

## **One Day at a Time: Does AA work and if so, how?**

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In my past presentations, I have used songs as tittles, but this time, a song was the catalyst for this topic and I am using it as an introduction. You will be hearing Eagles lead singer Joe Walsh. Joe indulged in plenty of “rocker excesses,” including alcohol and drugs during the 1970 and 80’s music scene when his band first got big (anyone remember “Life in the Fast Lane?”) but he’s been singing quite a different tune for a while now. And no song epitomizes that “different tune” more than “One Day at a Time,” from the Eagles’ 2005 live DVD *Farewell I Tour—Live From Melbourne*. This song is an elegant illustration and exhortation for the relevance and value of Alcoholics

So why is this song relevant to my presentation? All of Joe Walsh’s thoughts could have easily been heard in some church basement AA meeting. In Joe’s past life, he was “The first to arrive at the party and the last to leave the scene of the crime.” He was “A runaway train, headed for the end of the line.” And later “I finally got around to admit that I was the problem, when I used to put the blame on everyone’s shoulders but mine.” Walsh then admits his powerlessness (“I got down on my knees and said hey, I just can’t go on living this way”), declares that he’s gotten help from a Higher Power and now plans to learn how to live “**one day at a time.**” That slogan is one that every AA member knows well, “don’t look back and grieve the past. It’s gone...don’t be troubled by the

future, it has not yet come, and “today is only a small manageable segment of time in which our difficulties will not overwhelm us” and “Can you quit drinking for 24 hours? That’s what we are talking about. Just one day at a time.”

Walsh reportedly kicked his drug and alcohol habit after visiting Australia and New Zealand in 1994. Not only has he been clean and sober since but has offered service to help Australia with their drug problems and has reportedly, along with other performers, offered concerts and presentations in support of AA in the United States .

**While listening to Joe Walsh’s song was my catalyst for considering this subject, this presentation is not about his challenges, this evening we will be examining Alcoholics Anonymous, its effectiveness and some of the reasons that it works for some people.**

**Let’s begin with a truncated and selective history of AA and its principles**

The AA program started in the midst of the Great Depression, on Mother’s Day of 1935. It was founded by both a failed stockbroker and recovering alcoholic named Bill Wilson after a detox drug induced “meeting with God” at Towns Hospital, an upscale Manhattan detox center where he’d been there three times before, and another alcoholic named Dr. Bob Smith, a physician.

It’s all quite an achievement for two “ broken-down drunks” to establish an organization that now boasts some 1.2 million members in the U. S. and 2 million members worldwide belonging to one of AA’s 55,000 U. S. groups and 115,000 meeting groups world wide. Countless others embark on the 12 steps at one of the nation’s 11,000 professional

treatment centers. Almost anyone who seeks help in curbing a drug or alcohol problem will encounter AA concepts during their interventions and recovery. (Bill's story is a fascinating one and can be examined in his book *Alcoholics Anonymous*)

At the heart of this organization are the 12 steps which will be discussed in a few moments. Wilson lists the 12 steps, which he first scrawled out in pencil in December 1938. These steps were a more specific and detailed version of the practices of another rehabilitation group of the '30s called "The Oxford Group" which had six principles. He settled on the number 12 because there were 12 apostles.

AA members are encouraged to "work" the 12-step program, fully integrating each step into their lives before proceeding to the next. AA targets more than problem drinking; members are supposed to correct *all* defects of character and adopt a new way of life. Wilson designed these steps to induce an intense commitment every bit as habit-forming as addiction.

In AA, members meet in groups to help one another achieve and maintain abstinence from alcohol. The meetings, which are free and open to anyone serious about stopping drinking, may include reading from the Big Book, sharing stories, celebrating members' sobriety, as well as discussing the 12 steps and themes related to problem drinking.

## **The Twelve Steps** (Look on the backside of your handout)

The first steps famously ask members to admit their powerlessness over alcohol and to appeal to a higher power for help. Members are then required to enumerate their faults, share them with their meeting group, apologize to those they've wronged, and engage in regular prayer or meditation. Finally, the last step makes AA a lifelong duty: "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." This requirement and the concept that "an alcoholic is always an alcoholic" guarantee not only that current members will find new recruits but that they can never truly "graduate" from the program.

