

How Do Young Adults View 12-Step Programs? A Qualitative Study

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Abstract

Given the limited research on young adults' reactions to 12-Step programs the purpose of this study was to explore young adults' views of Alcoholics Anonymous and Narcotics Anonymous. Qualitative interviews with 26 young adults who had attended AA or NA were conducted. Most participants viewed 12-Step programs favorably reporting that the programs provided hope and emotional support. Participants who rejected the programs often refused to accept the concepts of powerlessness and a higher power. Many participants who rejected AA and NA were unaware of some of the key tenets of the programs suggesting that 12-Step facilitation would benefit this population.

KEYWORDS. Young adults, substance use disorders, 12-Step programs

INTRODUCTION

The effectiveness of 12-Step substance abuse recovery programs, particularly Alcoholics Anonymous (AA), has been supported by a growing evidence-base.¹⁻³ Participation in 12-Step programs predicts beneficial substance related outcomes measured in a variety of ways: long-term abstinence, percent days abstinent and decreased substance related problems.⁴⁻¹¹ This beneficial effect has been supported by a variety of methodological approaches: population-based epidemiology studies, longitudinal studies of individuals who have enrolled in formal substance abuse treatment and Project MATCH, an efficacy trial comparing three different substance use disorder treatment methods.¹²⁻¹⁸ Substance use disorder treatment approaches that result in increased 12-Step participation have been related to better substance use outcomes and lower costs than those that do not.^{19,20}

The 12-Step recovery model has been found to be acceptable and effective for a wide variety of populations. Both men and women benefit from participation and research on African American, European American and Latino populations has supported the positive effects of these programs.^{10,11,15,21-23} Although the first 12-Step program, AA, was developed in the context of a Protestant religious revival and 12-Step philosophy emphasizes spirituality, the programs can be effective for atheists and agnostics, as well as, individuals who hold religious and spiritual beliefs.^{24,25}

In light of the growing body of literature on the effectiveness of 12-Step recovery programs for a wide variety of populations and the cost savings associated with this recovery

modality, developing a more nuanced understanding of barriers to attendance for specific populations of individuals with substance use disorders is warranted. Despite the apparent inclusiveness of the 12-Step model and some empirical support for the use of 12-Step programs for adolescents, concerns have been expressed about the lack of research on the impact of these programs on young adults.²⁶⁻²⁸ Young adults are the population most likely to engage in high-risk substance use and young adulthood is also the developmental period with the highest rates of onset of substance use disorders.²⁹ Some of the concerns that 12-Step programs may not be well-suited for this population stem from the fact that only 13% of AA members and 15% of NA members are 30 years old or younger. The average member age is 49 in AA and 43 in NA.^{30,31} Despite the problems associated with young adults' use of substances and the potential impact of the age differences between young adults and the majority of 12-Step program members there is even less research on young adults' participation in 12-Step programs than on adolescents' participation.

The small body of research on young adults and 12-Step programs indicates that 12-Step meeting attendance and program involvement is associated with better substance use outcomes after leaving formal treatment.^{23,29,32} However, young adults with substance use disorders seem to differ from older adults with substance use disorders in important ways. A study conducted by Mason and Luckey in 2003 comparing young adults to older adults in treatment for substance use disorders revealed that younger patients were less likely to be employed or to have a high school diploma or GED and were more likely to live in households with higher levels of family conflict and with problem drinkers or drug users. Younger patients also reported more use of drugs other than alcohol and more serious psychiatric issues such as hallucinations, cognitive

difficulties and suicide attempts. The same study found that younger adults were less likely to have attended even one AA meeting. Those that did become involved in AA attended approximately half the number of meetings as older adults and were less likely to consider themselves members of AA.²⁶ The increased level of psychopathology and less stable living environments of younger substance use disorder patients and their decreased likelihood of becoming involved with 12-Step programs may render them less likely to achieve recovery.

