

Considerations in Referring to Mutual Aid Groups

Legal, Ethical, Clinical
& Pragmatic

Joe Gerstein, MD, FACP

ASAM Disclosure of Relevant Financial Relationships

Content of Activity: n/a

Date of Activity: n/a

Name	Commercial Interests	Relevant Financial Relationships: What Was Received	Relevant Financial Relationships: For What Role	No Relevant Financial Relationships with Any Commercial Interests
Joseph Gerstein	0	0	0	None



Multiple Pathways to Recovery

“It is time that the styles of ‘Multiple Pathways to Recovery’ fully permeate the philso[ph]ies and clinical protocols of all organizations providing addiction treatment and support services.”

Bill White & Ernie Kurtz (2005)

Multiple Pathways to Recovery

“I believe it is obligatory for physicians to know about the structure, philosophy and availability [of other recovery mutual-aid groups]. Such knowledge is an ethical and professional imperative.”

William Haning, President of ASAM,
to International Convention of Physicians in AA (2018)

Elements to
Consider in
referral to
mutual aid

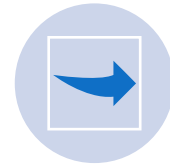
Clinical

Legal (Constitutional)

Ethical

Pragmatic

Clinical Issues



Over past 50 years, multiple studies have demonstrated that clients do better when they are able to select from a roster of treatment options vs. professional selection or randomized assignment.



Results similar over a range of psychological conditions, including addictions.

Hester & Miller Evidence Review

Reid Hester and William Miller reviewed the world literature for scientific evidence on outcome studies in their book *Handbook of Alcoholism Treatment Approaches: Effective Alternatives (3rd Ed.)* and concluded:

- Variety of valid treatment approaches
 - No single best treatment
 - A best treatment exists for **each individual**
- ➔ Match client/patient to the most appropriate type for **them**



Platonic vs. Aristotelian

PLATONIC

Spiritual/Religious

Locus of Control
-external

Didactic

Declaration of
Independence

Authoritative/
Powerlessness

Traditional

ARISTOTELIAN

Empiric

Locus of control
-internal

Interactive

Constitution

Self-empowering

Innovative



Legal / Constitutional Issues



7 circuit courts of appeals and 3 State Supreme Courts: 12-step programs are pervasively religious.



Must offer access to a secular alternative program for non-theists.



Overwhelming weight of authority on this precise question holds coercive participation is unconstitutional



Applies to any program funded by or under the jurisdiction of any federal or state entity.



Last decision by the 9th circuit (2007) stated explicitly that this principle constitutes "unusually well-settled law."



Hazle v. Crofoot in CA \$1.9 million liability from CA and contracted treatment center.



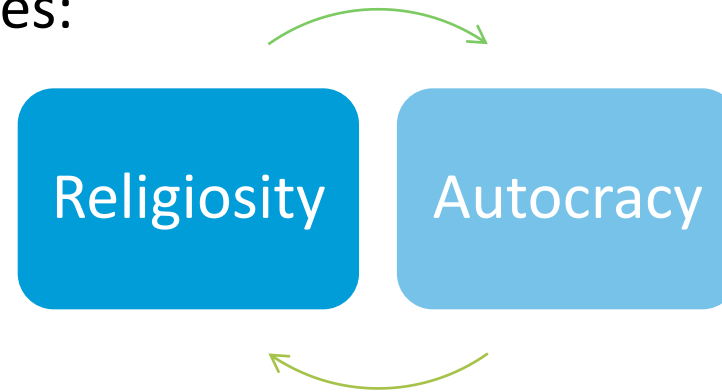
Legal Ethical Issue

Pertinent to Legal Issues:

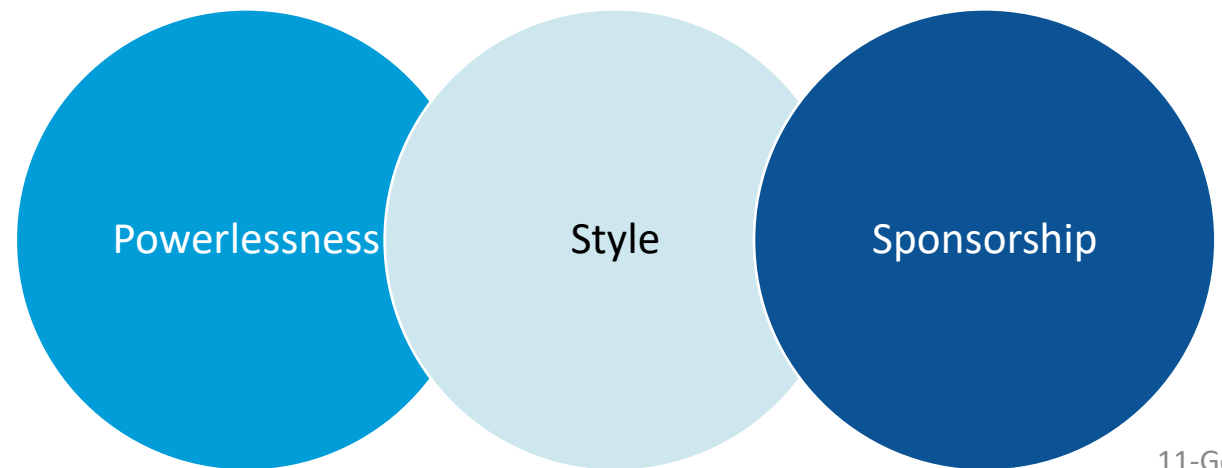
- Is it acceptable to refer clients/patients to a religious program without informing them of alternative options if they do not raise the issue due to ignorance or fear?

Reasons for Rejection of 12-Step Programs

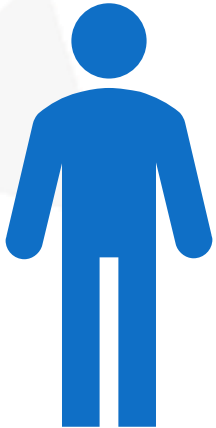
Study by John F. Kelly & Neil Humphries demonstrated most common reasons fell into 2 categories:



Personal experience:



What Happens When Choice is Offered

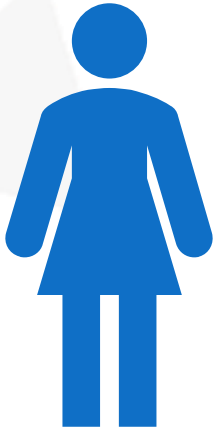


Danbury Prison Experience

- Approximately 45% of Women Inmates Chose 12-Step and 45% SMART Recovery after a week of indoctrination
- 10% wanted to stay with a particular friend in either program
- Federal RDAP Program patterned on SMART Recovery 4-Point Program
- About 30% of SMART Recovery attendees also attend 12-Step programs, at least occasionally.

VA Study (RCT)

Charles Lieber, 2007



Drug Efficacy in Preventing Progression of Alcoholic Cirrhosis

- Subjects: 600 male vets w/ biopsy-proven disease; 4 sites 6 years
- Avg. drinks/day: 16
- IRB insisted on treatment for alcoholism w/ AA.
- 83% refused referral.
- Modified MET alternative created
- Abstinence suggested, not required
- DPD reduced to 7.5 w/ 20% abstinence
- Status persisted for 6 yrs.
Regardless of continuation in study

Medical Ethical Issues

Current disposition of
Medical Ethics oriented
around

01

Beneficence

02

Autonomy

Being informed



Patients/clients should be informed of and offered options



AMA journal of ethics supports options in addiction treatment



Recent Cochrane assessment: evidence of efficacy in 12-step facilitation and AA attendance



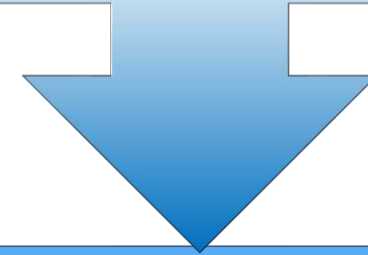
Chad Emrich found "AA helps those that it helps," after 10 yrs.



John Kelly: currently enrolling 400 attempting to recover from AUD w/ SMART, AA, both or none.

