

# The Helper Therapy Principle: Using the Power of Service to Save Addicts

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## I. INTRODUCTION

The purpose of this paper is to increase awareness of a free, proven method for improving addiction recovery outcomes that courts and treatment professionals can access with minimal implementation costs. The method is grounded in the Helper Therapy Principle (“HTP”), and we hope that wider dissemination of the ideas contained herein will spur courts, legislatures, regulatory agencies, law enforcement officers, community activists, healthcare professionals, and any others concerned to incorporate HTP more broadly. More specifically, effective application of HTP could positively impact all of the following: addiction treatment facility practice, health insurance coverage and access to care, community-based solutions and social institutions, problem-solving courts, and addiction treatment in prison.

Helping others as a means to save oneself has a long tradition. Religions of the world have long advocated for such activity.<sup>1</sup> In addition, service to others is one of the core recovery principles of Alcoholics Anonymous.<sup>2</sup> Finally, research has empirically established

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1. See *Preface to ALTRUISM IN WORLD RELIGIONS* vii (Jacob Neusner & Bruce Chilton, eds., 2005) (discussing the role of altruism in multiple world religions).

2. See generally Maria E. Pagano, Stephen G. Post & Shannon M. Johnson, *Alcoholics Anonymous-Related Helping and the Helper Therapy Principle*, 29 *ALCOHOLISM TREATMENT Q.* 23, 24 (2011) [hereinafter Pagano et al., *A.A.-Related Helping*] (“The HTP is reflected in the stated purpose of Alcoholics Anonymous

the recovery benefits of helping others.<sup>3</sup> For example, the health benefits to the helper are three times greater when they provide help to someone with a similar problem as opposed to generalized helping like community service.<sup>4</sup>

Following this Introduction, Part II provides a brief history of the role of service in recovery. As just one example, the recovery program of Alcoholics Anonymous, which first published its basic text in 1939,<sup>5</sup> and which has, by some accounts, grown to a membership of over 2 million people with over 100,000 groups meeting around the globe,<sup>6</sup> built service into its twelve-step program as a way to correct, on a daily basis, the self-absorbed thinking that some posit as a root cause of addiction.<sup>7</sup> Part III sets forth recent findings providing empirical support for the proposition that involving recovering addicts in service work increases the odds of them staying clean and sober. A series of well-designed investigations show that engaging in service cuts the risk of relapse (and the risk of going to jail) in half in the year post-treatment.<sup>8</sup> Helpers reap the benefits of reduced depression, reduced engagement in violent crime, increased interest in others, and are more likely to still be sober 10 years post-treatment.<sup>9</sup> Part IV

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(AA): ‘Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.’ The famous 12th Step of the 12 Steps of AA exhorts the alcoholic to help others who have the same illness.” (citation omitted)).

3. See generally *id.* (discussing the benefits of the HTP theory).

4. See generally *id.* at 30 (discussing the benefits helpers receive when they provide help to those with similar conditions).

5. ALCOHOLICS ANONYMOUS, *THE STORY OF HOW MORE THAN ONE HUNDRED MEN HAVE RECOVERED FROM ALCOHOLISM* (4th ed. 2001) (1939).

6. *Foreword to Fourth Edition*, in ALCOHOLICS ANONYMOUS, *supra* note 5, at xxiii.

7. Cf. ALCOHOLICS ANONYMOUS, *supra* note 5, at 20 (“Our very lives, as ex-problem drinkers, depend upon our constant thought of others and how we may help meet their needs.”).

8. Byron R. Johnson et al., *Alone on the Inside: The Impact of Social Isolation and Helping Others on AOD Use and Criminal Activity*, 50 *YOUTH & SOC’Y* 529, 541 (2018) [hereinafter Johnson et al., *Alone on the Inside*]; Maria E. Pagano et al., *Helping Other Alcoholics in Alcoholics Anonymous and Drinking Outcomes: Findings from Project MATCH*, 65 *J. STUD. ALCOHOL* 766, 769–770 (2004) [hereinafter Pagano et al., *Helping Other Alcoholics in A.A.*].

9. Pagano et al., *A.A.-Related Helping*, *supra* note 2, at 28–30; Maria E. Pagano et al., *Predictors of Initial AA-Related Helping: Findings from Project MATCH*, 70 *J. STUD. ALCOHOL & DRUGS* 117, 121–23 (2009) [hereinafter Pagano et

describes how courts can implement HTP.<sup>10</sup> For example, instead of (or in addition to) mandated A.A. meeting attendance and hours of community service, the court could order or authorize individuals with substance-related offenses to ask the A.A. meeting secretary to sign their court papers to document one hour of service in connection with attending the twelve-step meeting.<sup>11</sup> Part V looks ahead to future related research opportunities. Researchers are waiting to implement a pilot study of mandating service hours at twelve-step meetings in any of our 3,000 drug courts across the country. As laboratory research unravels the direct tie between social connectivity and the *mu*-opioid receptor,<sup>12</sup> and HTP's ability to reduce cravings,<sup>13</sup> HTP may have particular application in helping heroin offenders stay clean. Finally, Part VI provides responses to various related criticisms of HTP,<sup>14</sup> and Part VII provides concluding remarks.

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al., *Predictors of Initial AA-Related Helping*]; Maria E. Pagano et al., *The 10-Year Course of Alcoholics Anonymous Participation and Long-Term Outcomes: A Follow-up Study of Outpatient Subjects in Project MATCH*, 34 *SUBSTANCE ABUSE* 51, 55–56 (2013) [hereinafter Pagano et al., *A Follow-up Study*].

10. See generally Byron R. Johnson et al., *Positive Criminology and Rethinking the Response to Adolescent Addiction: Evidence on the Role of Social Support, Religiosity, and Service to Others*, 5 *INT'L J. CRIMINOLOGY & SOC.* 172 (2016) [hereinafter Johnson et al., *Positive Criminology*] (discussing “recommendations for improving the response to adolescent offenders with addiction”).

11. Cf. Ethan G. Kalett, *Twelve Steps, You're Out (of Prison): An Evaluation of “Anonymous Programs” As Alternative Sentences*, 48 *HASTINGS L.J.* 129, 131–32 (1996) (“[T]he practice of sending addicted offenders to ‘Anonymous’ Twelve Step programs, such as Alcoholics Anonymous (A.A.), is gaining popularity in state and federal courts.”).

12. Cf. Tristen K. Inagaki et al., *Opioids and Social Bonding: Naltrexone Reduces Feelings of Social Connection*, 11 *SOC. COGNITIVE AFFECT NEUROSCIENCE* 728, 732 (2016).

13. Pagano et al., *A.A.-Related Helping*, *supra* note 2, at 27.

14. See Michael G. Honeymar, Jr., Note, *Alcoholics Anonymous as a Condition of Drunk Driving Probation: When Does It Amount to Establishment of Religion?*, 97 *COLUM. L. REV.* 437, 437 (1997) (“This Note contends that compulsory AA as a condition of drunk driving probation violates the Establishment Clause.”); Gabrielle Glaser, *The Irrationality of Alcoholics Anonymous*, *THE ATLANTIC* (Apr. 2015), <https://www.theatlantic.com/magazine/archive/2015/04/the-irrationality-of-alcoholics-anonymous/386255/> (“Its faith-based 12-step program dominates treatment in the United States. But researchers have debunked central tenets of AA doctrine and found dozens of other treatments more effective.”).