Despite the troubling findings that emerged from Mason and Luckey (2003), a study of young adults recruited from an inpatient treatment facility based on the 12-Step recovery model found that young adults attended 12-Step programs at high rates, 89% reported attending at least one meeting during the first 3 months following discharge and 76% reported attending at least one meeting during the last 3 months at 12 months post discharge.²⁹ While this study provides compelling evidence that it is possible to encourage 12-Step participation in this population more research is needed to reconcile the conflicting results of this small body of literature and to better understand the response of young adults to 12-Step programs.

The current study was designed to investigate the reaction of young adults to 12-Step substance abuse recovery programs. The study sought to identify both positive and negative experiences and attitudes regarding 12-Step philosophy and program structure to better understand the appropriateness of this recovery model for young adults and to investigate if young adults appear to view 12-Step programs differently than older adults.

METHODS

Procedures

Data for the current study was collected as part of a larger mixed methods study of substance use initiation. Participants were recruited from the psychology participant pool from a small undergraduate liberal arts college or from the community surrounding the college. Participants were eligible to participate in the study if they were between the ages of 18 and 28 and had ever used tobacco, alcohol or another psychoactive substance not prescribed by a doctor. Participants were recruited from the surrounding community through flyers and Craig's List advertisements and were screened for eligibility on the phone by the first author. Participants from the community received \$25.00 for participation. A subsample of young adults who had attended 12-Step Recovery programs (AA or NA) was purposively sampled from the community surrounding the college to increase the number of participants with problematic substance use histories in the sample. The current study involved only the subsample of young adults who had attended 12-Step recovery programs.

Interviews with the 12-Step subsample were conducted by the first author in a private room at a liberal arts college. All participants provided informed consent for the study prior to being interviewed. In order to ensure that all participants were asked about the topics relevant to the research a semi-structured interview guide was used. The first part of the protocol asked participants to describe their first and second use of psychoactive substances and their typical pattern of use of psychoactive substances in the year following their first use. The 12-Step subsample was then administered an additional semi-structured recovery interview that included questions on their lifetime use of substances, how they became involved in substance abuse treatment, and their experiences and views on 12-Step recovery programs.

The interviews with the 12-Step subsample lasted between 60 and 90 minutes. All interviews were audiotaped. Upon completion of the interview participants completed a computer survey containing demographic questions and detailed questions about current and lifetime substance use. All study procedures were approved by the Dickinson College Internal Review Board.

Participants

Twenty-six young adults who had attended at least one AA or NA meeting were interviewed. One participant's recovery interview was lost due to a malfunction of the digital recorder. Fifty-two percent of the recovery sample were women and the participants ranged in age from 18 to 28 with a mean age of 23 (SD=2.8). The participants were predominately European American/White (96%) with the remaining 4% reporting their race as African American/Black. One participant identified as Hispanic/Latino.

Analysis

The interviews were transcribed and loaded into a qualitative research program MAXQDA 10 to be coded. The data was analyzed using thematic analysis, a qualitative analytic method that allows researchers to highlight similarities and differences across participants. This allowed the researchers to identify differences in participants' views on 12-Step recovery groups. The researchers worked from a realist perspective which focuses on describing the experiences, meanings and realities experienced by the study participants and assumes that participants are able to articulate their own motivations and experiences through language³³.

Codes were developed inductively by reading the transcripts multiple times and noting patterns of reported motivations, reactions and behavior described by participants. A coding system comprised of main themes regarding participant's attitudes and experiences was developed using both the main topics included in the semi-structured interview guide and common topics described by participants was developed. Subthemes that captured the range of different attitudes and experiences were developed for each of the main themes. The coding system was revised multiple times throughout the data coding process when responses that did not accurately fit into the existing themes or subthemes were discovered. Typically, these revisions involved adding new subthemes to more accurately reflect the diversity of attitudes and experiences described by participants. The first author and second author coded the transcripts in MAXQDA 10. Twenty-eight percent of the interviews were double coded. The inter-rater reliability for the presence of specific codes in each interview was measured. The average inter-rater reliability for the double coded interviews was 91% and ranged from 88% to 94%.

