

Efficacy of Alcoholic Anonymous Programmes on Rehabilitation and Recovery of Alcoholics at One Selected Recovery Centre in Kenya

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Abstract

Alcoholism is one of the chronic problems of a modern society. Many lives have been lost and thousand others ruined as a result of alcoholism. In the recent times, Alcoholic Anonymous (AA) institutions have been the desirable alternative to help rehabilitate alcoholics and restore them to full recovery. However, just how effective Alcoholic Anonymous is remains a subject of wide speculation. The purpose of this study was to assess the efficacy of Alcoholic Anonymous center in rehabilitation and recovery of alcoholics. The study adopted the *ex-post-facto* research design. The study was conducted in Asumbi Alcoholics Anonymous Centre in Homa Bay County of Kenya. The target population was 70 alcoholics registered at the Centre. Stratified random sampling was used to select 59 respondents for the study. The data was analyzed using the Statistical Package for Social Sciences (SPSS) Version 22.0 Computer programme. Descriptive statistics (frequency tables and percentages) were used in data analysis. The findings of the study showed that following of the 12-steps process by the clients significantly enhanced rehabilitation and recovery of alcoholics at the AA Centre.

Keywords: Efficacy, Alcoholic Anonymous Programmes, Rehabilitation, Recovery, Alcoholics, Recovery Centre, Kenya

Introduction

Alcoholics Anonymous (AA) was founded in 1935 by Dr. Robert Smith and Bill Wilson Alcoholics Anonymous World Services (1995). Sussman (2010) observed that AA has since become one of the widely disseminated self-help treatment groups where membership is estimated at more than 2 million. As AA was growing in the 1930s and 1940s definite guiding principles began to emerge as the Twelve Traditions, Bogenschuetz *et al.* (2006). According to Withrodt *et al.* (2005) the twelve traditions provides guidelines for group governance and helps to resolve conflicts in the areas of publicity, religion and finances in rehabilitating the alcoholics. A study carried out by World Health Organization (2002) in the United States found that 16.2% of Disability-Adjusted Life Years (DALYs) from injuries were estimated to be attributed to alcohol. It however holds that attending Alcoholics Anonymous meeting increases a person's spirituality which in turn can reduce the frequency and intensity of alcohol abuse. WHO (2002) equally argued that attending AA meetings can increase spirituality especially for those who had low spirituality previously. An extensive study by Bandsma (2005) established that no study has ever shown that AA is effective in getting people to quit drinking. Infact, it further established that every study ever done on the effectiveness of the 12- steps process in getting people to quit drinking has shown exactly the opposite.

Eschmann and Rehm (2002) outlined that in Europe, Alcoholics Anonymous support programmes offer a spirituality-based recovery option. That AA support has an effective foundation and many people benefit from the programme. However, the study further outlined that not all people absorb the AA tenets and beliefs which results into altering the course of successful recovery. Herrem and Pitman (1993) found that alcohol abuse in the USA cost the country an estimated 10 billion in 1991 in terms of lost times, accidents, increased medical costs and other economic costs, a factor that required an immediate intervention. The study was anchored by the Choice Theory. People will often justify their actions as being due to some external event. An example of this would be the drunk driver who explains away his behavior by saying that his wife made him angry. According to choice theory the reason why this man got in his car while under the influence is that he chooses to do so. In a world where people make choices mostly due to external motivations they will not have much freedom. Choice theory suggests a different world where people have much more power to control their lives. The ideas within this theory are empowering and this explains why Glasser's work is currently so popular.

In Kenya, the vast majority of addicts have at one time or another passed through a rehabilitation centre, but despite their growth in numbers, Alcoholics Anonymous centers remain couched in mystery and many people wonder what they contain that makes them capable of transforming hopeless addicts into responsible and productive citizens. The youths have not been exempted from alcoholism Okungu (2010). He observed that alcohol is abused by 77% of the youths out of school and 28% of youths in school. In his research, Okungu (2010) indicates that Coast Province is the heavily hit area despite having very minimal rehabilitation centers with no Alcoholics Anonymous center.

