

Science Catches Up With the Big Book

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Disclosures

Samuel Borgert PharmD, declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

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ACPE UAN



Learning Objectives

1. Identify important 12 step literature and historical events in the formation of Alcoholics Anonymous.
2. Recognize recent studies that confirm or refute concepts from 12 step literature.
3. Describe how pharmacists can assist individuals with and recovering from substance use disorders.



Self-Assessment Questions

1. Identify the first 12 step program established and the year it was formed.
2. Select the true statement below regarding medical history.
3. The Witbrodt study published in 2012 showed what correlation?
4. Pharmacists interested in supporting patients and colleagues in recovery should :



*-I have BIASES
-I don't represent AA*

Roadmap

- History and writing of the book of Alcoholics Anonymous and 12 step programs
- Discuss and compare statements from the “Big Book” and recent publications in addiction science
- Explore how this information can be applied to pharmacy practice

The AA Fellowship

- Founders
 - Bill Wilson / Dr. Bob Smith
- Early AA Groups
 - Akron / Cleveland / New York



- 2021 Statistics

Groups in US	64541
Members in US	1.35 M
Groups in Canada	5,074
Groups Worldwide	120 K
Members Worldwide	1.97 M

AA General Service Office, 2021. New York

The AA Program

- Influences
 - Washingtonians – focus on individual alcoholic
 - Oxford Groups - four absolutes
 - Social activities plus religion / alcoholism a sin
 - separation from AA 1938
- Underlying Ideas
 - Alcoholism is a disease (allergy)
 - Action based
 - attend meetings
 - “working” the 12 steps / service to other alcoholics

Spiritual Awakening

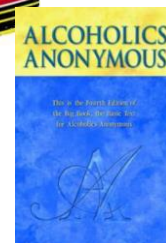
Expel the obsession to drink

“Usefully Whole”



Alcoholics Anonymous the “Big Book”

- Purpose
- Authors
- Editions & revisions
- Other AA Literature
- Other 12 Step Fellowships



Just Another Large Book?

Preface/ Forwards/ each Edition
The Doctor's Opinion

- 1 **Bill's Story**
- 2 **There Is A Solution**
- 3 **More About Alcoholism**
- 4 **We Agnostics**
- 5 **How It Works**
- 6 **Into Action**
- 7 **Working With Others**
- 8 **To Wives**
- 9 **The Family Afterward**
- 10 **To Employers**
- 11 **A Vision For You**

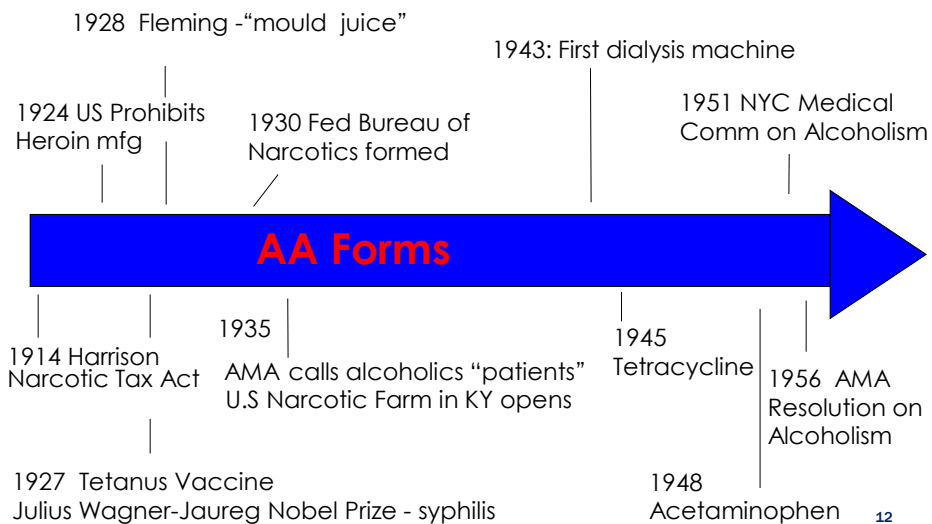
PERSONAL STORIES

How Forty-Two Alcoholics recovered from their malady

APPENDICES

- I. **The A.A. Tradition**
- II. **Spiritual Experience**
- III. **The Medical View on A.A.**
- IV. **The Lasker Award**
- V. **The Religious View on A.A.**
- VI. **How to Get in Touch With A.A.**
- VII. **Twelve Concepts (Short Form)**

AA & Medical history



“Alcohol being no respecter of persons, we are an accurate cross section of America...”