Since AA was founded on the concept that no money would ever change hands, AA freely shared and allowed professional institutions and other "Anonymous" organizations to integrate the 12 steps into their treatment programs. AA did not object when Hazelden, a Minnesota facility founded in 1947 as "a sanatorium for curable alcoholics" made the 12 steps the foundation of its treatment model. Nor did AA try to stop the proliferation of "12 steps-centered addiction groups" from adopting the Anonymous name: Narcotics Anonymous, Gamblers Anonymous, Overeaters Anonymous, and Food Addicts Anonymous.

## **How extensive is The Alcohol Problem**

The National Institute on Alcohol Abuse and Alcoholism and other data sources indicate that in the U. S. fifty-one percent of the adults surveyed were classified as current

frequent drinkers and nearly 9.0% met criteria for DSM-IV TR alcohol abuse or dependence.

(While I have the clinical descriptions, in order to conserve time, I would be happy to share them with any interested parties after the presentation.)

**More males and whites are** classified as current frequent drinkers and as alcohol abusers or dependent “Alcohol alone accounts for \$185 billion in costs to the US economy each year, a result not only of its behavioral effects, but also of its profound potential as a toxin that contributes to cancer and other physical illnesses. Therefore, alcohol use raises not only behavioral and medical issues, but also a host of policy and industry issues.”

### **And what happens to these alcohol abusing and dependent folk?**

When we examine Deborah Dawson, Ph.D. and her colleagues data on the current status of adults with alcohol dependence that began drinking more than one year ago we find the following:

**- Fully recovered: 35.9%**

Abstainer: 18.2%

Low-risk drinker: 17.7% (drink at levels below those known to increase relapse risk.)

- Still dependent: 25.0%

- Partial remission: 27.3% (exhibit some symptoms of alcohol dependence or alcohol abuse)

- Asymptomatic risk drinker: 11.8% (for men, more than 14 drinks per week; for women, more than 7 drinks per week)

As the past NIAAA Director Ting-Kai Li, M.D. states: These "results strengthen previous reports that many persons can and do recover from alcoholism,"

### **Now let’s look at my original question? Does AA work and if so, how well?**

**Here are some summary statements from those who study AA**

The author of a comprehensive article on AA, Bredan I. Koerner concludes: “What we know is that...contemporary medicine has yet to devise anything that works markedly better.”

University of New Mexico researcher J. Scott Tonigan adds: In reviewing the findings across many studies of AA...all generally come to the same conclusion, which is that AA is beneficial for many but not all individuals, and that the benefit is modest but significant. A 2011 *Scientific American* article by Arkowitz and Lilienfeld that reviewed the literature on AA’s efficacy, reported that AA helps some people overcome alcoholism, especially if they also get some professional assistance, but the evidence is far from overwhelming.

**In a** landmark study of 1,770 alcoholics, assigned alcoholics to one of three popular therapies used at professional treatment centers: the 12-step program, cognitive behavioral therapy (which trains alcoholics to identify and avoid the situations that spur them to drink) and motivational enhancement therapy (designed to sharpen a person’s reasons for getting sober). Project Match ultimately concluded that all three of these therapies were more or less equally effective at reducing alcohol intake among subjects.

But the 12-steps clearly beat the competition in two important respects: It was more effective for alcoholics without other psychiatric problems, and it did a better job of inspiring total abstinence as opposed to a mere reduction in drinking.

**A 16 year study of problem drinkers concluded that** AA is better than receiving no help or only professional therapy.

Of those who attended at least 27 weeks of AA meetings during the first year, 67 percent were abstinent at the 16-year follow-up, compared with 34 percent abstinence of those who did not participate in AA.

Of the subjects who got only therapy for the same time period, 56 percent were abstinent versus 39 percent of those who did not see a therapist—an indication that seeing a professional is also beneficial. Various studies have found that a combination of professional treatment and AA yields better outcomes than either approach alone.

So, while AA's 12 steps works as well or better than other interventions, AA doesn't work for everybody. In fact, some studies suggest that it doesn't work for more than half the people who try it. Possibly, our best shot at finally developing a system that improves on Wilson's amateur scheme for living without the bottle or drugs is understanding more about how it helps those it helps.

While AA does not work for everyone, or most, when it does work it can be transformative. But what aspects of the program cause this transformation?