Mulgan (2008) however, found that even though the effects of alcoholism are well documented, very little studies are geared towards the understanding of the efficacy of AA process on alcoholics' rehabilitation and recovery. Alcoholics Anonymous World Services (1990) has showed that the 1990 commentary evaluation of triennial surveys found out that 26% of those who first attended an AA meeting were still attending after one year. Furthermore, nearly one third (31.5%) leave the programme after one month and by the end of the third month, over half (52.6%) had left, a trend that leaves a lot to be desired about the efficacy of AA process on rehabilitation and recovery of alcoholics.

This is a clear indication that many people still lack facts on the efficacy of Alcoholics Anonymous centers. It is for these reasons that it is arguable that there was need to determine further the efficacy of AA, an important gap that this study explored. Alcoholics Anonymous World Health Services (2006) observed that Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other in order to solve their common problem and help others to recover from alcoholism. The only requirement is a desire to stop drinking. WHO (2004) holds that even though alcohol carries connotations of pleasure and sociability in the minds of many, harmful consequences of its use are diverse and widespread. Based on the current estimates of the Council on Alcoholism and Drug Abuse (2005), about 18 million Americans abuse alcohol and several more adults engage in risky drinking patterns that could lead to alcohol problems. Approximately 53% of people in USA report that one or more of their close relatives have a drinking problem. In established market economies such as the European Union member states, the burden of disease and injury attributable to alcohol is estimated to be situated between 8% and 10% European Commission (2007).

Asumbi Alcoholics Anonymous Centre is the oldest rehabilitation centre in East Africa which started way back in 1978 by Turberg Brothers in Asumbi, Homa bay. It offers residential drug free treatment. At the centre, patients have to stay off all moods and mind altering drugs. Their measure of success is complete abstinence. According to the records kept at the centre, Asumbi has so far rehabilitated more than 5000 clients. Asumbi spread its wings and opened two other centers in Nairobi-Karen in May 2005 and Ridgeways in December 2006. The main focus at Asumbi AA centre is in spiritual and personal growth as peer pressure, role modeling, self-pity, personal responsibility, reality confrontations and leveling. To achieve the above, the centre use group and individual counseling and family therapy.

Research Methodology

This study adopted the *ex- post- facto* design. This design is the most appropriate in a study where the independent variable cannot be directly manipulated since its manipulations have already occurred (Kerlinger, 2000). Further this design is appropriate in an after the fact analysis of an outcome or the dependent variable, as well as in comparative studies (Kathuri& Pals, 1993; Mugenda&Mugenda, 1999). The target population was 70 alcoholics admitted at Asumbi AA centre, three administrative staffs, the manager and the six counselors at Asumbi Alcoholics Anonymous Centre. According to Krejcie and Morgan (1970), the sample size depends on the purpose of the study and the nature of the population under study.

In order to determine the sample size of the alcoholics to be drawn from the 70 clients enrolled at Asumbi AA centre, the study used Krejcie and Morgan (1970) table of determining sample size from a given population. For a population of seventy (70) a sample size of 59 clients. Simple random sampling was used to select 59 clients included in the study. Purposive sampling was used to select the manager, three administrators and the six counselors to participate in the study. The instrument included an observation check list with five (5) items used to assess the availability of the facilities and the general structure of the institution. Two sets of questionnaires, one for the rehabilitation staffs with twenty (20) items and another set comprising nineteen (19) items to the sampled alcoholics to collect information on the efficacy of alcoholics in Asumbi AA centre. Document analysis was also done by the researcher to collect other data related to the study.