Foreword to the Second Edition pxxp xx

2021 AA Membership Survey

- 6000 member survey US & Canada
- Conducted every 3- 4 yrs since 1968

- Race

- White 89%
- Black 4%
- Hispanic 3%
- Native Am. 1%

- Gender



***Patterns of chronicity different!
Disease process is similar***

- 62% male
- 38% female

AA General Service Office, 2021 NY

“All sections of this country and many of its occupations are represented.”

Ch 2 There Is a Solution p 17

Occupations		Length of Sobriety	
• Retired	19%	• 0-1 yr	27%
• Self-employed	11%	• 1-5 yr	24%
• Unemployed	8%	• 5-10 yr	13%
• Manager/Admin	10%	• 10-20 yr	14%
• Profess/Technical	9%	• 20 + years	22%
• Skilled Trade	8%		
• Health professional	6%		
• Student	2%		

82% of members have a sponsor

74% get a sponsor within 90 days



Members attend an average of 2.5 meetings/week

http://www.aa.org/assets/en_US/pressmedia/p-48-aa-membership-survey

“Rarely have we seen a person fail who has thoroughly followed our path.”

Ch 5 How it Works p 58

Some say no...

- Systematic Review of RCT comparing AA and TSF to either no therapy or other therapies (CBT, MET, RPT)
- 117 Studies reviewed / 8 met inclusion criteria
- 15 weeks to 3 years (MATCH)

“There is no conclusive evidence to show that AA can help patients to achieve abstinence, nor is there any conclusive evidence to show that it cannot.”

RCT Randomized controlled trial
AA Alcoholic Anonymous
TSF Twelve Step Facilitation
CBT Cognitive behavioral therapy
MET Motivational enhancement therapy
RPT Relapse prevention therapy

Ferri M, Amato L, Davoli M. 2006 (Cochrane Group Rev)

“Rarely have we seen a person fail who has thoroughly followed our path.”

Ch 5 How it Works p 58

Many say yes...

- Kelly JF, Abry A, Ferri M, Humphrey K. 2019 Cochrane Review
- Included 27 studies (21 RCT/quasi-experiments)
- 10565 participants

AA/TSF interventions produce similar benefits to other treatments on all drinking-related outcomes except for continuous abstinence and remission, where AA/TSF is superior. AA/TSF also reduces healthcare costs. Clinically implementing one of these proven manualized AA/TSF interventions is likely to enhance outcomes for individuals with AUD while producing health economic benefits.

- Confounders
 - Study populations / Outcomes / Follow up period
 - Crossover!!!

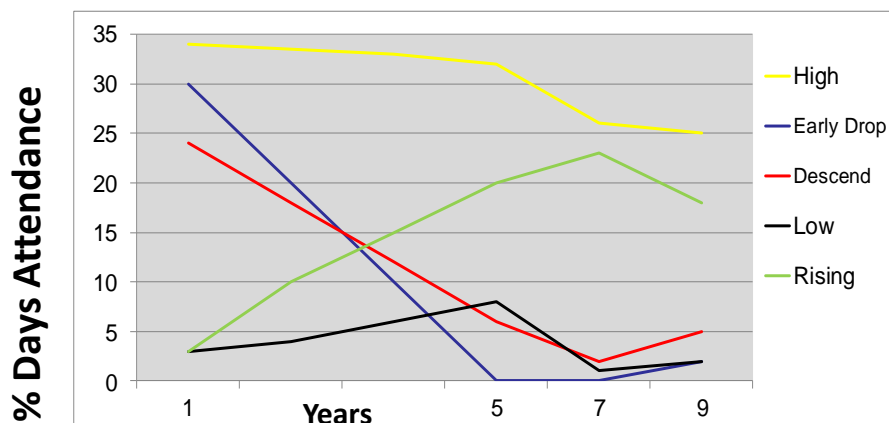
Do 12-step meeting attendance trajectories over 9 years predict abstinence?

