

AA Membership Survey 2020

(Mani Mehdikhani– Non Alcoholic Trustee)

Good afternoon Conference, my name is Mani Mehdikhani and I am a non-alcoholic Trustee and this is my fourth Conference. The Survey presentation was sent out to delegates a few days ago. It's been a very difficult year, we were delayed in the implementation of the survey by about six months and the original plan had been to do a postal survey but just as we had finalized the survey the pandemic occurred which threw our plans into disarray.

The decision was made to try an online survey and the results in my presentation are a selection of the data we have collected from the questionnaires and there is a lot of information we are going through at the moment which we are still analyzing and peoples' comments in the comments boxes that I think are valuable and need to be looked at.

I would like to give a big thanks to everyone involved in the survey – the Survey Sub Committee, Trustees who support it and the General Service Office staff and of course the Fellowship who returned these questionnaires.

The main points of the presentation are:

AA Membership Survey: a historical overview

- AA has conducted regular (roughly every 5 years) surveys of the Fellowship since 1972
- A key aim has been to carry the message to professionals and to obtain about the status of membership to help inform future decision making
- Surveys conducted on behalf of AA by outside organizations including Marketing Means (since 2005)
- Survey items have changed over time but a number have remained consistent in all 10 waves of the Survey:
 - Demographics of the membership (age, gender);
 - Length of membership in AA
 - Length of sobriety
 - Frequency of attending AA group meetings
 - How members first heard about AA

Survey method: Marketing Means

- Survey method has been broadly similar since 2005:
 - **Phase 1:** survey of all group secretaries and GSRs. Use of stratified random sampling; i.e. 250 of all responding groups above were selected to participate in Phase 2.
 - **Phase 2:** survey of AA members, via group secretaries and GSRs
- Key changes to the method in 2020, and due to Covid 19:
 - inclusion of CER for the first time, piloting online survey

And subsequent to Covid 19

- questionnaires sent out primarily online (i.e. email) at both Phase 1 and 2 for GB and CER
 - approach potentially allowed for **total sampling** (ie *census* as opposed to *survey*)
- Previous surveys conducted under the guidance of special fixed term 'working groups' appointed by the GSB
- As instructed by Conference the GSB, for the first time formally inaugurated a full Subcommittee devoted to undertaking the survey in 2018
- The subcommittee adapted the 2015 Survey instruments as templates and a number of the previous items were retained. However, several new questions of interest were identified for exploration, for example:
 - What role does the concept of '**Higher Power**' play in members' recovery? How do members define higher power and spirituality?
 - What role does **Service** play in members' recovery? How is service defined? The inclusion of a validated psychometric questionnaire (*Service in Sobriety*)

The Survey & the Covid 19 Pandemic

- The Survey SC met at the York HQ on 31 January / 1 February 2020 and finalized the questionnaire for the 2020 survey and prepared to instruct Marketing Means to proceed with implementation ...
- ... that same weekend only a few miles away in a hospital in York the first case of Covid 19 in the UK was being reported; 23 March 2020 we went into lockdown
- Back to the drawing board: the original plan / method for survey no longer viable. A great deal of uncertainty about the future; wait for a return to 'normal'?
- The Survey SC decided to proceed by adapting the survey further to include items on the impact of Covid 19 on the fellowship.

The Results

Response Rate

Among the groups actually emailed (3,080), 35.5% took part in the 2020 survey. This compares with 42% (1,531) to postal version of the survey in 2015.

Considering the response rate from only those groups emailed, the response rate from GB is lower than the last two rounds of postal surveys of the groups on 2015 and 2010, but similar to that from the 2005 postal survey (the first round to have been conducted by Marketing Means).

Of 1,094 groups that returned a questionnaire at Phase 1, and were invited to take part on the second Phase, 427 did so, a group response rate of 39%. Most, however, did not return questionnaires from more than 1 or 2 members, giving a total of 1,784 completed Phase 2 questionnaires.

Attendance

There are a number of potential sources of error when estimating attendance numbers across all AA groups based on the survey results only. Only 22% of all groups in GB responded, and 8% of all in CER. Those groups that did not respond may have had different characteristics from those who did respond, for example in terms of reported group size, though we have no reason to suspect that any systematic bias exists.

For the 2020 survey, we have the added difficulty that not all groups in each region were emailed a survey invitation (59% of those in GB and 47% of those in CER). It should also be noted that the numbers discussed here can only ever be an estimate of membership numbers as we cannot identify individual members' attendance, i.e. some attending multiple groups could have been multi-counted.

Comparisons with 2005/2010/2015 – attendance and membership

Based on total attendance reported in GB only, 2015 saw an average of 18.2 group attendees compared with 18 in 2010 and 19 in 2005. The average value of 17.3 for 2020 is therefore slightly lower, though within the 95% error margins of previous results.

The number of groups whose details were provided by AA was 3,630 in 2005, giving a total of 68,970 attendances, 3,978 in 2010, giving a total of 71,604 attendances, and 3,651 in 2015, giving a total of 67,840 attendances. In all cases, these are lower than corresponding GB total of 81,460 derived for 2020, though very likely due to the larger number of GB groups recorded in 2020.

The questions relating to attendance were changed in 2010 by AA GB as it was felt that the former use of 'home members' and 'visitors' might be confusing for group secretaries. Instead 'attendees' and 'regular attendees' were used to measure attendance. Therefore, the only question that is directly comparable between 2005 and the 2010 and 2015 surveys is 'total attendances'. Using this would, however, make no distinction between alcoholic and non-alcoholic attendances (e.g. GPs, support workers etc). 2005 and 2010 used 'home group' attendances to calculate membership.