The researcher used the responses to assess the efficacy of alcoholics' anonymous center on rehabilitation and recovery of alcoholics. To ensure content and face validity, the researcher piloted the instrument with 15 alcoholics, the manager and three counselors at the RAM Alcoholics Anonymous centre in Kisii. The research instruments were reviewed by research experts from the faculty of Education Psychology and Counseling of Egerton University. The reliability of an instrument is the degree of consistency with which a research instrument measures whatever it is intended to measure Mugenda and Mugenda (1999). The researcher piloted the research instruments in RAM AA centre. The researcher took note of the trends of responses given as relates to the efficacy of AA centre on rehabilitation and recovery of alcoholics. Cronbach's Alpha of reliability co-efficient was used to determine internal consistency of the instruments. The instrument was considered sufficiently reliable at $\alpha \geq 0.7$ as recommended by Mugenda and Mugenda (1999).

Findings and Discussions

Items in the questionnaires sought to establish the efficacy of the AA programmes on rehabilitation and recovery of alcoholics at Asumbi alcoholics' anonymous centre. There was need to investigate this dimension since the

efficacy of the alcoholics anonymous centers depends primarily on the programmes offered at the centre. The responses of administrators, counselors and clients were sought. First, the major teaching at the Asumbi AA centre was sought. The responses of the clients on this enquiry were as shown in Fig. 2.

The major teaching in Asumbi AA centre according to the respondents is sobriety. On average, out of the respondents interviewed, 59.3% (35) affirmed that major teaching at this centre is advocacy for sobriety and 50.8% (30) of the clients stated that the major teaching is abstinence. Reduction on alcohol intake was not in any way being promoted at Asumbi Alcoholics Anonymous centre. The manager and the counselors in affirming the importance of sobriety as a major programme being advocated for at the centre asserts that alcohol damages every part of the addicts body and leads to deficiencies in vital nutrients necessary for maintaining once health. This was attributed to be in line with (Tonigan& Miller, 2009) who claimed that alcoholism causes a host of problems that can affect once health, relationships, career and finances. Kicking the habit and living a life of sobriety offered countless benefits as well as possibilities that one may never thought possible when one was drinking.

Most of the counselors concluded that this journey through Alcoholics anonymous centre maybe challenging but all the good things it brings helped keep alcoholics on the right path. The manager and the counselors unanimously claimed that one benefit of sobriety that AA proclaim to the clients was that it afforded the clients freedom to live whatever life one wanted to live. Alcohol will no longer hold one back and sabotage once efforts to get what one want. One no longer needed to plan his or her life around once alcohol consumption. This led to conclusion that sobriety was a very major programme at the AA that contributed to recovery of alcoholics and should be promoted to ensure success in rehabilitation and recovery of alcoholics at the AA centers.