## II. A BRIEF HISTORY OF THE ROLE OF SERVICE IN ADDICTION RECOVERY

[Authors' note: Part II is adapted from *Alcoholics Anonymous-Related Helping and the Helper Therapy Principle*.<sup>15</sup>]

Addiction research has been producing empirical evidence throughout the 21st century that supports the seemingly timeless exhortation to “help others if you want to help yourself.” Most people have at least some familiarity with age-old religious texts calling on adherents to be of service to others, certainly to help those in need, but also to save one’s own soul.<sup>16</sup> With its emphasis on members being of service to others in order to stay sober themselves, Alcoholics Anonymous has helped advance myriad therapies rooted in the power of the common bond of common suffering, with the rewards thereof having implications far beyond alcoholism and addiction generally.<sup>17</sup> A significant body of research now supports the use of the Helper Therapy Principle in groups sharing conditions such as MS or pain.<sup>18</sup> Even when there is no shared condition, those helping others appear to benefit in the form of longer, happier lives.<sup>19</sup>

The “wounded healer” tradition, with its emphasis on how suffering from the same malady can make helpers better able and more willing to assist than might otherwise be the case, embodies another root of the Helper Therapy Principle.<sup>20</sup> In academic circles, scholars often credit a well-known article by Frank Riessman with first giving voice to the Helper Therapy Principle.<sup>21</sup> Riessman used his observations of Alcoholics Anonymous and other related twelve-step

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15. See generally Pagano et al., *A.A.-Related Helping*, *supra* note 2 (discussing the practice and benefits of HTP).

16. See ALTRUISM IN WORLD RELIGIONS, *supra* note 1.

17. Pagano et al., *A.A.-Related Helping*, *supra* note 2, at 26–37.

18. *Id.* at 28.

19. *Id.* at 29.

20. William L. White, *The History of Recovered People as Wounded Healers: I. From Native America to the Rise of the Modern Alcoholism Movement*, 18 ALCOHOLISM TREATMENT Q., 1, 2 (2000).

21. See generally Frank Riessman, *The “Helper” Therapy Principle*, 10 SOC. WORK 27 (1965).

programs to define “helper therapy.”<sup>22</sup> Riessman observed that the helper often heals more than the one they are helping in these settings.<sup>23</sup> The Helper Therapy Principle garnered more attention in the early 1970s as its benefits extended to nicotine addiction, depression, diabetes, post-traumatic stress disorder, and other ailments.<sup>24</sup> It appears that the elevated engagement generated by helping others as part of a mutual-help group manifests in tangible additional benefits, partly explained by an explicit understanding on the part of the helper that these acts of helping improve their own well-being. It is theorized that a “shift effect” occurs, bestowing on the helper a sense of purpose, worth, and health.<sup>25</sup>

Evolutionary psychology also helps to explain the Helper Therapy Principle. When we view natural selection as operating on the group level, we understand that altruism within groups can enhance group survival, at least suggesting that such helping behavior is in some meaningful sense an inherent part of modern man that can either be stifled or fostered in ways that lead to better or worse health outcomes.<sup>26</sup> In other words, in order for groups to survive evolutionary selection, their members likely embodied altruism on some meaningful level. Anthropologists have identified “ecological altruism” among early societies. In these societies, helping others was simply a normal and expected part of citizenship, as opposed to some form of optional volunteerism.<sup>27</sup> In addition, researchers have posited that group participation increases an individual’s sense of belonging, while Fromm’s theory of human development characterizes giving as the height of human potential, imbuing the giver with vitality.<sup>28</sup>

Another root of the Helper Therapy Principle can be found in the Oxford Group, founded by Frank Buchman sometime around

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22. Pagano et al., *A.A.-Related Helping*, *supra* note 2, at 27.

23. *Id.*

24. *Id.*

25. Carolyn E. Schwartz & Meir M. Sendor, *Helping Others Helps Oneself: Response Shift Effects in Peer Support*, 48 *SOC. SCI. & MED* 1563, 1568–73 (1999).

26. *Cf.* STEPHEN G. POST, *ALTRUISM AND HEALTH: PERSPECTIVES FROM EMPIRICAL RESEARCH* 3 (2007) (“Altruistic (benevolent, kind, compassionate, charitable) individuals, motivated with little or no interest in reciprocity or reputation gain, may enjoy enhanced health, broadly defined.”).

27. Pagano et al., *A.A.-Related Helping*, *supra* note 2, at 29.

28. *See* ERICH FROMM, *THE ART OF LOVING* 21 (1956).

1931.<sup>29</sup> Originally called A First Century Christian Fellowship, the Oxford Group's members strove to practice four "absolutes": absolute honesty, absolute unselfishness, absolute purity, and absolute love.<sup>30</sup> The co-founders of Alcoholics Anonymous, "Bill W." and "Dr. Bob," drew significant inspiration from the Oxford Group, including the importance of serving others as a means to spiritual regeneration.

Specifically, Bill W. and Dr. Bob were both affiliated with the Oxford Group when they first met in Akron, Ohio, in May 1935.<sup>31</sup> Together, they ultimately formulated what would become the Twelve Steps of Alcoholics Anonymous.<sup>32</sup> Critical to this development was the fact that Bill W. was able to convince Dr. Bob early in their journey together that what had been missing from Dr. Bob's earlier failed attempts to get sober was the idea of service.<sup>33</sup> Once Dr. Bob adopted an attitude of service, so the story goes, he was able to remain sober the rest of his life.<sup>34</sup>

In 1939, Alcoholics Anonymous established itself as a discrete entity independent from the Oxford Group. Bill W. and Dr. Bob concluded this separation and independence was necessary because it was important for A.A. to offer a nondenominational program of

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29. *The Oxford Group—Principles of Christian Rehab*, LAKEVIEW HEALTH (Nov. 14, 2012), <https://www.lakeviewhealth.com/resources/christian-drug-rehab/oxford-group/>.

30. Pagano et al., *A.A.-Related Helping*, *supra* note 2, at 26.

31. As one of the authors is a law professor at the University of Akron School of Law, we think it worth noting that not only does Alcoholics Anonymous trace its roots to Akron, Ohio, as described here, but the first member of the program "recruited" successfully by Bill W. and Dr. Bob was an Akron Law graduate whose recovery is still recounted as one of the 42 stories in the back of what A.A. members call their "Big Book." See generally ALCOHOLICS ANONYMOUS, *supra* note 5, at 182–92. The coming together of these three men to form the foundation of A.A. is further memorialized in a famous painting known as "The Man on the Bed." *Man on the Bed: A.A. Number Three*, ALCOHOLICS ANONYMOUS WEST MUMBAI INTERGROUP (Nov. 23, 2012), <http://www.aawmig.org/man-on-the-bed-a-a-number-three/>. In addition, each year, the University of Akron hosts a 3-day "Founders' Day" celebration to honor the anniversary of A.A., complete with an A.A. meeting in the football stadium to close the festivities. *Welcome to Founders' Day 2018*, ALCOHOLICS ANONYMOUS 83RD ANNIVERSARY 1935–2018 AKRON, OH, <https://foundersdayregistration.akronaa.org/> (last updated Mar. 1, 2018).

32. Pagano et al., *A.A.-Related Helping*, *supra* note 2, at 26.

33. *Id.*

34. *Id.*

recovery.<sup>35</sup> The emphasis on service to others continued, however, though focused primarily, although not exclusively, on other alcoholics. While A.A. literature affirms that, “[o]ur primary purpose is to stay sober and help other alcoholics to achieve sobriety,”<sup>36</sup> the Twelfth Step urges members to “practice these principles in all our affairs.”<sup>37</sup>

### III. RECENT EMPIRICAL FINDINGS

This Part will review prior papers discussing relevant study results. Each of the following Sections is abstracted from the one of the authors’ previous empirical studies. We present these abstractions in the chronological order in which the previous articles issued.

