

# Helping Patients Get to and Utilize Twelve-Step Programs

Richard Ries, MD

*Professor of Psychiatry and Director Addictions Division,  
University of Washington School of Medicine, Seattle, WA*

[RRies@UW.edu](mailto:RRies@UW.edu)

# Richard Ries Disclosures

- Dr. Ries has no relevant financial relationship(s) with ACCME defined commercial interests to disclose.

*The contents of this activity may include discussion of off label or investigative drug uses. The faculty is aware that is their responsibility to disclose this information.*

# Target Audience

- The overarching goal of PCSS is to make available the most effective medication-assisted treatments to serve patients in a variety of settings, including primary care, psychiatric care, and pain management settings.

# Educational Objectives

At the conclusion of this activity participants should be able to:

- Identify which patients have the best chances of “sticking” with 12 step meetings
- Describe 12 step facilitation, an evidence-based practice for alcohol use disorder, but adjust for persons with opioid use disorders on medications
- Develop strategies to interact with patients around 12 step meetings to enhance treatment participation and outcomes

*Case: Joe is a 32 yo male with Hep C and Heroin Use (IV) disorder which started 3 years ago after becoming dependent on prescribed opioids for a fractured wrist.*

- In the past, he had both Alcohol and Methamphetamine Use Disorders. Joe went to outpatient addiction treatment then to 12 step meetings (AA) to get sober. He was also going to meetings for 3 years, from ages 24-27.
- As he developed opioid use disorder at age 28-29, he dropped his 12 step attendance, and did not go to meetings for the last 3 years while on Heroin.
- Right now he tells you he can't stop heroin on his own, has tried several times, but the withdrawal drove him back to heroin use right away. He has tried buprenorphine/naloxone (bup/nx) on the street and says it has worked, but only had it for 2 days, then went back to heroin.
- He says he wants to be stable, off heroin, treated for his Hep C, and wants to get back to how he felt for those 3 sober years when he was going to AA.

# What are “12 step meetings” and What is 12 Step Facilitation (TSF)?

- 12 Step meetings:
  - Community developed meetings which include:
    - Alcoholics Anonymous (AA),
    - Narcotics Anonymous (NA),
    - Cocaine Anonymous (CA) and
    - Other substance or behavior related meetings which use the 12 steps as a guide to recovery.
    - Most meetings have 10 to 50 attendees



# 12 Step Meetings:

- Alcoholics Anonymous started in the USA in the 1930's. The “Big Book” was published some years later.
- Meetings are led by their community members, not professionals
- No cost, but donations utilized to rent sites
- Reach is extensive with over a hundred thousand meetings a week in the USA
- Occur all over the USA, and internationally - easily Googled or in AA, NA, CA, handout schedules
- Most are AA, fewer NA, and fewer CA and others

# Twelve Step Facilitation - TSF

- 12 Step Facilitation (TSF) is an evidence-based therapy that was designed to augment attendance and participation at meetings
  - Developed in the 1990's, as a manualized control condition in Project Match, a large study comparing Motivational Intervention (MI), Cognitive Behavioral Therapy (CBT), and Twelve Step Facilitation (TSF)
  - TSF is NOT 12 Step, but an approach used by therapists, counselors, doctors, etc. to help patients get to and best use 12 step meetings
  - There are over 100 peer reviewed studies of TSF for **Alcohol Use Disorders**
  - Outcomes compare favorably to Motivational and Cognitive Behavioral therapies
    - However, TSF is more effective with abstinence at 2 and 3 years
      - See McCrady and Nace refs in Bibliography

# Why Facilitate People on Opioid MAT to 12 Step Meetings?

- While Medications form the basis of treatment of opioid use disorder, medications don't teach and practice:
  - Responsibility
  - Honesty
  - Respectful treatment of others
  - All of which are often partially or fully destroyed by opioid use disorder
  - 12 step programs not only promote, but Model Recovery
- 12 Step members help to form a new, sober, social group for both guidance and support

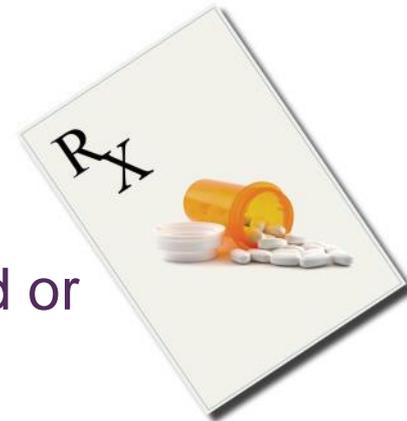


# Why Facilitate People on Opioid MAT to 12 Step Meetings?

- Substance treatment counseling:
  - May be unavailable or even if used:
    - 12 step participation can expand its reach
    - 12 Step is free and available almost everywhere
- Addiction is a chronic, often relapsing disease
  - Addiction or Medical Treatment may be limited by contract or managed care issues
  - BUT 12 Step meetings have no limitations