- 1825 *treatment seeking* patients evaluated over 9 years
 - Private integrated healthcare system (Kaiser)
 - Combined participants from 2 RCT groups
 - 75% follow up rate at yr 9
 - Asked about abstinence and verified with UDS

UDS urine drug screen

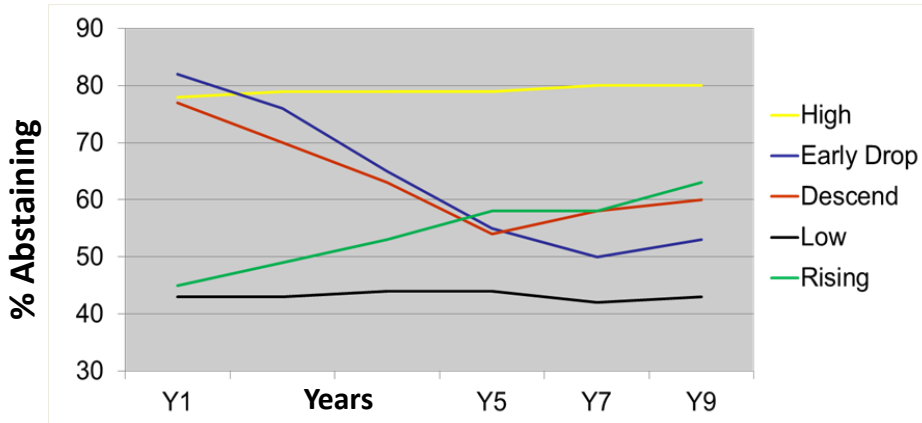
Witbrodt et al. *J Subst Abuse Treatment* 2012

Do 12-step meeting attendance trajectories over 9 years predict abstinence?



Adapted from Witbrodt et al. *J Subst Abuse Treatment* 2012

Do 12-step meeting attendance trajectories over 9 years predict abstinence?



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“Rarely have we seen a person fail who has thoroughly followed our path.”

Ch 5 How it Works p 58

What is thoroughly following the path?

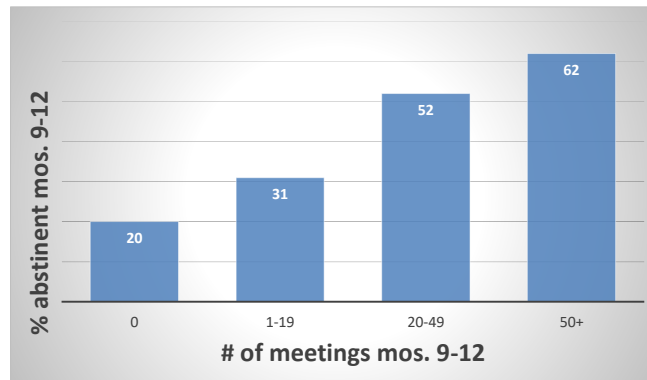
FIRST THINGS FIRST

Success in the general population

Success rates with professional programs (additive support)

Dose Response AA Meeting Attendance First Year

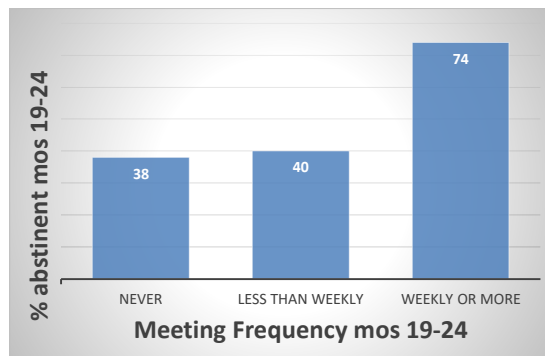
- Male VA residential patients
- N= 2376



