

## Conference 2025 Service Handbook

### 3. What professionals have said about Alcoholics Anonymous

#### Historical Giants

Sir Isaac Newton, in a letter to Robert Hooke in 1675, wrote "If I have seen further (than others), it is by standing on the shoulders of giants."

Doctor William D. Silkworth, known as "the little doctor who loved drunks," was the first medical giant widely regarded as AA's "medical saint." He began his unique and everlasting contribution to AA during the early 1930's. On July 27 1938, as medical director of Charles B. Towns Hospital, New York, he wrote this inspirational letter "TO WHOM IT MAY CONCERN."

*"I have specialised in the treatment of alcoholism for many years. About four years ago, I attended a patient by the name of William G. Wilson. He was an alcoholic of a type I had come to regard as hopeless. As part of his rehabilitation, he commenced to present his new conceptions to other alcoholics. This has become the basis of rapidly growing fellowship. These facts appear to be of extreme medical importance. Because of the extraordinary possibilities of rapid growth inherent in this group, these events may mark a new epoch in the annals of alcoholism. These men may well have a solution for thousands of these situations. You may rely absolutely on anything they say about themselves."*

Dr Max Glatt, psychotherapist, addiction expert and pioneer of alcohol treatment in the UK, wrote:

*"Hitherto... the most effective single therapeutic approach has been AA and whatever other approaches may be preferred, most alcoholics would benefit from introduction to AA."* ("Alcoholism," Hodder and Stoughton, London 1982, p527).

In 1980, Dr Martin Whittet OBE, FRCP, Physician Superintendent of Craig Dunain Mental Hospital, Inverness, Scotland, following 30 years of devoted service to people with alcohol problems, wrote in the Fellowship's Roundabout publication:

*"May I therefore be allowed as a mere medical man to say;  
Alcoholics Anonymous...I thank you  
Alcoholics Anonymous...I salute you  
Alcoholics Anonymous...May it be in the scheme of things that the Higher Power shall and will sustain your high endeavours until the very end of time itself and beyond until a time as we know it is no more".*

## Cochrane Evidence Review and Authors' Soundbites - AA/12-Step Facilitation (AA/TSF) Works

The 2020 Cochrane Review of 27 relevant scientific studies showed that AA/TSF produced similar benefits to cognitive behaviour therapy and motivational enhancement therapy on all drinking-related outcomes, except for continuous abstinence and remission, where **'AA/TSF was superior.'** This is achieved largely through the long-term use of TSF and enduring AA participation. The Review also showed that AA/TSF tended to reduce healthcare costs, since AA support from members is free.

Kelly JF, Humphreys K, Ferri M. Alcoholics Anonymous and other 12-step programs for alcohol use disorder. Cochrane Database of Systematic Reviews 2020, Issue 3. Art. No.: CD012880. DOI: 10.1002/14651858.CD012880.pub2.

[https://www.cochrane.org/CD012880/ADDICTN\\_alcoholics-anonymous-aa-and-other-12-step-programs-alcohol-use-disorder](https://www.cochrane.org/CD012880/ADDICTN_alcoholics-anonymous-aa-and-other-12-step-programs-alcohol-use-disorder)

*"The quality of the research evidence supporting the clinical and public health utility of Alcoholics Anonymous has grown substantially in recent years. Evidence now indicates that when patients suffering from serious alcohol problems are clinically referred to AA they have higher rates of continuous remission and have longer stable recoveries than patients linked to other treatments that also address alcohol problems. Evidence also now demonstrates that the way AA is able to confer this long-term benefit is by its ability to mobilize a number of helpful therapeutic factors simultaneously over time, including by boosting relapse prevention coping skills, enhancing and maintaining recovery motivation, reducing craving and impulsivity, and by increasing spirituality, which can help people to reframe and better cope with stress. All in all, given the massive burden of disease, disability, and premature mortality attributable to alcohol problems each year, and the fact that AA is widely available and accessible for free in most communities, this new evidence indicates AA may be the closest thing public health has to a 'free lunch'."*

John F. Kelly, PhD, Professor of Psychiatry, Harvard Medical School.

