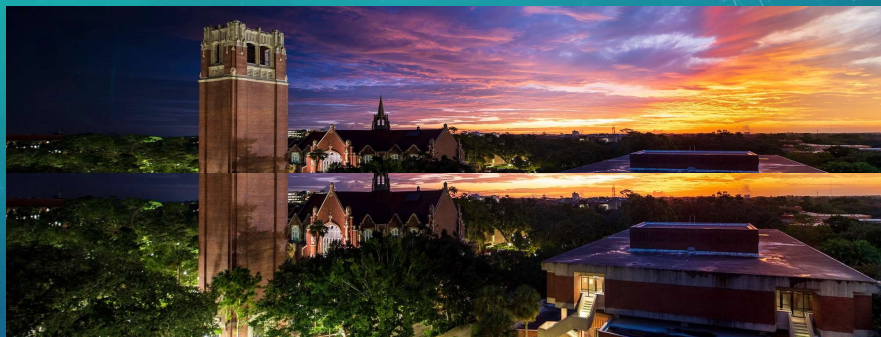
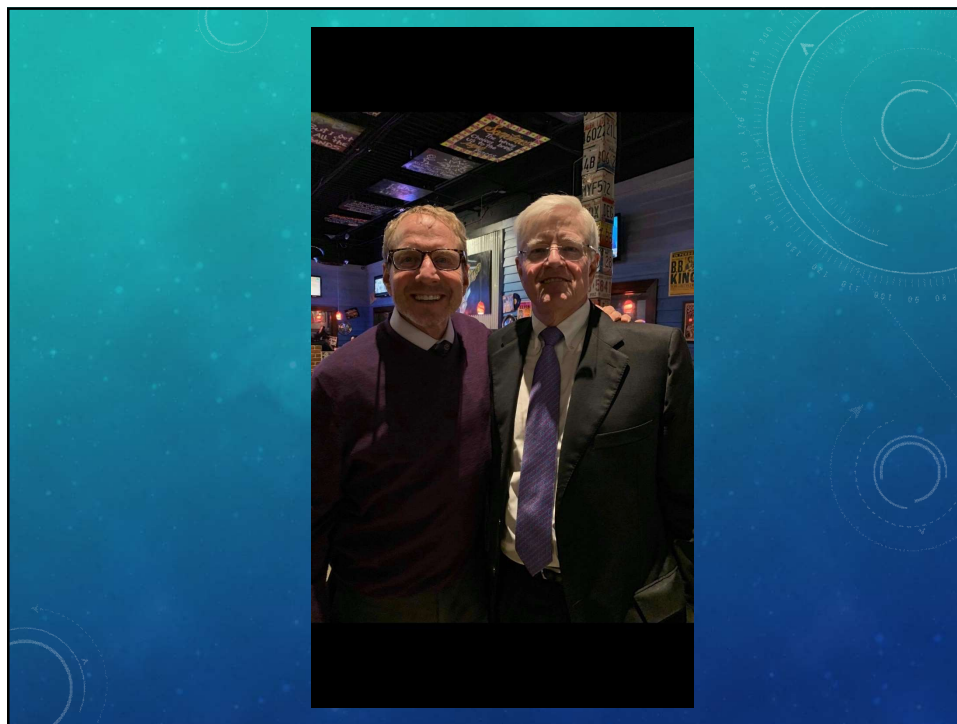


12-STEPS AS MEDICATION FOR SUBSTANCE USE DISORDERS



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Professor of Psychiatry and Pediatrics
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Diplomat, American Board of Addiction Medicine





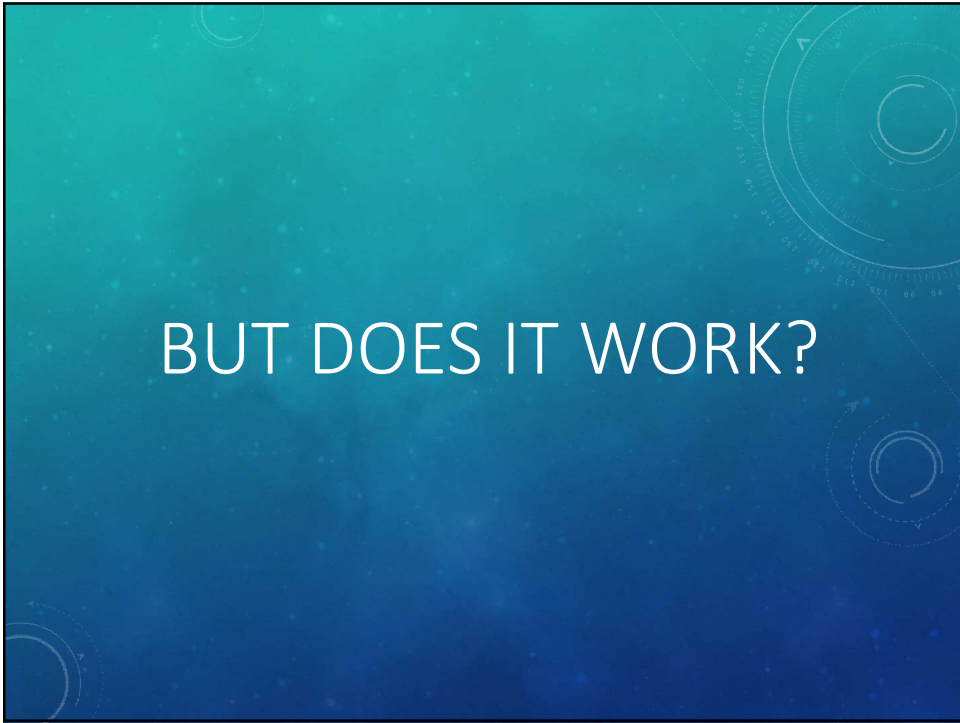
DISCLOSURE

No financial conflicts of interest

Views expressed are my own and not representative of those of the University of Florida or The American Society of Addiction Medicine

“ALCOHOLICS ANONYMOUS HAS BEEN CALLED THE MOST SIGNIFICANT PHENOMENON IN THE HISTORY OF IDEAS IN THE 20TH CENTURY”

QUOTE FROM LASKER AWARD CITATION TO AA, 1951.



PREMISE

- 12 Step interventions are a disease modifying intervention that often improves all aspects of addiction - bio, psycho, social and spiritual
- 12 Step interventions can be viewed as a medicine

SEEDS OF ADDICTION MEDICINE

- Problem of Language
 - 1784 – Benjamin Rush, An Inquiry into the effects of Ardent Spirits
 - Intemperance, Dipsomania, Inebriety
- Magnus Huss – coined Alcoholism 1849
- Substance abuse and dependence
 - chemical dependency, addiction, Substance use Disorders, mild, moderate, severe etc.


SEEDS OF ADDICTION MEDICINE

- Benjamin Rush
- AASCI – American Association for Study and Cure of Inebriates
- Medicalization of Addiction
- Increase number of asylums – Large Profits
- Dr. T.D. Crothers - Quarterly Journal of Inebriety, 1876-1914

BYLAWS OF THE AMERICAN ASSOCIATION FOR THE STUDY AND CURE OF INEBRIETY (1870)

- 1. Intemperance is a disease.*
- 2. It is curable in the same sense that other diseases are.*
- 3. Its primary cause is a constitutional susceptibility to the alcoholic impression.*
- 4. This constitutional tendency may be either inherited or acquired.*

ABRAHAM LINCOLN ON ALCOHOLISM




From Lincoln's address to the Washington Temperance Society, Springfield, Ill. February 22 1842


... "In my judgment such of us as have never fallen victims have been spared more from the absence of appetite than from any mental or moral superiority...."

... "I believe if we take habitual drunkards as a class, their heads and their hearts will bear an advantageous comparison with those of any other class.

... "The victims of it were to be pitied and compassionated, just as are the heirs of consumption and other hereditary diseases.."



- **Addiction**
 - is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
 - (ASAM definition)



ASAM NEW DEFINITION OF ADDICTION

DEFINITION:

ADDICTION IS A TREATABLE, CHRONIC MEDICAL DISEASE INVOLVING COMPLEX INTERACTIONS AMONG BRAIN CIRCUITS, GENETICS, THE ENVIRONMENT, AND AN INDIVIDUAL'S LIFE EXPERIENCES. PEOPLE WITH ADDICTION USE SUBSTANCES OR ENGAGE IN BEHAVIORS THAT BECOME COMPULSIVE AND OFTEN CONTINUE DESPITE HARMFUL CONSEQUENCES.