#### *A. Compelling evidence exists that recovering alcoholics are better able to maintain sobriety if they help other alcoholics.*

Despite being the largest mutual-help organization in the world, Alcoholics Anonymous continues to be poorly understood in terms of the specific mechanisms it employs to change behavior in a way that facilitates recovery from addiction. One study<sup>38</sup> examines, in the year following treatment for alcohol use disorders, the relationship between relapse and the behavior of helping other alcoholics. The bottom line: “Those who were helping were significantly less likely to relapse in the year following treatment, independent of the number of AA

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35. See *Foreword to First Edition*, in ALCOHOLICS ANONYMOUS, *supra* note 5, at xiv (“We are not allied with any particular faith, sect or denomination . . . .”); ALCOHOLICS ANONYMOUS, *supra* note 5, at 28 (“We think it no concern of ours what religious bodies our members identify themselves with as individuals. . . . Not all of us join religious bodies . . . .”).

36. ALCOHOLICS ANONYMOUS WORLD SERVS., INC., *THIS IS A.A.: AN INTRODUCTION TO THE A.A. RECOVERY PROGRAM 2* (2017), [https://www.aa.org/assets/en\\_US/p-1\\_thisisaa1.pdf](https://www.aa.org/assets/en_US/p-1_thisisaa1.pdf).

37. ALCOHOLICS ANONYMOUS, *supra* note 5, at 60.

38. Pagano et al., *Helping Other Alcoholics in A.A.*, *supra* note 8, at 766. *Cf. id.* at 768 (“Among the criteria excluding patients were having a current DSM-III-R diagnosis of dependence for sedative/hypnotic drugs, stimulants, cocaine or opiates; having taken these drugs intravenously during the previous 6 months; being currently dangerous to oneself or others; exhibiting symptoms of acute psychosis; and/or having severe organic impairment.”).



meetings attended.”<sup>39</sup> Specifically, 40% of those actively helping other alcoholics stayed sober in the year following discharge from treatment, while only 22% of those not actively engaged in helping other alcoholics avoided relapse.<sup>40</sup> This constitutes compelling evidence that recovering alcoholics are better able to maintain sobriety if they help other alcoholics following treatment. This finding has important implications for clinicians and others. Individuals in need of treatment to help with a substance abuse disorder should be encouraged to get active in helping others who are also trying to stay sober.

The study draws relevant data from Project MATCH, a longitudinal prospective study of the effectiveness of three behavioral treatments for alcohol dependence and abuse.<sup>41</sup> The authors calculated probabilities of time to relapse using Kaplan-Meier survival estimates.<sup>42</sup> To determine whether the probability of relapse was lower for subjects actively participating in the act of helping other alcoholics, controlling for A.A. meeting attendance, the authors employed proportional hazards regressions.<sup>43</sup> No demographic differences distinguished study participants in terms of their level of helping, except for age, with those actively engaged in helping other alcoholics

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39. *Id.* at 766.

40. *Id.* at 769–770. It is important to note that, while this means that more than half of the subjects relapsed in the year following treatment regardless of intervention, the benefits of getting even one more person to stay sober are difficult to calculate—and, in this case, helping others effectively doubled the number of people staying sober. *Cf.* Jef Feely & Andrew M. Harris, *Purdue, Opioid Makers Face Federal Reimbursement Demand*, BLOOMBERG (Feb. 27, 2018, 4:29 PM), <https://www.bloomberg.com/news/articles/2018-02-27/purdue-opioid-makers-now-face-federal-reimbursement-demand> (“More than 42,000 people died in the U.S. from opioid-related overdoses in 2016, amounting to 115 per day, according to the Centers for Disease Control and Prevention. That was up from 91 daily opioid overdose deaths the previous year, CDC officials said. The epidemic cost the American economy \$504 billion in 2015—the equivalent of 2.8 percent of gross domestic product that year, according to a report last year by the Council of Economic Advisers.”).

41. Pagano et al., *Helping Other Alcoholics in A.A.*, *supra* note 8, at 766.

42. *Id.* at 768.

43. *Id.* at 769.

being on average 3 years older than those who were not so actively engaged.<sup>44</sup>

*B. Openness to engaging in A.A.-related helping is not limited to individuals who come from specific backgrounds.*

What factors distinguish those who are active in A.A.-related helping (“AAH”) post-treatment intake? It is the purpose of the next paper<sup>45</sup> to identify them. The authors again draw relevant data from Project MATCH, a longitudinal prospective study of the effectiveness of three behavioral treatments for alcohol dependence and abuse.<sup>46</sup> Researchers relied on Cox regression analysis in order to determine the role of factors such as demographic characteristics, clinical severity, beliefs about religion and spirituality, and A.A. affiliation in predicting participation in A.A.-related helping over 15 months following intake.<sup>47</sup> Neither drinking severity, antisocial personality, nor demographic characteristics distinguished helpers.<sup>48</sup> On the other hand, self-efficacy regarding alcohol abstinence, religiosity, and A.A. affiliation were predictive of onset of participation in A.A.-related helping.<sup>49</sup> The authors assessed subjects’ self-reports of depression levels, with individuals reporting lower depression post-initiation of AAH, as well as following initiation of AAH.<sup>50</sup> Importantly, results suggest that openness to engaging in AAH is not limited to individuals who are relatively higher functioning in terms of clinical or drinking severity, or who come from specific backgrounds.<sup>51</sup> Furthermore, results suggest that participation in AAH, and its concomitant recovery

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44. *Id.*

45. Pagano et al., *Predictors of Initial AA-Related Helping*, *supra* note 9, at 117.

46. *Id.* at 118.

47. *Id.* at 120.

48. *Id.* at 121.

49. *Id.* at 120–21 (“Subjects rate their vulnerability to drink and confidence to abstain from alcohol across 20 different high-risk situations on a 5-point Likert scale.”).

50. *Id.* at 121–122.

51. *Id.* at 122.

benefits, can be increased by facilitating increased perception of self-efficacy as well as purpose and meaning in life.<sup>52</sup>

*C. Researchers have accumulated much evidence over the past 20 years documenting the health benefits that the helper enjoys as a result of providing help to others.*

The Helper Therapy Principle states that, when an individual takes actions associated with helping another person, particularly another person suffering from the same malady as the helper, the health benefits flowing to the helper are measurable and significant. The mutual-help addiction recovery program of Alcoholics Anonymous embodies HTP, where it is understood to act upon the selfishness and self-centeredness that lies at the root of alcoholism.<sup>53</sup> In another article,<sup>54</sup> authors reviewed recent evidence regarding the efficacy of the HTP in populations suffering from alcohol abuse, extended this work to other populations dealing with chronic conditions beyond addiction, and provided direction for further related research.

Research demonstrates that HTP has been effective in dealing with a variety of conditions. For example, when multiple sclerosis patients were trained to provide support to other MS patients by way of monthly 15-minute phone calls, those engaging in the helping behavior showed improvement in self-confidence, self-esteem, depression, and role-functioning.<sup>55</sup> In another study, patients suffering from chronic pain who counseled other patients also dealing with pain reported a significant decrease in depression and their own pain.<sup>56</sup> One possible explanation for these results is that providing support to others frees helpers from their focus on self.