Moos et al J Clin Psychol 2001

“Half measures availed us nothing.” p 59

- **Dose Response Meeting Frequency mos 19-24**



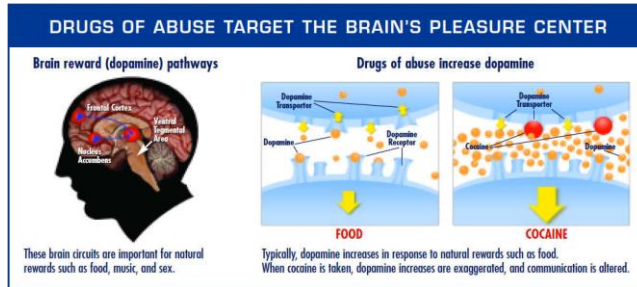
LA Target Cities Treatment Enhancement Project

- Outpatients n= 262
- two post tx interviews w UDS

Fiorentine, Am J Drug Alcohol 1999

“..the main problem of the alcoholic centers
in his mind rather than his body.”

Ch 2 There is a Solution p. 23

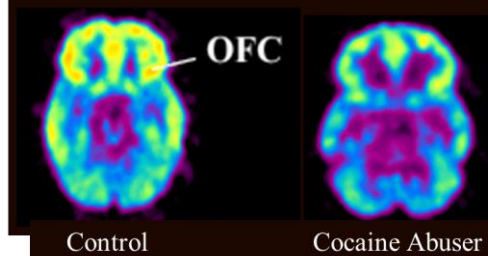


NIDA (2014). Drugs, Brains, and Behavior: The Science of Addiction. Retrieved April 12, 2017, from <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction>

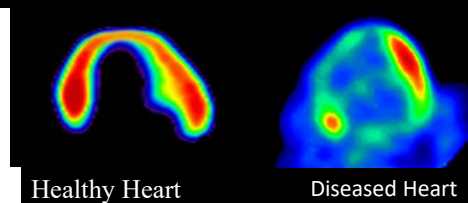
“..the main problem of the alcoholic centers
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Ch 2 There is a Solution p. 23

Decreased Brain Metabolism in *Drug Abuse Patient*



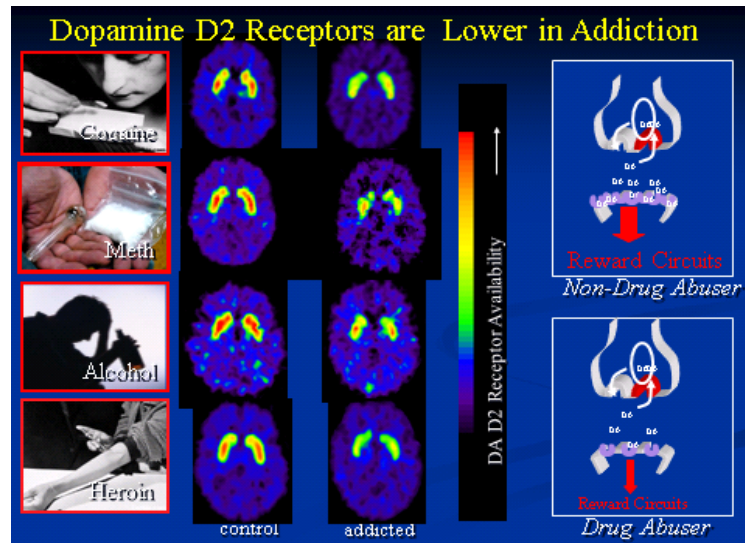
Decreased Heart Metabolism in *Heart Disease Patient*



Nature Reviews Neuroscience **5**, 963-970 (December 2004)

“..then he begins to appear at hospitals and sanitariums.” “Why does he behave like this?... Why can't he stay on the water wagon?”