PREVENTION EFFORTS AND TREATMENT APPROACHES FOR ADDICTION ARE GENERALLY AS SUCCESSFUL AS THOSE FOR OTHER CHRONIC DISEASES.

PROFESSIONALIZED TREATMENT OF ADDICTION IN THE NINETEENTH CENTURY

Treatment/Care of Inebriates	Representative institution/product	Founding date
Inebriate Homes	Washingtonian Home -Boston -Chicago Martha Washington Home (first women's facility)	1857 1863 1869
Inebriate Asylums	New York State Inebriate Asylum	1864
For-Profit Addiction Cure Institutes	Keeley Institutes Gatlin Institutes Neal Institutes	1879
Bottled/Boxed Addiction Cures	Hay-Litchfield Antidote Knight's Tonic for Inebriates Collin's Painless Opium Antidote	1868 1870s 1880s
Urban Missions & Inebriate Colonies	Water Street Mission Keswick Colony of Mercy	1872 1897
City Hospital Inebriate Wards	Bellevue Hospital—New York City	1879

TREATMENT FRANCHISES

- ❖ Keeley Institutes (1840-1966) – Dr. Leslie Keeley
- ❖ Double Chloride of Gold Remedies
- ❖ Believed Heredity and Childhood Exposure to Alcohol Critical

Treatment at Keeley Institutes

^ 4 weeks

4x/day injection of Keeley remedy

Focus on regular sleep, exercise, health recreation, abstinence and careful selection of friends

Keeley Legacy

Contents of remedy never revealed

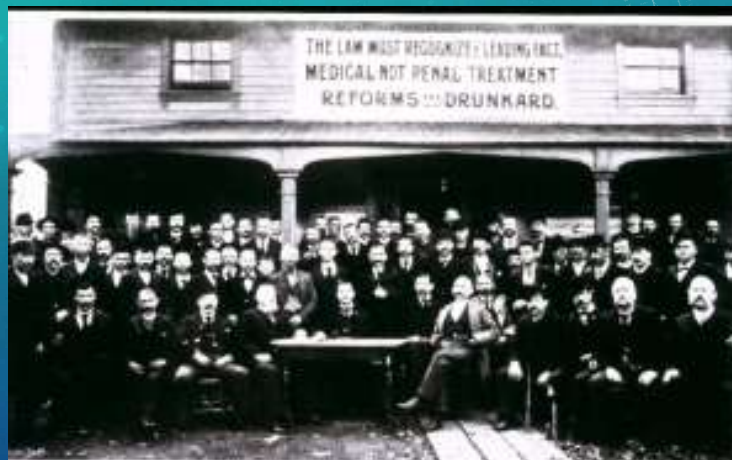
Approach carried aura of scientific truth and lots of emotional intensity

Helped pioneer disease model

Hired recovered alcoholics

Social milieu of received shots greatest legacy

KEELEY LEAGUE NO. 1 IN OPEN AIR SESSION, DWIGHT, ILLINOIS



MIRACLE CURES

- Medicine still not “established”
- Premise – secrecy, low cost, quick fix (no long term treatment)
- Often contained cocaine, alcohol, morphine
- Fraud as a theme in treatment of the addicted

MARIANI WINE

MARIANI WINE Quickly Restores
**HEALTH, STRENGTH,
 ENERGY & VITALITY.**

MARIANI WINE
 FORTIFIES, STRENGTHENS,
 STIMULATES & REFRESHES
THE BODY & BRAIN.

HASTENS
 CONVALESCENCE
 especially after
INFLUENZA.

His Holiness
THE POPE
 writes that he has fully appreciated the beneficent effects of this Tonic Wine and has forwarded to Mr. Mariani as a token of his gratitude a gold medal bearing his august effigy.

MARIANI WINE

is delivered free to all parts of the United Kingdom by WILCOX & CO.,
 83, Mortimer Street, London, W., price 4/- per Single Bottle, 22/6 half-
 dozen, 45/- dozen, and is sold by Chemists and Stores.

Collier's List of Quack Cures

<i>The Cure.</i>	<i>What It Contains.</i>
Richie Painless Cure	Morphin
St. Paul Association Cure	Morphin
Tri-Elizir (Charles B. James)	Morphin
The Purdy Cure	Morphin
Maplewood Institute (J. L. Stephen)	Morphin
St. James Society Cure	Morphin
O. P. Coats Co. Cure	Morphin
Harris Institute Cure	Morphin
Murphina Cure	Morphin
Opacure	Morphin
Prof. M. M. Waterman	Morphin
Drug Crave Crusade	Morphin
Denarco	Morphin
Dr. J. C. Hoffman Cure	Morphin
Dr. B. M. Woolley Cure	Morphin
Dr. J. Edward Allport System	Morphin

THE PRINCIPAL QUACK MORPHIN CURES.

<u>Product</u>	<u>Percentage Alcohol</u>
Scotch Oats Essence	35.0%
Golden's Liquid Beef Tonic	26.5%
The "Best" Tonic	7.5%
Carter's Physical Extract	22.0%
Hostetters Stomach Bitters	44.3%
Hooiland's German Tonic	29.3%
Hop Tonic	7.0%
Howe's Arabian Tonic	13.2%
Jackson's Golden Seal Tonic	19.6%
Liebig Co's Cocoa Beef Tonic	23.2%
Mensman's Peptonized Beef Tonic	16.5%
Parker's Tonic	41.6%
Schenck's Seaweed Tonic	19.5%



Keeley Home Cure Bottles



Keely Patients in Line for Shots

PREVIOUS MEDICAL APPROACHES TO ALCOHOLISM

- Benjamin Rush used bleeding, blistering and treatment with mercury laden calomel
- Water Cures
- Drugs: Cocaine, Morphine, Bromide (20% fatality)
- Drink wine in which eels suffocated
- Aversion
- ECT, Psycho-surgery
- Mandatory sterilization

A SHAMEFUL REGRESSION

- Inebriate Penal Colonies
- Insane Asylums
- “Foul wards” and “cells” of urban hospitals
- Invasive Treatments, e.g., mandatory sterilization, ECT, psychosurgeries



A Shameful Regression

TREATMENT SETTING 1900 - 1940

- Inebriate Farm / Colony – T.D. Crothers
- Local Hospital
- Local Psychopathic Hospital
- State Insane Asylums
- Private Sanitarium

*“Every time we’ve taken a drunk in this place, we’ve regretted it.” Dr. Quigley,
1930*



FEDERAL "NARCOTICS FARM," LEXINGTON, KENTUCKY

MODERN ALCOHOLISM MOVEMENT

- 1930-1955 Radical Re-definition of Alcohol Problems
- Contextual Factors
 - - Repeal of Prohibition
 - - Great Depression
 - - Rising Public Health Movement
- The Role of the Alcohol Industry
 - - Wet vs. Dry (Alcoholism Safe Topic)
- Workplace, Church, State, Philanthropy
- Changing view of Alcoholism

THE MODERN ALCOHOLISM MOVEMENT

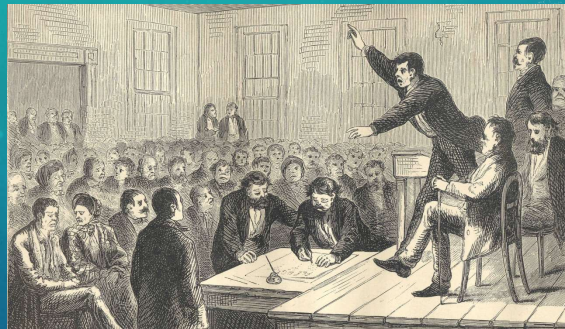
- Alcoholics Anonymous
- Research Council on Problems of Alcohol
- Yale Center for Alcohol Studies
- National Committee for Education on Alcoholism

