Naranon
  - www.nar-anon.org

- Alcoholics Anonymous
  - Springboro Franklin club-778 West Central Ave. Springboro
  - Dayton: www.aadayton.org/meetings
    - 937-222-2211
  - Cincinnati: www.aacincinnati.org/meetings
    - Hotline: 513-351-0455

- Alanon
  - www.alanon.org

Alcoholics Anonymous and Other Twelve-Step Programs in Recovery

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KEYWORDS

• Alcoholics Anonymous • Twelve Steps
• Abstinence • Recovery

Today, millions of people are in "recovery," living life because of the Twelve-Step programs of recovery. There are recovery groups for everything from alcohol to weight problems covering the globe. The Alcoholics Anonymous (AA) was started in 1935 by 2 men Bill W and Dr Bob who experienced relief from alcohol consumption by talking and being with each other. Bill W convinced Dr Bob of the similarities of the disease model of alcoholism, thus providing a foundation for the sobriety of both men and the beginning of a new change in life, which neither man had known.

The Twelve Steps of AA are the foundation of the AA, describing both the necessary actions and the spiritual basis for the recovery program of AA. The Twelve Steps of AA provide a structure for which a patient with alcoholism may turn for an answer to their problem of alcohol use, abuse, or dependence (**Fig. 1**).

The Twelve Traditions of AA are the guidelines for AA groups to survive conflict and function smoothly without a structured organization (**Fig. 2**).

The AA members enter groups by several routes, including physician referrals. In one study, examining data from the National Health Interview Survey of 43,809 adults in the United States, 5.8% adults had attended AA at some point in their lives.[1] Data from the National Epidemiological Survey on Alcohol and Related Conditions[2] reported a 20.1% attendance rate in respondents with a history of alcohol dependence.[3] Several cross-sectional and longitudinal studies suggest different patterns of use of the AA meetings.[4–6] Research reveals that not only attendance but also involvement in the AA group is associated with higher abstinence rates and improved outcomes.[7,8]

There is resistance to attending AA from patients. The reasons are diverse and numbered. Typically, physicians encounter patients who are atheists, agnostics, or of

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Prim Care Clin Office Pract 38 (2011) 143–148
doi:10.1016/j.pop.2010.12.002 **primarycare.theclinics.com**
0095-4543/11/$ – see front matter

Service Material from the General Service Office

THE TWELVE STEPS OF ALCOHOLICS ANONYMOUS

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.

Rev.5/9/02

Fig. 1. The Twelve Steps of AA. (Copyright © Alcoholics Anonymous World Services, Inc.)

different religious perspective; because of the resistance or other reasons not explained, professionals are less likely to refer these patients to a Twelve-Step program in these cases. When professionals do refer patients and encourage patients to attend an AA group, attendance was positively associated with improved outcomes regardless of religious beliefs.[9,10] Comorbid psychiatric illnesses were also studied. Bogenschutz[11] noted that when patients with comorbid psychiatric disorders attended the AA at the same rate as other patients, patients with comorbid psychiatric problems did better in specialized groups for the associated disorder.[11–13]

Service Material from the General Service Office

THE TWELVE TRADITIONS OF ALCOHOLICS ANONYMOUS

(SHORT FORM)

1. Our common welfare should come first; personal recovery depends upon A.A. unity.
2. For our group purpose there is but one ultimate authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for A.A. membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.
5. Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.
6. An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.
7. Every A.A. group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever nonprofessional, but our service centers may employ special workers.
9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.
12. Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities.

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Fig. 2. The Twelve Traditions of AA. (Copyright © Alcoholics Anonymous World Services, Inc.)

Studies have researched the contribution of the AA attendance and involvement to predict successful resolution of an alcohol problem. Positive outcomes, including abstinence at 5-, 8-, and 16-years follow-ups, are related to the AA attendance and involvement as seen in treatment populations in the 1990s compared with patients not attending the AA groups.[14–16] A 5-year follow-up study by Gossop and colleagues[17] found a positive association between the AA/Narcotics Anonymous attendance and abstinence from

opiates and alcohol but not from stimulants. Studies comparing patients who attended treatment centers alone without the AA and patients who attended the AA groups alone showed similar results, with patients involved in a treatment program, whether inpatient or extensive outpatient, and the AA groups being almost twice as likely to have successful outcomes as those involved with formal treatment alone.[3,16,18,19]

With the evidence that AA is beneficial for many problems, drinkers researchers are now looking at the mechanism of change and why it is beneficial. First, investigators are looking at what ingredients cause the change. Second, these ingredients must produce change that enhances the probability of successful behavior changes, and third, these changes in an individual must predict later reductions in drinking.