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52. *Id.* at 122–23 (“The Purpose in Life Test assessed the current perception of meaning and purpose in life.”).

53. *Cf.* ALCOHOLICS ANONYMOUS, *supra* note 5, at 20 (“Our very lives, as ex-problem drinkers, depend upon our constant thought of others and how we may help meet their needs.”); *id.* at 62 (“Selfishness—self-centeredness! That, we think, is the root of our troubles.”).

54. Pagano et al., *A.A.-Related Helping*, *supra* note 2, at 24.

55. Schwartz & Sendor, *supra* note 25, at 1563.

56. *See generally* Paul Arnstein et al., *From Chronic Pain Patient to Peer: Benefits and Risks of Volunteering*, 3 PAIN MGMT. NURSING 94 (2003).

Researchers have accumulated much evidence over the past 20 years documenting the health benefits (physical and mental) that the helper enjoys as a result of providing help to others. Forms of helping include physical giving of time, clothing, food, or blood, as well as emotional giving by way of providing compassionate listening and comforting the distressed.<sup>57</sup> The most documented benefit derived from these activities is increased longevity.<sup>58</sup> In addition, researchers have reported improved physical functioning and lowered stress hormones.<sup>59</sup> In terms of mental health, documented benefits include higher self-esteem, greater life satisfaction, and less depression.<sup>60</sup> Importantly, a reduction in arrests and other delinquent acts have also been reported.<sup>61</sup> Finally, there is evidence to support the proposition that the helper derives more benefit from these interactions than the one receiving help.<sup>62</sup>

*D. Study confirms significant alcohol use reduction effects of A.A.-related helping.*

The ensuing study<sup>63</sup> investigates the long-term outcome impact of A.A.-related helping, meeting attendance, and step-work over the course of 10 years. The sample population consisted of 226 treatment-seeking alcoholics taken from a Project MATCH outpatient site and followed post-treatment for 10 years.<sup>64</sup> The authors assessed alcohol consumption, other-oriented behavior, and A.A. participation at intake,

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57. Pagano et al., *A.A.-Related Helping*, *supra* note 2, at 30.

58. *Id.*

59. *Id.*

60. *Id.*

61. *Id.*

62. In the context of Alcoholics Anonymous, the notion that the helper will be helped more than the one receiving the help may be understood to be part of the “pitch” made by the recovered alcoholic to the newcomer. ALCOHOLICS ANONYMOUS, *supra* note 5, at 94 (“Outline the program of action, explaining how you made a self-appraisal, how you straightened out your past and why you are now endeavoring to be helpful to him. It is important for him to realize that your attempt to pass this on to him plays a vital part in your own recovery. Actually, he may be helping you more than you are helping him.”).

63. Pagano et al., *A Follow-up Study*, *supra* note 9.

64. *Id.* at 53.

3 months, 1 year, 3 years, and 10 years post-treatment.<sup>65</sup> Results showed significant alcohol reduction effects of meeting attendance and AAH, which is consistent with prior work,<sup>66</sup> as well as improved other-oriented interest in connection with AAH.<sup>67</sup> Results are consistent with the understanding of Alcoholics Anonymous as a mutual-help program, rather than a self-help program, which is underscored by the admonition that one does not achieve sustained sobriety alone.<sup>68</sup>

AAH is designed to increase other orientation and self-transcendence in a way that fosters sobriety by leveraging the mechanisms that have allowed Alcoholics Anonymous to flourish as a world-wide recovery phenomenon. Our study's finding of a significant correlation between less interest in others and worse alcohol outcomes suggests that increasing activities involving a greater orientation towards others, such as A.A.-related helping, should produce recovery benefits for clients. Specifically, encouraging or mandating service work such as setting up chairs, making coffee, etc., at meetings of Alcoholics Anonymous (assuming that A.A. meeting attendance is already part of the treatment plan) could improve outcomes.

*E. Giving help to others in Alcoholics Anonymous during treatment significantly reduced the risks of relapse, violent crime, and incarceration.*

Social support is integral to recovery from addiction because addiction is a socially isolating disease. In the next study,<sup>69</sup> the authors assessed a sample of juvenile offenders who had been court-referred to addiction treatment over the course of the study period in order to increase understanding of the relationship between post-treatment outcomes, social isolation, and giving and receiving support in

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65. *Id.* at 51.

66. *Id.* at 57.

67. *Id.* at 57.

68. *Cf.* ALCOHOLICS ANONYMOUS, *supra* note 5, at 152 (“You say, ‘. . . I know I must get along without liquor, but how can I? Have you a sufficient substitute?’ Yes, there is a substitute and it is vastly more than that. It is a fellowship in Alcoholics Anonymous.”).

69. Johnson et al., *Alone on the Inside*, *supra* note 8, at 529.

Alcoholics Anonymous.<sup>70</sup> The authors assessed the sample, consisting of 195 individuals aged 14–18 years, at treatment intake and discharge, as well as 6 and 12 months post-discharge.<sup>71</sup> The authors used event history methods and binomial logistic regressions to examine the influence of social isolation variables on severe criminal activity and relapse in the twelve months post-treatment.<sup>72</sup> They found that social estrangement at intake was significantly related to relapse, violent crime, and incarceration.<sup>73</sup> Meanwhile, giving help to others in Alcoholics Anonymous during treatment significantly reduced these risks.<sup>74</sup> The authors thus confirmed their hypothesis that social isolation and worse treatment outcomes would be related.<sup>75</sup> The odds of incarceration and relapse more than doubled for individuals who felt estranged from others.<sup>76</sup>

Entering treatment allows individuals to interrupt criminal activity and alcohol and other drug (“AOD”) relapse, as well as decrease social isolation. Some scholars have shown that increased social connectedness promotes cellular healing.<sup>77</sup> In this study, the authors assessed the population both in terms of giving and receiving help.<sup>78</sup> While both those that did give high help and those that didn’t give high help attended the same number of meetings and stayed in treatment the same length of time, those giving high help showed greater AOD abstinence throughout treatment, as well as in the twelve months post-discharge.<sup>79</sup> This result was independent of whether those

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70. *Id.*

71. *Id.*

72. *Id.* at 529, 534.

73. *Id.* at 542–43.

74. *Id.*

75. *Id.* at 542.

76. *Id.*

77. See generally, e.g., Dean Ornish et al., *Effect of Comprehensive Lifestyle Changes on Telomerase Activity and Telomere Length in Men with Biopsy-Proven Low-Risk Prostate Cancer: 5-Year Follow-up of a Descriptive Pilot Study*, 14 LANCET ONCOLOGY 1112 (2013).