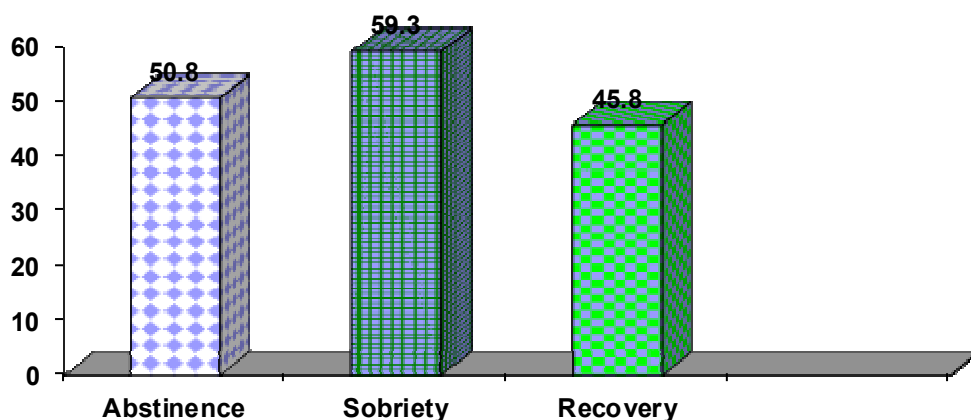


Figure 1: *Major Teaching in Asumbi AA Centre*

To establish further the efficacy of the programmes at the AA centre, its rating was sought from the clients. Results of the ratings showed that 42.4% (25) clients strongly agreed that the centre had a group support and 42.4% (25) of equal figure strongly agreed that there were strong counseling programmes at the centre and 15.3% (7) strongly agreed that the institution had supportive policies. At the centre, groups were found to be of very importance, not only in maintaining sobriety but also as a safe place to get support and discuss challenges. Connecting with others who know first-hand what you're going through helped reduce feelings of isolation, fear and hopelessness. It was established at the centre that staying motivated and positive was much easier when alcoholics had others they could turn to and lean on to help them get through tough times. Majority of the clients at the centre attributed those benefits of social contact from support groups as being more influential and that the general social contact as group member had a better understanding of the difficulties that faced an addict and they were able to offer advice and stories that an addiction sufferer could really relate to. Related to this was an individual belief in their own ability to resist alcohol when faced with temptation; however this belief was often increased and exacerbated by the support received from other group members, so these two factors in particular were concluded to have a close relationship with one another in rehabilitating and ensuring recovery of the alcoholics.

Table 1.
Clients' Rating of the Effectiveness of the AA Programmes at the Centre.

Effectiveness of:	S. Agree	Agree	Neutral	Disagree	S. Disagree
Group support	25	18	16	N/A	N/A
There are strong counseling programmes	25	20	6	2	N/A
Now attend Spirituality	27	22	10	N/A	N/A
Able to frequently meditate and pray	7	16	26	8	2
The Institution has supportive policies	9	21	19	8	2
Now feel rehabilitated	19	28	10	2	N/A
Have now attained self-control in alcohol consumption	17	21	17	N/A	4
Can now abstain from taking alcohol	29	16	11	3	N/A
Now moderately drink	3	N/A	6	13	37
Now able to communicate well	25	28	6	N/A	N/A
Feel now motivated	36	21	2	N/A	N/A

On average, 42.4% (25) of the clients responded in the affirmative, strongly agreeing that Asumbi AA centre had strong counseling programmes. When alcoholics become dependent on alcohol, they cease to have the control that they once had over their own behaviors, which made it impossible for them to stop using alcohol on their own. By utilizing cognitive behavior as put by (Yoder, 2005), addicts learnt to cope with cravings, deal with the negative feelings that prompted them to want to use alcohol, and prevent a relapse from occurring. Encouraging support groups was established by the researcher to be a type of counseling approach that helped clients recognize that they were not alone in what they were going through. Addicts often felt alone in their addictions, so participating in group therapy sessions according to the management helped addicts realize that there were others who were going through something very similar. This type of realization helped tremendously in alcohol addiction recovery.

More than half of the clients were committed to attending spiritual sessions at the centre; even those addicts who had no interest in spirituality but attended AA spiritual programmes changed even more than did those who had a pre-existing strong sense of spirituality. It was established that while at the AA centre, 66.1%(39) of the clients do attend to spiritual teachings very often, while 20.3%(12) often attend to the spiritual teachings and only 3.4%(2) indicated that they were not attending to spiritual programmes as shown in Figure 3. This indicated clearly that majority of the clients attended spiritual programmes at the centre. However, these findings were contrary to Chatell (2008) who argued against AA programmes being essentially pegged on spiritual nourishment noting that AA is not about religion at all. It was found that AA participation in spirituality lead to helping members change their social network and by enhancing individual's recovery coping skills, motivation for continued abstinence and by reducing depression and increasing psychological well-being.

