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Mutual-help attendance in inpatient alcohol treatment fell to 39.2% in 2022, study finds

Researchers found weekly participation fell from 53.9% in 2015, with wide racial and ethnic gaps in access to support

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Attendance at mutual-help groups during inpatient alcohol treatment in the United States fell sharply between 2015 and 2022, according to a study of nearly 2.8 million treatment discharges reported by Medical Xpress and the Public Health Institute.

The study found that weekly participation in those groups dropped to 39.2% in 2022 from 53.9% in 2015. Researchers also found wide racial and ethnic gaps in attendance, pointing to uneven access to a form of support that has long been used alongside formal treatment for alcohol use disorder.

Mutual-help groups are generally peer-based programs that patients can attend during or after treatment. They are often seen as a low-cost source of support as people try to reduce or stop drinking. A decline of this size suggests that fewer patients in treatment were regularly connecting with those networks by the end of the study period.

The scale of the research gives the findings weight. By examining nearly 2.8 million discharges, the study tracked a broad national pattern rather than isolated changes at a small number of treatment programs. The results indicate that the drop was not only persistent over time but also large enough to raise questions about how alcohol treatment is being delivered and what kinds of support patients are being encouraged, or able, to use.

The summary released with the report did not detail all of the reasons behind the decline. But the pattern comes at a time when the addiction treatment system has faced pressure from staffing shortages, changing care models, funding strains and wider disruptions tied to the pandemic years. Any of those factors, alone or in combination, could affect whether treatment programs offer group-based recovery support on site, refer patients to outside meetings, or help them continue attending after discharge.

The racial and ethnic disparities identified in the study add another layer of concern. The report said the gaps were wide, though the summary did not provide a breakdown for each group. Even without those details, the finding suggests that some patients may be less likely than others to be connected to a common recovery resource while they are in care. That can reflect differences in treatment availability, referral practices, language access, cultural fit, transportation, program design or trust in the system.

The findings matter beyond health care providers and public agencies. For beer, wine and spirits companies, the decline and the disparities point to weaknesses in the recovery system that could increase pressure for stronger prevention efforts and more visible responsibility programs. The results may also add to calls for broader support for treatment access and recovery services in communities that bear a heavier burden from alcohol-related harm.

Alcohol use disorder remains a major public health issue in the United States, contributing to illness, injury, family strain and preventable deaths. Treatment often combines medical care, counseling and social support. Mutual-help groups are not a substitute for clinical treatment, but they can provide repeated contact, accountability and shared experience at a time when many patients are trying to avoid relapse.

Because the study focused on treatment discharges, it captured what patients were doing during a defined stage of care rather than following each person over the long term. Even so, the downward trend from 2015 to 2022 suggests that routine weekly engagement in this kind of support became less common across the period. That shift may have consequences for continuity of care, especially if patients leave treatment without another regular source of support in place.

The findings are likely to draw attention from treatment programs, insurers and policymakers looking at what happens inside alcohol treatment settings and what supports patients actually receive. If mutual-help participation is falling, providers may face pressure to examine whether they are making those options available in practical ways, whether patients are being referred consistently and whether barriers differ across racial and ethnic groups.

The study adds to a broader debate over how to strengthen recovery services at a time when alcohol-related health risks remain high. It also highlights a basic issue in addiction care: treatment does not end with detoxification or a clinical stay, and access to ongoing support can vary widely depending on where a person is treated and who that person is.