*"AA was created by people who knew what they needed to recover: A new outlook, a new community, and new ways of interacting with other people. The scientific evidence demonstrates that the results of their efforts is a free, grassroots organization that helps more people recover than all professional treatments combined. Giving support is as good for our health as getting it. AA gives a sense of worth and service."*

Keith Humphreys, Professor of Psychiatry and Behavioral Sciences, Stanford University, Honorary Professor, Institute of Psychiatry, King's College, London.

In a definitive and impactful interview, Kelly and Humphreys discuss the methods and results of the Cochrane Review, how AA/TSF works and why it is superior to other treatments for alcohol use disorders.

YouTube at [https://www.youtube.com/watch?v=lgMjTlwh\\_LA](https://www.youtube.com/watch?v=lgMjTlwh_LA) Duration: 15 minutes.

## Is AA religious, spiritual, neither?

*In tapping into the “God idea” and borrowing some religious concepts, language, and practices (e.g., faith, prayer, meditation, confession), arguably AA might be considered “relig-ious”, but not a relig-ion. Without any formally agreed upon definition of what “spirituality” actually is, AA’s focus on gratitude, hope, forgiveness, and compassion, might be considered spiritual in essence. It has facilitated a self-defined notion of spirituality, including even a non-spiritual, secular spirituality if one chooses, to ensure everyone has a chance at making use of its “protective wall of human community” and all that it has to offer. So, circling back to the original question posed at the outset, “Is AA religious, spiritual, neither?” The answer, would appear to be, “Yes”.*

Kelly JF. Is Alcoholics Anonymous religious, spiritual, neither? Findings from 25 years of mechanisms of behavior change research. *Addiction*. 2017 Jun;112(6):929-936. doi: 10.1111/add.13590. Epub 2016 Oct 8. PMID: 27718303; PMCID: PMC5385165.

In the 2020 AA Membership survey of Great Britain and the English-Speaking Continental European Region, when members were asked about spirituality and their notion of a ‘Higher Power’, 65% of respondents reported that these were based on a secular foundation, compared with only 35% whose views had an overtly religious basis. This explodes the widely-held misconception that AA is a religious organisation, which has historically led to reticence in accessing AA services. AA has members of all religions, no religion and different cultures.

See <https://www.alcoholics-anonymous.org.uk/Members/2020-Survey>

## World Health Organization (WHO)

The European Framework for Action on alcohol 2022-2025 is the strategic framework for the Region and was unanimously adopted by all of the 53 Member States at the Regional Committee for Europe in September 2022.

*Citation. Turning down the alcohol flow. Background document on the European framework for action on alcohol, 2022–2025. Copenhagen: WHO Regional Office for Europe; 2022. Licence: CC BY-NC-SA 3.0 IGO.*

Focus area 5. "Health services' response" includes:

"Health services should be considered as holistic, learning from people with lived experience and, if possible, including families as part of the recovery process, as well as engaging with external services, including mutual aid organizations to support long-term recovery."

"Health service actions need to be aligned with community action in identifying risky drinking behaviours, providing early interventions before health and social problems become pronounced and severe forms of Alcohol Use Disorders (AUDs) develop that require specialized medical care, as well as ensuring that specialized services are available for people with AUDs. There is robust evidence that the linkage of clinical services with well-

articulated peer-led Alcoholics Anonymous Twelve-Step Facilitation interventions can achieve important outcomes for people with AUDs in relation to achieving and maintaining abstinence, with the additional outcome of substantial cost savings to health-care services.”