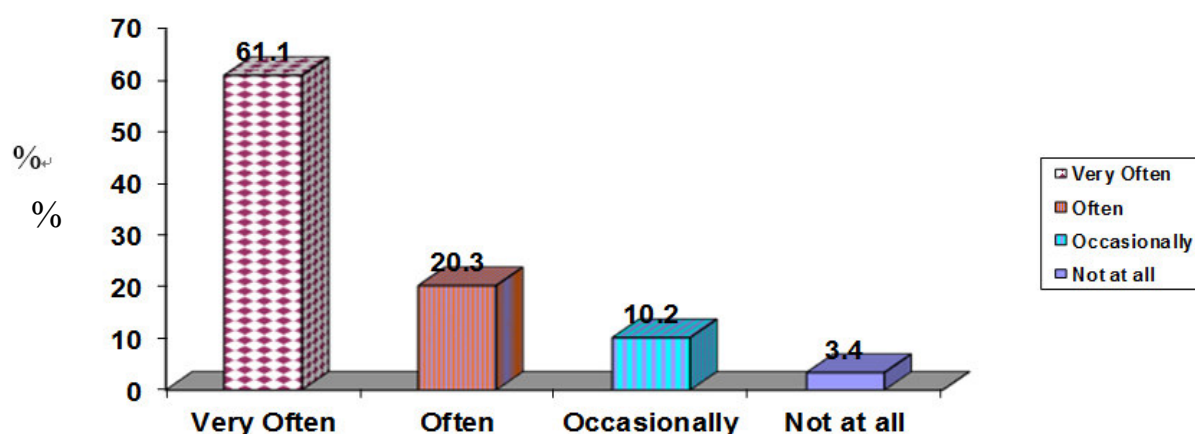


Figure 2: *Clients Attendance on Spiritual Teachings while at the AA Centre*

According to the management and the counselors at the centre, the spiritual life was not a theory; the recovering addicts must learn to live it. This meant day in day out, not just when clients had the strength to do so. The counselors further attested living sober life was a choice and something clients had to work at. A number of clients, 66.1%(39) noted that there were tremendous ups and downs at the centre but they were always encouraged by the counselors during spiritual programmes that such situations will pass as those who will finally live free of addiction will feel glorious.

It was established that the clients strengthened their spirituality process by making a written list of all

things that were weighing heavily on them. Below each item; the client's listed actionable steps that they could take to help resolve this problem. They were then directed to set a goal for accomplishment of each of these tasks. After all these, then the clients were to turn the rest over to their Higher Power. The clients took the action they needed to take and the rest to the creator. In order to eliminate the "disease" that comes from attempting to control things that were completely out of the clients' control, they re-evaluated their place in the grand scheme of things. Clients allowed themselves to trust that there was a higher purpose for the things that happened around them. Hall (1993) confirmed efficacy of commitment to spiritual programmes by stating that it enhanced unmatched sense of peace and strength in the ebbs and flows in life.

However, the results revealed a serious deficit in the training and experience of those who were charged with running the programmes at the centre. In terms of the preparedness of the service providers, a significant number of counselors and administrators had minimal training in guidance and counseling on substance abuse. Amongst those counselors who had certificate qualifications, a significant number felt that they did not have adequate training on substance abuse. This insufficiency in the relevant training and insufficient knowledge and guidance skills on substance abuse could have been the reason why a number of clients were still relapsing even after spending the required time at the centre. Some clients could have been living the centre inadequately prepared with enough skills to manage life without alcohol after living the centre. Out of the twelve staffs interviewed, 75% (9) were male while 25% (3) were female staffs. The staffs were mainly certificate holders. It was found that 66.7% (8) had certificates, 16.7% (2) had Diploma while 16.7% (2) had degrees. This led to the conclusion again that competence may have been lacking due to this training gap, hence the programmes may not have achieved its objectives as desired. These findings agreed with Ngumiet *al.* (2003) who had found that there was serious training deficit among counselors at the AA centers in Kenya. Experience of the counseling staff was also tested. Most of the staffs at the centre according to the findings, at 41.7% (5) have stayed at the centre between 1-2 years as shown in Table 2.

Table 2.

Duration of Staffs at the Centre.