RESULTS

Positive Aspects of AA and NA

Participants were asked to describe their opinions of AA and NA. As per the study recruitment criteria, all participants had attended AA or NA and all described their experiences of attending the meetings. Participants who had read AA and NA literature and who had AA or NA sponsors also described those experiences. The extent that descriptions of the ability of AA and NA to provide emotional support and hope dominated the positive descriptions of the program was striking. Participants often mentioned that they were among the youngest

attendees at the AA and NA meetings and those with sponsors were often sponsored by individuals significantly older than themselves.

Providing a group of people that young substance abusers can relate to

One of the primary positive aspects of AA and NA identified by young adults was the idea that they could relate to the experiences of AA and NA members. Participants reported that listening to members' stories at meetings made them believe that they would be understood and that members would not be judgmental regarding participants' past experiences. Participants reported that they felt that AA and NA members genuinely cared about them and that hearing other peoples stories made them feel less alone.

“Um, just having people that care about you, you know. It's not about what you've been given, what you have, it's how you want to better yourself and what you're willing to do. Even if you're not willing to do it, they still have the time to sit there and listen to you, it's a group of people you know no matter who you are, what you're doing, we're all the same and we're all trying to get better.”

In addition to feeling that AA and NA members cared about them, some participants described AA and NA meetings as a place to meet new friends to replace their substance using social networks with friend who do not use substances. Participants described members as surprisingly fun and that meetings were a source of laughter not just a place to confront painful experiences. As one participant put it, *“It's not miserable being clean and sober.”*

Participants often spoke about being able to relate to the stories of other members despite the fact that AA and NA members were often substantially older than they were or had different drugs of choice. In fact, some participants expressed a distinct preference for receiving support from members who had been abstinent for long periods of time reporting that these individuals were likely to offer the most helpful guidance and were the most inspirational.

“I always focused on the differences rather than the similarities because these people are like 40 years old and I am 18, I thought I wouldn’t relate to them but I did, a lot ... like some guy who was like 65, we are really close because he has been through the same stuff.”

Participants who had AA or NA sponsors reported that their sponsors were usually substantially older than they were and that they preferred to work with older sponsors who had established long term sobriety. Participants felt that sponsors who had been sober for a minimum of ten years were in the best position to offer useful guidance and support. Some participants reported that they chose their sponsors because they believed their sponsors had experiences and feelings reminiscent of their own despite their differences in age. Participants often also stated that they picked sponsors who would be direct and would be willing to confront them when they were engaging in behaviors or cognitive patterns that would jeopardize their sobriety.

“My sponsor, I got her a week after I got into rehab and I heard her talk for a couple of meetings and she just had what I wanted, like she felt the same as I did when I first got clean and the way her life was going...and she is going to tell you how it is and I needed that and I didn’t want anyone to sugar coat it for me so I picked her.”

Providing hope

In addition to emotional and social support, AA and NA were described as important sources of hope by participants. The programs provided hope in two ways. The first was that the program convinced participants that sustained sobriety was possible. Participants described meeting AA and NA members who had struggled as much or more as they did to stop using substances. The fact that these members were eventually able to maintain long-term sobriety meant that perhaps they could too.

“There was a guy who that came in from the outside and he had been clean for 27 years and I think I kind of related to his story. So I held on to what he said and told myself if he could do it I could do it and it motivated me to want to change by knowing that someone else was in my situation before and they could change. It let me know that I could change too.”

The second way the programs gave hope to participants was by providing examples of how their lives could improve if they achieved sobriety. Participants described the negative impacts of their substance abuse including lost or damaged relationships, unemployment, academic failure and losing custody or visitation with their children and the shame they felt over these losses. Hearing stories from members who had rebuilt their lives and achieved success inspired participants to see sobriety as worthwhile goal that would lead to meaningful interpersonal relationships, economic stability and meeting their responsibilities as parents.