18TH-19TH CENTURY RECOVERY MUTUAL AID SOCIETIES

Native American Religious/Cultural
Revitalization Movements (1730s-present)
Washingtonian Movement (1840)
Fraternal Temperance Societies (mid-1840s)
Ribbon Reform Clubs (1870s)
The Drunkard's Club (early 1870s)
Institutional Support Groups
—Ollapod Club (1864-1868)
—Godwin Association (1872)
—Keeley Leagues (1891)
Business Men's Moderation Society (1879)

WASHINGTONIAN REVIVAL

- Followed Struggling Temperance Movement
- Leaders from Working Class, in Contrast to Temperance Elite
- Ritual of Public Confessions by Charismatic Leaders



Washingtonian Meeting

WASHINGTONIANS MOVEMENT

- ❖ 1st Mutual Aid Society for Alcoholics
- ❖ Laid foundation which included focus on:
 - Welfare and reformation of individual alcoholic
 - Abstinence
 - Fellowship
 - Sharing Recovery
 - Spiritual foundation
- ❖ Demise – secondary to ideological issues and relapse of reformed drinkers

BIRTH OF AA

- Timing
- Carl Jung, Rowland H. failed treatment
- Oxford Groups
- 12 Steps - 1938
- 12 Traditions - 1946
- 12 & 12 - 1953

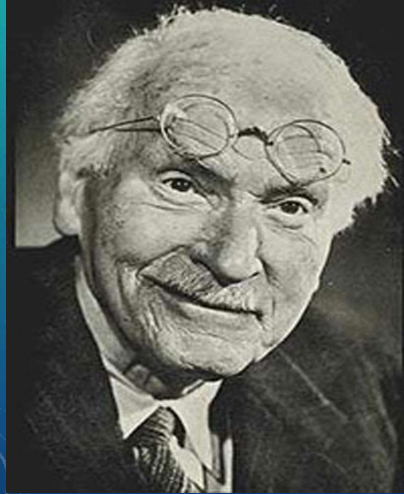
KEY INFLUENCES ON ALCOHOLICS ANONYMOUS RECOVERY MOVEMENT

- Roland H.
- Carl G. Jung
- Ebby T.
- Bill Wilson - William James
- The Oxford Group
- Dr. Silkworth
- Bill Wilson
- Dr. Bob Smith



DR. ROBERT SMITH AND BILL WILSON – A.A. CO-FOUNDERS

DR. CARL GUSTAV JUNG- RENOWNED SWISS PSYCHIATRIST, TREATED ROLAND H.



"Your case is nearly hopeless (as with other alcoholics) and your only hope might be a spiritual conversion with

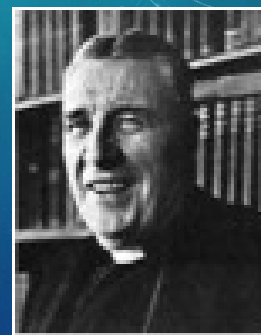


"It's about waking up to the inner life"

ROLAND H. RETURNED TO THE US AND JOINED THE OXFORD GROUP

"Early AA got its ideas of self-examination, acknowledgement of character defects, restitution for harm done, and working with others straight from the Oxford Groups and directly from Rev. Sam Shoemaker, their former leader in America, and nowhere else."

*William G. Wilson, *Alcoholics Anonymous Comes Of Age*, page 39.*



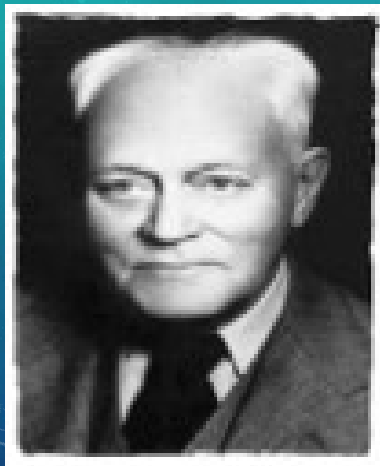
Rev. Sam Shoemaker

EBBY SHARES HIS NEW FOUND SOBRIETY WITH BILL.... BILL WAS NOT READY...BILL TRIES TO GET SOBER FOR ANOTHER SIX YEARS AND IS UNABLE TO DO SO ON THIS OWN. FINALLY GETS THE "GIFT OF DESPERATION" AND ENTERS TREATMENT.



Towns Hospital
293 Central Park West, Manhattan

DR. WILLIAM DUNCAN SILKWORTH BILL'S TREATING PHYSICIAN AT TOWNS



1873 – 1951

"The alcoholic is a sick person. Under the technique of Alcoholics Anonymous he gets well - that is to say, his disease is arrested. There is nothing unpredictable about him any more than there is anything weird about a person who has arrested diabetes"

EBBY MEETS WITH BILL W. AGAIN IN HOSPITAL

Bill asks Ebby for his “formula” —

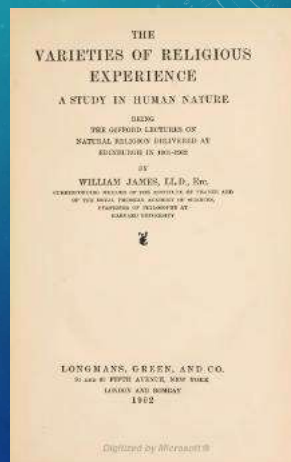
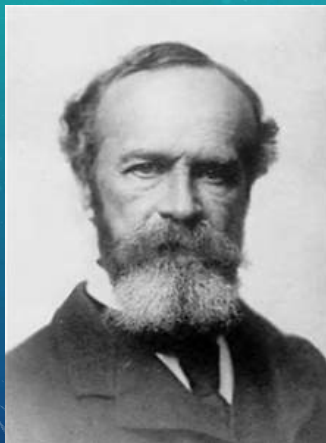
”Realize you are licked, admit it, and get willing to turn your life over to the care of God.”

That night Bill hits a bottom of hopelessness, calls out for help, and has a “spiritual experience” of light and peace.

Ebby drops off a copy of William James book.



BILL READS THE VARIETIES OF SPIRITUAL EXPERIENCE BY WILLIAM JAMES



WILLIAM JAMES

“Accepting the gift of suffering is central to the process of waking up. In fact, so central that we can say, without exaggeration, that it is impossible to wake up without suffering, to one degree or another.”

“All religions and spiritual traditions begin with the cry
"Help!"

“The ultimate effect of spiritual experience on the person
(is what) determines its worth.”

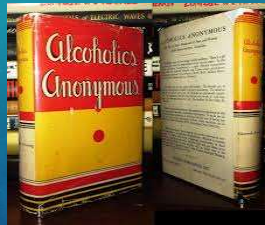
BILL WILSON STRUGGLES AGAIN WHILE ON BUSINESS TRIP TO AKRON, OH. HE SEEKS OUT ANOTHER ALCOHOLIC TO HELP HIM STAY SOBER; ENDS UP MEETING WITH DR. BOB SMITH.



HENRIETTA SEIBERLING, A COMMITTED OXFORD GROUP MEMBER INTRODUCES BILL AND DR. BOB SMITH

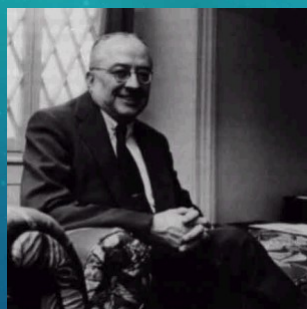


AA Big Book First Edition published in 1939, defined alcoholism as a three-fold disease that affects the individual physically, mentally and *spiritually*.



American Medical Association categorized Alcoholism as a illness in 1956.