Summary of attendance figures (inc. mean data)

- Total no. attended at last meeting: 17847 (GB) & 636 (CER)
- Average attendance at last meeting: 17.3 (GB) & 7.7 (CER)
- Scaled up *estimates* of total attendance based on above: 81460 (GB) & 8070 (CER)
- Total *estimated* membership of AA: 24250 (GB) & 2490 (CER)
- Total no. of attendees considering this their home group: 9865 (GB) & 658 (CER)
- Average no. of attendees considering this their home group: 9.7 (GB) & 77.6 (CER)
- Total no. newcomers per month: 5739 (GB) & 155 (CER)
- Average no. newcomers per month: 5.6 (GB) & 2.7 (CER)
- Scaled up *estimates* of total no. of newcomers per week based on above: 6300 (GB)
- Total no. attended most recent online meeting: 12987 (GB) & 524 (CER)
- Average no. attended most recent online meeting: 18.2 (GB) & 14.2 (CER)
- Scaled up *estimates* total no. attended most recent online meeting: 58760 (GB) & 6420 (CER)
- Total no. attended online meeting from 'outside of local area': 2303 (GB) & 184 (CER)
- Average no. attended online meeting from 'outside of local area': 4.9 (GB) & 7.7 (CER)
- Total no. attended online meeting from 'outside your region': 1636 (GB) & 157 (CER)
- Average no. attended online meeting from 'outside your region': 3.7 (GB) & 6.1 (CER)
- Total no. attended online meeting from 'outside other country': 874 (GB) & 105 (CER)
- Average no. attended online meeting from 'outside other country': 1.9 (GB) & 3.9 (CER)

Characteristics of the Membership

In 2020, the proportion of GB members taking part in the membership survey that were female was only just short of half (47%). This was comfortably the highest proportion of females recorded in any wave of the survey. In CER, females accounted for the majority of responses (53%).

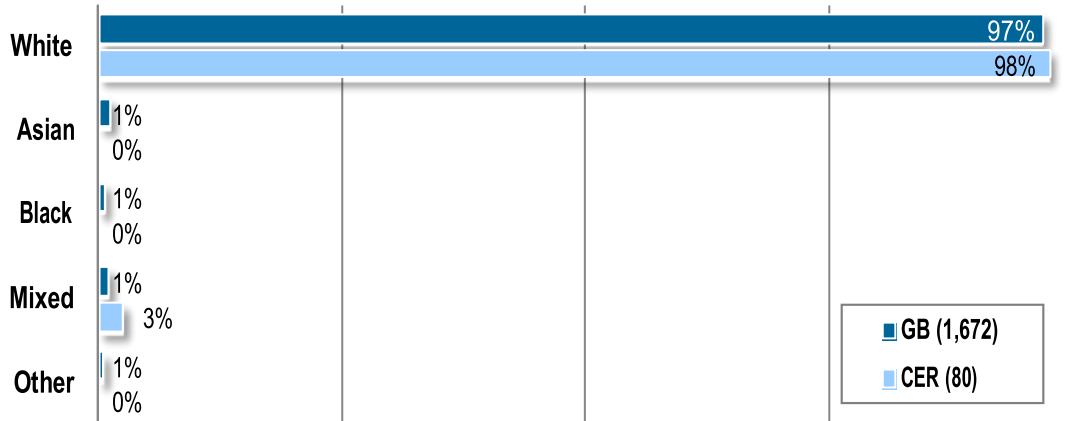
The GB population gender split is 51.1% female and 48.9% male, so females still form a lower proportion of AA members in GB.

The 2020 membership survey has the oldest age profile of any AA GB survey to date, despite the mainly online method of the 2020 survey. One in three respondents were aged over 60, while for the first time more than 60% of respondents were aged over 50.

Comparing the GB profile with CER, the latter sample having a significantly younger age profile. This was reflected in the mean ages of the two samples. The mean age of GB respondents was 54.7 ± 0.3 , and that of CER respondents 50.6 ± 1.4 .

Age profile of AA members taking part in the survey differs significantly from the UK profile, with a much higher proportions in the age ranges 51-60, but much lower than the GB profile in the 16-30 age range.

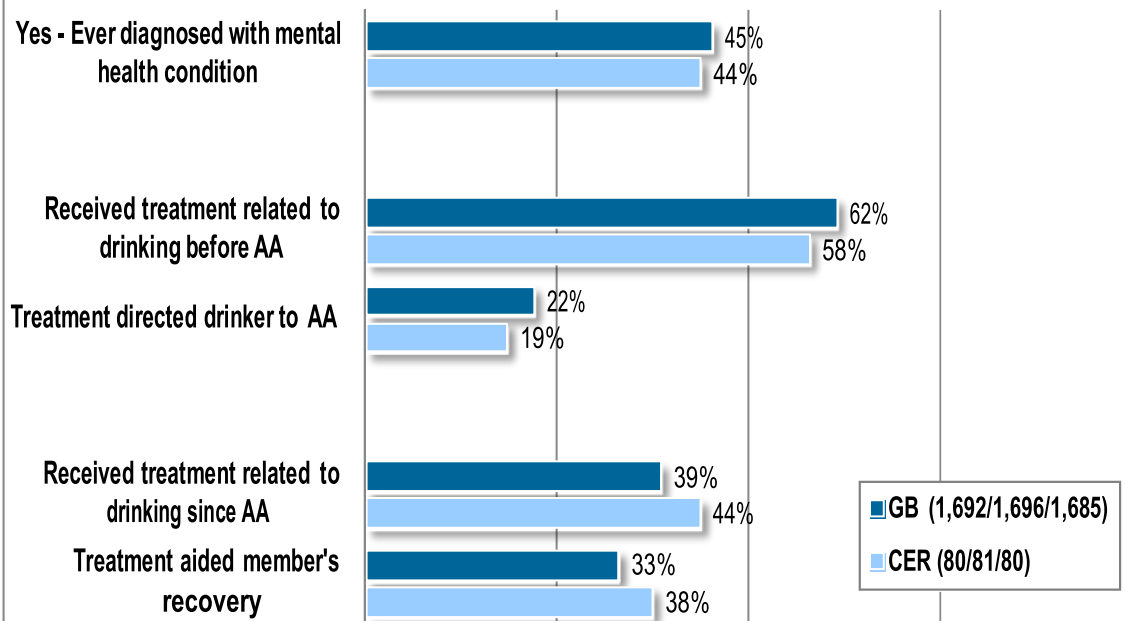
Q22 What is your ethnicity?



