

ALCOHOLICS ANONYMOUS AS A RESOURCE FOR HEALTH PROFESSIONALS

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Disponibile en YouTube: <https://www.youtube.com/watch?v=mN7tI3LisUc>

I am pleased to have this opportunity to serve as a speaker for this year's conference. It is a pleasure to share information about an organization that has been a significant part of my life. I was first introduced to AA by my husband who has 29 years of continuous sobriety and I have been a witness to the recovery of hundreds of people through the Twelve Steps of Alcoholics Anonymous and not drinking one day at a time.

I have worked in nonprofit leadership for three decades and I have been a non-alcoholic member of the General Services Board of Alcoholics Anonymous U.S./Canada for the past three years. The General Service Board is composed of 21 members; 14 are members of the Fellowship and 7 are non-alcoholics whose professional backgrounds may be helpful to the Board and to the Fellowship. For example, non-alcoholic board members come from the professions of medicine, law, business and finance, the faith community and the criminal justice system. Also, a central part of A.A.'s service structure is the General Service Conference that meets annually and is composed of delegates from the 93 areas in the U.S. and Canada.

I will begin by describing what A.A. is and what it is not. Then I would like to focus on its mechanism of action, its role and efficacy in the treatment of alcoholism and relapse prevention.

Alcoholics Anonymous is "concerned solely with the personal recovery and continued sobriety of individual alcoholics who turn to it for help. "In its simplest form, the A.A. program operates when a recovered alcoholic passes along the story of his or her own problem drinking, describes the sobriety he or she has found in A.A., and invites the newcomer to join the informal Fellowship. The heart of the suggested program of personal recovery is contained in Twelve Steps describing the experience of the earliest members of the Fellowship. Beginners "of the program are not required to accept or follow these Twelve Steps in their entirety if they feel unwilling or unable to do. They will usually be asked to keep an open mind, to attend meetings at which individuals in recovery describe their personal experiences in achieving sobriety, and to read A.A. literature that describes and interprets the A.A. program." The

progressive nature of alcoholism is explained and although it cannot be cured, it can be stopped through total abstinence from alcohol in any form.

“The chief inheritances of the first twenty years of Alcoholics Anonymous are the Legacies of Recovery, Unity, and of Service. By the first we recover from alcoholism; by the second, we stay together in unity; and by the third our society functions and serves its primary purpose of carrying the A.A. message to all who need it and want it.”

What A.A. is Not:

A.A. does not engage in the fields of alcoholism research, medical or psychiatric treatment, education, or propaganda of any form.” A.A. never endorses, supports, becomes affiliated with, or expresses an opinion on the programs of others. A.A. does not accept or seek financial support from outside sources. It is entirely supported by its members who make voluntarily contributions. However, A.A. experience has always been made freely available to any alcoholic who turns to it for help and no one is turned away because of their inability to make a financial contribution. The only requirement for membership is a desire to stop drinking. Individuals who wish to become members of A.A. are able to seek help with the assurance that their identities will not be disclosed to anyone outside of the Fellowship. Also, “A.A. members take care to preserve their anonymity at the public level: press, radio, television, and films, and new media technologies, such as the Internet.”

Cooperation with the Professional Community:

Since its founding in the United States in 1935, A.A. has cooperated with professionals and organizations concerned with the problem of alcoholism. A.A. has a long established practice of cooperating with business people, spiritual leaders, law enforcement officers, health and welfare officials, educators and institutional authorities. Indeed, a significant percentage of our membership found their way to A.A. because of professionals like you who have used A.A. as a resource in their work to help individuals with drinking problems.

