The Role of 12 Step Programs

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Objectives

- Identify basic elements of the 12 steps and 12 traditions
- Understand practical aspects of 12 step recovery and A.A. involvement
- Discuss 12 step facilitation in the context of current inpatient and outpatient programs
History of the 12 steps

- Formal beginning of AA on June 10, 1935
- AA “big book” written in 1939
- 12 traditions developed 15 years later
- The steps have been carried over into hundreds of other programs (eg, Narcotics Anonymous, Overeaters Anonymous, etc)
Jack Alexander Article

- Saturday Evening Post Article 1941
- Launched AA forward by bringing into America’s living room
- Full article available on AA’s website
AA Growth over the years

- 1935  Begins with Bill W. and Dr. Bob
- 1939  100 members sober
- 1954  130,000 members and 6000 groups
- 2007  2,000,000 members and 114,000 groups worldwide
What AA is and isn’t

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.
What AA is and isn’t (con’t)

- AA is not allied with any sect, denomination, politics, organization or institution: does not wish to engage in any controversy; neither endorses nor opposes any causes.
- AA is not interested in research
- AA has no opinion on outside issues
- AA is not licensed by any government agency
What AA does NOT do…

- Furnish initial motivation
- Solicit members
- Research
- Make diagnoses
- Engage in education
- Provide letters of reference
- Medical detox
- Sober living
Is AA Really Effective?

- Vaillant’s 60 year follow up of male alcoholics showed much higher abstinent rates for those regularly attending AA meetings:
  - 15 year abstinent attended 137 meetings
  - 1 year abstinent attended 2 meetings
  - Only 9% relapse after 5 years abstinent

- Project Match sponsored by NIAAA (began 1989)
  - Part 1: TSF as effective as CBT or MET
  - Part 2: regardless of therapy group those attending more AA meetings had better recovery rates:
    - 1 year follow up abstinent rates:
      - CBT 15%
      - MET 14%
      - TSF 24%
  - Patients with severe psychiatric disorders did less well in TSF
Challenges to Treating Addiction

- “It’s a disease that tells me I don’t have a disease”
  
  Dr. Lou S.  AA member 1984

- “The idea that somehow, someday he will control and enjoy his drinking is the great obsession of every abnormal drinker. The persistence of this illusion is astonishing.”

  AA Big Book, page 30
Why are the 12 steps effective

- Vaillant’s suggested mechanism of action
  - External supervision (sponsorship)
  - Substitute dependency (competing positive behavior)
  - New caring relationships (bonding and identification)
  - Increased spirituality (healing and hope)
SPECT Scan During Meditation

SPECT Images at Baseline and During Meditation

Baseline

Meditation

The Effect of Meditation on Tibetan Monks,
Andrew Newberg, MD 1993 Zygon Vol. 28, p.
177-200
Keys to 12 step recovery

- **Active participation** (e.g., sharing at meetings, setting up the meeting, etc)
- **Commitments**
- **Sponsorship**
  - 91% sober at 10 years if became sponsor
- **Attendance**
  - Low level (<20 mtgs), mid level (20-70 mtgs), high level (>70 mtgs)
- **Home group**
Step 1

We admitted we were powerless over alcohol, that our life had become unmanageable

- Fundamental difference between “put the plug in the jug” approach and AA
- Acceptance versus “putting up a fight”
- The only step one can work “perfectly”
Step 2

Came to believe that a power greater than ourselves could restore us to sanity

- Much more difficult than is first imagined by many members
- Requires “time and open mindedness” to work the step
- Can get caught up on the word “insanity”
Step 3

Made a decision to turn our will and our lives over to the care of God as we understood him

- First mention of a Higher Power can be scary but definitely not religious
- Can I just turn my life over but keep my willful self
- Did I do something or just decide!
Step 4

Made a searching and fearless moral inventory of ourselves

- May include both positive and negative characteristics
- Half measures availed us nothing
- Many people relapse before completing the fourth step
Step 5

Admitted to God, to ourselves and to another human being the exact nature of our wrongs

- Challenging, humbling, embarrassing
- Creates a sense of community and fellowship with others
- May be done with someone outside of AA
Step 6

Were entirely ready to have God remove all these defects of character

- Separates the men from the boys
- Goes way beyond “defects of character” related only to drinking
- Notice the words “entirely ready” and “all”
Step 7