“And it was just nice to hear stories of people who had done as bad things as I had done or worse and you know were so happy, this many years sober and were doing so much better and

they had no job and been like living in a gutter somewhere and now are have this great job and it was just kind of like that's awesome there's still hope"

Long term sobriety was presented not only as a way to regain relationships and employment but as a way to transform as a person. Participants who were ashamed of their behavior described the program as a way to become a better person.

"Not just people sharing their personal experiences in meetings but speaker meetings where somebody just tells their life story. Those are amazing to me because one seeing like kind of the broad picture of where they were and they describe that bottom they hit and seeing where are they are now, it's like they're different people and that's so inspirational to me because I'm like all right I don't have to be that person that I was before. I can be somebody unrecognizable however many years from now if I keep working the program."

Providing examples of negative consequences of continued use

Some participants reported that AA and NA provided important reminders of the negative consequences of substance abuse. The continual focus on these negative consequences strengthened their resolve to achieve and maintain sobriety when they were tempted to use.

"Well usually you will have someone who has been there or who hasn't been there and will tell a story, just a horror story of what happens, you know and hearing those stories and relating them to my life and you know just thinking oh man it's really not worth it."

Helping young substance abusers see their use as problematic

Participants also described instances when AA and NA helped them begin to see their substance use as problematic. Participants described how listening in meetings allowed them to view their own behavior more objectively and described how the program helped them see that their substance use had negatively affected their lives despite their relatively young ages.

“...I really related to that because like I wondered like how many times have I moved or done things with the primary motivation being to use of some sort and what stuff could I have accomplished, could I have been doing if I wasn't using or I wasn't high all the time.”

Providing opportunities for catharsis

Participants described benefits from being able to share their experiences at meetings. Sharing at meetings was described as providing emotional release and as encouraging participants to confront their problems and “be honest” about their experiences. Some participants recounted that they also believed that sharing their stories might benefit other group members and this was a source of positive reinforcement.

“I needed to get it out there and be honest so that I can be honest with myself and a lot of times after the meetings somebody will come up to me and will be like hey I want you to know when you said this, when you shared, or this part of your story that you shared, really meant a lot to me or I could really relate to it. That just feels amazing.”

Providing practical advice for staying clean and sober

When describing the helpful aspects of AA and NA, participants rarely described them as sources of practical advice on how to avoid temptation but when queried about their acceptance

of the basic tenets of 12-Step programs, all of the participants reported that they agreed with the advice to avoid “people, places and things” that they associated with substance use. Even participants who rejected AA and NA as unhelpful or even dangerous to their well-being reported that this was good advice. Some participants who did not find AA and NA helpful relied on cutting ties to former substance using friends and family and avoiding situations where substances would be present as their only strategy for avoiding continued substance abuse. One participant who rejected the 12-Step philosophy of recovery described that the avoidance of “people, places and things” was the one piece of useful advice he received from his inpatient substance abuse treatment program.

Negative Aspects of AA and NA

Good for some people but not me

Participants were more likely to describe positive aspects rather than negative aspects of the programs when asked to express their opinions of AA and NA. Those that expressed negative opinions of the program typically stated that they believed the program worked for some people but reported that they did not need a 12-Step program because they rejected the idea that they were alcoholics or addicts or because they were successfully dealing with their substance abuse problems without program participation. The most common alternative forms of dealing with substance abuse problems were relying on will power or personal commitment not to use, avoiding people or situations that could lead to substance use, and support from family, romantic partners or close friends. Some participants who rejected AA and NA had achieved medically assisted sobriety through prescriptions for suboxone or buprenorphine.