HARRY TIEBOUT



- One of the first psychiatrists to describe alcoholism as a disease rather than a moral failing or criminal activity,
- Harry Tiebout was also one of the first to wholeheartedly supported the concept of surrender

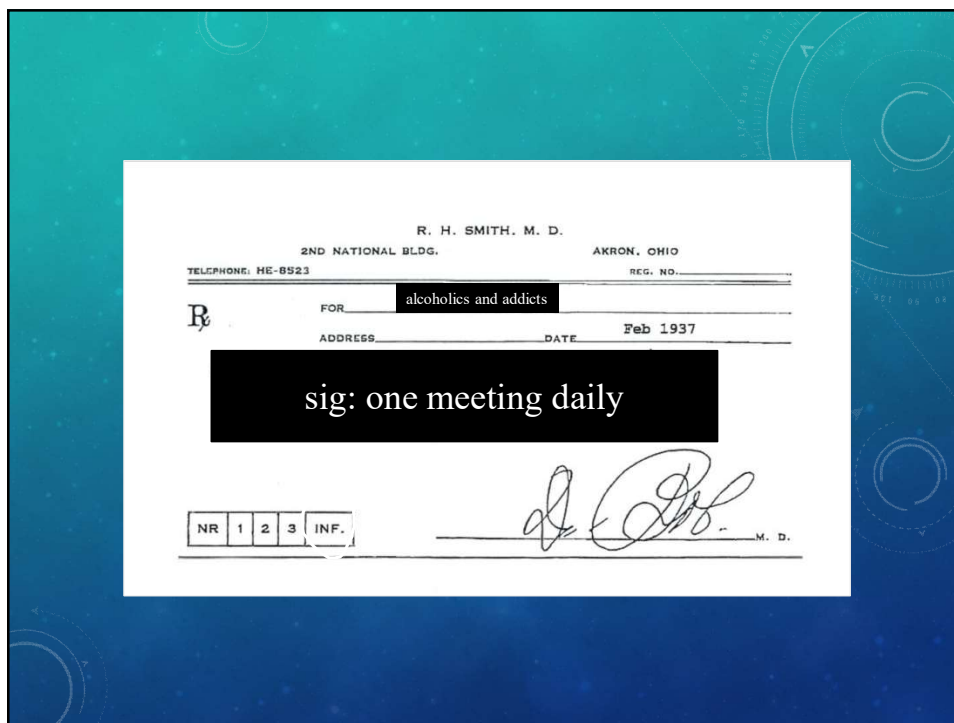
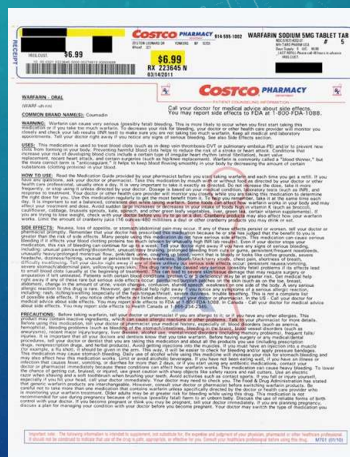
PREMISE



- 12 Step interventions are a disease modifying intervention that often improves all aspects of addiction - bio, psycho, social and spiritual
- 12 Step interventions can be viewed as a medicine

PACKAGE INSERT

- Indications
- Ingredients
- Effectiveness
- Mechanism of action
- Dosing
- Side Effects
- Safety
- Drug Interactions
- Monitoring

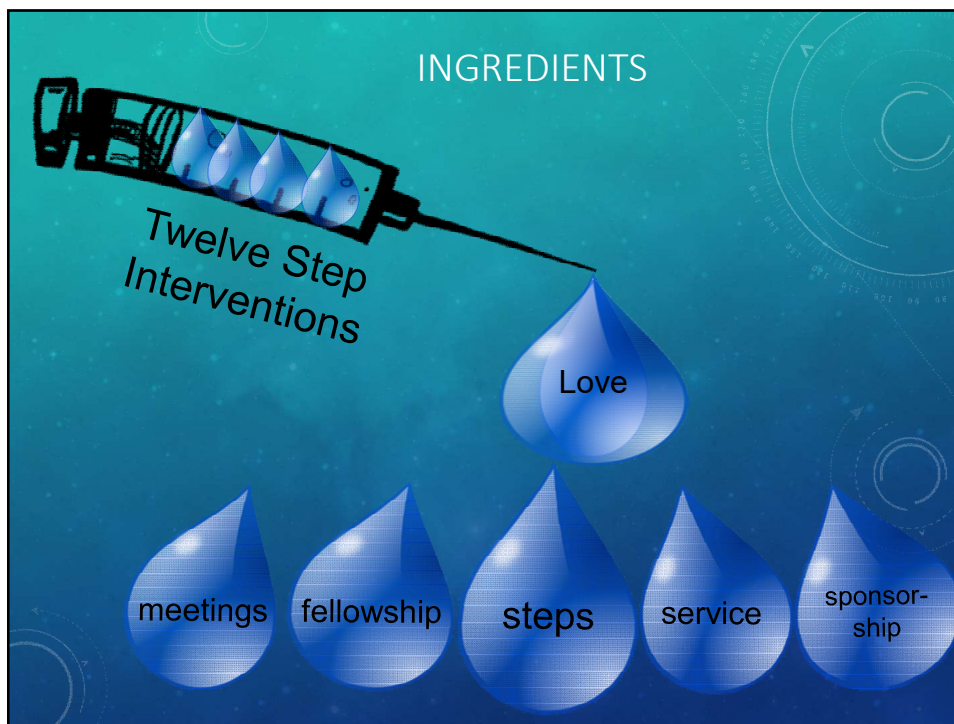


TWELVE STEP INDICATIONS

- continued drug use
- withdrawal & PAW
- restless, irritable, discontent
- hopelessness
- cravings
- Loneliness
- spiritual distress
- anger, depression, fear
- relationship problems
- unhappiness

TWELVE STEP INDICATIONS

- financial worries
- baffling life problems
- regrets about the past
- lack of serenity
- self pity
- loss of interest
- selfishness
- fear of people
- difficulty handling situations
- lack of freedom
- troubling secrets
- personality problems



PROGRAM

PRESCRIBED BELIEFS, VALUES AND BEHAVIORS OF 12-STEP ORGANIZATIONS. THE 12-STEPS.

FELLOWSHIP

PRACTICE, ACTIVITIES AND EXPERIENCE OF A 12-STEP ORGANIZATION: E.G. SERVICE, HELPING OTHERS, SHARING, "WORKING THE STEPS" ETC.

“AA’s Twelve Steps are a group of principles, spiritual in their nature, which, if practiced as a way of life, can expel the obsession to drink and enable the sufferer happily and usefully whole....Nothing short of continuous action upon these as a way of life can bring the much-desired result.”

EFFECTIVENESS OF AA

Six Criterion

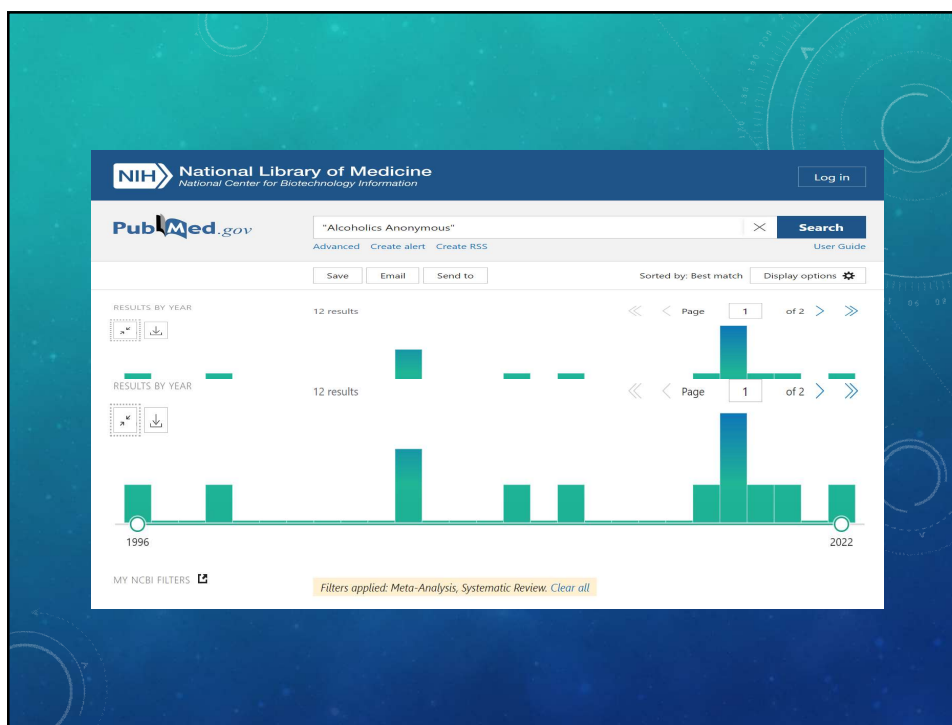
1. Plausibility
2. Magnitude of effect
3. Dose response effect
4. Consistent effect
5. Temporally accurate effects
6. Specific effects