# But what about Buprenorphine and Methadone?

- AA/NA was developed prior to MAT
  - Meetings may or may NOT accept these “psychoactive” meds
  - Members may have started their substance use disorders with MD prescribed meds, such as opioid or benzodiazepines
  - Suspicion of other prescribed meds, i.e. opioid treatment medications is understandable
- No official policy overall exists for Bup or Methadone, but:
  - AA generally supports physician prescribed NON-psychoactive meds
  - AA pamphlet - the AA member, Medications, and other Drugs



**the AA  
member-  
Medications  
& other Drugs**

This is A.A. General Service Conference-approved literature

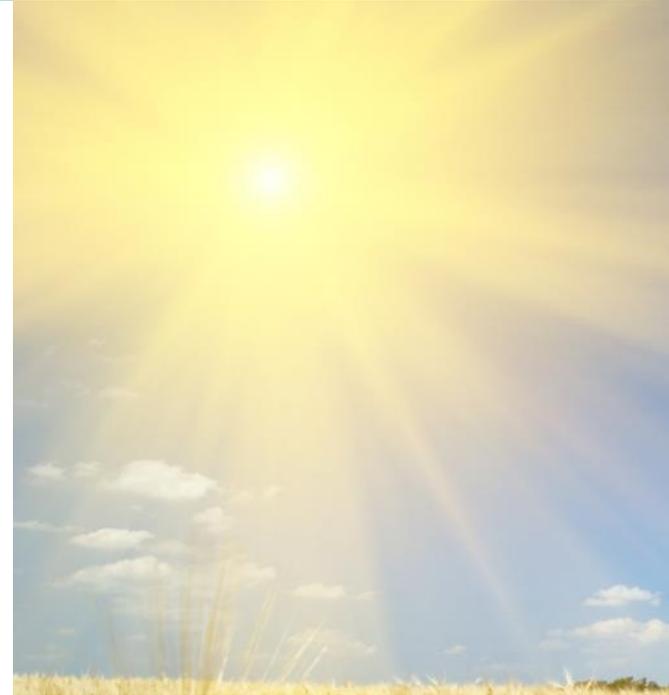
# Key 12 Step Meetings Information

- There is wide diversity in 12 step meetings:
  - Meetings reflect socio-economic communities where they occur
  - There are over 100,000 separate Alcoholic Anonymous meetings each week in USA
  - Include women's only, gay, dual-diagnosed, agnostic, atheist, Spanish-speaking, teen, etc.
  - Include persons with a variety of substance use issues, not just alcohol
  - Most meetings are 60 or 90 minutes
  - Meetings often take place in the mornings before work, noon, and evenings
  - Larger areas may have them throughout the day to late at night

# 12 Step Information

- The “God” issue

- Meetings are NOT religious, however:
  - A key part of 12 step recovery is recognizing there is something good and greater than yourself
  - This might be the Wisdom of long sober members, the spirit of the Group, and some may use the term “God”
  - All of these may be called a “higher power”
  - There are many agnostic and atheist meetings



- Who “sticks”

- Studied for alcohol but not yet for other substances
- More likely to be more alcohol use among friends and family
- Received TSF or other professional encouragement

# What about NA vs AA?

- There are many more AA than NA meetings
- Many patients report AA is often more open to MAT than NA, but this varies
- Meetings even a few blocks apart may have different norms for Bup/Methadone (as well as psychiatric medications)

*Is there any evidence that 12 step “works” for those receiving medications for opioid use disorders?*