It is not surprising that participants who did not consider themselves to be alcoholics or addicts would not be interested in attending AA or NA. More interesting are participants who accepted the idea that they had a substance abuse problem and believed that AA and NA were helpful for some individuals in recovery but chose not attend AA or NA. These participants typically reported that they disagreed with some aspect of the 12-Step philosophy or that they could not relate to the members of the programs. The program philosophy most likely to be rejected by this category of participants was the idea that they needed to abstinent from all psychoactive substances except nicotine and caffeine. These participants typically reported that they had been addicted to prescription opiates or heroin and wanted to refrain from using opiates but that they planned to continue to use alcohol or marijuana. Participants who planned to continue to use alcohol reported that their alcohol use had never been excessive and that they could maintain moderate or light use. Some participants who reported that they planned to continue to use marijuana reported frequent or even daily use but stated that they did not feel that their marijuana use caused problems and often expressed that marijuana use was beneficial in helping them relax and maintain a positive mood.

Participants who reported that they were unable to relate to the people in AA or NA often reported that the members were much older than they were and therefore would not be able to understand their experiences or that they were uncomfortable or uninterested in getting to know them because of the age difference. Participants also reported that they could not relate to members because they believed their problems to be much less serious than the problems shared by members. One member reported that he could not relate to AA members because *“They had crazy wild lives, I didn’t.”*

A less common reason for rejecting AA and NA was a discomfort with the group setting. Two participants, one of whom reported that he had been diagnosed with autism, stated that they were extremely uncomfortable in large groups and found AA and NA meeting to be too large. In addition, to being uncomfortable in group settings one of the participants reported that some members texted or had side conversations while he was sharing in a meeting leading him to feel that some members did not care about others. These experiences stand in contrast to the strong feelings of acceptance and caring felt by many of the participants who spoke positively of AA and NA.

AA and NA are harmful

A few participants took an entirely negative view of the program deeming it potentially harmful for anyone who wanted to recover from addiction. Participants who outright rejected the programs most often mentioned that they did not agree with the spiritual aspect of 12-Step programs. One participant reported that the program was preying on vulnerable people to push them to accept a higher power.

“I was thinking just because these people are coming here for help, they are obviously an addictive personality. They are not going to be in a good situation, they are probably vulnerable. And there is this person preaching recovery from giving your life up to something else and depending on some higher being. Which I thought was somewhat of a brain washing maybe. Which I guess you could justify that. It’s a means to an end or something. I don’t know maybe if you want to justify it like that but I still think it’s just pushing your beliefs on them in a very wrong way.”

Another member reported that although the programs claim to talk about spirituality broadly and refer to a higher power rather than god, the program includes a Judeo-Christian prayer and seemed to be deeply entrenched in a Judeo-Christian ideology. That ideology presented a barrier to his participation and the participation of others he talked to about the program.

Participants who rejected the program due to its insistence on accepting a higher power also tended to reject the idea that addicts were powerless over their use. They felt that that message was either nonsensical, (how could they stop using if they were powerless over their use?), or that it was a way to pressure addicts to accept the existence of a god that would deliver them from their addictions. Participants who rejected the spiritual aspects of the program sometimes reported finding AA and NA members sanctimonious and unlikable.

“I’d seen, my uncle was a really bad meth head and alcoholic and for a short period of time he became extremely religious because of going to NA. Just gave his life over to God and it was the most annoying god damn thing you’ve ever seen in your whole life. He was constantly preaching and I hated that, that’s what I saw it turned people into.”

Some participants deemed AA and NA as potentially dangerous to their sobriety because it presented opportunities to be in contact with individuals who were still using or who might relapse. Participants worried that they would suffer emotionally if someone they relied for support relapsed.

“But the thing I don’t like about a sponsor is you’ve got to remember that they are an alcoholic just like you and they can relapse any day just like you. Usually they want the sponsor to have

like a year clean but even a year clean and if your daughter dies, boom! You sit there and you call your sponsor and he's drunk how are you going to feel about it?"