Duration	Frequency	Percentage
1- 2	5	41.7
2- 4	3	25.0
5- 6	3	25.0
6 and above	N/A	N/A
None committal	1	8.3
Total	12	100%

It was established that most of the staff members had only been to this centre as counselors and therefore had no centre to make comparison with. Staff members lacked exposure as they had not been taken for exchange programmes on substance abuse neither had they been given opportunity to attend refresher courses on substance abuse. This could have caused compromise in the implementation of the AA programmes due to lack of proper experience. However, 90% of the staffs indicated that the centre had in place modalities for making follow up on the clients after their normal programmes at the centre. It was found that after completing their normal three months period at the centre, the clients were released from the centre to get back either to their work stations, homes or even learning institutions. The AA had a well-documented programme on the where about of their already graduated alcoholics. They fairly often made follow-up as seen in Figure 4. to ensure that their ex-clients rarely relapse. On such occasions, visits or calls would be made, counseling offered and any other assistance offered. To the clients who eventually found themselves relapsing after the normal programme, the management offered after care programmes, rehabilitating the clients again but with extra care, re- admitting the clients to undergo the same therapy with new fees payment, offering relapse prevention programmes, recreational activities and group therapy.

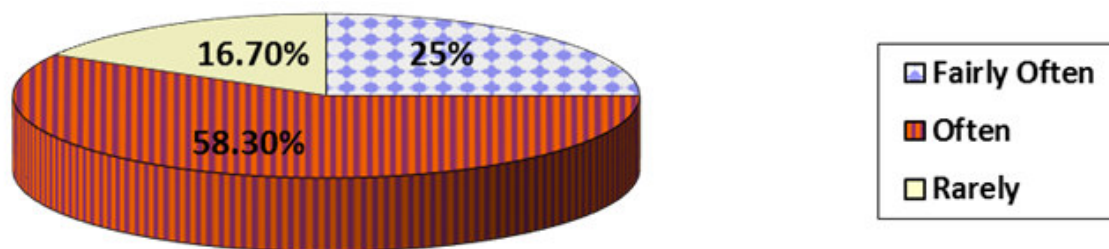


Figure 3: Follow up of the clients

Group counseling was observed to be a critical forum for disclosure and feedback and significant number of clients (16) were neutral on making decision on the application of Group counseling as a program at the centre. A part from the 12-steps process, 83.3% of the staff noted they do have other programmes to follow at this centre; AA traditions, Life skill classes, One on one counseling sessions, Spiritual sessions and Co-curriculum activities with the clients, Relapse prevention skills, after care and Group counseling where the clients share their experiences

In rating the effectiveness of the AA programmes at the centre, 71.7% of the clients strongly agreed that the centre had group counseling programmes. The research revealed that during the group counseling sessions, clients developed a support network through each other, they no longer felt isolated by their condition and they progressively gained greater sense of normality. Through the groups, a significant number of clients noted that they find a forum of peer support, gaining strength as they shared their feelings and experiences with others who were facing the same obstacles as themselves. Some clients' confessed to have gained strength in seeing the resourcefulness of those in the situation, while others renew their feelings of self-worth through assisting others.

Conclusion

The purpose of this study was to assess the efficacy of Alcoholic Anonymous center in rehabilitation and recovery of alcoholics. The study reported that Group counseling programmes had positive effect in rehabilitation and recovery of alcoholics at Asumbi AA centre. The study recommends that, there is need for the government to support the existing AA centers and build more centers to help in rehabilitating the alcoholics. Counselors at the AA centers should be employed by the government to avoid compromising the quality of their training and poor remunerations.

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Biography

Lazarus Millan Okello is currently an employee of the Ministry of Education in Kenya. He holds Master's degree in Education (Med) from Laikipia University. Millan is in his final stage of undertaking PhD (Education Psychology) degree at Moi University (RUC). Millan has participated on several conferences and workshops in Kenya. Millan is currently a part time lecturer in the department of Education Psychology at Rongo University College and Kisii University in Kenya.

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