Base: All members who gave a valid response

Ethnicity	All	White	Mixed	Asian	Black	Chinese /Other
Census 2011 (GB)	100.0%	88.4%	1.4%	6.6%	2.8%	0.9%
AA GB survey 2020	100.0%	96.8%	1.0%	1.2%	0.6%	0.5%
AA GB survey 2015	100.0%	95.9%	2.2%	1.3%	0.4%	1.1%

Q24a Ever diagnosed with mental health condition other than alcoholism?/ Q25a Before AA, ever received treatment /counselling related to your drinking?/ Q26a Since AA, ever received treatment/counselling related to your drinking?



Base: All members who gave a valid response to Q24a, Q25a, Q26a

- Just under half (45% GB/44% CER) had ever been diagnosed with a mental health condition other than alcoholism.

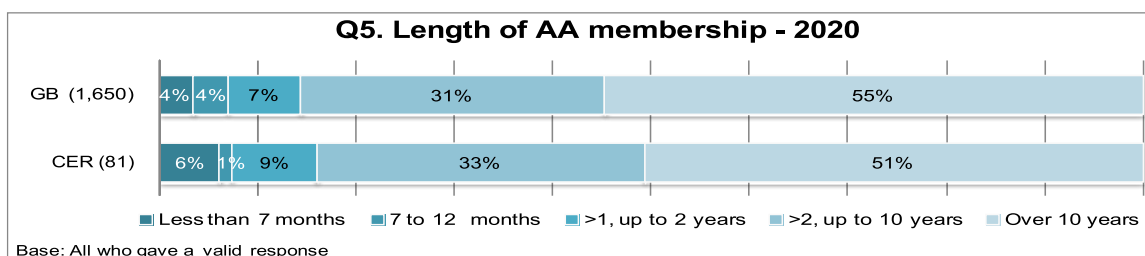
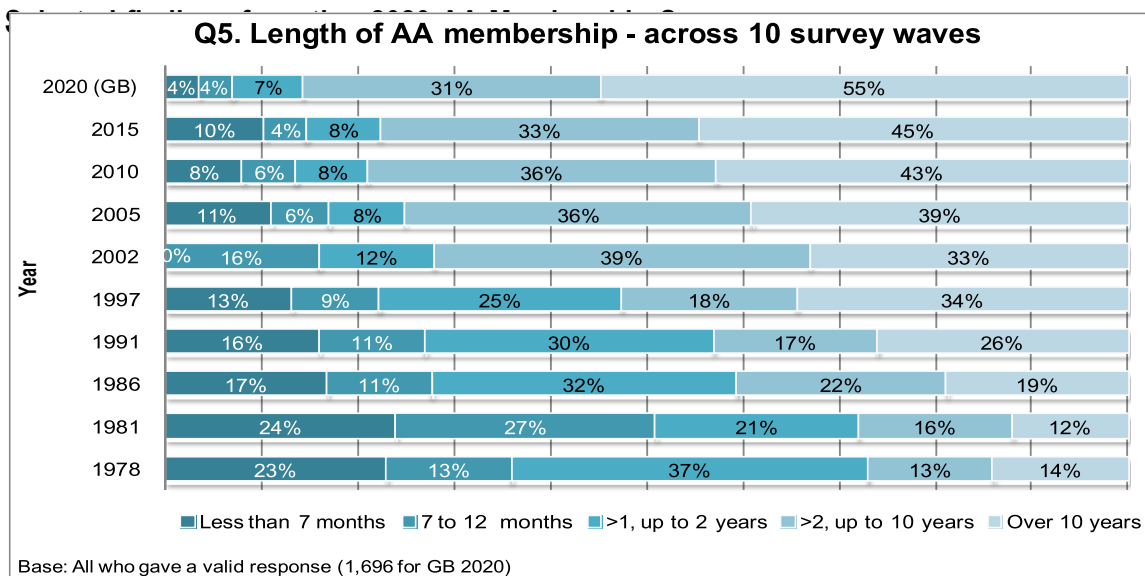
- Females were significantly more likely than males to have been diagnosed with such a condition (51% vs 40% respectively).
 - Members in the youngest two age groups were also significantly more likely to have been diagnosed (62% of 16-40s and 57% of 41-50s, but only 43% of 51-60s and 31% of over 60s).
 - Those who had been sober for the shortest time were significantly more likely to have been diagnosed with such a condition (57% of those sober for up to 6 months), as were those who had come to AA for the shortest time (57% of those who first attended AA up to 12 months ago). Newcomers since March 2020 were also more likely to have been diagnosed with a mental health condition other than alcoholism (57% of newcomers vs 45% of others).
 - Members with a disability were also significantly more likely to have been diagnosed with a mental health condition other than alcoholism (61% vs 41% of others).
 - The group of members with high AAH scores were, slightly but significantly less likely than others to have been diagnosed with a mental health condition (44% vs 49% of others).
- By far the most likely type of condition that members had been diagnosed with was **depression** or a **depression disorder**, which affected 73% of those who had been diagnosed with a mental health condition. Nearly two in five (39%) of those with a mental health condition other than alcoholism had suffered from **anxiety**. The only other condition mentioned by more than 6% of respondents was **PTSD/CPTSD**, by 11%.
 - Just under two-thirds of members (62% GB, 58% CER) had received treatment or counselling related to drinking before coming to AA.