Some participants also worried that relapsed members might then become a ready source of drugs if the participants became tempted to use. In addition to not trusting that members would not relapse and thus represent a threat to their sobriety some participants reported that hearing stories about drug use during meetings increased their temptation to use.

"I mean the thing about AA and NA is there were certain times I'd go there and leave and want to use more because the whole time all you're doing is talking about using drugs or like drinking alcohol and I'm just thinking about all the fun I had while I was using drugs or drinking alcohol. So it's like people are telling these stories and it's making me want to use more."

Could AA and NA be changed to make them more helpful to young adults?

Participants were asked how AA and NA could be changed to make them more helpful to young adults. Many participants declined to make suggestions believing either that the programs worked well for young adults as they are or that the programs would not be helpful to anyone regardless of age. The most common suggestion for improving the program was to have meetings specifically for young people or to increase the number of meetings for young people. This suggestion was interesting given that young peoples' meetings already exist. The participants making this suggestion were often unaware of the existence of young peoples' meetings. Appropriately, the second most frequent suggestion for improving the program was to provide a mechanism to educate individuals being referred to AA and NA regarding the structure of the programs and the basic tenets of 12-Step philosophy. Participants expressed that they

were confused by wording of the 12-Steps and were often unaware of some of the main tenets of the program when asked about specific aspects of the program. Participants reported that their inpatient or outpatient substance abuse treatment programs referred them to AA and NA and often had meetings on site but that they were not fully informed about the programs or prepared to participate in AA or NA upon release from formal treatment. One participant stressed the need to fully explain the concept of a higher power when referring young people to AA or NA.

“I think the philosophy is strong. The people are good. I think it is just about making sure that the message is understood and thoroughly explained because you know, especially the higher power thing because people look at that they just shut down and they don’t have anything to do with it.”

DISCUSSION

The results of the current study indicate that young adults and older adults respond similarly to 12-Step programs. The reaction to 12-Step programs expressed by most of the young adults interviewed was positive. Participants focused on the emotional and social support they received from 12-Step meetings and activities reporting that the main benefits of the program was its ability to instill hope and decrease feelings of isolation. This emphasis on the support network provided by the programs is consistent with research that indicates that one of the ways 12-Step programs facilitate positive substance use outcomes is by providing members with a social network of members that support abstinence.^{22,34}

Participants frequently discussed the age differences between themselves and most of the members of AA and NA but many framed this difference in positive terms noting that they were

able to relate to AA and NA members based on similar experiences and reporting that being able to hear stories from older members was helpful to achieving and maintaining their sobriety.

Older members who have achieved long term sobriety were deemed true experts and described as the most helpful resource for new members.

Despite the general positive attitudes towards older 12-Step members, some participants reported disliking 12-Step programs because of the preponderance of members older than themselves, however, these participants also tended to be skeptical of their own need for treatment or negative about multiple aspects of program. The fact that other participants reported that the presence of older members was one of the main benefits of the programs indicates that the effect of age differences on young adults' response to 12-Step programs is complex. This complexity is demonstrated by research that indicates that among young adults who attend meeting infrequently, attending meetings with an age composition similar to their own was associated with better substance use outcomes but that this relationship diminished over time and did not exist for young adults who attended meetings frequently. Young adults who attended meetings with similar age composition 12 months after formal treatment reported fewer percent days abstinent than young adults who attended meetings with a higher proportion of older members. The authors conclude that attending meetings with similarly aged peers might be important to engage young adults in 12-Step programs but that exposure to members who have achieved long-term sobriety is helpful as young adults continue to be involved in the program.²⁹ These results support the idea that older members are important resources for young adults trying to achieve and maintain sobriety expressed by participants in the current study.