### **The Research**

The research does offer some insight into what exactly is happening in those church basement AA meetings. Through examining the recent research, 10 possible predictors of successful recovery for AA members have been isolated. Please remember that some of these predictors may seem to challenge other predictors and that is simply the nature and beauty of ongoing research.

## **1. Frequency of meeting attendance and “working the program”**

People who attend frequently are more likely to have higher rates of abstinence and better social functioning over the long haul.

In 2006, *Journal of Clinical Psychology* study found that the alcoholic who went to AA meetings for 27 weeks or more had better 16-year outcomes for such factors as good social functioning and abstinence than those had no treatment at all.

A *Journal of Addictive Diseases* study in 2009 found that rates of abstinence are about twice as high for those who attend AA as those who don't, higher levels of attendance are related to higher rates of abstinence, and even prior AA attendance is predictive of subsequent abstinence.

## **2. Power of the Group**

There is evidence that a large part of AA's effectiveness may have to do with the power of the group. The importance of this group power in AA is reflected in statements by University of New Mexico research professor, J. Scott Tonigan. His 2010 review of numerous AA studies indicate that AA members who become involved in activities like sponsorship (becoming a mentor to someone just starting out) are more likely to stay sober than those who simply attend meetings. So, the more deeply AA members commit to the group, rather than just the program, the better they fare.

In a 2013 research article Tonigan states that active group participation in AA is associated with an increased sense of security, comfort, mutuality in close relationships, reduced alcohol use and improved other-oriented interests.

This sense of intimacy between members is also fostered by the fact that AA meetings are not led by professionals. The close social bonds between fellow alcoholics allow members to slowly learn how to connect to others without the lubricating effects of alcohol.

A 2010 *Annals of Internal Medicine* paper concluded that it is much safer to become immersed in AA's culture and with its members, where activities such as studying the Big Book supplant hanging out with old drinking buddies. Why? Because a person is 50 percent more likely to be a heavy drinker if a friend or relative also abuses alcohol even if the alcoholic's non-sober friends are outwardly supportive.

In a 2011 *Addictions Journal* article, John F. Kelly reviewing the results of a large longitudinal study found that active participation in AA during the first three months of the study period was independently associated with more successful recovery over the following year including changes in social networks. That is, more contacts with people who supported abstinence and fewer contacts with those who would encourage drinking.

### **3. Service**

Closely aligned with the importance of the group interaction for new AA members is the expectation that more seasoned members will provide service to others in AA or in service to AA. Joe Walsh reportedly undertook speaking and concert engagements in

Australia, New Zealand and the U.S. to warn against the dangers of substance abuse. The Twelve-step literature routinely stresses the importance of service, encouraging its members to give of themselves to others through mutual support, sponsoring of fellow alcoholics or even making coffee.

Independent studies have affirmed the importance of this concept. A 2004 *Journal of Drug and Alcohol Abuse*, study found that doing service in the AA fellowship and being a sponsor are strong predictors of sustained recovery.”

#### **4. Act of Public Confession**

As for the steps themselves, there is evidence that the act of public confession—step 5—is especially important. When AA members stand up and share their tales of lost jobs, ruined relationships, and other liquor-fueled low points, they develop new levels of self-awareness.

Publicly revealing one's deepest flaws and hearing others do likewise forces a person to confront the terrible consequences of their alcoholism—something that is very difficult to do all alone.

Alcohol gravely diminishes the prefrontal cortex of the brain's capacity to regulate a person's choices or action.

And as Steven Grant, chief of the clinical neuroscience at the National Institute on Drug Abuse states. The more that critical part of the brain is compelled to operate as designed, the more it springs back to its pre-addiction state.

And while the brain is on the mend, AA functions as a temporary replacement—a prefrontal cortex made up of a cast of fellow drunks in a church basement, rather than neurons and synapses helps to regulate the alcoholic's thoughts and behaviors.

#### **5. Alcoholics must make amends to people they've wronged (the 8<sup>th</sup> and 9<sup>th</sup> step)**

The 12 steps address another major risk factor for relapse...stress. Recovering alcoholics are often burdened by memories of the nasty things they did while wasted. When they bump into old acquaintances they mistreated, the guilt can become overwhelming.