#### *Priorities for action*

(A). "National guidance and investment to integrate health service information and screening and brief intervention services, and combine biopsychosocial treatment strategies with community support over the long term, maintaining contact, offering crisis interventions and support when needed and at different levels of intensity, with active linkages to recovery communities (including clinically related Twelve-Step Facilitation programmes)"

(B). Concerted actions to reduce the social stigma and discrimination that prevents people from accessing alcohol-related support services

Focus area 6. “Community action” includes:

"People with alcohol problems and their families are part of communities. The lived experience that they have can help to inform strategies to prevent alcohol problems and to support recovery. Non-state actors, including nongovernmental organizations (NGOs) and recovery activists, mutual aid and self-help organizations possess expertise, experience and connections that can inform strategies to support recovery, often at insignificant cost to the state, and should be regarded as essential partners in developing and implementing national and local alcohol plans. People recover when they are happy and fulfilled and able to contribute to society."

#### **Liver and Addiction Specialists’ Testimonies**

Sir Ian Gilmore, Professor of Medicine and Hepatology, President of the Royal College of Physicians of London, President of the British Society of Gastroenterology, Founder and Chair of the Alcohol Health Alliance.

*“I am a health professional engaged in helping to build the evidence-base for preventing the harm from alcohol and, when that is too late, for treating the damage done. I have always been impressed by the strength of evidence for the efficacy of the AA 12-step programme and believe we should be doing more in our hospital practice to raise awareness of this. It is heartening and welcome that NICE acknowledge the benefits of AA programmes in their latest update of the Quality Standard on Alcohol Use Disorders.”*

Stephen Ryder, Professor of Hepatology, Nottingham University Hospitals, Chair of the Liver Section of the British Society of Gastroenterology.

*“As a liver disease specialist, I see very substantial amounts of physical as well as psychological harms from alcohol. The reasons why people run into problems are many and varied, but every clinician is very aware that the only prospect of a healthy and happy life for many of the people we see is via abstaining from alcohol. While I accept everyone has different needs, I certainly have direct experience of many people who engage with the AA*

*12 step model and for whom it has made a huge positive change in their lives. I feel strongly that a range of services to help people who run into problems with alcohol should be available and that access to AA is important as part of that."*

Dr Ed Day, UK Government National Recovery Champion and Clinical Reader in Addiction Psychiatry, University of Birmingham.

*"The Fellowship of Alcoholics Anonymous provides potentially life-saving support for people with alcohol dependence. It provides both social support for abstinence, but also a programme for living day-to-day that is hard to find anywhere else. The collective wisdom of thousands of people who have overcome dependence on alcohol is an incredible resource that patients of any treatment service can access, at any time, for free. All healthcare professionals should try to learn more about AA in order to encourage their patients to consider it as part of their process of recovery. This is likely to involve attending at least one meeting themselves to fully understand the process and the potential benefits. In my opinion, there are few more uplifting and inspiring experiences than listening to someone in recovery from alcohol dependence share their story."*

Professor David Best, currently Professor of Addiction Recovery at Leeds Trinity University, and Louise Hibbert found that Quality of Life (QoL) continues to improve over periods exceeding 5 years in recovery. In those who make it to this point, their wellbeing can exceed that typically reported by those never addicted. This concept of **'Better than Well'** offers a model of hope and change and suggests that the goal of recovery is a QoL process of ongoing growth.

Hibbert, L.J. and Best, D.W., 2011. Assessing recovery and functioning in former problem drinkers at different stages of their recovery journeys. *Drug and Alcohol Review*, 30(1), pp.12-20.

### **Alcoholics Anonymous Life-Altering Gift to the World**

Tom Hanks, double Oscar winner and consummate professional, broadcast in 2024 in 'The Rest is History' podcast:

*"I know men and women who had their lives changed by Alcoholics Anonymous. There is probably no other life-altering movement quite like it."*

Professor Keith Humphreys, co-author of the Cochrane Review, was quoted:

*"If Alcoholics Anonymous was a cancer drug, every body would want it".*

Henry Kissinger, American diplomat, politician, United States Secretary of State and National Security Advisor, who lived to be 100 (1923-2023), was quoted:

*"America's greatest gift to the world is Alcoholics Anonymous."*

Quite so!