Ch 2 There is a Solution p. 22



“Upon therapy for the alcoholic himself, we surely have no monopoly.”

Foreword to the Second Edition p xxi

- Motivational Enhancement Therapy (MET)
- Attempts to evoke rapid internal changes, rather than stepwise through recovery process
 - Initial assessment, followed by 2-4 individual treatments
 - Feedback on drug use and elicit self motivational statements
 - Coping strategies for high risk situations
- Motivational interviewing technique
 - key component of MET – overcome reluctance to enter treatment more effectively than conventional techniques.
 - Cost effective

Cisler, R.; Case study from Project MATCH. *J Stud Alcohol* ,1998

Miller, W.R.; *J Consult Clin Psychol*, 1999

“Upon therapy for the alcoholic himself, we surely have no monopoly.”

Foreword to the Second
Edition p xxi

- Cognitive Behavioral Therapy (CBT)
 - Explore and challenge thought processes that create emotional discomfort
 - Help to identify disturbing thoughts and emotions that result in drug usage
 - Assist with behavioral changes to avoid consequences and drug use
 - Extensively studied

Project MATCH

- Compared MET, CBT, & 12 step facilitated (TSF)
 - \$27 million, 1989 – 1997, multi center, NIAAA
 - Multiple publications
- **All showed improvement after 3 years**
 - **decreased drinking**
 - **improved psychological condition**
 - **improved life functioning (except employment)**
- Those in CBT outpt who attended AA drank more at the 3 year mark.... This is the only exception...

NIAAA National Institute on Alcohol Abuse & Alcoholism

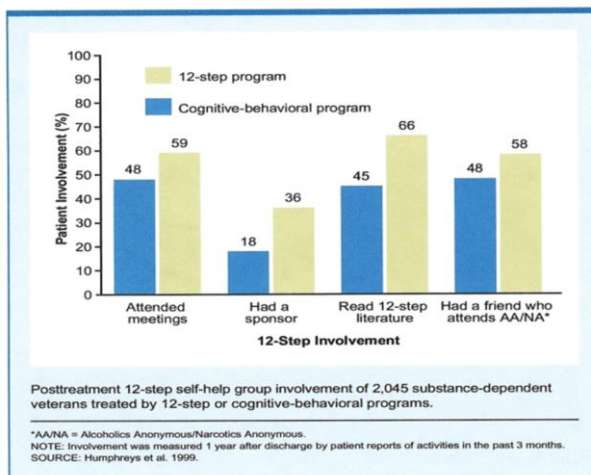
VA Study

- 3000 patients VA system
- Compared 12 step programs (TSF), CBT and combination of both
- *Nonrandom* assignment of pts. to diff treatment types
- At 1 year results comparable on measures of alcohol consumption and problems
- **TSF achieved more sustained abstinence and higher rates of employment compared with participants in the other two programs**

Humphreys et al. *Alcoholism, Clin Exper Res*, 1999

VA Study

TSF subjects more likely to be involved in AA than those in CBT



Who Stayed Sober?

	TSF Low AA	TSF High AA	CBT Low AA	CBT High AA
Sober 1 year post treatment	19	75	25	65

TSF vs CBT – abstinent 45% vs 36%

Humphreys et al. *Alcoholism, Clin Exper Res*, 1999

**“Upon therapy for the alcoholic himself, we surely
have no monopoly.”**

Foreword to the Second
Edition p xxi

Conclusions from Project Match & VA study

- Professional intervention helps promote decreased drinking – treatment works!
- When clients are motivated to attend AA, they are more likely to attend – it can be influenced by the therapist
- TSF comparable to CBT, but has advantage over promoting abstinence