78. Johnson et al., *Alone on the Inside*, *supra* note 8, at 529.

79. *Id.* at 543. *Cf. id.* at 536 (“Help given (G) to and help received (R) from others in AA was assessed at intake and at discharge using two items from the valid and reliable Service to Others in Sobriety (SOS) Questionnaire: ‘Overall, how much help did you give to others in AA?’ and ‘Overall, how much help did you receive from others in AA?’ Item responses are 1 = *never*, 2 = *rarely*, 3 = *sometimes*, 4 =

giving high help themselves received high help or not.<sup>80</sup> The study's findings thus supported the hypothesis that helping others in A.A. would reduce the incidence of relapse and criminal activity on the part of the helper.<sup>81</sup> In addition, the reduced risk of relapse, incarceration, and crime was independent of motivation for change and religiosity.<sup>82</sup>

Service in recovery can take the form of simply sharing personal experience or assisting with formal service positions at twelve-step meetings.<sup>83</sup> These common forms of service may provide more benefits than receiving support in terms of personal mastery and integrity, which may be particularly important for youths dealing with peers.<sup>84</sup> Alcoholics Anonymous can be perhaps uniquely helpful in this regard due to its non-threatening environment. As one member put it: "Nonalcoholics had often reached down to try to help me. I was so resistant to anyone claiming to know more than I that I fear I would not have stayed in AA if it had consisted of 'experts' paid to help me."<sup>85</sup> Helping others may provide benefits not available from receiving help because giving help may awaken interest in others while reducing narcissistic behaviors in ways conducive to recovery and unique to helping.<sup>86</sup>

To summarize: this study found social isolation to be associated with increased risk of violent crime, incarceration, and relapse, while these outcomes decreased for those who got active in service during treatment. The results suggest that providing youth in treatment the

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*often*, and 5 = *always*; item responses 1 to 3 were categorized as *low*, and 4 to 5 were *high*, as in prior work.") (internal citations omitted).

80. *Id.* at 543.

81. *Id.*

82. *Id.*

83. *Id.* at 544.

84. *Id.*

85. *Id.* at 544 (citation omitted).

86. For evidence suggesting that service increases alcoholics' interest in others, see generally Maria E. Pagano et al., *Assessing Youth Participation in AA-Related Helping: Validity of the Service to Others in Sobriety (SOS) Questionnaire in an Adolescent Sample*, 22 AM. J. OF ADDICTION 61 (2013) [hereinafter Pagano et al., *Youth Participation in A.A.-Related Helping*]. For evidence suggesting that service is associated with reduced narcissistic behaviors, see Rebecca R. Carter et al., *Addiction and "Generation Me": Narcissistic and Prosocial Behaviors of Adolescents with Substance Dependency Disorder in Comparison to Normative Adolescents*, 30 ALCOHOLISM TREATMENT Q. 171, 177 (2012).

opportunity to address social isolation by way of encouraging service to others is important and can integrate those individuals more fully into a sober community that transcends treatment.

*F. Poor awareness of the impact of one's behavior on others correlates with alcohol and drug use severity, while A.A.-related helping, which cultivates empathy, may improve sobriety outcomes.*

While twelve-step literature has long posited self-centered, selfish, and inconsiderate behavior as a fundamental characteristic of alcoholics and addicts,<sup>87</sup> there is little empirical data to support this association in the case of adolescents. In another study,<sup>88</sup> using a matched-pair design involving 579 youth aged 14–18 (52% female, 30% minority), the authors found a significant relationship between various self-centered behaviors—driving under the influence, low volunteerism (among boys), and unprotected sex (with or without a history of sexually transmitted disease)—and greater alcohol and drug use severity.<sup>89</sup> These findings support the conclusion that poor awareness of the impact of one's behavior on others correlates with alcohol and drug use severity.

Youth participation in community organizations, after-school programs, clubs such as Girl or Boy Scouts, religious congregations, and volunteerism has dramatically declined over time.<sup>90</sup> By at least some measures, including health care policies, the period of adolescence has expanded to age 27,<sup>91</sup> arguably delaying independence and maturation. Increased consumerism promotes entitlement, “I” thinking, and immediate gratification.<sup>92</sup> New

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87. See ALCOHOLICS ANONYMOUS, *supra* note 5, at 62 (“Selfishness—self-centeredness! That, we think, is the root of our troubles. Driven by a hundred forms of fear, self-delusion, self-seeking, and self-pity, we step on the toes of our fellows and they retaliate.”).

88. See generally Maria E. Pagano et al., *Low Other-Regard and Adolescent Addiction*, 25 J. OF CHILD & ADOLESCENT SUBSTANCE ABUSE 268 (2016) [hereinafter Pagano et al., *Adolescent Addiction*].

89. *Id.*

90. See generally ROBERT D. PUTNAM, *BOWLING ALONE: THE COLLAPSE AND REVIVAL OF AMERICAN COMMUNITY* 116–33 (2000).

91. Pagano et al., *Adolescent Addiction*, *supra* note 88, at 269.

92. *Id.* at 268–69.



technologies foster delayed, one-sided conversations, limiting the ability to practice listening, tolerance, sensitivity to others, and group cooperation.<sup>93</sup> Increased bullying and cheating warn of diminished deference to rules, good citizenship, and other people generally.<sup>94</sup> Sparse adult guidance and limited discipline of youth can be seen to stem from the single-parent household with limited multigenerational input, along with little discourse with neighbors.<sup>95</sup>

Alcoholics Anonymous has long identified selfishness and self-centeredness (egocentric thinking) as a root of alcoholism and addiction, and prescribes giving of oneself in service to others as an antidote.<sup>96</sup> This is no small testament, given that 85% of alcohol or other drug treatment programs recommend A.A. participation as a form of adjunct treatment, and many municipal courts mandate A.A. meeting attendance for alcohol or drug related offenses.<sup>97</sup> It is likely fair to say that A.A. is the most commonly sought form of help for alcohol or drug problems. In light of the shrinking face-to-face communication described above, A.A. seems like a natural option for improving group communication skills, fostering a sense of community, and providing leadership opportunities, along with sober recreation and identity development. Given A.A.'s widespread availability, anonymity, and lack of fees and insurance requirements, the program seems particularly well-suited for youth with alcohol or drug problems. Given that the primary purpose of A.A. members is to "stay sober and help other alcoholics to achieve sobriety," service to others is central A.A.<sup>98</sup>

Consistent with A.A.'s long-standing message of recovery, a relatively new line of empirical research identifies the giving of oneself in service to others as integral to sobriety and the related increase in regard for others.<sup>99</sup> This research suggests that low other-regard behavior correlates with addiction. A.A.-related helping, which cultivates empathy, may not only improve sobriety outcomes and

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93. *Id.* at 269.

94. *Id.*

95. *Id.*

96. *Id.*

97. *Id.*

98. *Id.*

99. See generally Pagano et al., *Youth Participation in A.A.-Related Helping*, *supra* note 86.

mutual respect among people, but also improve interpersonal relationships more generally.

*G. Promising approaches to engaging juveniles with Alcoholics Anonymous in connection with justice system responses to addiction-related offenses.*

It likely goes without saying that adolescent drug and/or alcohol addiction is a serious public health problem. Youth represent the population with the greatest recent increase in AOD (alcohol and other drug) use disorders.<sup>100</sup> Meanwhile, improved policing technology coupled with aggressive prosecution and sentencing practices have led to an increasing prison population.<sup>101</sup> Policing and prosecution efforts, however, have not reversed “the rise in adolescent addiction.”<sup>102</sup> The next article reviews promising approaches to engaging juveniles with Alcoholics Anonymous, in connection with justice system responses to addiction-related offenses committed by adolescents.<sup>103</sup> Highlights include the role of social support, spirituality, and service to others in reducing arrests, lowering recidivism, and maintaining sobriety for adolescents who are court-referred to treatment.<sup>104</sup> The article also offers recommendations for improving outcomes.

In one study, researchers found that social anxiety correlates with increased use of hard drugs like heroin, earlier age of first use, and greater risk of relapse post-treatment.<sup>105</sup> Approximately a quarter of “youths endorsed feel estranged from others,” and this correlated with greater risk of relapse, committing a violent crime, and incarceration twelve months post-treatment.<sup>106</sup> Relatedly, acute

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100. See generally CTRS. FOR DISEASE CONTROL & PREVENTION, TABLE 50. USE OF SELECTED SUBSTANCES IN THE PAST MONTH AMONG PERSONS AGED 12 AND OVER, BY AGE, SEX, RACE, AND HISPANIC ORIGIN: UNITED STATES, SELECTED YEARS 2002–2016 (2017), <https://www.cdc.gov/nchs/data/hus/2017/050.pdf>.

