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such as books and pamphlets.[63] This practice allowed AA's Service Unit, which emphasized the individual's dependence but not accepting blame or organizational blame, to continue to exist. The Center for Alcoholism and Organizational Change also published literature and member newsletters. The Eighteenth Annual Meeting of AA to engage "special workers" for roles that require specific expertise or full-time responsibilities, such as administrative roles.[67] However, these particular roles do not involve working directly with alcoholics in need of help, a function known as the "wellbeing" Calls from alcoholics seeking assistance are always passed on to sober AA members who have volunteered to handle them, ensuring the program remains grounded in its peer-to-peer support model.[64] The AA Central Office coordinates activities such as printing literature, responding to public inquiries, and organizing conferences. It operates independently but ensures alignment with the core principles of the organization. Other International General Service Offices—such as those in Australia, Costa Rica, and Russia—function independently of AA World Services in New York, reflecting AA's decentralized and autonomous structure.[65] Many AA meetings take place in treatment facilities. Carrying the message of AA into hospitals was one of the co-founders of AA first remained sober. They discovered great value in working with alcoholics who are still suffering, and that even if the alcoholic they were working with did not stay sober, they did.[86][87][88] Bill W. wrote, "Practical experience shows that nothing will so much insure immunity from drinking as intensive work with other alcoholics".[89] Bill Wilson visited Towns Hospital in New York City in an attempt to help the alcoholics who were patients there in 1934. At St. Thomas Hospital in Akron, Ohio, Smith worked with still more alcoholics. In 1939, a New York mental institution, Rockland State Hospital, was one of the first institutions to allow AA hospital groups. Service to corrections and treatment facilities used to be combined until the General Service Conference, in 1977, voted to dissolve its Institutions Committee and form two separate committees, one for treatment facilities, and one for correctional facilities.[90] In the United States and Canada, AA meetings are held in hundreds of correctional facilities. The AA General Service Office has published a manual for the treatment of alcoholics in the interest of the incarcerated alcoholic.[92] Additionally, the AA General Service Office provides a pamphlet with guidelines for members working with incarcerated alcoholics.[93] AA group in Pátzcuaro, Michoacán, Mexico AA's New York General Service Office survey of over 6,000 members in Canada and the United States concluded that, in North America, AA members who responded to the survey were 62% male and 38% female. The survey found that 89% of AA members were white.[94] Average member sobriety is slightly under 10 years with 36% sober more than ten years, 13% sober from five to ten years, 24% sober from one to five years, and 27% sober less than one year.[94] Before coming to AA, 63% of members received some type of treatment or counseling, such as medical, psychological, or spiritual. After coming to AA, 59% received outside treatment or counseling. Of those members, 84% said that outside help played an important part in their recovery.[94] The same survey showed that AA received 32% of its membership from other members, another 32% from treatment facilities, 30% were self-motivated to attend AA, 12% of its membership from court-ordered attendance, and only 1% of AA members decided to join based on information obtained from the Internet. People taking the survey were allowed to select multiple answers for what motivated them to join AA.[94] A 2024 study found that Black, Hispanic, and younger adults are less likely to attend AA meetings compared to white and older adults, with these disparities remaining consistent over time.[95] Several studies are used to evaluate the success of AA including abstinence, reduced drinking intensity, reduced alcohol-related consequences, addiction severity, and healthcare costs.[9] Because of the anonymous and voluntary nature of AA meetings, it has been difficult to perform random trials with them. However, environmental and quasi-experimental studies suggest that AA can help alcoholics make positive changes.[96][97][98] Until recently, ethical and operational issues had prevented robust randomized controlled trials from being conducted comparing 12-step programs directly to other approaches.[99] There have been numerous studies on the effectiveness of AA. A 2006 study by Rudy and Bernick S. Moos saw a 67% success rate over 10 years later for the 24% of alcoholics who ended up on their own, compared to 14% of those who attended AA treatment.[100][101] However, this may be influenced by self-selection bias.[102][103] Project MATCH, a 1990s multi-site study, found AA to be more effective than no treatment.[104] Other studies link increased AA attendance with higher spirituality and reduced alcohol consumption.[105][106][107] A 2020 Cochrane review concluded that AA is more effective than other treatments, such as MET and CBT, in terms of abstinence rates. It also noted similar success in reducing drinking and alcohol-related problems, though this conclusion was based on moderate-certainty evidence.[108][109] The review found that AA participation via AA twelve step facilitation (AATSF) had sustained remission rates 20-60% above other well-established treatments. Additionally, 4 of the 5 economic studies in the review found that AATSF lowered healthcare costs considerably.[c][9][11] Nick Heather, an addiction researcher, critiqued the review, arguing it may have a sample bias and that it failed to measure outcomes like quality of life or alcohol dependence, which are important for evaluating recovery.