

## President's Column

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### Is SMART<sup>®</sup> as Effective as AA?

The short answer to this question is that, considered as treatments for substance problems, the effectiveness of both organizations is unknown. If you have commonly heard that "AA is the only thing that works," you may be interested in the long answer. This long answer includes a look at the perception of AA's effectiveness (vs. the reality), and at other factors besides proven effectiveness that might lead one to choose one approach over another. Let's begin by citing some reputable authorities on the subject of AA's effectiveness. Every three years the U.S. Secretary of Health and Human Services sends a report to Congress entitled "Alcohol and Health." The 1990 report states: "The effectiveness of AA has not been scientifically documented, and methodological problems make such an evaluation difficult." (pg. 265). The National Academy of Sciences published in 1990 a massive report entitled "Broadening the Base of Treatment for Alcohol Problems." The National Academy of Sciences was established in 1863 by Congress as its advisory body on the application of scientific knowledge to public policy, and in the United States there is no higher authority on such applications. This report (commissioned by Congress in 1986) states: "AA is considered by many lay persons and professionals to be the most successful treatment for persons with alcohol problems, despite the lack of well-designed and well-executed studies that can be cited to support or negate the validity of this perception." (pg. 111).

The definitive review of the effectiveness of alcohol treatments is the "Handbook of Alcoholism Treatment Approaches: Effective Alternatives" (2nd edition), published in 1995 (Allyn & Bacon), and edited by Hester and Miller. It concludes that "...although Alcoholics Anonymous (AA) is widely recommended by U.S. treatment programs, its efficacy has rarely been studied. Only two controlled trials were found in which AA was studied as a distinct alternative, both with offender populations required to attend AA or other conditions, and both finding no beneficial effect. Although these findings argue against mandating clients to AA, they shed no light on the efficacy of this approach when used as intended: as a voluntary process of affiliation..." (pg. 31). A noteworthy additional comment is provided by Emrick, writing in the "American Psychiatric Press Textbook of Substance Abuse Treatment", published in 1994 (the American Psychiatric Press is a wholly-owned subsidiary of the American Psychiatric Association): "Within the context of AA's exceedingly high profile, health care providers can easily fall prey to the comforting belief that any patient who suffers from a problem with alcohol or other drug needs to go to AA or another appropriate 12-step group. Should the patient not go, he or she is thought of as 'in denial', 'resistant to treatment', and unlikely to make any change in his or her relationship with mood-altering chemicals. In actuality, a sizable body of quantitative research, undertaken to explore the suitability and effectiveness of AA and its corollary organizations, offers a disturbing challenge to the comfort gained from such reasoning..." (pg. 351).

But what about the success rates one hears for AA? These typically range from 3% to 20%, and are actually only percentages indicating how many individuals are continuing to attend meetings (for instance, 6 or 12 months later). These percentages provide no assurance that the individuals have improved. If an individual has improved, this is not proof that AA helped: this may be an individual who might have improved in any number of other ways, and who just happened to be in AA when the improvement occurred. Thus these are not success rates, just long-term attendance rates. Given this lack of proof of AA effectiveness, does AA have anything to offer? As a voluntary membership organization, the ultimate justification of AA's existence (or any support group's existence) would seem to be that individuals attend. Clearly many do attend AA, and some for extended periods of time. It is important to understand that there may be as many different benefits to attending AA as there are individuals who attend. Many individuals have reported perceiving a wide range of benefits from AA meetings. I believe these reports should be taken at face value. These reports suggest ways in which newcomers may also benefit from AA meetings, and the existence of these benefits can be confirmed or disconfirmed on an individual basis by actual attendance. Even if scientific research never confirms or disconfirms AA's effectiveness when considered as a treatment for alcohol problems, it seems likely that AA will be a recovery option for a long time.

What about SMART<sup>®</sup>? AA has not been studied as a voluntary process of affiliation, and SMART<sup>®</sup>, so far, has been studied only once, with no results yet published. The major difference between SMART<sup>®</sup> and AA with respect to proof of effectiveness is that the SMART<sup>®</sup> Four Point Program (to be discussed in a future column) is based on cognitive-behavioral treatments for alcohol problems that have been scientifically proven to be effective (for instance, coping and social skills training, motivational enhancement, and relapse prevention) and which in turn are based on well-established principles in psychology and related fields. AA does not have this foundation. To be sure, there could be significant differences in the effectiveness of 1) a treatment administered by a professional, in accordance with a detailed treatment manual, to a carefully selected patient, and 2) attendance in a peer-facilitated open support group whose discussion is informed by concepts

of treatment derived from professional publications. However, the existence of SMART's<sup>®</sup> scientific roots will be a crucial consideration to many individuals looking for a support group. Just as with AA, whatever research about SMART's<sup>®</sup> effectiveness ultimately reveals, there are a number of other aspects of SMART<sup>®</sup> to recommend it. Those who first attend SMART<sup>®</sup> meetings and then attend cognitive behavioral treatment are probably better able to make use of this treatment than those without such preparation. Those already attending cognitive behavioral treatment will find no major inconsistencies between SMART<sup>®</sup> and their treatment. As already noted, SMART<sup>®</sup> will appeal to those who want a recovery approach that has a foundation in scientifically derived principles. Because cognitive behavioral treatments for alcohol problems emphasize increasing self control and self reliance

(as well as appropriate interdependence on others), SMART<sup>®</sup> will appeal to those who prefer these concepts to "powerlessness". Lastly, primarily through SMART's<sup>®</sup> emphasis on REBT and cognitive therapy (which are closely related to the cognitive behavioral treatments for alcohol problems listed above), SMART<sup>®</sup> participants also learn general problem solving skills to enhance all aspects of their lives. Is SMART<sup>®</sup> as effective as AA? Although future research may provide more guidance on this question, ultimately this is a highly personal question only each individual can answer: will SMART<sup>®</sup> or AA (or some other approach) be more effective for me? The above paragraph gives some reasons why SMART<sup>®</sup> may be the program for you.