

# **SMART alcohol recovery meetings appeal to those with more social, economic stability, lower spiritual leanings: Study**

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Certain characteristics of people seeking remission from alcohol use disorder (AUD) are linked to their choice of recovery meeting, a new

study suggests. Informal peer recovery groups—mutual-help organizations—play a crucial role for many individuals with AUD or other drug disorders. Such groups are proliferating and differ substantially in approach.

SMART Recovery meetings emphasize individual empowerment through learned, evidence-based therapeutic techniques, while Alcoholics Anonymous (AA) meetings offer a 12-step program emphasizing a "higher power" and social support. While AA attendees have been studied, little is known about who engages with SMART Recovery (an acronym for Self-Management and Recovery Training). A better understanding of who engages with differing informal support programs could improve matching and referrals.

For [the new study](#) published in *Alcohol: Clinical and Experimental Research*, investigators in Massachusetts explored the characteristics of those attending SMART Recovery versus AA meetings compared to people attending both and those not seeking support from either group.

From 2019 to 2022, researchers recruited 361 adults with AUD who lived in either New England or San Diego and were starting a [recovery](#) attempt: 71 attended SMART meetings only, 73 AA only, 53 both SMART and AA, and 160 neither SMART nor AA. The participants were assessed for demographics, [life satisfaction](#) and spirituality, and various resources and barriers (including their confidence about staying sober, commitment to sobriety, and access to social support and other resources).

They were also assessed for their histories of substance use and cravings, mental health diagnoses and distress, certain medications, use of treatment and recovery services, experience of negative alcohol consequences, including criminal justice involvement, and more. The investigators used [statistical analysis](#) to explore associations between

these factors at a [single point](#) in time across the four groups (SMART, AA, Both, and Neither).

The four groups differed substantively in their demographics. The SMART-only participants were more likely to be white, married, have higher education and income, and be in full-time employment than the AA attendees. Although participants in all three groups attending meetings had similar levels of AUD symptom severity and psychiatric histories, the SMART attendees reported less heavy and less consequential drinking patterns and reduced spiritual inclinations than those attending AA or Both meetings.

Hispanic participants were overrepresented in SMART (possibly because of recruitment in San Diego), while Black participants were almost completely absent. The AA and Both groups reported more [alcohol consumption](#) on drinking days (10 drinks) than the SMART and Neither groups (7 drinks).

The AA and Both group participants attended many more meetings than the SMART group—possibly reflecting the greater availability of AA meetings and the attendees' relative severity of alcohol-related problems—and were much more likely to have experienced treatment programs and community recovery services. Nevertheless, the participants of the three mutual-help groups reported comparable access to helpful resources and barriers and similar quality of life, functioning, and well-being. Participants who did not attend meetings had less clinically severe AUD.

Certain aspects of the SMART Recovery philosophy, approach, or content appear to appeal to people with less severe histories of alcohol-related impairment and greater socioeconomic resources and stability. More research is needed on why SMART Recovery does not seem to engage Black participants. The study findings may not apply to broader

populations.

**More information:** John F. Kelly et al, Who affiliates with SMART Recovery? A comparison of individuals attending SMART Recovery, Alcoholics Anonymous, both, or neither, *Alcohol: Clinical and Experimental Research* (2023). [DOI: 10.1111/acer.15164](https://doi.org/10.1111/acer.15164).  
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