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Alcohol Support Groups: Alternative to the AA Model

Tim Fields
Mentor Philip Kiely, MD
Family Medicine Clerkship 1/29/18 – 3/9/18
2: Problem Identification

- Alcohol use in Vermont is consistently above the national average, the most recent statistics show 61% of Vermonter’s over 18 years old used alcohol in the last 30 days, national average is 52%\(^1\).

- There are few studies available for the best form of group support for alcohol abuse, especially since AA has not released data since 1993.

- Excessive alcohol use leads to approximately 88,000 deaths per year in the United States\(^2\).
3: Public Health and Community Costs

- The CDC estimates excess alcohol use costs the United States $249 billion annually, and the state of Vermont $513 million annually, this is $820 per capita.\(^3\)

- This works out to be about $4.5 million for Morristown, VT and $20 million for Lamoille County.

- Median income in Morristown, VT is $53,836.
4: Community Perspective

- Gloria Tuthill, RN – Healthcare coordinator
  - Community resources are limited to North Central Vermont Recovery Center
  - Residential alcohol treatment facilities are all at least an hour away

- Dawn Palladino, LICSW, LADC
  - Many people in Lamoille Country are limited by transportation
  - Recovery Center groups are mostly framed around AA
  - The AA model does not work for everyone, for example, for women with a history of abuse, the principle of being powerless can be very loaded
5a: Intervention and Methodology

- Plan: design an alternative to AA meetings to provide group support but is more versatile than the traditional AA model

- This model would:
  - Be flexible to account for geographic limitations
  - Avoid the theistic references that deter some from AA
  - Avoid the “surrender to a higher power” that can be difficult for individuals trying to reclaim their own power and autonomy
  - Be cost effective for less affluent Vermont communities
5b: Proposal

- Use an app to harness the power of social networking, geographical proximity, and individual customization to match people to support groups
  - Most patients at Morrisville Family Health Care owned smart phones
  - By using an app, people can find fellow alcoholics in close geographic proximity and avoid long car trips
  - The app will be designed to maintain anonymity until a meeting is scheduled
  - The app will also allow each user to tailor their search criteria, whether they want a same gender group, and mixed group, or a group with a specific religion
  - Users are free to schedule meetings at times and locations convenient to their particular group
6: Results

- This proposed App based meeting system for alcoholics would get around many of the shortcomings of AA and the twelve step model
  - Transportation difficulties – App is proximity based
  - Theistic element of AA – App allows users to self select a group, either with a religion, or no mention of religion at all
  - Surrender to a higher power – By self selecting a group, woman could form a women’s group that used themes of empowerment rather than powerlessness before an addiction
7: Evaluation of Effectiveness

- Currently the standard for outpatient group therapy for alcohol abuse is considered to be AA; to effectively test this intervention it should be compared against AA in terms of participants' ability to avoid returning to problem drinking.

- This is challenging as AA has not released its own figures on participants since the late 1990's, instead there are only smaller studies looking at individual cohorts within AA.

- Existing studies on the effectiveness of AA have shown diverse results, some showing a strong association between AA attendance and sobriety, while others have even shown a negative relationship, attending AA decreased sobriety. Clearly there is room for alternative interventions for alcohol abuse.
8: Recommendations for Future Interventions

- Work with a software designer to program an app.
  - In order to test this intervention in the real world, a software designer would be necessary to create an app that met these criteria and could utilize phone location data to match alcoholics to individuals in their area.

- Work with local doctors, social workers and alcohol counselors to make patients aware of the availability of this resource.
9: References

1. Alcohol and Drug Abuse Programs Annual Overview, Vermont Department of Health, 2016


