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Alcohol Support Groups: Alternative to the AA Model

Tim Fields
Mentor Philip Kiely, MD
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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 capita³

- 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.
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 it’s 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