} yes

Kaskutas 2011

LIMITATIONS OF STUDIES ON 12 STEP

- Difficult to control variables
- Anonymous program
- Most studies on alcohol abstinence
- Most have been done on AA
- Most studies on adults
- Most looked at attendance, engagement and alcohol use - not "recovery"
- Measurement of steps not done
- Paucity of information on long term involvement in AA & NA





Cochrane Library
Cochrane Database of Systematic Reviews

Alcoholics Anonymous and other 12-step programmes for alcohol dependence (Review)

Ferri M, Amato L, Davoli M

Cochrane Database Syst Rev. 2006 Jul 19;(3):CD005032

Main results

Eight trials involving 3417 people were included. AA may help patients to accept treatment and keep patients in treatment more than alternative treatments, though the evidence for this is from one small study that combined AA with other interventions and should not be regarded as conclusive. Other studies reported similar retention rates regardless of treatment group. Three studies compared AA combined with other interventions against other treatments and found few differences in the amount of drinks and percentage of drinking days. Severity of addiction and drinking consequence did not seem to be differentially influenced by TSF versus comparison treatment interventions, and no conclusive differences in treatment drop out rates were reported. Included studies did not allow a conclusive assessment of the effect of TSF in promoting complete abstinence.

Authors' conclusions

No experimental studies unequivocally demonstrated the effectiveness of AA or TSF approaches for reducing alcohol dependence or problems. One large study focused on the prognostic factors associated with interventions that were assumed to be successful rather than on the effectiveness of interventions themselves, so more efficacy studies are needed.

Cochrane Database Syst Rev. 2006 Jul 19;(3):CD005032

Meta-Analysis of the Literature on Alcoholics Anonymous: Sample and Study Characteristics Moderate Findings

J. SCOTT TONIGAN, PH.D., RADKA TOSCOVA, PH.D., AND WILLIAM R. MILLER, PH.D.

Center on Alcoholism, Substance Abuse and Addictions (CASAA), University of New Mexico, 2350 Alamo S.E., Albuquerque, New Mexico 87106

ABSTRACT. *Objective:* Reviews of research on Alcoholics Anonymous (AA) have speculated how findings may differ when grouped by client and study characteristics. A meta-analytic review by Emrick et al. in 1993 provided empirical support for this concern but did not explore its implications. This review divided results of AA affiliation and outcome research by sample origin and global rating of study quality. The review also examined the statistical power of studies on AA. *Method:* Meta-analytic procedures were used to summarize the findings of 74 studies that examined AA affiliation and outcome. Results were divided by whether samples were drawn from outpatient or inpatient settings and a global rating of study quality that jointly considered use of subject selection and assignment, reliability of measurement and corroboration of

self-report. Efficacy of dividing study results was examined by changes in magnitude of correlations and unexplained variance. *Results:* AA participation and drinking outcomes were more strongly related in outpatient samples, and better designed studies were more likely to report positive psychosocial outcomes related to AA attendance. In general, AA studies lacked sufficient statistical power to detect relationships of interest. *Conclusions:* AA experiences and outcomes are heterogeneous, and it makes little sense to seek omnibus profiles of AA affiliates or outcomes. Well-designed studies with large outpatient samples may afford the best opportunity to detect predictors and effects of AA involvement. (*J. Stud. Alcohol* 57: 65-72, 1996)

COST OFFSET FINDINGS IN THE VETERANS HEALTH ADMINISTRATION

SOURCE: HUMPHREYS, K., & MOOS, R.
ALCOHOLISM: CLINICAL AND EXPERIMENTAL
RESEARCH, 25, 711-716.

QUASI-EXPERIMENTAL DESIGN, I

- Follow-up study of over 1700 VA patients (100% male, 46% African-American) receiving one of two types of care:
- 5 programs were based on 12-step principles and placed heavy emphasis on self-help activities
- 5 programs were based on cognitive-behavioral principles and placed little emphasis on self-help activities

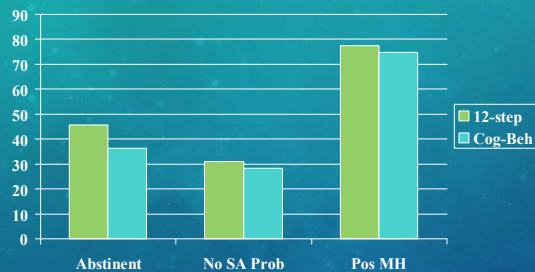
QUASI-EXPERIMENTAL DESIGN, II

- Nearest programs hundreds of miles apart
- Patients matched on prior mental health/SUD care utilization
- No baseline differences in marriage, employment, comorbid psychiatric disorder, current substance use, service utilization or self-help group involvement
- 100% follow-up on utilization outcomes, 84% on other outcomes

SELF-HELP GROUP PARTICIPATION AT 1-YEAR FOLLOW-UP WAS HIGHER AFTER SELF-HELP ORIENTED TREATMENT

- 36% of 12-step program patients had a sponsor, over double the rate of cognitive-behavioral program patients
- 60% of 12-step program patients were attending self-help groups, compared with slightly less than half of cognitive-behavioral program patients

1-YEAR CLINICAL OUTCOMES (%)



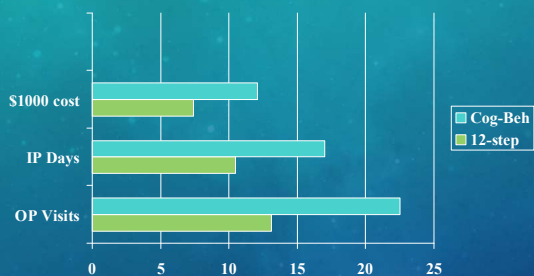
Note: Abstinence higher in 12-step, $p < .001$

1-YEAR TREATMENT COSTS, INPATIENT DAYS AND OUTPATIENT VISITS



Note: All differences significant at $p < .001$

1-YEAR TREATMENT COSTS, INPATIENT DAYS AND OUTPATIENT VISITS




Note: All differences significant at $p < .001$

2-YEAR FOLLOW-UP OF SAME SAMPLE

- 50% to 100% higher self-help group involvement measures favoring 12-step
- Abstinence difference increased: 49.5% in 12-step versus 37.0% in CB
- A *further* \$3,600 health care cost reduction (total for two years = \$10,600 in 2014USD)

Source: Humphreys, K., & Moos, R. (2007). Encouraging posttreatment self-help group involvement to reduce demand for continuing care services: Two-year clinical and utilization. *Alcoholism: Clinical & Experimental Research*, *31*, 64-68



Cochrane Library
Cochrane Database of Systematic Reviews

Alcoholics Anonymous and other 12-step programs for alcohol use disorder (Review)

Kelly JF, Humphreys K, Ferri M

120 pages!

Kelly JF, Humphreys K, Ferri M.
Alcoholics Anonymous and other 12-step programs for alcohol use disorder.
Cochrane Database of Systematic Reviews 2020, Issue 3. Art. No.: CD012885.
DOI: 10.1002/14651858.CD012885.pub2

www.cochranelibrary.com

Alcoholics Anonymous and other 12-step programs for alcohol use disorder (Review)
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WILEY

**COCHRANE
SYSTEMATIC REVIEW
ON AA/TSF
(2020)**

Kelly, JF
Humphreys, K
Ferri, M

SELECTION CRITERIA

We included randomized controlled trials (RCTs), quasi-RCTs, and non-randomized studies that compared AA/TSF with other interventions such as motivational enhancement therapy (MET) or cognitive-behavioral therapy (CBT), TSF treatment variants, or no treatment.

Health care cost-offset (economic) studies were also included.

Participants were non-coerced male and female adults with AUD.

SEARCH METHODS



Cochrane Drugs and Alcohol Group Specialized Register (via CRSLive), Cochrane Central Register of Controlled Trials (CENTRAL), PubMed, Embase, CINAHL and PsycINFO from inception to August 2019.