The resulting stress causes their brains to secrete a hormone that releases corticotropin, which has been correlated with **relapse** in alcohol-dependent lab rats. Researchers are currently involved in studies to see if the same relationship holds for humans

It is hypothesized that as AA members complete the eighth and ninth steps, (which require alcoholics to make amends to people they've wronged) the feelings of guilt and in turn the stress that may undermine a person's fragile sobriety (because of corticotropin release) will be eliminated.

## **6. AA, more than other interventions, offers a model for abstinence**

In AA, members meet in groups to help one another achieve and maintain abstinence from alcohol. A 2007 study by the National Council on Alcoholism reported "that people attending 12-step treatment programs had a 49.5% abstinence rate after a single year compared to CBT programs which maintain a 37% abstinence rate.

In fact, it did a better job of inspiring total abstinence as opposed to a mere reduction in drinking."

While not comparing their outcomes to any other therapies of people who attended no program, the AA organization does conduct its own random surveys every three years. The result of AA's own 2007 study show a sobriety rate for 1 or more years at 69%.

## **7. Initial decision (commitment) to get better**

Some challenge that none of above concepts really matter as much as simply committing to sobriety at the first meeting. One of the most illuminating reports on the topic appeared in 2005 in the online journal *BMC Public Health*. It analyzed data of an 8-year study that found AA, CBT and motivational enhancement therapy were all equally effective, and reported that nearly all the effect of the treatment was achieved after attending a single session. “It was the initial decision to get better that determined a person's chances of success,” said Dr. Bankole Johnson, chairman of psychiatry and neurobehavioral sciences at the University of Virginia, and author of *The Rehab Myth: New Medications That Conquer Alcoholism*. “What followed made little difference. Although AA doubtless helps some people, it is not magic.”

## **8. AA builds confidence in one’s ability to maintain abstinence in social situations**

In a September 2011 *Addiction* journal article, Kelly, and colleagues reported that through participation in AA, members gained increased confidence in their ability to maintain abstinence in social situations and increased time spent with people who supported abstinence. And, it was these behavioral changes that were most strongly associated with successful recovery among participants attending AA meetings.

In an upcoming 2013 article in *Drug and Alcohol Dependence* that reanalyzed data from the previous study, Kelly also found differences between men and women. For men, avoidance of companions who encourage drinking and social situations in which drinking is common had more powerful benefits for sobriety. For women, increased confidence in

the ability to avoid drinking while feeling sad, depressed, or anxious appeared to be most important.

### **9. Professionals Encouraging Attendance**

How alcoholics come to arrive at AA is another strong predictor of their future sobriety. Dr. David Sack, an addiction psychiatrist cited that people who were directed to attend the program by a counselor or physician boasted abstinence rates of 60 percent. “When you look at people just taking themselves to a meeting, long-term abstinence is pretty low” but “adding a little pressure on the front end”...“may make a huge benefit from what people get out of it. Even if it’s done by telephone.”

A study cited by NIAAA, indicated that more was needed. Simply suggesting that a client attend AA was not successful but having the professional make a specific contact with AA to set up a meeting with an AA member, finding times and locations of convenient meetings, accompany the patient to an initial meeting all were associated with frequent and regular AA attendance.

### **10. Because it is like Cognitive Behavioral Therapy**

If you will recall from earlier in our discussion, AA is as effective in treating alcoholics and substance abusers as is Cognitive Behavioral Therapy. A 2010 Psychology Today article by Clifford Lazarus proposes that AA works because it is a form of cognitive behavioral therapy, one of the most empirically supported and evidence-based therapies in the psychological arsenal.

**A) AA change one's routines, repertoires, and actions.** Indeed, if we look closely at AA, we see that despite its spiritual underpinnings and focus on working the 12 Steps, it is a very behaviorally oriented process. For example, one of the core recommendations that AA makes is to change people, places, and things. In the words a pioneer in the CBT field: "do things differently and do different things."

**B. Change actions and you change thoughts and emotions**

Since it is a central tenet of CBT that actions can (and do) influence emotions and even brain chemistry, it is no surprise that changing how we act can have a powerful impact on how we feel, even to the extent of loosening the grip of powerful addictions.

Even the surrendering to a higher power aspect of AA is firmly rooted in a behavioral soil in that AA members frequently say "pray like everything depends on God, but act like everything depends on you," and "fake it 'til you make it." Both of these bits of advice closely mirror the cornerstone of CBT, namely that how you act so shall you think and feel. For example, people who conquer fears, phobias, and even obsessive compulsive anxiety, do so by refusing to act afraid despite their fearful feelings and anxious thoughts. Over time, this leads to genuine shifts in thinking and feeling so that they come into alignment with the non-fearful behavior. Hence, people fake it (not being anxious or phobic) until they make it (getting over their fears).

