Role of mutual help groups such as Alcoholics Anonymous (AA)

Q6: Should non-specialist health care providers refer alcohol dependent patients and their family members to mutual help groups such as AA?

Background

Self help groups such as Alcoholics Anonymous (AA) are not really part of the health care system. They have been modified into treatments such as 12-step facilitation (Nowinski et al, 1992); however these are not generally specialist treatments. The role of non-specialists in this regard is to decide whether to refer people for such programmes, even whether to encourage patients to attend. As such the evidence for these programmes is reviewed here from the perspective of the role of non-specialist care in referral and assisting (i.e. by providing rooms for meeting) self help, 12 step programmes such as AA.

Population/Intervention(s)/Comparison/Outcome(s) (PICO)

Population:	patients with alcohol dependence and their family
Interventions:	AA and similar (or Alanon or similar for family)
Comparison:	other self-help programmes
	care as usual
Outcomes:	alcohol consumption risk patterns
	alcohol consumption
	alcohol related harm
	psychosocial functioning

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List of the systematic reviews identified by the search process

INCLUDED IN GRADE TABLES OR FOOTNOTES

Ferri M, Amato L, Davoli M (2006). Alcoholics Anonymous and other 12-step programmes for alcohol dependence. *Cochrane Database of Systematic Reviews*, (3):CD005032.

PICO table

Serial no.	Intervention/Comparison	Outcomes	Systematic reviews used for evidence evaluation	Explanation
1	AA and similar versus no treatment/other treatments	Alcohol consumption risk patterns Alcohol consumption Alcohol related harm Psychosocial functioning	Ferri et al, 2006	Most comprehensive review carried out with the Cochrane methodology

Narrative description of the studies that went into the analysis

Ferri et al, 2006 identified 117 studies, of which 29 were eligible for inclusion and 8 met the inclusion criteria. All the studies were randomised controlled studies. Three included studies considered AA in association with other treatments, and in one study compulsory attendance at AA meetings was studied. Three included studies considered 12-step facilitation. Two studies compared 12-step facilitation with motivational enhancement therapy and cognitive behavioural therapy and relapse prevention therapy; and one study investigated the relationship between helping others and being involved in 12-step facilitation. One study consider motivational enhancement to encourage people to attend 12-step facilitation.

Four studies lasted six months; one study lasted one year; one study lasted 15 weeks; one other study lasted two years; and another study lasted three years.

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AA versus other self-help programs were studied in three trials. Brief advice to attend AA versus motivational enhancement for 12-steps involvement was studied in one trial. 12-step facilitation versus other self-help programs were studied in three trials. Hospital based 12-step principles versus community based programmes was studied in one trial.

Effects of interventions

Ferri et al, 2006 reported that AA may help patients to accept treatment and keep patients in treatment more than alternative treatments, though the evidence for this is from one small study that combined AA with other interventions and should not be regarded as conclusive. Other studies reported similar retention rates regardless of treatment group. Three studies compared AA combined with other interventions against other treatments and found few differences in the amount of drinks and percentage of drinking days. Severity of addiction and drinking consequence did not seem to be differentially influenced by 12-step facilitation versus comparison treatment interventions, and no conclusive differences in treatment drop-out rates were reported. Included studies did not allow a conclusive assessment of the effect of 12-step facilitation in promoting complete abstinence.

GRADE tables

GRADE methodology couldn't be applied to this review.

Reference List

Ferri M, Amato L, Davoli M (2006). Alcoholics Anonymous and other 12-step programmes for alcohol dependence. *Cochrane Database of Systematic Reviews*, (3):CD005032.

Nowinski J, Barker S, Carroll KM (1992). Twelve step facilitation therapy manual: a clinical research guide for therapists treating individuals with alcohol abuse and dependence. NIAA Project MATCH Monograph Series (Rockville, MD, NIAA).

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From evidence to recommendations

Factor	Explanation
Narrative summary of the evidence base	The anecdotal reports of the success of AA well known. The scientific evidence is less established. Eight trials involving 3417 people were included in the Ferri et al, 2006 review. There was some evidence that AA may help patients to accept treatment and keep patients in treatment more than alternative treatments, though the evidence for this is from one small study that combined AA with other interventions and should not be regarded as conclusive. Other studies reported similar retention rates regardless of treatment group. Three studies compared AA combined with other interventions against other treatments and found few differences in the amount of drinks and percentage of drinking days. Severity of addiction and drinking consequence did not seem to be differentially influenced by 12-step facilitation versus comparison treatment interventions, and no conclusive differences in treatment drop out rates were reported. Included studies did not allow a conclusive assessment of the effect of12-step facilitation in promoting complete abstinence.
Summary of the quality of evidence	Very low
Balance of benefits versus harms	As these groups are outside the treatment system they are known to sometimes develop "cult" like behaviours. They can also be very against the use of medications. There is the potential for harm.
Define the values and preferences including any variability and human rights issues	
Define the costs and resource use and any other relevant feasibility issues	AA programmes are low cost and hence are available to patients free of charge in most settings. Referral to AA programmes is low cost and feasible.

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Final recommendation(s)

Non-specialist health care workers should be encouraged to familiarise themselves with locally available mutual help groups (such as AA), and they should encourage the alcohol dependent patient to engage with such a group.
Strength of recommendation: STANDARD

Non-specialist health care workers should be encouraged to monitor the impact of attending the group on the patient with alcohol dependence.
Strength of recommendation: STANDARD

Family members of patients with alcohol dependence should also be encouraged to engage with an appropriate mutual help group for families.
Strength of recommendation: STANDARD

Update of the literature search – June 2012

In June 2012 the literature search for this scoping question was updated. The following systematic review was found to be relevant without changing the recommendation:

Ferri M, Amato L, Davoli M. Alcoholics Anonymous and other 12-step programmes for alcohol dependence. *Cochrane Database of Systematic Reviews* 2006, Issue 3. Art. No.: CD005032. DOI: 10.1002/14651858. CD005032.pub2. (**Edited (no change to conclusions), published in Issue 3, 2009.**)