The most common reason to reject a personal need for 12-Step programs was the program's emphasis on abstinence from all psychoactive substances except caffeine and nicotine. This view is shared by many older adults who decline to participate in 12-Step programs.^{4,35} Participants who had been addicted to prescription opioids or heroin but had not considered their alcohol or marijuana use problematic were particularly likely to hold this view. Many participants reported that while they believed some individuals needed to abstain from all substances and would benefit from AA or NA they themselves did fit into that category. Some of the participants who held this view reported that they would be willing to attend 12 programs in the future if they believed they needed it. Treatment providers who recommend abstinence from all substances might need to pay particular attention to addressing the rationale for this approach with patients in treatment for prescription opioid or heroin addiction.

Many but certainly not all participants who rejected the programs seemed to have very little understanding of the nuances of 12-Step philosophy, particularly the idea of powerlessness. It is possible that some participants would have been more open to program had they been better prepared for meeting attendance and more knowledgeable about the subtleties of 12-Step philosophy. Twelve-Step facilitation interventions have been shown to increase participation in these programs for a variety of populations with substance use disorders, including young adults, and subsequently to increase positive substance use outcomes.^{6,14,24,36-38} Given the lack of knowledge about key aspects of 12-Step programs and their own reports of being unprepared to attend meetings it appears that many of the young adults interviewed for this study did not receive adequate 12-Step facilitation. Substance use disorder treatment programs that refer to 12-Step programs upon discharge should take care to implement empirically supported facilitation

methods to increase the chances that their clients will become involved and reap the benefits associated with the 12-Step programs.

Participants who most strongly rejected participation in 12-Step programs as ineffective and potentially harmful for anyone seeking to recover from substance use disorders most commonly rejected the programs' emphasis on accepting a higher power and accepting personal powerlessness, again, a view shared by many older adults who reject 12-Step recovery programs.^{4,39} These participants viewed the program as cult like and preying on vulnerable individuals. They also found the program to be highly steeped in Judeo-Christian traditions despite assertions by 12-Step program members that any form of higher power would be appropriate for program participation. Participants holding these views were the most vehemently rejecting of the program and reported that they would not consider attending in the future. Although research suggests that atheists and agnostics can benefit from 12-Step participation the vehemence of the rejection of 12-Step programs by some participants seem to indicate that some clients are likely to refuse to participate despite encouragement from treatment providers.²⁴ Providers should be prepared to offer referrals to secular programs such as SMART Recovery.⁴⁰ Such programs do not have the extensive empirical support that 12-Step programs have making them in some ways a less desirable choice for aftercare. However, the emphasis participants placed on the importance of social and emotional support and role models for sobriety provided by 12-Step programs suggests that any accepting group of individuals in recovery consisting of at least some members who had maintained long term sobriety could be helpful.

The study had a number of limitations. One of the most prominent was the lack of racial and ethnic diversity in the sample. Only 4% of participants identified as a race/ethnicity other than European American reflecting the fact that the data were collected in an area of the United States with a predominately European American population. Future studies should investigate the experiences of young adults from diverse racial and ethnic backgrounds. It is possible that there might be racial and ethnic differences in the response to 12-Step programs by young adults. In addition, a substantial proportion of the experiences described by participants were retrospective reports of past experiences. Although participants were being asked to describe fairly salient experiences some participants described experiences at 12-Step groups that had occurred several years prior to their interview. It is likely that some participants did not accurately remember all the aspects of their first experiences with 12-Step programs. Nonetheless, the primary purpose of the study was to investigate young adults' current attitudes towards 12-Step substance abuse recovery, a topic that could be accurately explored by the study methodology.

Conclusion

Overall, the attitudes of young adults to 12-Step recovery programs were similar to the attitudes of older adults documented in the literature. Young adults noted the age difference between themselves and most other members but only individuals who expressed a universally negative view of the program expressed that these differences were a barrier to their participation. Very few participants were able to identify ways that the program could be improved for young adults, stating that the program was either good for everyone or potentially

harmful for anyone regardless of age. Some participants did report that meetings for young people would be somewhat helpful. The fact that these meetings already exist adds credence to the conclusion that adequate 12-Step facilitation is vital to the successful integration of young adults into these programs.

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