

Results of Activity of Anonymous Alcoholic Association in Iran

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Original Article

Abstract

Background: Alcoholics Anonymous (AA) is the largest non-governmental organization (NGO) for alcoholics in the world. During the recent decades, Iran has suffered from alcohol abuse and its consequences. Alcoholism is a taboo subject in Iran and there are few studies in this area. This is the first study in Iran to investigate the results of the activity of anonymous alcoholics.

Methods: Data were collected from the improved members of the AA in Iran (n = 6197).

Findings: The obtained results included members' demographic characteristics, age of sobriety, average attendance in weekly meetings, status of the sponsor, status of relapse, and the way of entering each member into AA groups.

Conclusion: The activity of the AA in Iran is facing limitations and obstacles. The number of individuals with sobriety age above 20 years is not available because of the short-age activity of the AA in Iran. The number of men using this program is higher compared to women. Most members are individuals aging 31 to 40 years who are considered active members of the society.

Keywords: Alcohol abuse; Anonymous alcoholics; Iran

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Introduction

Alcohol abuse is a medical and social problem worldwide. Alcohol abuse is highly disabling which is associated with many physical and mental disorders; they are also related significantly to global morbidity and mortality. According to the World Health Organization (WHO) reports, 3.3 million deaths per year have been caused by alcohol abuse—a staggering 6.0% of all deaths worldwide. Generally, 5.1 % of the global burden of disease and harm is attributable to alcohol, as measured in disability-adjusted life years (DALYs).¹ In the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) conducted by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), 12-month and lifetime incidence rates were 8.5% and 30.3%, respectively.² Although Iran has a low level of alcohol use, it is higher than the Middle East regional average.³ Alcohol abuse consequences including disorders are moderately common raising serious public health concerns in Iran. Amin-Esmaili et al. found that the incidence rate of alcohol consumption at least once in the past 12 months was 5.7% and the incidence of 12-month alcohol use disorders (AUDs) was 1.3% in Iran.⁴ Although alcohol use is not considered within the first 25 reasons of premature death or years living with disability (YLDs) in Iran, it ranks 12th within the burden of diseases attributable to 15 noted risk factors. Drug and AUDs account for about 2% of the total burden of diseases in Iran.⁵

Currently, there are few effective therapeutic procedures for alcoholism, and its chronic feature often causes insufficient access to treatment. Most patients with alcohol, drug, or psychiatric disorders receive no treatment. Treatment rates for AUD was low (< 20%) and unchanged over time.² No single treatment strategy is effective for every person with alcohol dependence. Medications management, behavioral therapy, or a combination of both may be effective in treating patients. The patients with low psychiatric severity were treated in AA.⁶

The AA association is a non-governmental organization (NGO) consisting of individuals whose main problem is alcoholism. The members of this association share their experiences in regular open meetings and keep their recovery

through Twelve Steps and Twelve Traditions.⁷ AA was established in 1935 by Bill Wilson and Dr. Bob Smith, the 2 improved alcoholic patients in the United States. The Twelve-Step principles are written in a book called the Big Book. The book has been translated into more than 40 languages.^{8,9} AA is now operating with more than 2.1 million members and 100766 groups in 150 countries.¹⁰ Research has shown that the AA program is very effective.¹¹⁻¹⁴ AA's meetings are held in Iran regularly.

The production, availability, and consumption of alcohol are different in Iran and are influenced by the effects of government policies and values of Iranian society. Alcohol use is considered immoral and sinful based on the Iranian culture and religion. The alcohol abusers are a growing class of individuals with an illegitimate habit in this traditional Islamic society seeking treatment with many barriers and challenges. Iranian alcohol abusers prefer hiding their problems.¹⁵ The present study is based on the research findings on NGO of AA and treatment of AUD in Iran. This study is the first reporting the results of the activities of the AA in Iran and discussing the findings. Understanding the features of alcohol abuse in Iran is required for designing future strategies. These data would be useful for investigating the need for prevention and treatment of alcohol abuse disorders and identifying groups who are at high risk for these conditions in Iran.