**C) "Working the steps" further amplifies the corrective thinking and corrective action**

Components of AA encourage people to develop more self-awareness ("a searching and fearless moral inventory of ourselves"), face fears ("make amends"), engage in self monitoring ("continue to take a fearless inventory"), take responsibility ("when we are wrong promptly admit it"), and change ones' consciousness ("through prayer or meditation").

In addition, the AA group process - including self-disclosure, mutual support, and observational learning - parallels many of the features found in cognitive behavioral therapy groups.

### **Present and future directions in addiction recovery**

The fact remains that the program's failures outnumber its success stories. A high number of people who pass through AA door, will never make it to their second meeting, much less their one-year anniversary, and relapse is common even among regular attendees. This raises an important question: Are there ways to improve Wilson's aging system?

#### **1. Medications related to brain chemistry**

Some AA groups frown on use of medication but there is nothing in the Big Book that forbids the use of prescription drugs. Efforts to develop medications for alcohol use disorders have expanded rapidly in recent years.

The fact is that today there are several medications that have been proven to decrease the odds of relapse.

Three medications have been FDA–approved for treating alcohol dependence: naltrexone, acamprosate, and disulfiram.

**Naltrexone** reduces relapse to heavy drinking and is highly effective in some but not all patients—this is likely related to genetic differences.

**Acamprosate** reduces symptoms of withdrawal, such as insomnia, anxiety, restlessness, depression, anxiety, or irritability. It may be more effective in patients with severe dependence.

**(Disulfiram)** produces a very unpleasant reaction that includes flushing, nausea, and palpitations if the patient drinks alcohol. Compliance can be a problem, but among patients who are highly motivated, the med can be very effective.

## **2. Neural Imaging**

**A) A Person’s** neural makeup could indicate whether they’ll embrace the steps.

Last September, researchers from the National Institutes of Health found that people who possess bigger-than-average right middle temporal cortices are more likely to embrace the 12 steps.

And a Swedish study from 2003 suggests that people with fewer serotonin receptors are more likely to embrace the 12 steps

**B) Personalization of treatment medication based on neural imaging (slide)**

But the best way to bolster AA's success rate may be to increase the personalization of addiction medicine. In other words, certain brains may be primed to respond well to some medical therapies and less so to others.

Research showing that drinking is influenced by multiple neurotransmitter systems, neuromodulators, hormones, and intracellular networks provides evidence of a number of potential target sites for which new medications may be developed. The National Institute of Drug Abuse NIDA, NIAAA and other government agencies are currently funding several studies that aim to use neural imaging technology to observe how various therapies affect addicted brains.

### **3. Genetic Screening**

NIH-supported researchers have identified genes that increase an individual's risk for becoming alcohol dependent, as well as genes that protect against alcohol problems. In this study, Dr. Johnson and his colleagues Genetic analyses was used to determine which serotonin transporter gene variants were carried by alcohol-dependent individuals.

Subjects were randomly assigned to medication treatment regimens or placebo. The medication was more effective with individuals possessing certain gene variants

### **Conclusion**

Taken as a whole, the data suggest that AA may be helpful, especially in conjunction with professional treatment, for some people who are addicted to alcohol. In light of the evidence supporting the program, the wide availability of meetings and the lack of expense, AA is worth considering for many problem drinkers. As one of the social

workers at OAR said to me last week: “While I believe my interventions are valuable and effective, my professional involvement is time-limited. AA provides empirically-based support, involvement, direction and opportunities for service that are life-long. Of course, I want my clients involved in AA.”

For the moment, though, there is no way to predict who will be transformed by AA. And often, the people who become Bill Wilson’s most passionate disciples are those you’d least expect. Remember, Joe Walsh? “The first to arrive at the party and the last to leave the scene of the crime.”

Maybe one day we’ll discover that AA worked because of Joe’s unique combination of neurotransmitter systems and neuromodulators. Or we will learn that there’s a quirk in his genetic makeup that made his prefrontal cortex particularly susceptible to the 12 steps. But for Joe, all that really matters now is that he’s sober.