Other indicators:

- Working status: 58% in GB (68% in CER) in full time employment. 26% in GB (15% in CER) were retired. Results similar to national statistics (2011 census) for GB respondents and 2015 survey.
- Disabilities: 81% in GB (81% in CER) reported no disabilities. Result similar to national statistics (Family Resources Survey 2018-19) for GB respondents and 2015 survey.

Summary

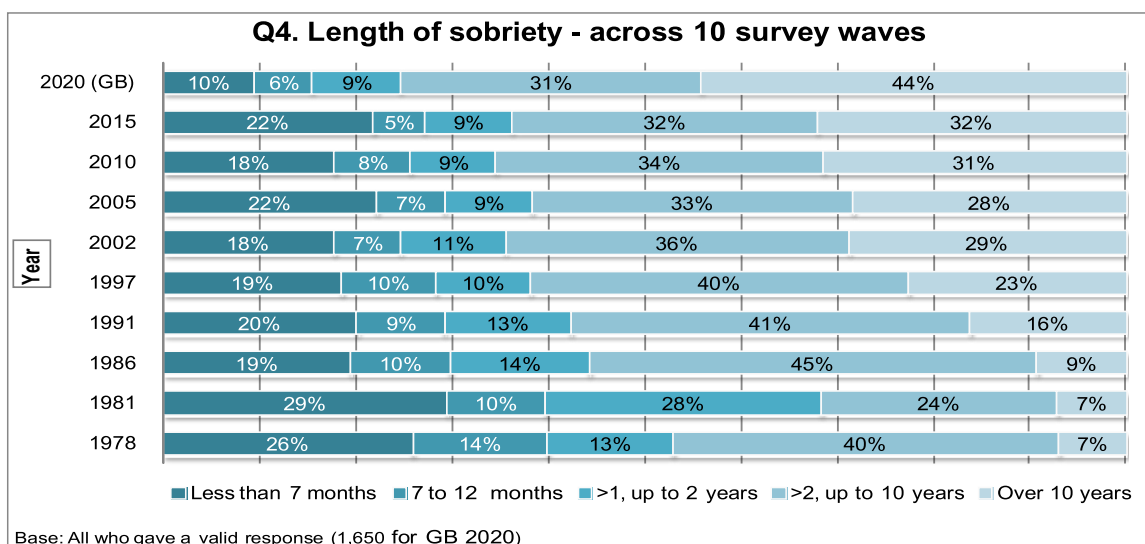
- Trends in demography:
 - increasing number of female members from 22% in 1972 to 47% in 2020
 - age profile: 36% under 40 and 10% of members over 60 in 1978; 14% under 40 and 33% of members over 60 in 2020
 - Ethnicity: 97% membership identified as 'white' (GB); compare with 88.4% nationally identified as white in 2011 census; Asians in particular appear to be underrepresented