A.A. is a Fellowship without borders and its inclusive nature and its ability to transcend any cultural, economic, linguistic, physical or social barrier have helped alcoholics around the world to achieve sobriety. Currently, there are over 2 million members worldwide and AA’s presence can be found in approximately 180 nations worldwide. AA’s supporting literature, such as pamphlets for both the alcoholic and professionals, has been translated into over 100 languages. The ability to publish literature in an increasing number of languages will continue to allow the Fellowship to reach alcoholics anywhere and everywhere around the world. A.A. can be found almost everywhere, almost all the time – in-person and online in more than 123,000 groups throughout the world.

Mechanisms of Action and Relapse Prevention

We understand that alcoholism is a chronic relapsing disorder that causes changes in brain chemistry and that total abstinence often appears beyond the reach of willpower, beyond the reach of



conditioning, and beyond the reach of psychoanalytic insight. In other words the alcoholic's internal center for decision making and free choice has been captured by alcohol and he or she is unable to choose not to drink.

Also, current literature informs us that "changes in the clinical course of both alcoholism and other diseases such as diabetes, can only be achieved by relapse prevention that the patient must administer to himself or herself.

A world renowned researcher and clinician, George Valliant, and others have identified four factors that are commonly present in relapse prevention for most addictions. These are:

1. External Supervision
2. Ritual dependency on a competing behavior
3. New love relationships
4. Deepened spirituality

In most instances, two or more of these factors must be present for relapse prevention to occur. These four factors differ from most professional treatment whose function is to create temporary abstinence or reduced drinking. Conversely these factors work to effect relapse prevention and they must occur on a long term basis.

In his article, Alcoholics Anonymous: cult or Cure, Dr. Valliant examines these four factors. First, let's explore how A.A. provides external supervision. Clients are encouraged "to keep coming back" to the home group meeting. They are told to find a sponsor; this is another alcoholic who acts like a mentor and the newcomer is asked to maintain frequent contact with their sponsor by phone or visit. They are encouraged to work the steps and to engage in service by carrying the A.A. message to other active alcoholics.

By following this process, "alcoholics are provided a daily involuntary reminder that alcohol is the enemy." Moreover, these activities provide external supervision.

Secondly, it is critical that a substitute behavior or a competing behavior is found. It's the old adage, you must substitute something of value with something of value. In professional treatment, chemical agents (e.g. antabuse or naltrexone) may be prescribed because it makes the ingestion of alcohol sickening or it diminishes the effects of the alcohol. However, what is offered in their place? We know also that punishment alone does not alter deeply entrenched behaviors. "A.A. provides both gratifying social and service activities on a regularly scheduled basis, and at risky times such as holidays."

Thirdly, new love relationships. How important has attachment been stressed in our professional training? A very attractive feature in A.A. is that one becomes bonded to others who have traveled the same pathway but are not the same people that the alcoholic has harmed. Is not an A.A. sponsor similar to a new friend or partner rather than a long suffering family member or friend with whom the alcoholic



has a tortured history. Thus, the sponsor can promote relapse prevention on an ongoing basis without the old baggage.

The fourth factor is spirituality. You may recall that it was the great philosopher, William James, who first drew the relationship between religious conversion and recovery from addiction. Also, in his book, *Persuasion and Healing*, Jerome Frank makes the argument that the psychotherapists approach must resemble that of the spiritual healer. Also, Frank stressed the point that in group therapy healing came from caring for each other as well as oneself. The Twelfth Step of A.A. carries the same message. In A.A. one is not required to become a member of a religion but is asked to draw upon the strength of a higher power as one understands that higher power. Spirituality rather than religiosity is stressed.

Does not spirituality affect our behavior not through reason but by its appeal to our emotion? Just think how well Prohibition worked in the U.S. in the 1920's and then recall the Mormons in Utah and the tenets of Islam and how well they work. Is not absolution from guilt mediated by a power greater than ourselves a better alternative than alcohol as it becomes an important part of the alcoholic's healing process.

Thus, spirituality like human attachment becomes a powerful substitute for alcohol.