Humbly asked him to remove our shortcomings

- Involves direct relationship with Higher Power
- Again points to our inability to solve problems on our own merit
Step 8

Made a list of all persons we had harmed and became willing to make amends to them all

- List may be taken from the fourth step
- Best to include amends not related to alcoholism as well
- Willingness is key as with other steps
Step 9

Made direct amend to such people wherever possible except when to do so would injure them or others

- Can be very challenging
- But even more rewarding!
- It’s the road to freedom
Step 10

Continued to take personal inventory and when wrong promptly admit it

- Key to staying on tract
- Essential part of relapse prevention
- Allows for ongoing growth of character
Step 11

Sought through prayer and meditation to improve our conscious contact with God, as we understood him, praying only for the knowledge of his will for us and the power to carry it out

- To be practiced a lifetime
- Generates purpose and meaning
- Gives direction and hope
Step 12

Having had a spiritual awakening as a result of these steps, we tried to carry this message to alcoholics, and practice these principles in all our affairs

- Service work!
- Carrying the message turns out to be instrumental in one’s own sobriety
The 12 Traditions

1. Our common welfare should come first; personal recovery depends on AA unity
2. For our group purpose there is but one ultimate authority-a loving God as He may express Himself in our group conscience. Our leaders are but trusted servant; they do not govern
3. The only requirement for AA membership is a desire to stop drinking
4. Each group should be autonomous except in matters affecting other groups or AA as a whole
The 12 Traditions (con’t)

5. Each group has but one primary purpose to carry its message to the alcoholic who still suffers

6. An AA group ought never endorse, finance, or lend the AA name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose

7. Every AA group ought to be fully self-supporting, declining outside contributions

8. Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers
The 12 Traditions (con’t)

9. AA, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve

10. Alcoholics Anonymous has no opinion on outside issues; hence the AA name ought never be drawn into public controversy

11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films

12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities
Program versus Fellowship

- Program is the 12 steps, 12 traditions, and other literature
- Fellowship is a community of interest, activity, feeling, or experience or a company of equals or friends
- Attending meetings is only part of “working” the program
Working with Professionals

- 12 steps are an ally of the health care professional
- First year residents paired with AA members (PAAT program in NYC)
- Substance abuse rotation required in some medical schools
Addressing Objections to 12 Steps

- Differentiating between spirituality and religion
  - 12 step programs encourage and allow freedom of spiritual experience

- Questionable and even “bad” advice
  - “No AA should play doctor”
    Excerpt from The AA Member: Medication and other Drugs pamphlet

- Smoking and bad coffee
  - Meetings now smoke free and Starbucks abounds

- Drunk-a-logs

- Slogans “one day at a time” (can work both ways)
Referring to AA

- Giving a patient a list of meetings and some phone numbers not effective by itself
- Put patient in direct contact with 12 step member to facilitate initial involvement
- Attend at least 6 different meetings yourself
- Learning about AA is like riding a bike; you have to do it to understand it
Conclusion

- 12 step program to date is still the most effective treatment modality available for long term abstinence
- 12 step programs have always been open to working with professionals
- Attend at least 6 different meetings
- Actively discuss recovery with your patients!
References

- AA.org (Timeline, AA Fact File, If You are a Professional, etc.)
- Project Match, Addiction; 1999. Volume 93: 31-69
My Angel!
Brain scans of people lost in prayer or deep in meditation have revealed the neurological underpinnings of religious states such as transcendence, visions, enlightenment and feelings of awe.

**Cosmic unity**  
When the parietal lobes quiet down, a person can feel at one with the universe.

**Response to religious words**  
At the juncture of three lobes, this region governs reaction to language.

**Sacred images**  
The lower temporal lobe is involved in the process by which images, such as candles or crosses, facilitate prayer and meditation.

**Religious emotions**  
The middle temporal lobe is linked to emotional aspects of religious experience, such as joy and awe.

**Attention**  
Linked to concentration, the frontal lobe lights up (red at top in scans) during meditation.

*Brain model photograph by Pascal Goetgeluck—Science Photo Library—Photo Researchers; SPECT Images by Andrew Newberg, M.D.; Graphic by Stanford Kay—Newsweek*