Emrick[20] described the meeting attendance as the "dose" and frequency of meeting attendance as the intensity of the dose. Montgomery and colleagues[21] distinguished between attendance and involvement-included participation during meetings, having a sponsor, leading meetings, working the Twelve Steps, and doing the Twelve-Step work. Involvement and attendance were moderately correlated with lower posttreatment consumption. However, involvement, not attendance, correlated with lower posttreatment consumption in a sample of patients in an inpatient Twelve-Step treatment program. Involvement is an active process as opposed to passively attending meetings. Tonigan[22] used the Project MATCH data to examine the nature of the participants' experience with the AA. Greater participation was reflected in a combination of the following factors: (1) a spiritual awakening, (2) God consciousness, (3) the perception that attending the AA meetings was helpful, (4) attending the AA meetings, (5) being involved in the AA-related practices, and (6) completing more steps. Participation in the AA during treatment and in the first 6 months after treatment predicted better drinking outcomes in the second 6 months after treatment.[22] Several AA-related behaviors for abstinence reported by the AA members were confirmed by Pagano and colleagues.[23] The investigators reexamined the Project MATCH data set and reported that being an AA sponsor led to a significant reduction in relapse rate at 1 year (60% vs 78%). Witbrodt and Kaskutas[24] investigated whether the type of substance use disorder (ie, alcohol dependence, drug dependence, or both) moderated the relative benefits of the Twelve-Step meeting attendance and prescribed behaviors. The investigators found that of the 7 specific AA behaviors, only having a sponsor predicted positive outcomes across substance abuse categories. Research has been done to look at other behaviors in the AA fellowship. The number of steps completed at 3-years follow-up and alcohol consumed at 10-years follow-up was significantly and negatively related. Also, commitment to and understanding of the Twelve Steps were significantly and positively predictive at 1-year abstinence.[2,15]

The social variables have also been studied with variable outcomes. Patients with networks made up of the Twelve-Step members had a higher quality of friendship than networks made up of almost no Twelve-Step members.[25] Social networks supportive of abstinence with the Twelve-Step programs may vary temporally. Alcohol-dependent patients with the Twelve-Step network support for abstinence were predictive of abstinence at 6-months follow-up but not at 12-months follow-up. With narcotic-dependent patients, the reverse was observed at 6 months, but abstinence was improved at 12 months.[24] This phenomenon may be related to unintended triggers during early efforts to remain abstinent. The Twelve-Step facilitation treatment centers improve social networks, which predict improved abstinence.

The Twelve-Step programs are not for everyone. Atheists and agnostics tend to not participate in these programs, but those who participate have higher abstinent rates at 6 and 12 months.[26] If individuals seek the program voluntarily, a substantial portion turn to the AA as sole assistance, or with formal treatment, many individuals who

are self-seekers or have been coerced to come are very likely to continue their involvement for many years if they stay with AA for more than a year. This involvement is clearly correlated with positive outcomes in terms of reduced drinking, improved psychological functioning, and better social support systems.

Physicians can encourage patients to find an AA meeting where they may feel comfortable or find similarities with the group. Physicians must advocate that these patients find a sponsor or mentor to guide them through the Twelve Steps, to attend meetings, to become involved with the group, and to become a sponsor; overall, the more active patients become in the AA, the better the outcomes.

Assessment of recovery also mirrors our advocacy. Do you go to meetings? Do you have a sponsor? How involved are you with the AA? Are you willing to talk about your problem? When was your last drink? These questions allow us to further look into the life of alcoholic patients or addicts and their program of recovery.

Recovery is a new way of life for many of these patients; a life without substances to alter their moods but with a major change improving the physical, psychological, and emotional stability with improved overall health outcomes. The AA neither charges a fee for attendance nor advertises. Increased methodological sophistication and creativity in research in the AA is ongoing.

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