Efficacy of Alcoholics Anonymous

As I stated earlier A.A. does not participate in scientific inquiry and there are no controlled studies that I can point you to. Also, one may raise the question of whether attendance at A.A. meetings is the cause of abstinence or a manifestation of abstinence and greater compliance with professional therapy.

Nevertheless, there is convincing evidence that speak to the effectiveness of Alcoholics Anonymous. And here I again draw upon the work of Dr. George Valliant. He provides an excellent summary of the literature in this area. First, there are multiple studies that collectively involved a thousand or more individuals, which suggest that good clinical outcomes are significantly correlated with frequency of A.A. attendance, with having a sponsor, with engaging in a Twelve-Step work and with chairing meetings.

Secondly, the multimillion-dollar NIAAA funded study, Project Match, compared the effects of three treatments upon almost 2000 alcoholic patients and arrived at several outcomes that may be of interest to you.

“It revealed that during the first year AA alone was as effective as the two most effective professional alternatives: cognitive behavioral and motivational enhancement therapies. Indeed. AA in some respects was superior to cognitive behavioral therapy.”

· Second, the Match follow-up also showed that regardless of the original treatment form (i.e., cognitive behavioral, motivational, or Twelve Steps) the more A.A. meetings attended the better the outcome.



Thirdly, in a collaborative 8 years prospective study at Stanford University, (William Miller) after 8 years the two outcome goals of less drinking and more abstinence were only weakly related to days of professional inpatient treatment, but robustly related to AA attendance. In short, the effect of AA did not just rest on compliance with professional treatment.

Now my take home message is not that Alcoholics Anonymous is a magic bullet nor does it work for every alcoholic. A.A. literature is very straight forward about this latter point. Nor am I making an argument against professional treatment. Absolutely not!! I believe that professional treatment and AA are effective. A.A. does not compete with medicine or other professional treatment. It can in fact be a very important resource for professional treatment.

AA provides a pamphlet directed to those in the alcoholism field about Alcoholics Anonymous and describes some approaches that healthcare professionals use in referring problem drinkers to A.A. I'd like to share a few quotes from our literature that you may find helpful:

“We alcoholics are men and women who have lost the ability to control our drinking. We know that no real alcoholic ever recovers control. All of us felt at times that we were regaining control, but such intervals — usually brief — were inevitably followed by still less control, which led in time to pitiful and incomprehensible demoralization.” Alcoholics Anonymous, p. 30

“The explanation that seems to make sense to most A.A. members is that alcoholism is an illness, a progressive illness, which can never be cured but which, like some other diseases, can be arrested. Going one step further, many A.A. members feel that the illness represents a combination of a physical sensitivity to alcohol and a mental obsession with drinking, which, regardless of consequences, cannot be broken by willpower alone. “Physicians who are familiar with alcoholism agree there is no such thing as making a normal drinker out of an alcoholic.” (ibid, p. 31)

As our literature states, “Since denial of the problem is symptomatic of alcoholism, alcoholics tend to be evasive when questioned about their drinking, and some health care professionals may not recognize that alcoholism may be contributing to their symptoms. Most alcoholics will resist any suggestion that alcoholism is involved and may be equally resistant to the suggestion of Alcoholics Anonymous as a last recourse. Few health care professionals have had the experience of having their diagnosis rejected. Few have been told, “I certainly am not a diabetic.” Yet when the health care professional makes a diagnosis of alcoholism, an alcoholic will often respond, “I don't drink that much,” or may offer excuses for his or her drinking. Health care professionals can expect and anticipate this. Rationalization and denial are part of the alcoholic's illness. A.A. members, having broken through their denial and faced the harm in their drinking, are particularly suited to helping others break through their denial.

A.A.'s primary purpose is to stay sober and help other alcoholics to achieve sobriety. Please keep in mind that a referral to Alcoholics Anonymous (A.A.) can be a life-saving event for those with an alcohol use disorder.

Thank you for your time today. I am here with Irene, General Service Office, International Staff, to answer any questions you may have.