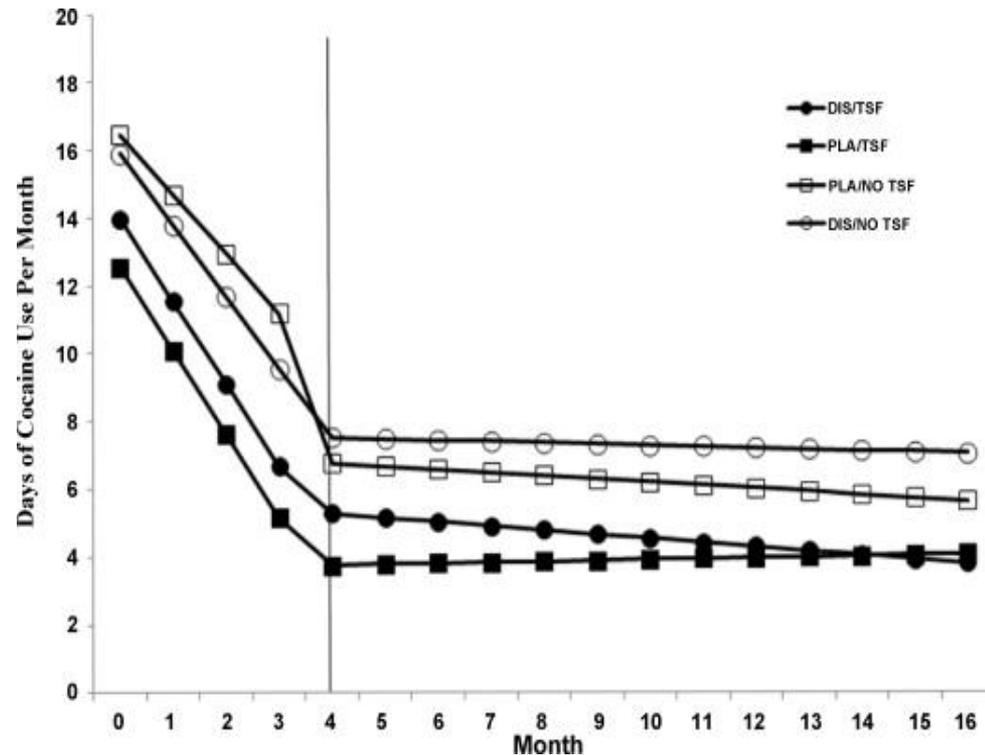
# Efficacy of Disulfiram and Twelve Step Facilitation in cocaine-dependent individuals maintained on methadone: a randomized placebo-controlled trial

## Methods:

Randomized, placebo-controlled, double blind (for medication condition), factorial (2x2) trial with 4 treatment conditions: Disulfiram/Placebo// +/- TSF (N=112) received either disulfiram (250 mg/d) or placebo in conjunction with daily methadone maintenance.

## Results:

TSF was associated with 50% less cocaine use but *NO effect for disulfiram observed*



# Buprenorphine Maintenance Treatment (BMT) and 12-step Meeting Attendance: Conflicts, Compatibilities, and Patient Outcomes

- Using quantitative (n = 300) and qualitative (n = 20) data collected during a randomized trial of counseling services in BMT, this mixed-methods analysis of African Americans in BMT finds
- The number of NA meetings attended in the prior 6 months was associated with a
  1. ^ rate of retention in BMT ( $p < .001$ )
  2. ^ rate of Heroin/cocaine abstinence at 6 months ( $p = .005$ ).

**Conclusion:** Twelve-step meeting attendance is associated with better outcomes for BMT patients over the first 6 months of treatment

# Clinician recommendation of 12-step meeting attendance and discussion regarding disclosure of buprenorphine use among patients in office-based opioid treatment

- **Methods:** An anonymous survey was offered to patients enrolled in office-based opioid treatment with buprenorphine re 12 step issues
- **Results:** 30 patients studied
  - 75% were encouraged to attend meetings
  - Only 33.3% reported referral discussion of buprenorphine
  - 76.7% reported attending 12-step meetings at least occasionally
  - 70% reported finding the meetings helpful
  - 30% expressed concerns if buprenorphine were known at meetings
  - 37% avoided disclosing buprenorphine



# Double Trouble Recovery (DTR) Outcomes (Co-occurring Disorders Psych + Addictions)

- Members of 24 DTR groups (N=240), New York City, 1 year outcomes
- Drug/alcohol abstinence = 54% at baseline, increased to 72% at follow-up
- More attendance = better medication adherence
- Better medication adherence = less hospitalization
- (DTR is more localized to certain large Eastern cities than AA)

# TSF- How to use AA/NA as a Treatment (Recovery) Option

- **Best way to learn about AA - Go to meetings as a professional guest**
  - Call the AA number (Google it – it's everywhere) and ask for a LOCAL member of the Professional Relations Committee to be a guide to take you to and educate you about local meetings
  - Meet with this person before and after the meeting to talk about what you saw and heard

**OR**

- Go to an “open” meeting, identify yourself and ask to meet with some members after the meeting.
  - “Hi, I am Dr. Ries here to learn how to better help my patients get to meetings.”
- All of the above work better if you go with a colleague, so you can talk about what you saw/heard