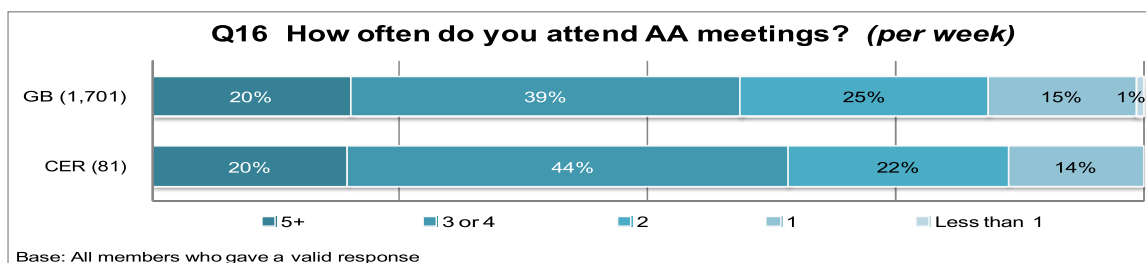
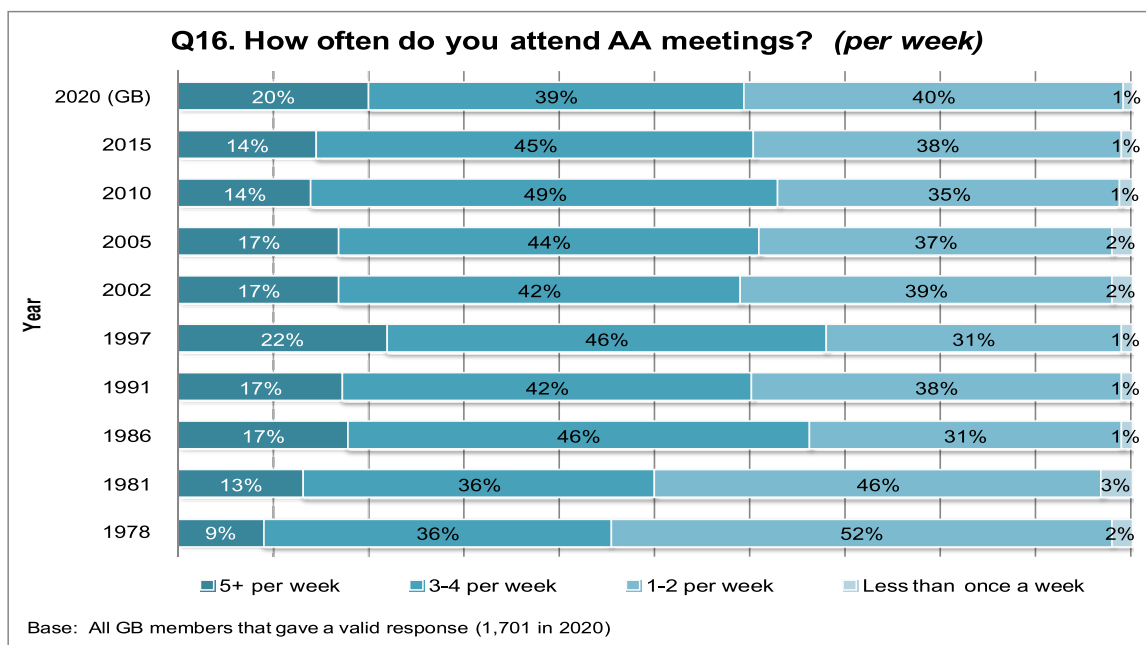
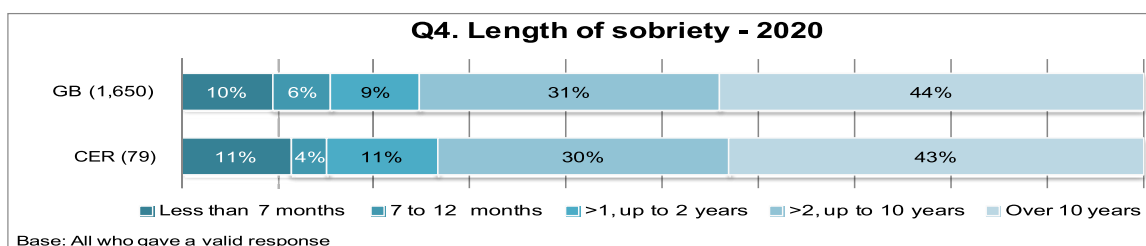


This was the first wave of the survey in which most of the respondents (55%) had first come to AA more than 10 years ago, a significant increase from the corresponding figure of 45% in 2015. A further 31% had first come to AA between two and 10 years ago.

The 2020 results continue a consistent trend of an ever-increasing proportion of long-term members (i.e. over 10 years since first attended). In 1978, less than one in seven respondents had been members for over 10 years.

At the other end of the scale, while just over a third of members (36%) in the 1978 survey had been attending meetings for no more than a year, this diminished to well below one in 10 (7%) in 2020.





The majority of members in 2020 attended three times or more per week (59%), exactly the same proportion as had done so in 2015.

The proportion attending five or more times a week had risen significantly since 2015 from 14% to 20%.

Only 1% of members stated that they attend meetings less than once a week.

The mean number of attendances per week in the 2020 GB members survey sample was 3.4 ± 0.1 compared with 3.0 ± 0.1 in 2015.

Overall, the more frequently that members attended AA meetings, the shorter the time that they were likely to have been sober. For example, a significantly higher proportion of respondents attending 5+ times per week had been sober for less than 7 months (23%) than was the case among respondents attending only three or four times per week (8%) or once or twice per week (5%).

Among those attending once or twice per week, the mean length of sobriety was 13.6 ± 0.4 years. This reduced to 10.9 ± 0.4 years for those who attended three or four times per week, and to 8.0 ± 0.6 years for those who attended 5+ times per week.

Summary

- Trends in Length of Membership, and Length of Sobriety
 - In 1978 around 14% reported over 10 years of membership; in 2020 that figure was 55%
 - In 1978 around 7% reported over 10 years of sobriety; in 2020 that figure was 44% (a jump from high 20s and low 30s in the previous 4 surveys)

Impact of Covid 19

In GB, nearly a quarter (24%) managed to set up online in no more than three days but most took between a week and a month.

In CER, groups went online sooner than in GB, with 27% ready almost without delay, and nearly half (47%) online within three days. A further 32% took a week to go online.

Among those who did not set up an online meeting, the reason given most often was technical, with more than half in GB (58%) citing a lack of technical/IT skills, while 28% noted their lack of access to IT hardware or software.

More than one in three (36%) nevertheless stated that they felt that online meetings were no replacement for face-to-face meetings, while nearly as many (32%) had concerns over privacy/anonymity.

A significant proportion (14%) also added a comment, not included in the questionnaire's listed answer options, that there were enough other online meetings available for them not to need to take their own group online. It should also be noted that only 1% stated that they had not switched their own group online due to merging with another group.

Among GB groups that were running online, nearly 90% were collecting Tradition 7. Nearly half were using each of the three ways suggested in the questionnaire, with direct bank transfer to GSO slightly the most likely (49%), followed by members saving in their own pots at home for a return to physical meetings (45%) and using a group electronic payment account (44%).