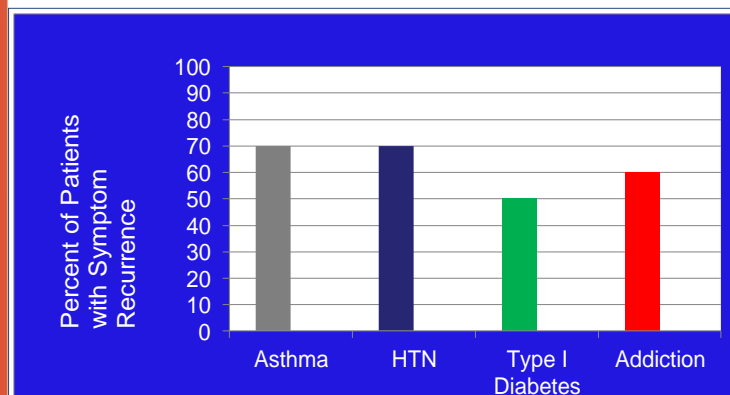
“ We do not like to pronounce any individual as alcoholic, but you can quickly diagnose yourself”

More About Alcoholism p 31

- CAGE & CAGE-AID
 - 4 simple questions
- AUDIT
 - 10 Questions - e.g. “How often”
- Dast-10
 - Drug use

“...alcoholics of our type are in the grip of a progressive illness.”

Ch 3 More About Alcoholism p. 30



Adapted from McLellan, A.T. et al., *JAMA*, Oct 2000

Craving and the Brain

“..that the phenomenon of craving is limited to this class and never occurs in the average temperate drinker.” The Doctor’ s Opinion p xxvii

“These men were not drinking to escape; they were drinking to overcome a craving beyond their mental control.”

“...they cannot start drinking without developing the phenomenon of craving.”

“...many situations which arise out of the phenomenon of craving which cause men to make the supreme sacrifice rather than continue to fight.
The Doctors Opinion p xxx

Craving & Diagnosis

- Netherlands Mental Health Survey & Incidence Study (NEMESIS)
 - Data set n = 7076 **General Population**
 - Wave collection ‘1996 /’ 97/’ 99 (T₀, T₁, T₂)
- Cohort (n = 382) met dx abuse/dependence (5.3%)
 - 2% sought tx in past 12 mo / 6.8% in lifetime
- Sought to determine if craving predicts future disease
 - Presence of diagnostic criteria at time zero compared to odds of later diagnosis

DeBrujin et al. *Alcohol & Alcoholism* 2005

Craving & Statistics?

- Relative Risk (RR)
 - Measures the strength of the association between a particular characteristic (or exposure) and risk of the disorder (or outcome)
 - Value > 1 = Risk

$$\frac{\text{Incidence of Abuse / Dep among those *with* symptom}}{\text{Incidence of Abuse / Dep among those *without* the symptom}}$$

Craving & Diagnosis

		T° (n = 382)	1Y (n = 298)		3Y (n= 238)	
DSM-IV		%	Abuse (RR)	Dep (RR)	Abuse (RR)	Dep (RR)
AA 1	Obligation failure	(6.8)	1.2	1.8	0.4	1.9
AA 3	Legal Problems	(5.2)	1.1	3.1	1.4	6.4
AA 4	CU w/Soc. Prob	(32.7)	1.3	2.4	2.0	1.1
AD 1	Tolerance	(21)	1.4	2.6	2.7	2.2
AD 2	Withdrawal	(18.8)	1	3.8	0.6	5.1
AD 5	Preoccupation	(7.9)	1.2	6.6	1.9	5.4
AD 7	CU w/Consequ.	(43)	1.4	10.9	2.5	3.1
ICD 10	Craving	(18.8)	1.6	12.4	0.9	12.9

DeBrujin et al. *Alcohol & Alcoholism* 2005

Craving & Diagnosis

Conclusion:

“We found that craving was associated with highest risk for dependence at follow up.”

DeBrujin et al. *Alcohol & Alcoholism* 2005

- DSM V Changes
 - Changes Disorder Terminology
 - Changes Diagnostic Thresholds
 - eliminates legal problems as a criterion
 - Adds Criterion Craving
 - Updated language.