[112][113] The authors responded, stating their review showed AA is at least as effective as other treatments and more cost-effective.[113][114] The authors also noted the lack of quality-of-life measures was due to the limitations of the reviewed studies.[113] A 2020 systematic review indicated that manualized AA and Twelve-Step Facilitation (TSF) therapy yields more healthcare cost savings and leads to higher continuous abstinence rates.[b][9][15] A longitudinal study suggests that LifeRing and SMART Recovery fared worse than AA across several outcomes, however, the effects are insignificant when controlling for the baseline alcohol goal of total abstinence.[116] More recent studies employing randomized and blinded trials have shown 12-step programs provide similar benefit compared to motivational enhancement therapy (MET) and cognitive behavioral therapy (CBT), and were more effective in producing continuous abstinence and remission compared to these approaches.[117] The 2001–2002 National Epidemiological Survey on Alcoholism and Related Conditions (NESARC) found that 3.4% of respondents had attended 12-step programs as well as other treatments, and that the combination of AA and other treatments was more effective than either alone in achieving long-term abstinence. The authors also noted that AA participation was associated with higher rates of religious and spiritual involvement, which suggests this is only true for a minority of AA attendees with a high addiction severity.[119][120] Instead, AA's beneficial effects are carried predominantly by social, cognitive and affective mechanisms.[121] However, atheist and agnostic people are less likely to initiate and sustain AA attendance in comparison to spiritual and religious people. 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The authors suggest that both men and women must be prepared for this behavior or find male or female-only groups.[143] As of 2010, women-only meetings are a very prevalent part of AA culture, and AA has become more welcoming for women.[144] AA's pamphlet on sponsorship suggests that men be sponsored by men and women be sponsored by women.[145] AA also has a safety filter which states that "Unwanted sexual advances and predatory behaviors are in conflict with carrying the AA message of recovery".[146] See also: Alcoholism S Management Stanton Peele argued that some AA groups apply the disease model to all problem drinkers, whether or not they are "full-blown" alcoholics.[147] Along with Nancy Shute, Peele has advocated that besides AA, other options should be readily available to those problem drinkers who can manage their drinking with the right treatment.[148] *The Big Book* says "moderate drinkers" and "a certain type of hard drinker" can stop or moderate their drinking. The Big Book suggests no program for these drinkers, but instead seeks to help drinkers without "power of choice in drink".[149] In 1983, a review stated that the AA program's focus on admission of having a problem increases deviant stigma and strips members of their previous cultural identity, replacing it with the deviant identity.[150] A 1985 study based on observations of AA meetings warned of detrimental iatrogenic effects of the twelve-step philosophy and concluded that AA uses many methods that are also used by cults.[151] A later review agreed, stating that AA's program had little resemblance to religious cult practices.[152] In 2014, George van Vliet published a paper making the case that Alcoholics Anonymous is not a cult. [153] Some have criticized 12-step programs as "a cult that takes on the mechanism of action [154] and 105 were newcomers. These figures help to understand engagement and disengagement patterns within AA.[118] Although AA claims that spirituality is the primary mechanism for achieving change and recovery, there is growing evidence that suggests this is only true for a minority of AA attendees with a high addiction severity.[119][120] Instead, AA's beneficial effects are carried predominantly by social, cognitive and affective mechanisms.[121] However, atheist and agnostic people are less likely to initiate and sustain AA attendance in comparison to spiritual and religious people. [120] The effectiveness of AA, compared to other methods and treatments, has been challenged over the years.[122] Lance Dodes, in *The Sober Truth*, claims only five to eight percent of the people who go to one or more AA meetings achieve sobriety.[123] Dodes opposes the idea that a social network is needed to overcome substance abuse.[124] Dodes's assertion that AA is ineffective has been criticized.[125][126][127][128] Some other experts claim that the book's conclusion that "12-step" approaches are almost completely ineffective and even harmful in treating substance use disorders "is wrong.[129][130] In a 2015 article for *The Atlantic*, Gabrielle Garcia criticized the dominance of AA in the treatment of addiction in the United States, citing Dodes's figures and a 2006 Cochrane report, to claim AA had a low success rate. [131] In the past, others have criticized 12-step programs as pseudoscientific[9][132] Her figures and assertions, however were criticized by other experts.[125][126][127][133] AA shares the view that acceptance of one's inherent limitations is critical to finding one's proper place among other humans and God. Such ideas are described as "Counter-Enlightenment" because they are contrary to the Enlightenment's ideal that humans have the capacity to make their lives and societies a heaven on Earth using their own power and reason.[59] After evaluating AA's literature and observing AA meetings for sixteen months, sociologists David R. Rudy and Arthur L. Grell found that for an AA member to remain sober, a high level of commitment is necessary. This commitment is facilitated by a change in the member's worldview. They argue that to help members stay sober, AA must provide an all-encompassing worldview while creating and sustaining an atmosphere in the organization. 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