Also searched for ongoing and unpublished studies via ClinicalTrials.gov (www.clinicaltrials.gov) and WHO International Clinical Trials Registry Platform (ICTRP) (apps.who.int/trialsearch/).



All searches included non-English language literature. We hand searched references of topic-related systematic reviews and included studies.

INCLUDED STUDIES (N PARTICIPANTS)

A total of 27 primary studies containing N=10,565 participants were included (21 RCTs/quasi-RCTs, 5 non-randomized, and 1 purely economic study) that reported follow-up results across 36 reports.

OUTCOMES

Abstinence

- **Proportion of Patients Completely Abstinent:** 16 studies (n participants = 8,153)
- **Percent Days Abstinent (PDA):** 16 studies (n participants = 4,244)
- **Longest Period of Abstinence:** 2 studies (n participants = 148)

Drinking Intensity

- **Drinks per drinking day (DDD):** 8 studies (n participants = 2,650).
- **Percent Days Heavy Drinking (PDHD):** 3 studies (n participants = 648).

Alcohol-Related Consequences

- 8 studies (n participants = 3,281)

Alcohol Addiction Severity

- 7 studies (n participants = 1,616)

Economic Analyses

- 4 studies (n participants = 2,657)

AA/TSF FINDINGS SUMMARY



For alcohol-related outcomes other than complete abstinence, AA and professionally-delivered TSF interventions are at least as effective as other well-established treatments.



For abstinence outcomes, AA and TSF interventions are as effective or better than other well-established treatments.



Implementing AA and TSF also appear to produce substantial health care cost savings.



Mediational analyses demonstrate clinically delivered TSF produces its benefits largely through its ability to foster increased AA participation during and, importantly, following the end of formal treatment.

The New York Times

TheUpshot

THE NEW HEALTH CARE

Alcoholics Anonymous vs. Other Approaches: The Evidence Is Now In

An updated review shows it performs better than some other common treatments and is less expensive.



By Austin Frakt and Aaron E. Carroll
March 11, 2020

For a long time, medical researchers were unsure whether Alcoholics Anonymous worked better than other approaches to treating people with alcohol use disorder. In 2006, a review of the evidence concluded we didn't have enough evidence to judge.

That has changed.

A white rectangular box containing the journal cover information. On the left is the Elsevier logo (a tree) and the word "ELSEVIER". On the right is the journal title "Journal of Substance Abuse Treatment" in a bold, serif font. The central text includes the journal name and volume/issue information: "Journal of Substance Abuse Treatment 37 (2009) 228–239". Below this is the article type "Regular article" and the title "Effectiveness of Making Alcoholics Anonymous Easier: A group format 12-step facilitation approach". The authors are listed as "Lee Ann Kaskutas, (Dr.P.H.)^{a,b,*}, Meenakshi S. Subbaraman, (M.S.)^{a,b}, Jane Witbrodt, (M.P.H.)^a, Sarah E. Zemore, (Ph.D.)^a". At the bottom, there are two footnotes: "^aAlcohol Research Group, Emeryville, CA, USA" and "^bSchool of Public Health, University of California Berkeley".

Abstract

Most treatment programs recommend clients attend 12-step groups, but many drop out posttreatment. The effectiveness of Making Alcoholics Anonymous [AA] Easier (MAAEZ), a manual-guided intervention designed to help clients connect with individuals encountered in AA, was tested using an "OFF/ON" design ($n = 508$). MAAEZ effectiveness was determined by comparing abstinence rates of participants recruited during ON and OFF conditions and by studying the effect of the number of MAAEZ sessions attended. At 12 months, more clients in the ON condition (vs. OFF) reported past 30-day abstinence from alcohol ($p = .012$), drugs ($p = .009$), and both alcohol and drugs ($p = .045$). In multivariate analyses, ON condition participants had significantly increased odds of abstinence from alcohol (odds ratio [OR] = 1.85) and from drugs (OR = 2.21); abstinence odds also increased significantly for each additional MAAEZ session received. MAAEZ appeared especially effective for those with more prior AA exposure, severe psychiatric problems, and atheists/agnostics. MAAEZ represents an evidence-based intervention that is easily implemented in existing treatment programs. © 2009 Elsevier Inc. All rights reserved.

INTREATMENT PREPARATION FOR AA PRODUCES BETTER OUTCOMES

- ON/OFF design with 508 patients
- Experimental received "Making Alcoholics Anonymous Easier" (MAAEZ) training
- At 12 months, 1.85 higher odds for alcohol abstinence, 2.21 for drug abstinence for those receiving MAAEZ

Source: Kaskutas, L.A., et al. (2009). Journal of Substance Abuse Treatment, 37, 228-239.

“WE DO THAT ALREADY: NORMAL REFERRAL PROCESSES ARE INEFFECTIVE

Sample: 20 alcohol outpatients

Design: Outpatients randomly assigned to standard 12-step self-help group referral (list of meetings and therapist encouragement to attend) or intensive referral (in-session phone call to active 12-step group member)

Results: Attendance rate after intensive referral: 100%
Attendance rate after standard referral: 0%

Source: Sisson, P.W., & Mallams, J.H. (1981). The use of systematic encouragement and community access procedures to increase attendance at AA meetings. *Am J Drug Alc Abuse*, 8, 371-376.



It's the closest thing in public health
we have to a free lunch



John F. Kelly, Ph.D.
Professor of Psychiatry, Harvard Medical School
Director, Recovery Research Institute, Massachusetts General Hospital

“For people already in treatment,
if they add A.A. to it,
their outcomes are
superior
to those who just get treatment
without A.A.”

- Keith Humphreys

Sober?

- Among the most reliable and robust findings from clinical studies of alcohol and drug addicted patients is that continued, active participation in Alcoholics Anonymous or other social-support form of recovery maintenance is an excellent predictor of sustained sobriety and good social function. (McLellan 2013)

MECHANISM OF ACTION



- No one knows why it works when it does work (Kaskutas)

PARTIAL MEDIATORS OF 12-STEP GROUPS' EFFECT ON SUBSTANCE USE IDENTIFIED IN RESEARCH

- Increased self-efficacy
- Strengthened commitment to abstinence
- More active coping
- Enhanced social support
- Greater spiritual and altruistic behavior
- Replacement of substance-using friends with abstinent friends

IRVIN YALOM'S CURATIVE FACTORS OF GROUP TREATMENT

THE THEORY AND PRACTICE OF GROUP PSYCHOTHERAPY, 4TH ED., 1995.

- **Instillation of Hope** - faith that the treatment mode can and will be effective.
- **Universality** - demonstration that we are not alone in our misery or our "problems".
- **Imparting of information** - didactic instruction about mental health, mental illness, psychodynamics or whatever else might be the focal problem of the group (Ex. ACOA, Alanon; learning about the disease process itself).
- **Altruism** - opportunity to rise out of oneself and help somebody else; the feeling of usefulness; get out of yourself; give back
- **Corrective recapitulation of primary family group** - experiencing transference relationships growing out of primary family experiences, providing the opportunity to relearn and clarify distortions.

IRVIN YALOM'S CURATIVE FACTORS OF GROUP TREATMENT

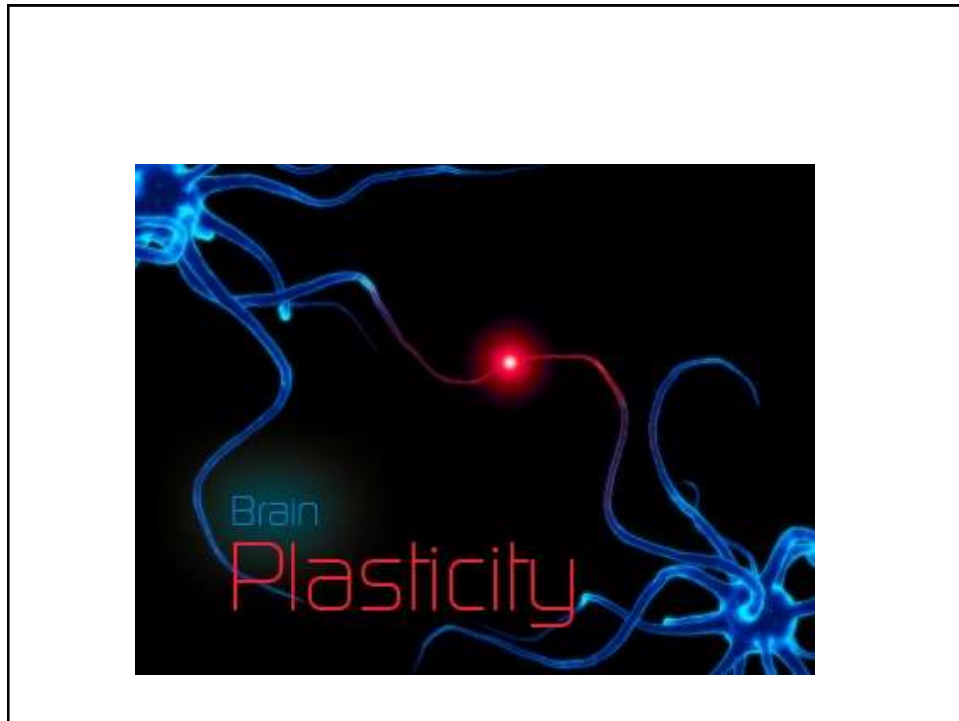
*THE THEORY AND PRACTICE OF GROUP PSYCHOTHERAPY, 4TH ED.,
1995.*