101. Johnson et al., *Positive Criminology*, *supra* note 10, at 172.

102. *Id.*

103. *Id.*

104. *Id.*

105. See generally Kathleen T. Brady et al., *Substance Use Disorders and Anxiety: A Treatment Challenge for Social Workers*, 28 SOC. WORK PUB. HEALTH 407 (2013).

106. Johnson et al., *Positive Criminology*, *supra* note 10, at 180.

sensitivity to the opinions of others, a pervasive sense of not belonging, and loneliness have been described as driving alcohol and other drug use, with the alcohol and drugs serving as a form of self-medication to ease the related discomfort.<sup>107</sup>

We can use twelve-step theory to understand the problematic ways addicts and substance abusers relate to others, how that behavior underlies addiction, and most importantly how to remedy this dysfunctional behavior by means of a program that charges no fees for participation and is readily available. Many courts already leverage the benefits of Alcoholics Anonymous meeting attendance by incorporating meeting attendance into their sentencing when dealing with substance-related offenses.<sup>108</sup> In addition, most treatment providers also already recommend A.A. meeting attendance as an adjunct to formal treatment.<sup>109</sup> Excessive focus on self creates anxiety as the individual compares their inside emotional state to the carefully manicured outward appearances of others, which in turn spirals into hypersensitivity, low self-worth, or compensatory grandiosity, all of which leads to relief-seeking and self-medication in the form of alcohol and/or drugs, ultimately leading to addiction for many.<sup>110</sup> The article's authors offer active participation in service work as a solution to correct this disturbed and disturbing self-centered thinking, and Alcoholics Anonymous encourages and provides opportunities for service from day one.<sup>111</sup>

There is evidence supporting the foregoing twelve-step theory: The Service to Others in Sobriety ("SOS") Project. Results show that active service during treatment cuts the risk of relapse in half during the critical period following treatment.<sup>112</sup> Empirical analysis has also shown that helping others reduces depression,<sup>113</sup> fosters awareness of

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107. *Id.*

108. *Id.*

109. *Id.*

110. *Id.*

111. *Id.* at 182.

112. John F. Kelly et al., *Influence of Religiosity on 12-Step Participation and Treatment Response Among Substance-Dependent Adolescents*, 72 J. STUDIES ON ALCOHOL & DRUGS 1000, 1000–11 (2011).

113. Maria E. Pagano et al., *Helping Others and Long-Term Sobriety: Who Should I Help to Stay Sober?*, 27 ALCOHOLISM TREATMENT Q. 39 (2009).

others,<sup>114</sup> and provides a basis for positive self-identity and social integration of offenders.<sup>115</sup> “High helpers were also less likely to commit a violent crime [or be incarcerated] in the year post-treatment.”<sup>116</sup>

The first drug court in South Miami implemented the vision of Judge Stanley Goldstein to trade jail for treatment and is today a model for the country.<sup>117</sup> Now operating for more than 2 decades, the system has been fine-tuned to “graduate[] 50+ recovering offenders each month.”<sup>118</sup> More research like Project SOS is needed, however, to identify the means to optimize outcomes. The low-cost and wide availability of Alcoholics Anonymous make it a prime resource for such work, and instead of pairing treatment and community service, the community service might be exchanged for A.A.-related helping at meetings. This is important because it appears that not any type of service can provide the recovery benefits of A.A.-related helping, which uniquely targets the social isolation and self-absorption characteristic of those suffering with alcohol or drug addiction. In addition, providing service to fellow sufferers in A.A. meetings, as opposed to, for example, picking up garbage by the side of the road, arguably avoids much of the social anxiety that otherwise may attach to activities risking negative peer appraisal.

Current typical treatment approaches primarily focus on providing help to clients in the form of “skill acquisition, pharmacological treatments, or social support.”<sup>119</sup> It may be just as important, however, if not more important, to get clients active in giving of themselves to help others—especially in connection with their judicial sentencing, when motivation to change is high. Service as described herein occurs in task-focused, non-judgmental venues where youths can develop and strengthen sober networks for support when transitioning back into the community. Incorporating a regime

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114. See Pagano et al., *Youth Participation in A.A.-Related Helping*, *supra* note 86, at 62–64.

115. Michael Hallett et al., “*First Stop Dying*”: *Angola’s Christian Seminary as Positive Criminology*, 61 INT’L J. OFFENDER THERAPY & COMP. CRIMINOLOGY 455 (2017).

116. Johnson et al., *Positive Criminology*, *supra* note 10, at 178.

117. *Id.* at 179.

118. *Id.*

119. *Id.* at 180.

of A.A. meeting attendance coupled with related service work three times per week holds great promise for improving outcomes. In an era of shrinking budgets, it would arguably be unforgivable to ignore such a free and readily available resource.

#### IV. IMPLEMENTING THE HELPER THERAPY PRINCIPLE: A PROPOSAL

In its most basic form, what we are proposing is simple: (1) Courts that currently include A.A. meeting attendance and community service as part of their sentencing should recommend or require service work at A.A. meetings, and (2) where courts adopt such an approach, they should also permit researchers to study the effect on recovery and other related outcomes of adding such a service component. Beyond that, treatment professionals should include a service component that accords with the Helper Therapy Principle when dealing with clients or patients struggling with alcohol and/or drug addiction. Such adoptions of HTP should likewise be accompanied by relevant data collection whenever and wherever possible.

#### V. OPPORTUNITIES FOR FUTURE RESEARCH & ADVOCACY

Beyond implementing studies to assess outcomes whenever applying the Helper Therapy Principle in the context of sentencing and/or treatment, there are opportunities for relevant advocacy, including addressing concerns of judges, legislators, and treatment professional in connection with the proposal criticisms discussed in the next Part.<sup>120</sup> As far as further research is concerned, “longer follow-up than 12-months post-treatment is warranted to determine the long-term effects of giving and receiving help in 12-step contexts in reducing young adults’ AOD use, jail stays, and involvement in violent crime.”<sup>121</sup>

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120. For example, the notion that the Establishment Clause limits mandating A.A. meeting attendance as a part of sentencing, which we address further below, may be open to challenge. Cf. David L. Hudson, Jr., *Circuit Split on Constitutionality of Legislator-led Prayer May Lead to SCOTUS Review*, AM. BAR ASS’N J. (Feb. 2018), [http://www.abajournal.com/magazine/article/circuit\\_split\\_on\\_legislator\\_led\\_prayer](http://www.abajournal.com/magazine/article/circuit_split_on_legislator_led_prayer).

121. Johnson et al., *Alone on the Inside*, *supra* note 8, at 544.

## VI. RESPONSES TO SOME CRITICISMS

At least two criticisms of courts mandating service work at A.A. meetings are worth addressing here: (1) that such mandates create Establishment Clause concerns, and (2) that such mandates are a waste of resources because of effectiveness concerns. We address both of these criticisms in the following two Sections.

*A. Establishment Clause Concerns*

The Establishment Clause of the First Amendment of the United States Constitution provides that, “Congress shall make no law respecting an establishment of religion.”<sup>122</sup> In her article, *What Is “Treatment” for Opioid Addiction in Problem-Solving Courts? A Study of 20 Indiana Drug and Veterans Courts*, Barbara Andraka-Christou argues that, “[m]andatory participation in 12-step meetings, like A.A. or N.A., in the criminal justice system without the choice of a non-faith-based option likely violates the Establishment Clause.”<sup>123</sup>

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122. U.S. CONST. amend. I.