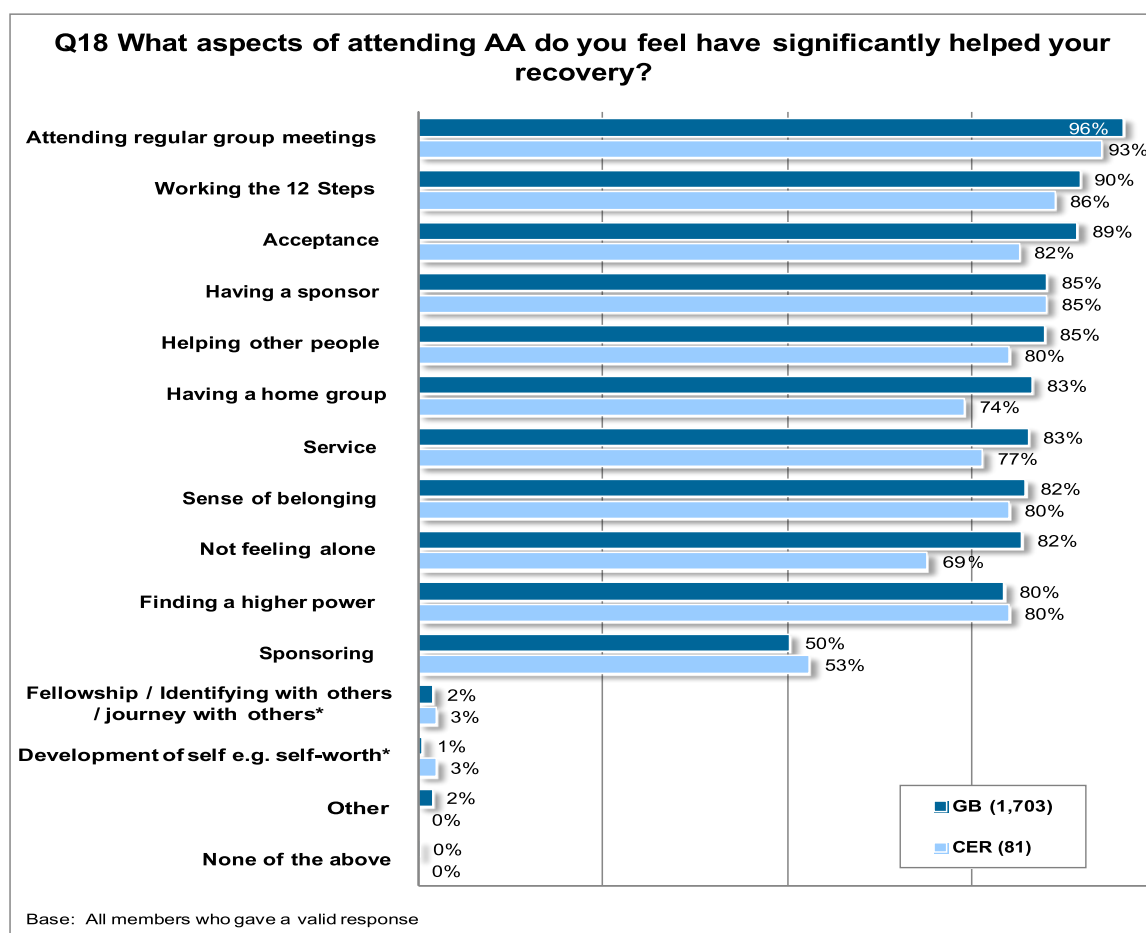
The proportions using the latter two methods above were very similar in CER, but CER groups were only half as likely to have individuals making direct transfers to GSO (24%). CER groups were also slightly more likely not to be collecting the 7th Tradition at all (18%).

Summary

- Only 18% in GB had experience of online platforms before Covid 19; far higher percentage (54%) had similar experience in CER
- 93% able to change to online format since first lockdown

- Technical issue main obstacle to organizing online format for meetings; some members also cited perceived inadequacy of online compared to f2f and issues around anonymity
- Main difficulties identified by those going online were (in order of difficulty) around 'helping newcomers', 'sponsoring members', 'doing service' and 'carrying the message'
- 30% in GB and 37% in CER felt groups' financial situation had worsened since suspension of in person meetings
- Groups (GB/ CER) have continued to make contributions to Intergroup (52%/ 37%), GSO (20%/ 25%) and Regions (2%/ 14%).

AA & Recovery



Every one of the 9 aspects listed in the questionnaire that have been included in the last three waves of the survey was selected by more in GB in 2020 than had done so in either the 2015 or 2010 surveys.

There were no significant differences between GB and CER respondents in regard to any of the aspects listed. The only one of the aspects in the questionnaire not to be selected by a very large majority of members as having significantly helped their recovery was sponsoring, selected by only half in both GB and CER. This was an aspect included for the first time in the 2020 survey.

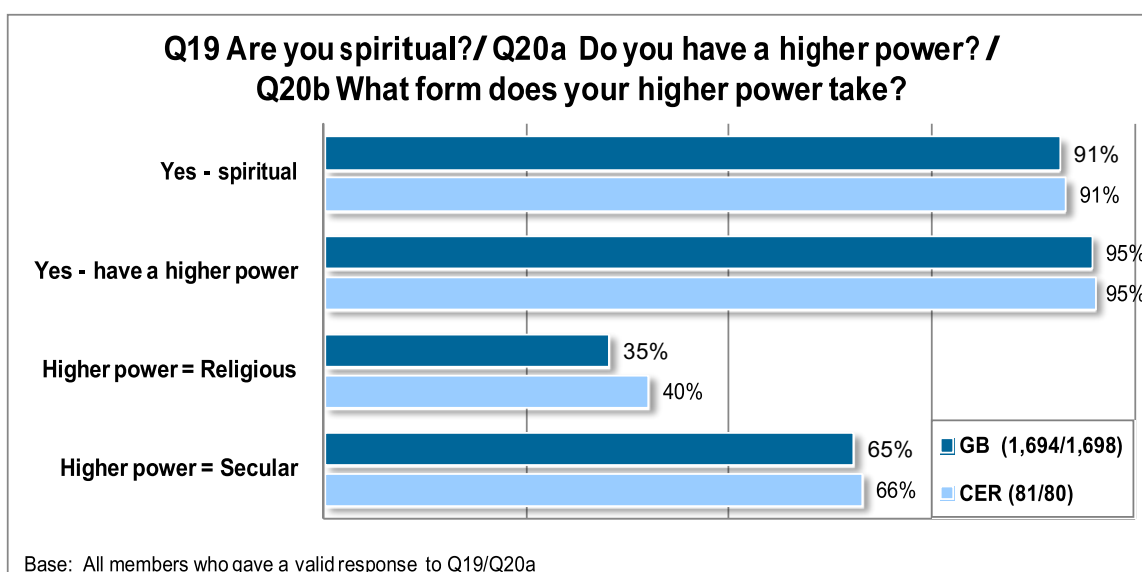
- Sponsoring was significantly more likely to be selected by older members (59% of over-60s), those who had been sober for longest (only 10% of those