- **Direct Advice** - receiving and giving suggestions for strategies for handling problems.
- **Interpersonal learning** - receiving feedback from others and experimenting with new ways of relating.
- **Development of socializing techniques** - social learning or development of interpersonal skills
- **Imitative behavior** - taking on the manner of group members who function at a higher level (model the experienced ones)
- **Catharsis** - opportunity for expression of strong emotions
- **Existential factors** - recognition of the basic features of existence through sharing with others (e.g. ultimate aloneness, ultimate death, ultimate responsibility for our own actions).

MECHANISM OF ACTION MEETINGS

- Socialization hard-wired in our brains
- Activation of limbic reward centers seen in fMRIs
- Increase Oxytocin, decreased cortisol

Teresi, Haroutunian "Hijacking the Brain"



CORRELATION OF 12-STEPS WITH SIX ELEMENTS IMPORTANT TO THE SUCCESS OF PSYCHOTHERAPY*

1. Release of emotional tension in the context of hope and expectation of receiving help.
2. Identification with the method.
3. Suggestion and persuasion.
4. Operant re-conditioning.
5. Repeated reality testing.
6. Cognitive learning about the basis for one's difficulties.

* Judd Marmor, M.D., American J. Psychiatry, April 1980

POWER OF THE FOURTH AND FIFTH STEP

- diagnostic
- heuristic
- explores secrets
- evaluates anger, fear, resentments
- identifies character defects which require energy (drain spirit)
- treats symptoms that cause uneasiness

**All uneasiness is not the result of
“hypodopmaninergia”**

GENERALIZATIONS



- Multiple studies show that attendance of AA and NA associated with better alcohol and drug related outcomes
- More frequent attendance, more likely sober
- Deeper the involvement, improved outcomes
- People who sponsor stay sober
- Persons completing 4th step more likely stay sober

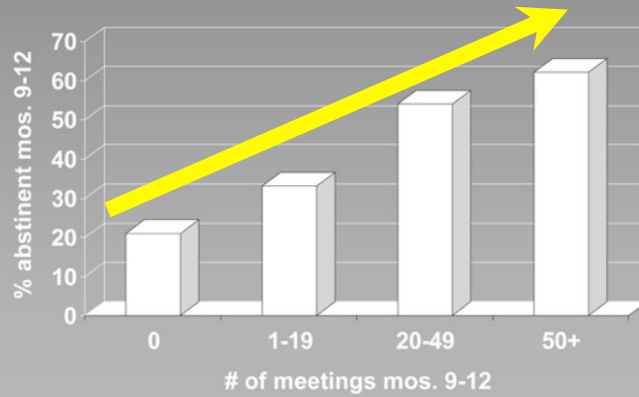
DOSING

DOSING OF MEETINGS

- Loading dose: 90 meetings in 90 days
- Maintenance dose: ≥ 1 per week



Figure 2a.



Male VA residential patients
n = 2376

Moos et al., *J Clin Psychol* 2001

MEETING FLAVORS

- Open and closed
- Types
 - Men's, women's
 - Young, older
 - Gay/lesbian
 - Beginner
- Style
 - Speaker (Story)
 - Discussion
 - Step groups, Big Book study



MEETING STRENGTHS

- Cohesiveness of a meeting makes a difference (Kelly)



SAFETY

SAFETY

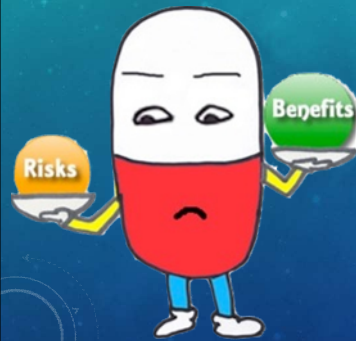
- No reports of overdose
- Does not dysregulate the limbic system
- Has no street value
- Safe to use in those with co-morbid psychiatric disorders



BLACK BOX WARNING

If a spiritual experience lasts more than 4 hours, share this with a newcomer immediately.

SIDE EFFECTS



- Reminder of trauma
- 13th Steppers - victimization
- Hold sponsor in too high a regard
- Increase anxiety
- Bar of total abstinence - failure

DRUG INTERACTIONS

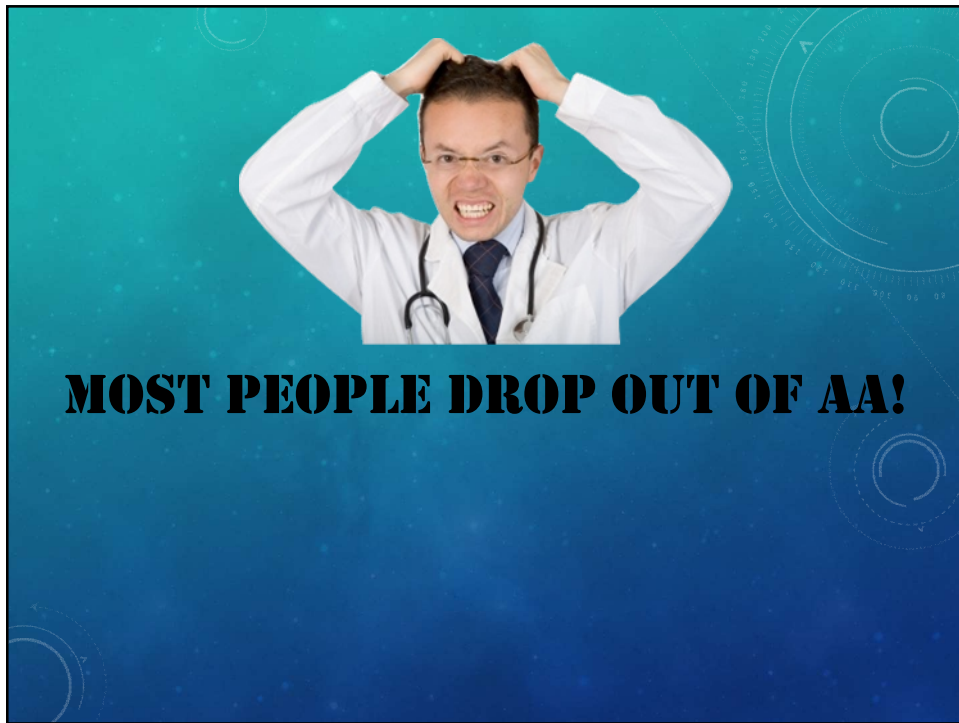
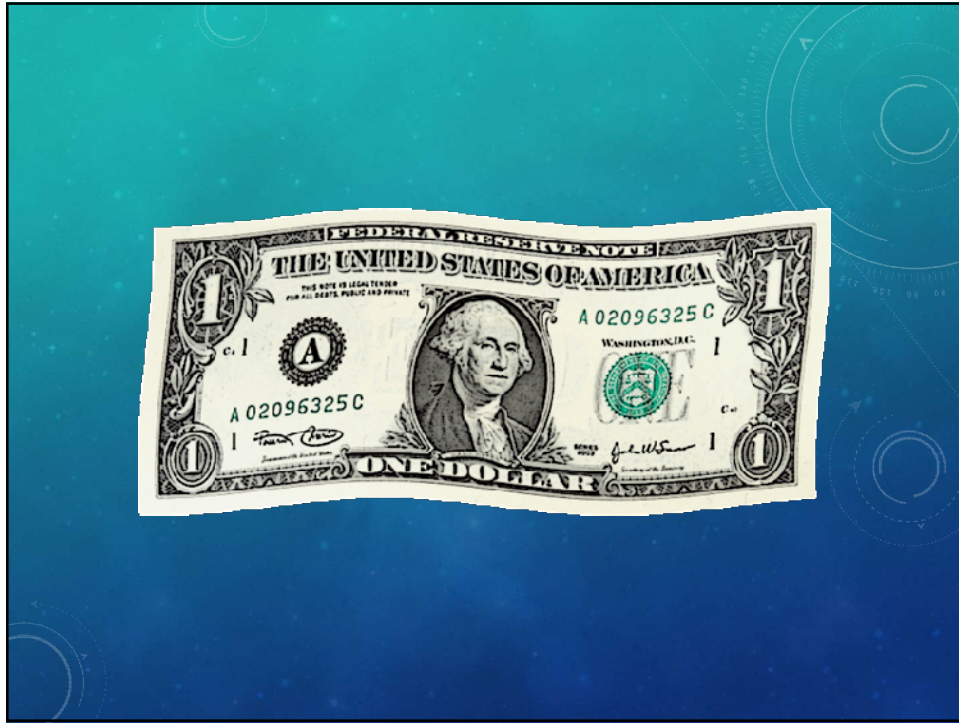
DRUG INTERACTIONS