123. Barbara Andraka-Christou, *What Is “Treatment” for Opioid Addiction in Problem-Solving Courts? A Study of 20 Indiana Drug and Veterans Courts*, 13 STAN. J. CIV. RTS. & CIV. LIBERTIES 189, 216 (2017) (citing *Jackson v. Nixon*, 747 F.3d 537, 543, 548–49 (8th Cir. 2014)) (“holding that coerced participation in a religious treatment program as a condition of parole violates the Establishment Clause and that AA has a strong religious component”); *see also Hazle v. Crofoot*, 727 F.3d 983, 986, 999 (9th Cir. 2013) (“finding that plaintiff was owed monetary damages for violation of his constitutional rights and wrongful imprisonment when his parole was revoked and prison sentence extended for failure to attend a 12-step rehabilitation program as a condition of parole when no non-12 step programs were available”); *Inouye v. Kemna*, 504 F.3d 705, 714 (9th Cir. 2007) (“While we in no way denigrate the fine work of AA/NA, attendance in their programs may not be coerced by the state. The Hobson’s choice offered Inouye—to be imprisoned or to renounce his own religious beliefs—offends the core of Establishment Clause jurisprudence.”); *Warner v. Orange Cty. Dep’t of Probation*, 115 F.3d 1068, 1069–70, 1074 (2d Cir. 1997), *aff’d*, 173 F.3d 120 (2d Cir. 1999), *cert. denied*, 528 U.S. 1003 (1999) (“finding plaintiff’s probationary condition of attending AA constituted forced participation in a religious activity, especially given that no non-spiritual option was offered”); *Kerr v. Farrey*, 95 F.3d 472, 479–80 (7th Cir. 1996) (“holding prison’s policy of compelling plaintiff to attend NA meetings was unconstitutional because NA is religious in nature”). We excerpted the parentheticals in this footnote from Dr. Andraka-Christou’s analysis. *See generally* Andraka-Christou, *supra*, at 216 n.54.

The following excerpt from the case of *McBryde v. Thomas* may provide some helpful context:

“It is beyond dispute that, at a minimum, the Constitution guarantees that government may not coerce anyone to support or participate in religion or its exercise.” *Lee v. Weisman*, 505 U.S. 577, 587 (1992). The Ninth Circuit has adopted a three-part test to determine if there has been governmental coercion of religious activity. *Inouye*, 504 at 713. That test consists of three sequential questions: 1. Has the state acted? 2. Does the action amount to coercion? 3. Is the object of the coercion religious rather than secular? *Id.* *Inouye* specifically held that “attendance in [A.A./N.A.] programs may not be coerced by the state.” *Id.*<sup>124</sup>

Because a full analysis of the difference between constitutionally acceptable and unacceptable court-ordered A.A. meeting attendance for purposes of the First Amendment is beyond the scope of this Essay, interested courts will need to fully inform themselves of the relevant law in order to assure themselves of compliance. In analyzing the case law, it may be important to distinguish mandating meeting attendance (including with a service component) from mandating membership in Alcoholics Anonymous or mandating completion of step-work. For example, in the *McBryde* case quoted above, the court ultimately found no Establishment Clause violation and noted in dicta that:

In *Inouye*, the parties did not dispute that the AA/NA programs that the inmate was required to attend were substantially based in religion. 504 F.3d at 713. The court therefore concluded that the third element was satisfied. *Id.* at 713–714. Here, the parties vigorously dispute whether the mandatory portions of the Nexus program were substantially based in religion. Mr. McBryde has shown little evidence that he was actually

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124. No. CV 12-76-H-DLC, 2014 WL 1713333, at \*3 (D. Mont. Apr. 29, 2014).

required to participate in any religious practice to which he objected.<sup>125</sup>

Similarly, requiring A.A. meeting attendance, standing alone, arguably does not require participation in any religious practice.<sup>126</sup> Even if the court required membership in A.A. (which would be unusual), A.A. makes it clear that: “The only requirement for membership is an honest desire to stop drinking.”<sup>127</sup> Only if a court orders completion of step-work would there appear to be a colorable argument that it is requiring participation in some sort of religious practice, given all the references to “God” in the steps.<sup>128</sup> Even then, however, A.A. literature contemplates agnostics and atheists using the A.A. group itself as their “Higher Power” for purposes of making progress (i.e., “G.O.D” becomes “Group of Drunks”).<sup>129</sup>

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125. *Id.* at \*6.

126. *Cf.* ALCOHOLICS ANONYMOUS, *supra* note 5, at 28 (“We think it no concern of ours what religious bodies our members identify themselves with as individuals. This should be an entirely personal affair which each one decides for himself in the light of past associations, or his present choice. Not all of us join religious bodies, but most of us favor such memberships.”).

127. *Foreword to First Edition*, in ALCOHOLICS ANONYMOUS, *supra* note 5, at xiv.

128. On February 24, 2018, we Googled “working the 12 steps as an atheist.” The results appeared to make a strong case for the proposition that atheists can and do work the steps of Alcoholics Anonymous. *See, e.g.*, David Sack, *AA Without the God?*, PSYCHOLOGY TODAY (Dec. 10, 2014), <https://www.psychologytoday.com/blog/where-science-meets-the-steps/201412/aa-without-the-god> (noting “the creation of agnostic groups under the umbrella of AA that adapt the meeting style and the 12-Steps wording as they feel best suits their philosophy”). “There are now secular AA groups in virtually every major city in the nation, according to AA Agnostica, a website created by a group of secular AA members and designed to be a helping hand for those put off by the religious content of some AA meetings.” *Id.*

129. *Cf.* ALCOHOLICS ANONYMOUS, TWELVE STEPS AND TWELVE TRADITIONS 27 (1952) (“Many a man . . . has begun to solve the problem by the method of substitution. You can, if you wish, make A.A. itself your ‘higher power.’ Here’s a very large group of people who have solved their alcohol problem. In this respect they are certainly a power greater than you, who have not even come close to a solution. Surely you can have faith in them. Even this minimum of faith will be enough.”); Paul D. Keane, *The God Problem in A.A.*, FRIENDS OF DR. BOB, CLASS OF ‘02 (Aug. 21, 2011, 10:31 PM), <http://friendsofdrbobclassof01.blogspot.com/2011/08/god-problem-in-aa.html>



There appears to be at least some case law, however, supporting the conclusion that merely requiring someone to sit in an A.A. meeting amounts to coercing participation in a religious practice. The practical result of this is that courts interested in adopting the proposal set forth in this Essay should at least consider ensuring alternatives exist for atheists and agnostics who object to attending A.A. meetings on religious grounds.<sup>130</sup>

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(“Now if the persistent use of the word ‘God’ in A.A. continues to bother you, A.A. has another way around this problem—Three G.O.D. Acronyms: [1] Good Ordery Direction [2] Gift Of Desperation [3] Group Of Drunks[.] Simply substitute any or all of these for the word ‘God’ every time it is used in A.A. No more is required.”).