sober for no more than 12 months, but 70% of those sober for more than 10 years), and those who had been members for longest, given by 64% of those who had come to AA for more than 10 years).

Summary

- Members' views of 9 hypothesized aspects of AA that were believed to have contributed to their recovery were at least similar (or higher) to responses in the previous 3 waves of the survey with 'attending regular meetings' identified as among the most significant by 96% of members in GB and 93% in CER
- 'Service' (83% / 77%) and 'finding a higher power' (80% / 80%) were also endorsed as key contributors to recovery by large majorities in GB and CER.
- Sponsoring (a new item in 2020) was endorsed by around half of respondents (50% in GB and 53% in CER) as a key contributor to recovery
- Other factors such as fellowship, identifying with others, self development and increased in self worth were endorsed by between 1% and 3% of the respondents

AA Members' views about spirituality



This was significantly lower among those who had been sober for only up to 12 months (81%), but rose to 94% of those sober for >10 years. Similarly, while only 78% of those who first came to AA in the last 12 months declared themselves spiritual, this rose to 93% of those who first came to AA >10 years ago.

The same applied for Newcomers who had joined since the Covid-19 lockdown, only 77% of whom declared themselves spiritual, vs 91% of other members.

An even higher proportion (95%) felt that they had a higher power.

Again, this was significantly lower among those who had been sober for only up to 12 months (88%), but rose to 96% of those sober for >10 years. While 89% of those who first came to AA

in the last 12 months declared themselves spiritual, this rose significantly to 96% of those who first came to AA >10 years ago.

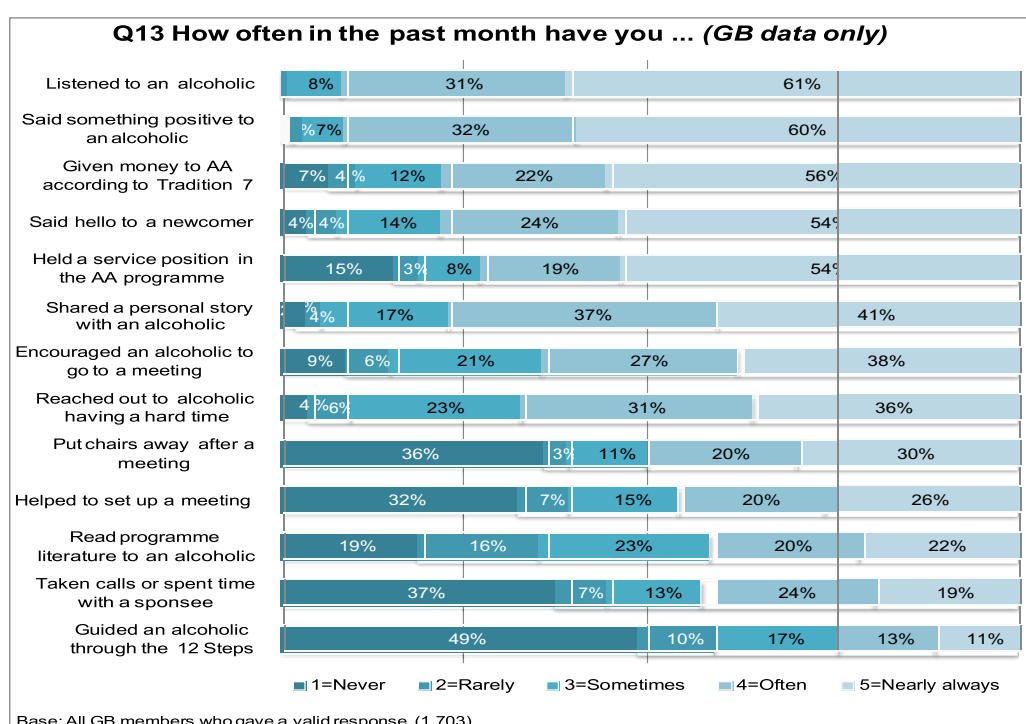
The same applied for Newcomers who had joined since the Covid-19 lockdown, only 86% of whom felt that they had a higher power, compared with 95% of other members.