- Compatible with other modalities of treatment such as CBT, MET, psychiatric
- May be used (should be used) with naltrexone, buprenorphine (Suboxone) and methadone



COST



COMPLIANCE

- Research studies done to date have generally found that only about 25 - 35% of those who attend one meeting of AA go on to active participation (e.g. attend 90 meetings, acquire a sponsor, etc.). (McLellan)
- 24% maintained continued Twelve Step involvement or those who entered AA (NESARC by NIAAA)

BARRIERS, NOT “CONTRAINdicATIONS”

- Preformed opinions
- Social anxiety
- Perceived religiousness or cult-like
- Agnostic, atheist
- Prior failure
- Lack peer group
- Non acceptance of maintenance drugs



NEGATIVE ATTITUDES OF PSYCHIATRY TOWARDS AA

- SUBSTITUTE DEPENDENCY
- AA IS "ADJUNCTIVE"
- A FOLK MOVEMENT
- RELIGIOUS BIBLE THUMPING
- A CULT
- FOSTERS DEPENDENCY IN MEMBERS
- NO FOLLOW-UP
- NO CONTROLLED RESEARCH
- EFFICACY NOT PROVED
- DISORGANIZED
- HOSTILE TO PSYCHIATRY
- LACKS ACCOUNTABILITY
- UNCOOPERATIVE
- "THEY SMOKE AND DRINK COFFEE"
- NON-INTELLECTUAL
- FREE

RELIGION AND SPIRITUALITY

"RELIGION IS FOR PEOPLE WHO ARE AFRAID OF
GOING TO HELL; SPIRITUALITY IS FOR THOSE
WHO HAVE ALREADY BEEN THERE."

ROSS V.
A.A. MEMBER

NEGATIVE ATTITUDES IN AA ABOUT PSYCHIATRISTS/PSYCHOTHERAPY

- INSENSITIVE
- DANGEROUS (ANTI-AA)
- ARROGANT
- DRUG-ORIENTED
- IGNORANT ABOUT ADDICTION
- ABUSIVE
- NON-SPIRITUAL
- MINIMIZE IMPACT OF ALCOHOL
- MONEY-GRUBBING
- COMPETITIVE
- CONTEMPTUOUS
- THREATENING

NEGATIVE 12-STEP ATTITUDES TOWARD MEDICATIONS

- A Crutch
- Easier Softer Way
- Impede Spiritual Recovery
- Foster Dependency
- Substitute for Higher Power
- Violate AA Traditions
- Bad Example for Newcomers
- Ill-Trained Physicians
- Stupid Physicians
- Criminal Conduct by Docs

WHY THE 12-STEP PROGRAMS?

- They really work!
- The spiritual approach of AA and NA has helped millions of alcoholics and other drug addicts.
- Most effective way of staying sober.
- Essential source for clinicians.
- Know how to refer and support.
- 12-Steps adapted to deal with over 200 human problem behaviors .

“For people already in treatment,
if they add A.A. to it,
their outcomes are
superior
to those who just get treatment
without A.A.”

Keith Humphreys

WHAT IS RECOVERY?

- Recovery is a process of change whereby individuals *work* to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential.

SAMHSA

- Essentially, recovery from addiction **complex and dynamic process** encompassing all the positive benefits to physical, mental and social (and spiritual) health that can happen when people with an addiction to alcohol or drugs, or their family members, get the help they need.

NCADD

- Recovery in AA is defined not only as physical abstinence but also includes personality change and spiritual growth that are a result of *working* the 12 steps.

Big Book, 2001, Chapter 5

WHAT IS RECOVERY? A WORKING DEFINITION FROM THE BETTY FORD INSTITUTE

THE BETTY FORD INSTITUTE CONSENSUS PANEL. JOURNAL OF SUBSTANCE ABUSE TREATMENT, 2007; 33:221-228.



Recovery = a voluntarily maintained lifestyle characterized by:

- **Sobriety**
 - Early (1-11 months)
 - Sustained (1-5 years)
 - Stable (> 5 years)
- **Personal health**
 - Physical
 - Mental
 - Social
- **Citizenship**
 - "Giving-back"
 - Quality of life

12
0

CONCLUSION

- The use of 12-step recovery should be looked at in the same way that one approaches the use of pharmacotherapy, in that it has to be used properly and for long enough that it has an opportunity to work and effect change.
- This is supported by research.

CONCLUSION (CONT.)

- Working a 12-Step program of recovery is not easy
- Requires help from others, especially a sponsor and a home group
- Cost of time and energy

When we refer to a 12-Step program two benefits can be expected:

1. Sobriety, which sets the stage for improved health, relationships, finances, and learning.

CONCLUSION (CONT.)

2. Mature Growth and Development

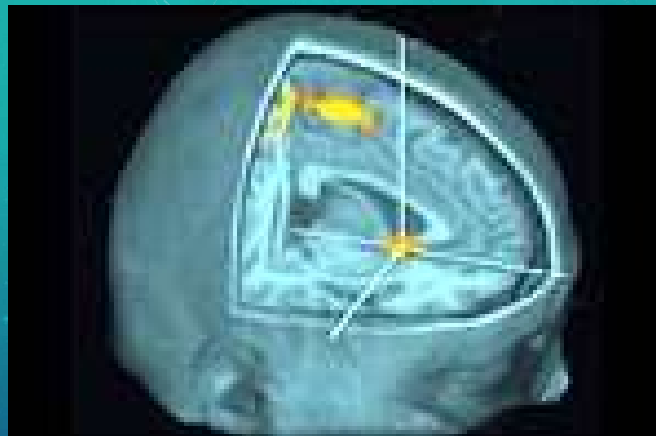
- Tasks of adult growth and development
- Intimacy, the ability to be genuine and open with others
- Generativity, the ability to pass on what one has learned to others
- Integrity, a sense of wholeness and acceptance of one's self
- Goes beyond the usual goals of medical treatment, but one which any physician can support.

“It works if you work it”

A DESIGN FOR LIVING

“A new life has been given us or, if you prefer, ‘a design for living’ that really works.”

– Big Book of Alcoholics Anonymous, page 28



THE TARGET IS ALWAYS
THE BRAIN, HOWEVER...

The nucleus accumbens lighting up

*While science has taught us
that addiction is a hijacking of
the brain, recovery must
involve healing of the heart
and the soul.*

THE GREAT CHALLENGE FOR ADDICTION TREATMENT IN 21ST CENTURY

To Integrate:

Addiction Medicine, Psychiatry, and Spirituality in the
Treatment of Substance Use Disorders.