Methods

In this cross-sectional study, some demographic characteristics of alcoholics who participated in the study in 2017, were examined. This study used the census method. The information was associated with 6197 individuals who were under treatment in AA meetings. The information was obtained from about 335 groups in 11 service areas, including 25 provinces and 98 cities. Data were gathered with checklists and they were analyzed using the SPSS (version 20, IBM Corporation, Armonk, NY, USA) software.

The data were collected through the communication with an AA's intergroup officer and his name remained hidden as the anonymity factor was essential in this regard. The AA established in each city/village might be needed as more than one group. Alcoholic individuals

could join the group through the www.aaيران.org website and find the nearest and most suitable place for meeting. In each group, a person was elected as an intergroup representative (or group interface) through voting (conscious voting) among members. The elected person was an experienced and trustable member who had high sobriety (recovery) age and passed the Twelve-Step principles and traditions. The function of the group representative included coordinating the meetings, solving problems within the group, exchanging information among the AA groups, performing accurate censuses, recording information in the attendance list, and selecting intergroup officers. These intergroup officers attended meetings of the local and district committee monthly and reported the up-to-date group's information to them. AA members were able to contact the representatives and then the intergroup officers.

Results

Table 1 represents the demographic characteristics of the AA members. According to the findings of this study, age of sobriety of 40%, 42%, 15%, 3%, and 0% of individuals was < 1, 1-5, 5-10, 10-20, and > 20 years, respectively. The mean meeting attendance was 5 sessions per week. 91.5% of the members had sponsors and 37% of members relapsed in AA at least once. 77% of the members had tried other treatments before joining to AA. The most common way to enter AA was through another AA member and this accounted for about 68% of total members. The AA membership through health centers, self-motivation, family, non-alcoholic friends, Al-Anon/Al-Ateen societies, and other methods accounted for 10%, 9%, 6%, 3%, 1%, and 4% respectively; the Al-Anon family society included family members of those who had a problem with alcoholism, in addition, Al-Ateen society consisted of a part of the Al-Anon fellowship designed for the younger relatives and friends of alcoholics in the teen years.

Discussion

In Islam, drinking alcohol is forbidden and is considered a sin. The official religion in Iran is Islam; thus, by Iran's law, the production, sale, and consumption of alcoholic beverages are prohibited and the offenders are punished.

Table 1. Characteristics of patients included in the present study

Variable	Value
Gender (%)	
Men	97
Women	3
Age group (year) (%)	
< 21	2
21-30	31
30-40	46
41-50	17
51-60	3
61-70	1
> 70	1
Marital status (%)	
Married	68
Single	24
Divorced	8
Job status (%)	
Self employed	64
Unemployed	12
Technical jobs	8
Transportation	4
Government's employee	3
Business/management	2
Physician	1
Teacher/educator	1
Student	1
Retired	1
Housekeeper	1
Others	2

In common, drinking alcohol is a very disgraceful and shameful behavior. All of these issues have causes reduced alcohol consumption in Iran with Islam-based religion.¹⁶ Moreover, these prohibitions and barriers for consumers have been made it difficult to access standard and non-toxic liquors. Several epidemics happened in various cities of Iran with consequences of death, blindness, and other physical and mental disabilities due to the consumption of counterfeit alcoholic beverages containing poisons, especially methanol.¹⁷ Despite the increasing alcohol use, especially among young individuals, there has not been sufficient provision for promoting awareness, prevention, and treatment in the country. Most of the treatment clinics for drug abuse in Iran do not have specialized services for alcohol consumers.¹⁸ In Iran, the religious prohibition and the severity of customary allegations for alcohol consumption are more rigorous than those for drug abuse. The feeling of shame and guilt originated in religious beliefs, and also the customary prejudice in the community, have caused hiding the problem of

