

Finding ‘someone like me’: key benefits of non-12-step alcohol online support groups

Problem drinking is a significant issue in the UK with a 20% increase in deaths from specific alcohol-related causes in 2020. UK and USA national guidance on treating problem drinking recognises the importance of peer support in helping people get and stay sober. Alcohol support groups, both on and off-line, are one source of this. The oldest, most widespread and famous of these is Alcoholics Anonymous, which has provided help to millions since its start in 1935. However, it does not work for everyone, with some finding it actively unhelpful, so alternatives need to be available and publicised.

The research reported here is about some of these alternatives: alcohol online support groups that don’t follow AA’s 12-step programme for recovery. These ‘non-12-step’ groups have received relatively little research attention so the findings offer a rare insight into their users’ opinions. Twenty-five users from five such groups (Fig. 1) were interviewed in-depth. This paper looks at whether the benefits identified were linked to the fact that the groups were online or the fact that they were not following the 12-step philosophy.

| Name | Brief description | Approach to recovery endorsed in information pages | Has a group moderator? |
|---------|---|--|------------------------|
| Group A | Medium* size AOSG, based in the UK | Cognitive Behavioural Therapy (CBT) | Y |
| Group C | Small* AOSG, based in North America | Medication based treatment | Y |
| Group D | Small* AOSG, based in North America | Own harm reduction programme | N |
| Group E | Medium* size AOSG, based in North America | Own harm reduction programme | Y |
| Group F | Large* AOSG, based in the UK | No specific programme, promotes abstinence | Y |

Fig. 1. Group descriptions

*Small =< 5,000; medium = 5,000 – 10,000; large = 10,000 – 75,000 members

The most important benefit of the groups, according to interviewees, was finding someone like themselves, perhaps for the first time ever. Many arrived at their group feeling painfully isolated as they knew they weren’t ‘normal’ drinkers, but equally didn’t fit the stereotype of the ‘alcoholic’: someone whose life was in chaos, who compulsively craved alcohol and who would (they thought) be a typical member of AA. Most of these interviewees were maintaining an outward appearance of life in control, but still suffering because of their drinking. Seeing multiple examples of similar people over time in the non-12-step groups gave them community and a sense of normality, widening out how they defined problem drinking and reducing self-stigma. Accepting that they had a problem became easier, and in seeing others succeeding they came to feel that they could too. This benefit is partly to do with the type of members found in non-12-step groups (people like them) and partly to do with the online format, where the sheer scale is different:

“that for me was the main [impact of the forums] ...having people like lay a path for you saying, ‘Trust us it will get better’ ... that’s something that counselling and your doctor and that can’t give you, it’s that like wisdom, isn’t it, of thousands of people collected in one space.” (Isabelle, Group F).

Sharing experiences was valued by interviewees. Members talked online about what had worked for them and exchanged practical tips for succeeding at recovery. While both AA and non-12-step groups provide this information, the online format brings the advantage that the advice remains accessible after participants have left the conversation. Another major advantage of online groups, is that they are accessible to many who many not be able to use face-to-face meetings.

A key difference from AA, interviewees felt, was that their groups provided support without requiring them to adopt a particular set of ideas about problem drinking. The groups respected individuals’ rights to define problem drinking and recovery as they chose:

“so on [Group D], one of the beauties of it is that we’re really big on policing judgement, and whatever works for someone is whatever works” (Alan, Group D).

Interviewees felt that this contrasted strongly with 12-step groups which they saw as ‘my way or the highway’.

In conclusion, it is vital that users are made aware of the full range of choices available for accessing peer support with problem drinking, rather than solely being offered the option of face-to-face AA.

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Publication

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