***You can make a difference by advocating 12 Step meetings to your patients!***

# How to Start TSF for Opioid MAT

1. Identify local meetings by asking your current opioid treatment patients where MAT pts are more likely accepted
2. Call local AA or NA Intergroup (google) and ask about meetings likely to accept patients on medications
3. Use Motivational Interviewing around resistance patients may have re 12 Step

*Suggest meetings localized to match patients' substance and socio-demographics*

# Adequate Trial of AA?

*“I went to a couple meetings and they didn’t work for me”*

- **Antibiotic model:** Would you conclude that an antibiotic didn’t work if you only took a third of the dose and stopped it after only a few days?
- **Diabetes model:** Would you conclude that diabetes treatment didn’t work if you only took the medicine about half the time and ate chocolate cake in between?
- **Physical therapy model:** Would you conclude PT didn’t work if you missed most of the sessions and didn’t do exercises in between?



# Using 12-Step meetings with MAT

1. Counsel patient: Don't mention MAT at meetings until you know it's OK or Not (also applies to Psych Meds).
2. If called on simply say, "Hi, I'm Rick an addict and glad to be here."
3. Have patient listen for others who may mention MAT in the meetings and talk to them afterwards to link to other meetings.
4. Medication Assisted Recovery Support (MARS) and other peer support group members are often also using 12 Step and can help with support and referral  
<http://marsproject.org/>

# Reinforcing Participation and Integrating 12 Step and your Treatment!

Some helpful questions to ask patients:

- Hey what is the most interesting thing you heard in a meeting this last week?
- What did that mean for you?
- How does this relate to your recovery goals?
- Are you getting to know other members and they you?
- You might volunteer to set up and take down, it's a good way to meet people, how about getting a temporary sponsor?
- What have you heard about other MAT meetings?



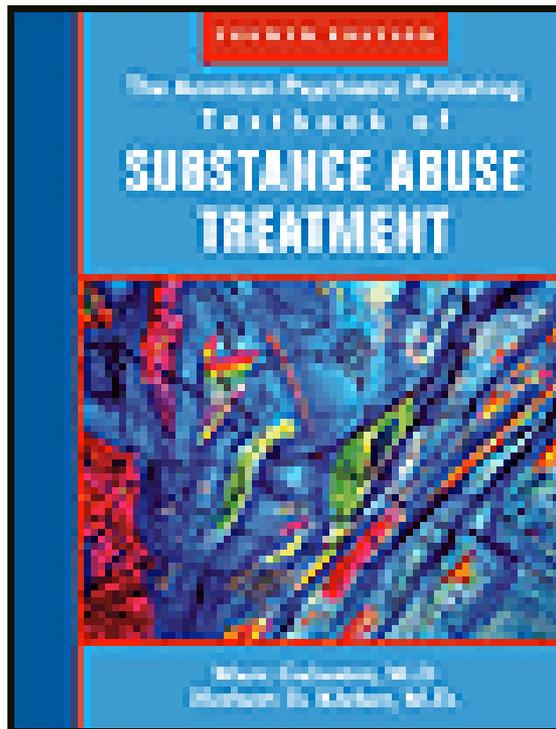
# Interacting with your patients around key issues they found in 12 step meetings will be....

1. Enlightening for both of you
2. Integrative of both MAT and 12 Step elements
3. Demonstrating your commitment to 12 step recovery
4. Providing continuity and coherence with both your therapy and 12 step meetings
5. New important recovery and relapse prevention material will emerge!!
6. It is likely that many of the principles of facilitation in this presentation would also apply to SMART Recovery (<https://www.smartrecovery.org/>); Medication assisted recovery support (<http://marsproject.org/>); and other mutual health groups, though such facilitation has not been published.

# Case: Joe

- It's now 3 months later and Joe is on Bup/Nx 12 mg a day, has not used any opioids in 2 months or any other drugs in a month
- He tells you that he is feeling better and looks forward to Hep C treatment
- You ask about Bup/Nx adherence, and what else he is doing to get healthy
- He says he is back to 12 step meetings, and there are some folks there he knew years ago - amazing!
- You ask, “What got your attention at a meeting in the last week, and how is this relevant to your recovery?”

# TSF OPIOID MAT uses the same approaches and principles as:



## Twelve-Step Facilitation: An Adaptation for Psychiatric Practitioners and Patients

Richard K. Ries, MD  
Marc Galanter, MD  
J. Scott Tonigan, PhD

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# PCSS Mentor Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid addiction.
- PCSS mentors are a national network of providers with expertise in **addictions, pain, evidence-based treatment including medication-assisted treatment.**
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

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**[www.pcssNOW.org/mentoring](http://www.pcssNOW.org/mentoring)**

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