alcoholism, the lack of access to treatment, and the inability to use recovery programs like the Twelve-Step program of AA. The AA program was the first Twelve-Step program and all other Twelve-Step programs followed the same principles. The first unofficial meeting of the Twelve-Step program in Iran was held by the Association of Narcotics Anonymous (NA) in 1994, which is still ongoing and it is supported by society and authorities.¹⁹ Religious prejudice, lack of information about the AA, and inadequate cooperation of the country's health authorities have caused the organization to face problems in continuing its activities in Iran so that this association still does not have a registration number for official activity. Despite these limitations, this NGO is operating informally throughout the country nowadays. According to the census, the number of men using this program is higher compared to women and it seems that there are significant gender differences. It is partly because women are less likely to be alcoholism and related problems than men are.¹⁶ However, the 3% rate of Iranian women is too less compared to the 37% of women that was reported by the General Service Office (GSO) of AA in 2015. The recovery conditions of women vary considerably from their men counterparts and they face many challenges.²⁰ Social and cultural factors that consider the addiction problem to be very unpleasant among women of the Iranian society, and also the

traditional stereotypes, patriarchal culture, and gender roles, are effective in the absence of women's participation in Twelve-Step meetings of AA. Undesirable effects of alcohol on women's health can cause serious problems in society. Therefore, measures must be taken to resolve the problem in macro policies by holding educational and cultural programs focused on women to consider their recovery and participation in AA.

Conclusion

Alcohol use in Iran has been growing steadily in recent years and planning for prevention, harm reduction, treatment, and post-treatment maintenance is required more than ever. AA appears to be a free effective treatment helping recovery of alcoholic patients in Iran. The great advantage of AA in Iran is anonymity of the individuals who are worried about entering treatment as they fear allegations, punishment, and loss of their job or social status. Therefore, AA's activity could be facilitated by registering this association in Iran and supporting it.

Conflict of Interests

The Authors have no conflict of interest.

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References

1. World Health Organization. Global status report on alcohol and health [Online]. [cited 2014]; Available from: URL: http://www.who.int/substance_abuse/publications/global_alcohol_report/en
2. Hasin DS, Grant BF. The national epidemiologic survey on alcohol and related conditions (NESARC) Waves 1 and 2: Review and summary of findings. *Soc Psychiatry Psychiatr Epidemiol* 2015; 50(11): 1609-40.
3. Shahrzad S, Forouzanfar MH, Sepanlou SG, Dicker D, Naghavi P, Pourmalek F, et al. Population health and burden of disease profile of Iran among 20 countries in the region: From Afghanistan to Qatar and Lebanon. *Arch Iran Med* 2014; 17(5): 336-42.
4. Amin-Esmaeili M, Rahimi-Movaghar A, Sharifi V, Hajebi A, Mojtabai R, Radgoodarzi R, et al. Alcohol use disorders in Iran: Prevalence, symptoms, correlates, and comorbidity. *Drug Alcohol Depend* 2017; 176: 48-54.
5. Moazen B, Shokoohi M, Noori A, Rahimzadeh S, Saeedi Moghaddam S, Rezaei F, et al. Burden of drug and alcohol use disorders in Iran: Findings from the global burden of disease study 2010. *Arch Iran Med* 2015; 18(8): 480-5.
6. Huebner RB, Kantor LW. Advances in alcoholism treatment. *Alcohol Res Health* 2011; 33(4): 295-9.
7. Tonigan JS, Connors GJ, Miller WR. Participation and involvement in alcoholics anonymous. In: Babor TF, Del Boca FK, Editors. *International research monographs in the addictions. Treatment matching in alcoholism*. New York, NY: Cambridge University Press; 2003. p. 184-204.
8. Montes KS, Tonigan JS. Does age moderate the effect of spirituality/religiousness in accounting for alcoholics anonymous benefit? *Alcohol Treat Q* 2017; 35(2): 96-112.
9. Wiechelt SA. Alcoholics anonymous: Warts and all. *Subst Use Misuse* 2015; 50(8-9): 1011-4.
10. Best D, Beckwith M, Haslam C, Haslam SA, Jetten