Not a Bleak Picture

“On the other hand.....once a psychic change has occurred, the very same person who seemed doomed....suddenly finds himself easily able to control his desire for alcohol, the only effort necessary being that required to follow a few simple rules.”

The Doctors Opinion p xxix

Pharmacists' Role

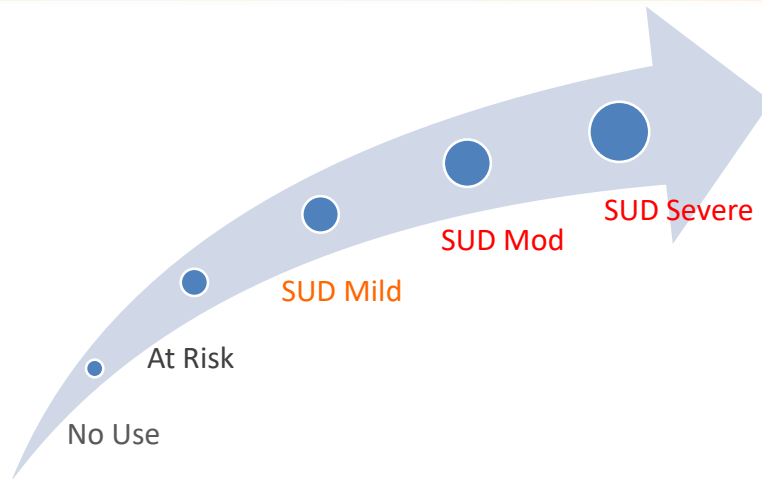
Supporting Recovering Patients / Colleagues

- Recognize medications used in early recovery
 - Acamprosate
 - Buprenorphine / naloxone
 - Naltrexone / naltrexone ER inj.
- Learn to Counsel
 - Medications and the Recovering Person
 - It's another chronic disease
- Understand High Risk Drinking

Understanding High Risk Drinking



Continuum of Disease



Pharmacists' Role

- Stop Treating “Around” this disease
- Understand the “spiritual medicine”
- Talk to your patients

Dhital *et al.* *BMC Public Health* 2013, 13:152
<http://www.biomedcentral.com/1471-2458/13/152>



STUDY PROTOCOL

Open Access

Effectiveness of alcohol brief intervention delivered by community pharmacists: study protocol of a two-arm randomised controlled trial

Ranjita Dhital^{1*}, Ian Norman¹, Cate Whittlesea² and Jim McCambridge³



Self-Assessment Questions

1. Identify the first 12 step program established and the year it was formed.
 - a. Narcotics Anonymous (NA) in 1953
 - b. The Washingtonian Temperance Society in 1920
 - c. Alcoholics Anonymous (AA) in 1935
 - d. The Oxford Group in 1910



Self-Assessment Questions

2. Select the true statement below regarding medical history and the formation of Alcoholics Anonymous (AA).
 - a. When AA formed heroin was legal in the United States.
 - b. AA formed close in time to when the American Medical Association recognized alcoholics as medical patients.
 - c. Computed tomography was developed just after AA formed.
 - d. Rigorous patient protection existed for clinical studies when AA formed.



Self-Assessment Questions

3. The Witbrodt study published in 2012 showed what correlation?
 - a. Pharmacy students consume more alcohol than nursing students.
 - b. Addicts with higher craving scores attend more 12 step meetings
 - c. Cognitive behavioral therapy is associated with lower craving scores than other addiction treatments.
 - d. Twelve step meeting attendance predicts abstinence.



Self-Assessment Questions

4. Pharmacists interested in supporting patients and colleagues in recovery should:
 - a. Learn to confront addictive behavior and perform interventions.
 - b. Create fail-safe narcotic inventory controls with extra counts to assure the recovering pharmacist does not steal.
 - c. Recognize support tools that recovering people use and be able to counsel patients on medications that may affect their recovery.
 - d. Teach patients how to control their cravings.

Thank You!

There is no chemical solution to a
spiritual problem

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