130. See *Inouye v. Kemna*, 504 F.3d 705, 712–13 (9th Cir. 2007) (“it is essentially uncontested that requiring a parolee to attend religion-based treatment programs violates the First Amendment”); *id.* (“The Second and Seventh Circuits have found compelling prisoners and probationers to participate in AA/NA under similar circumstances unconstitutionally coercive.”) (citations omitted); *id.* (“Our record on the content of the AA/NA program here is limited to Inouye’s allegations that AA/NA is based in ‘a higher power.’ Nanamori does not, however, dispute that the program was substantially based in religion, and presents no evidence that the program differed from the usual AA/NA program, described by the Second Circuit in *Warner* as comprising ‘intensely religious events, and by the Seventh Circuit in *Kerr* as ‘fundamentally based on a religious concept of a Higher Power.’”). Cf. Andrakachristou, *supra* note 123, at 189 (“Non-spiritual self-help groups are limited and largely inaccessible, potentially posing constitutional problems for courts that mandate self-help group attendance. Medication-assisted treatment (MAT) for opioid addiction is ideologically contested in problem-solving courts, despite strong evidence of its effectiveness. Court treatment decisions are made by treatment teams that consist of mental health counselors, judges, law enforcement, probation officers, prosecutors, and attorneys, but rarely include physicians.”); Phillip Grudzina, *Secular Dissent: Protecting Non-Believers from Coercive Religious Parole Programs*, 106 J. CRIM. L. & CRIMINOLOGY 565, 569 (2016) (“Part II examines the existing laws, rules, and regulations that govern parole programs. . . . Part III focuses on the construction of new legal protections for heterodox parolees within the context of the country’s existing rehabilitation infrastructure.”); Kimberly Y.W. Holst, *A Good Score?: Examining Twenty Years of Drug Courts in the United States and Abroad*, 45 VAL. U.L. REV. 73, 73 (2010) (“In 2009, we saw the passing of the twentieth anniversary of drug courts in the United States.”); The Honorable Peggy Fulton Hora & Theodore Stalcup, *Drug Treatment Courts in the Twenty-First Century: The Evolution of the Revolution in Problem-Solving Courts*, 42 GA. L. REV. 717, 727 (2008) (“This Article addresses and rebuts the criticisms of drug treatment courts and the assumptions their authors rely on in formulating their arguments against the courts.”).

### B. Effectiveness Concerns

“Although some research has called into question the efficacy of AA, particularly in comparison with drug treatment, the overwhelming evidence suggests that participants in AA fare at least as well as those in treatment.”<sup>131</sup> Nonetheless, skeptics and critics of A.A. abound, and judges, legislators, and treatment professionals interested in implementing the Helper Therapy Principle via A.A. should be prepared to offer a defense of the efficacy of A.A.

Apparently, one of most widely read recent criticisms can be found in Gabrielle Glaser’s *The Irrationality of Alcoholics Anonymous*.<sup>132</sup> While a full review of Glaser’s article and responses thereto is beyond the scope of this Essay, effective responses are readily available, and we have provided references to some in the accompanying footnote.<sup>133</sup> Furthermore, the studies discussed above

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131. Johnson et al., *Alone on the Inside*, supra note 8, at 532 (citing Alyssa A. Forcehimes & J. Scott Tonigan, *Self-Efficacy to Remain Abstinent and Substance Abuse: A Meta-Analysis*, 26 ALCOHOLISM TREATMENT Q. 480 (2008); Shulamith Lala Ashenberg Straussner & Helga Byrne, *Alcoholics Anonymous: Key Research Findings from 2002–2007*, 27 ALCOHOLISM TREATMENT Q. 349 (2009); J. Scott Tonigan et al., *Utilization of Formal Treatment and AA: Relative Contributions to Early Abstinence*, 32 ALCOHOLISM: CLINICAL & EXPERIMENTAL RES. 695 (2008)). See also Kevin Gray, *Does AA Really Work? A Round-up of Recent Studies*, THE FIX: ADDICTION AND RECOVERY, STRAIGHT UP (Jan. 29, 2012), <https://www.thefix.com/content/the-real-statistics-of-aa7301>.

132. Glaser, supra note 14.

133. See Alcoholicsguide, *A Brief History of Controlled Drinking—The Irrationality of Science*, THE ALCOHOLICS GUIDE TO ALCOHOLISM (Mar. 24, 2015), <https://alcoholicsguidetoalcoholism.com/2015/03/24/a-brief-history-of-controlled-drinking-the-irrationality-of-science/> (“What Glaser failed to mention was that in a subsequent study (4) 10-year follow-up of the original 20 experimental subjects showed that only one, who apparently had not experienced physical withdrawal symptoms (thus possibly not alcoholic), maintained a pattern of controlled drinking . . . .”); Sarah A. Benton, *Irrationality of A.A.? A Critique of the Recent Atlantic Article*, PSYCHOLOGY TODAY (Mar. 25, 2015), <https://www.psychologytoday.com/blog/the-high-functioning-alcoholic/201503/irrationality-aa> (“[Glaser] . . . writes . . . ‘The problem is that nothing about the 12-Step approach draws on modern science.’ This is untrue.”); Thomas Beresford, *Alcoholics Anonymous and The Atlantic: A Call For Better Science*, NAT’L COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE (Jan. 31, 2016), <https://www.ncadd.org/blogs/research-update/alcoholics-anonymous-call-for-better-science> (“Both the Rand Reports and the Fiorentine study, respectively, note that

in Sections A–G of Part III above provide independent compelling empirical proof of A.A.’s effectiveness.

## VII. CONCLUSION

In this paper, we provided an overview of the history of the role of service in addiction recovery, as well as a review of recent empirical work demonstrating the effectiveness of that treatment modality. This background material laid the foundation for our proposal to implement the Helper Therapy Principle in both clinical and court settings. While challenges exist, both in the form of skepticism and resistance directed towards Alcoholics Anonymous and related twelve-step programs generally, as well as specific concerns related to the perceived religious nature of those programs, the projected benefits—both in terms of cost-effectiveness and treatment outcomes—make overcoming these challenges worthwhile. Finally, we noted that, in addition to the core proposal, opportunities for related further research and advocacy abound, and it is our sincere hope that good work will continue in this area, so that we may reap the fullest possible benefits of the Helper Therapy Principle.

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individuals in 12-step groups had high rates of self-reported sobriety: 42% at four years and 75% between 18–24 months respectively. These rates are far higher than 5–8%.”); Thomas Beresford, *Alcoholics Anonymous: Science vs. Sensationalism*, NAT’L COUNCIL ON ALCOHOLISM & DRUG DEPENDENCE (Dec. 11, 2015), <https://www.ncadd.org/blogs/research-update/alcoholics-anonymous-science-vs-sensationalism> (“Contrary to Ms. Glaser’s sweeping statements about the lack of science concerning AA, a significant body of research has been conducted on this organization and its impact on drinking and other variables.”); Tommy Rosen, *Spirituality vs. Science? A Rebuttal to The Atlantic Article, “The Irrationality of Alcoholics Anonymous,”* HUFFINGTON POST (Mar. 20, 2015, 11:31 AM), [https://www.huffingtonpost.com/tommy-rosen/spirituality-versus-scien\\_b\\_6909290.html](https://www.huffingtonpost.com/tommy-rosen/spirituality-versus-scien_b_6909290.html) (“Glaser argues that moderation is a saner and healthier road to ‘recovery.’”); Jesse Singal, *Why Alcoholics Anonymous Works*, THE CUT (Mar. 17, 2015), <https://www.thecut.com/2015/03/why-alcoholics-anonymous-works.html> (“But on Glaser’s central claim that there’s no rigorous scientific evidence that AA and other 12-step programs work, there’s no quibbling: It’s wrong.”).