New Cochrane Review finds Alcoholics Anonymous and Twelve-Step Facilitation programs help people to recover from alcohol problems

Newly updated evidence published in the Cochrane Library today compares Alcoholics Anonymous (AA) and clinically-related Twelve-Step Facilitation (TSF) programs with other treatments, such as cognitive behavioural therapy, to see if they help people who suffer from alcohol use disorders achieve sobriety or reduce the amount of alcohol that they consume.

Alcohol use disorder (AUD) is a prevalent, world-wide problem, and in some countries it is accelerating. 'Alcoholics Anonymous' (or AA for short) has been a popular treatment for alcohol use disorder for decades, but much debate has persisted on whether AA – and related 12-step clinical treatments designed to increase AA participation are effective.

AA are peer-led mutual-help groups. Twelve-step facilitation programs adopt some of the principles and techniques of AA and are delivered by clinicians. They are aimed at engaging people within AA during and after treatment for alcohol use disorder. Some of these programs follow a manual, so that the same treatment can be delivered at different times and places.

This Cochrane review looks at the effects of these programs on reducing alcohol consumption and the effects of heavy drinking (such as physical health, family, or employment problems), and enhancing long-term abstinence. The authors of the review also examined whether AA and TSF programs reduce healthcare costs compared to other treatments.

The previous Cochrane review published in 2006 was based on the eight available studies including a few thousand participants. The quantity and quality of the research has increased substantially since then. Twenty-seven studies are now included in this updated Cochrane review, comprising 10,565 people. The studies included in this update examined a range of programs that differed in their approach and intensity, and these were compared against other programs and different treatments for alcohol use disorder.

The authors found high certainty evidence that clinically delivered and manualized TSF programs designed to increase AA participation can lead to higher rates of continuous abstinence over months and years, when compared to other active treatment approaches such as cognitive behavioural therapy. The evidence suggests that 42 % of participants participating in AA would remain completely abstinent one year later, compared to 35% of participants receiving other treatments including CBT. This effect is achieved largely by fostering increased AA participation beyond the end of the TSF program.

When compared to the other treatment approaches Alcoholics Anonymous (AA)-based programs may perform just as well at reducing drinking intensity, negative alcohol-related consequences and addiction severity.

Dr. John Kelly, Elizabeth R. Spallin Professor of Psychiatry at Harvard Medical School and Director of the Massachusetts General Hospital Recovery Research Institute said, “Alcohol use disorder can be devastating for individuals and their families and it presents a significant, worldwide, costly public health problem. Alcoholics Anonymous is a well-known, free, mutual-help fellowship that helps people recover and improve their quality of life. One important finding from this review was that it does matter what type of TSF intervention people receive - better organized and well-articulated clinical treatments have the best result. In other words, it is important for clinical programs and clinicians to use one of the proven manualized programs to maximize the benefits from AA participation.”

“In terms of healthcare costs, policy makers will be interested that four of the five economics studies we identified showed considerable cost-saving benefits for AA and related 12-step clinical programs designed to increase AA participation, indicating these programs could reduce healthcare costs substantially.”