- J, Mawson E, et al. Overcoming alcohol and other drug addiction as a process of social identity transition: The social identity model of recovery (SIMOR). *Journal Addiction Research & Theory* 2016; 24(2): 111-23.
11. Kaskutas LA. Alcoholics anonymous effectiveness: Faith meets science. *J Addict Dis* 2009; 28(2): 145-57.
 12. Emrick CD, Beresford TP. Contemporary negative assessments of alcoholics anonymous: A response. *Alcohol Treat Q* 2016; 34(4): 463-71.
 13. Pagano ME, Post SG, Johnson SM. Alcoholics anonymous-related helping and the helper therapy principle. *Alcohol Treat Q* 2010; 29(1): 23-34.
 14. Kingston S, Knight E, Williams J, Gordon H. How do young adults view 12-step programs? A Qualitative Study. *J Addict Dis* 2015; 34(4): 311-22.
 15. Arfken CL, Ahmed S. Ten years of substance use research in Muslim populations: Where do we go from here? *J Muslim Ment Health* 2016; 10(1).
 16. Nikfarjam A, Hajimaghsoudi S, Rastegari A, Haghdoost AA, Nasehi AA, Memaryan N, et al. The frequency of alcohol use in Iranian urban population: The results of a national network scale up survey. *Int J Health Policy Manag* 2016; 6(2): 97-102.
 17. Moghadami M, Masoumpoor M, Tabei SM, Tabaei SM, Sadeghi H, Gholami K, et al. Therapeutic response to folic acid in methanol poisoning epidemic in Shiraz. *Iran J Med Sci* 2008; 33(1): 22-6.
 18. Hassanian-Moghaddam H, Nikfarjam A, Mirafzal A, Saberinia A, Nasehi AA, Masoumi AH, et al. Methanol mass poisoning in Iran: Role of case finding in outbreak management. *J Public Health (Oxf)* 2015; 37(2): 354-9.
 19. Mokri A. Brief overview of the status of drug abuse in Iran. *Arch Iran Med* 2002; 5(3): 184-90.
 20. Graham RA. Perceived barriers to health promotion behavior of women in early recovery from alcohol use disorder [MSc Thesis]. Providence, RI: Rhode Island College; 2015.

نتایج حاصل از فعالیت انجمن الکی‌های گمنام در ایران

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مقاله پژوهشی

چکیده

مقدمه: انجمن الکی‌های گمنام، بزرگ‌ترین سازمان غیر دولتی در دنیا برای الکی‌ها می‌باشد. در طول دهه‌های اخیر، ایران با سوء مصرف الکل و عواقب آن مواجه شده است. اعتیاد به مشروبات الکی موضوعی تابو در ایران به شمار می‌رود و مطالعات کمی در این حوزه وجود دارد. مطالعه حاضر با هدف بررسی نتایج حاصل از فعالیت سازمان غیر دولتی الکی‌های گمنام ایران انجام شد.

روش‌ها: داده‌های مورد نظر به صورت سرشماری از اعضای بهبود یافته الکی‌های گمنام ایران جمع‌آوری شد. این اطلاعات مربوط به ۳۳۵ گروه در ۱۱ ناحیه خدماتی شامل ۲۵ استان و ۹۸ شهر بود (۶۱۹۷ نفر).

یافته‌ها: داده‌ها شامل خصوصیات دموگرافیک، مدت زمان عدم مصرف الکل یا سن هشیاری اعضا، متوسط شرکت در جلسات در هفته، وضعیت داشتن راهنما، وضعیت میزان لغزش و روش ورود هر یک از اعضا به انجمن الکی‌های گمنام بود.

نتیجه‌گیری: فعالیت انجمن الکی‌های گمنام در ایران با محدودیت‌ها و موانعی مواجه می‌باشد. به دلیل عمر کوتاه فعالیت این انجمن، تعداد افراد با هوشیاری بالای ۲۰ سال در آن وجود ندارد. تعداد مردان استفاده کننده از این برنامه، بیشتر از زنان است. از میان شرکت‌کنندگان، افراد ۳۱ تا ۴۰ ساله که قشر فعال جامعه محسوب می‌شوند، بیشترین اعضای انجمن را تشکیل می‌دهند.

واژگان کلیدی: مصرف الکل، الکی‌های گمنام، ایران

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