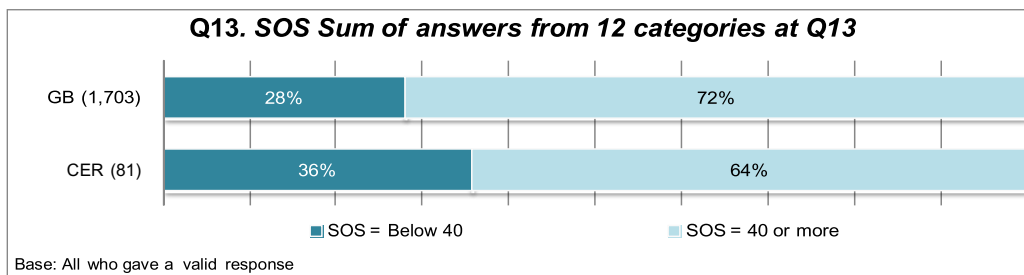
Just over a third of members (35% GB and 40% CER) stated that they had a higher power of a religious form, but having a higher power of secular form was more likely, nearly two-thirds of both GB and CER member stating this. Only 6% stated that their higher power was both religious and secular.

Summary

- Concepts of Service (using Service in Sobriety instrument) and Higher Power were explored in more details:
- Higher power (HP);
 - In both GB and CER samples 91% viewed themselves as being spiritual and 95% had a higher power
 - 35% in GB and 40% in CER cited a religious foundation to their HP
 - 65% in both GB and CER cited a secular foundation to their HP
 - 6% said that their HP is both secular and religious
 - 88% of those who had been sober 12 months had a HP compared to 96% for those who were sober > 10 years
 - 89% of those who had joined AA in the last 12 months described themselves as spiritual compared 96% for those who joined > 10 years ago
- 2020 survey - first time a validated research instrument (Service in Sobriety) was used in an AA survey to measure concept of service.

'Service in Sobriety'





The two actions taken most often in the past month, with more than 90% doing each one either often or always, were both relatively general rather than specific actions; listened to an alcoholic (mean value of 4.5) and said something positive to an alcoholic (mean = 4.5)

Three other actions were taken 'always' in the past month by majority of respondents. Two were ongoing commitments, giving money to AA under Tradition 7 (mean = 4.2), and hold a service position in the AA programme (mean = 3.9). The other was more dependent on circumstances but clearly possible very often for most members, saying hello to a newcomer (mean = 4.2).

At the other end of the scale were several actions that a third or more of GB members claimed to have not done at all in the previous month; put chairs away after a meeting (mean = 3.0), helped to set up a meeting (mean = 3.0), taken calls or spent time with a sponsee (mean = 2.8), and guided an alcoholic through the AA 12 Steps (mean = 2.3).

In GB, nearly three-quarters of respondents fell into the 40-60 category (72%), while only slightly fewer did so in CER (64%), in line with their slightly less frequent actions as noted previously.

This group of members most likely to offer help to others and to the group tended to be older, with longer sobriety and length of membership.

Older respondents were the most likely to fall into the higher-scoring category, with 77% of over-60s meeting scoring 40+ but only 62% of 16-40s.

The same applied for those with longer sobriety. For those sober for 6 months or less, only 37% fell into the higher scoring groups compared with 79% of those sober for >10 years.

Only 43% of those who had been coming to AA for no more than 2 months fell into the higher scoring groups compared with 77% of those who had attended for >10 years.

Only 39% of newcomers since the March 2020 lockdown fell into the higher scoring category, compared with 73% of others.

Frequency of attending also had an impact, with only 63% of those attending once or twice a week falling in the higher scoring category, compared with 78% of those attending three or four times a week, and 75% of those attending five or more times per week.

Scores from 40 to 60 are considered to indicate a high level of "Alcoholics Anonymous-related helping" (AAH), in that these are members that take action most often to help support others in their group and to support the running of the group itself.

The group with scores of 40 to 60, with a high level of “Alcoholics Anonymous-related helping” (AAH), were also significantly more likely than lower scorers to agree that several aspects of attending AA had significantly helped their recovery. These included:

Service - 89% of the highest-scoring group (i.e. the high AAH group) felt that service had significantly helped them, compared with 65% of lower-scorers.

Sponsoring – 59% of the high-AAH group felt that sponsoring had significantly helped them, compared with 29% of lower-scorers.

Working the 12 Steps, having a sponsor, helping other people, finding a higher power, and having a home group all also drew higher proportions from the high-AAH group than the lower-scoring group in agreeing that they had been significantly helped in their recovery.

The high-scoring high-AAH group were significantly more likely than lower scorers to do service in their home group (88% vs 66% of those who scored <40).

Summary

- 81% in GB and 88% in CER had done service in their home group
- In both GB and CER 52% reported having held service positions in the Fellowship structure
- Older respondents were less likely to have a sponsor (73% in the over 60s group vs 92% in the 16-40 group)
- Female members were more likely (87%) than male members (79%) to have a sponsor
- 72% of GB respondents and 64% of CER scored 40 or higher on the Service in Sobriety questionnaire, indicating high levels of ‘alcoholics anonymous-related helping’ or AAH; this has been suggested as a key predictor of recovery in past research.
- Older respondents, those who had longer periods of sobriety and those who had been coming to AA longer, and those who attend more frequently tended to have higher AAH scores

Conclusions

- Methodological issues: first time the survey was undertaken online and the first time CER was included in the survey
- Response rates, broadly comparable to recent (since 2005) surveys; but considerable variation across regions in response rates. Not a census; questions around representativeness
- Results of the survey *broadly* similar between GB and CER, and in many cases either similar to past surveys and or national statistics, or continuing with the trends seen across multiple waves of the survey
- Very large data set that will require in depth analysis including analyses of quasi-qualitative information (i.e. from ‘comment boxes’); plan to produce a leaflet with the above information with help from PI SC and Literature SC
- Evaluation of the 2020 Survey; what were the roadblocks? and recommendations to address these
- Future surveys; 2025 and beyond

Due to time constraints discussion of the Safeguarding and Personal Conduct document was moved to the Saturday Open Forum to enable full discussion and for continuity is reported on here.