Defining Recovery SAMHSA

“Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness and quality of life.” (old)



“A process of change through which individuals improve their health and wellness, lead a self-directed life, and reach their full potential.” (new)

Defining Recovery ASAM

“... recovery from addiction is an active process of continual growth that addresses the biological, psychological, social and spiritual disturbances inherent in addiction, and includes the following factors:

ASAM

Factors in Recovery:



The aim of improved quality of life and enhanced wellness as identified by the individual



An individual's consistent pursuit of abstinence from the substances or behaviors towards which pathological pursuit had been previously directed or which could pose a risk for pathological pursuit in the future



Relief of an individual's symptoms including substance craving



Enrichment of an individual's relationships.

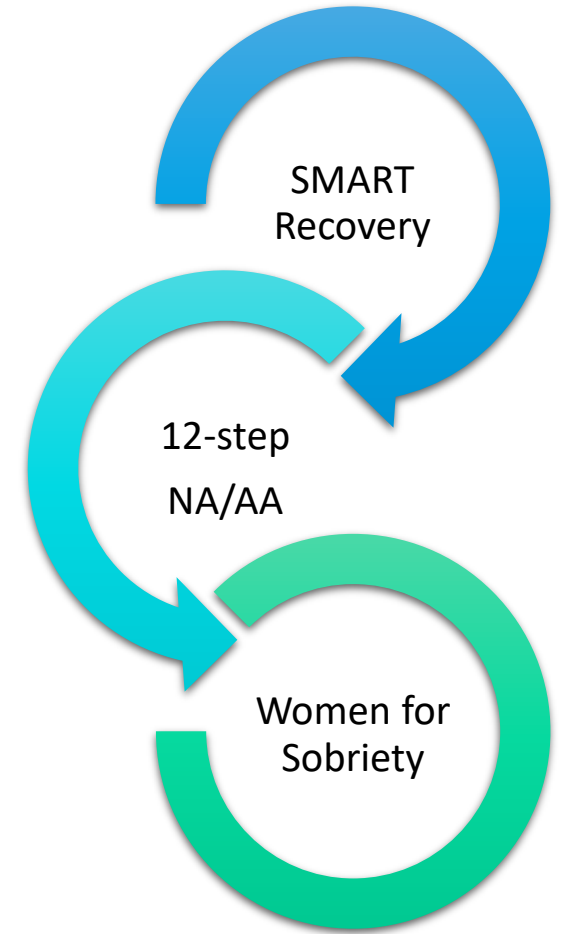


Improvement of an individual's own behavioral



Improvement in an individual's emotional self-

Mutual Aid Self Help



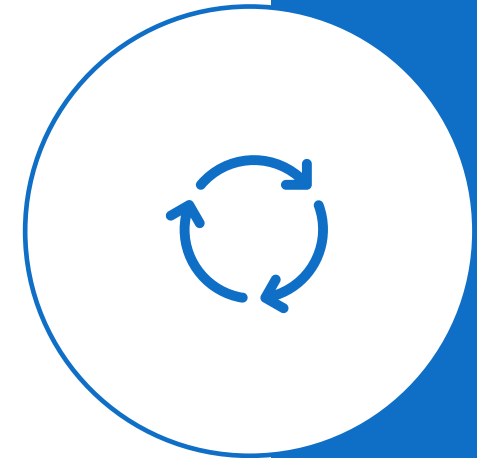
Celebrate Recovery

- Explicitly Christian orientation



LifeRing Secular Recovery

- Sobriety, Secularity, Self-help, based primarily on CBT
- Evidence-based, MAT/OAT congenial
- About 70 weekly meetings, mostly online, almost all in US
- Recommended by SAMHSA



Recovery Dharma

- Buddhism-based
- Emphasis on meditative techniques
- Self-empowering
- About 150 meetings, local and online; mostly US
- No explicit policy on MAT



Refuge Recovery

- Buddhism-based
- Emphasis on meditative techniques
- About 100 weekly meetings, mostly online, some international
- No explicit policy on MAT



SMART Recovery®

(Self-Management and Recovery Training)

- Based on CBT/REBT, Stages of Change, MI, MET
- Evidence-based
- Applicable to any addiction

2020: 2300 local meetings in US
1000 intrn'l meetings; 26 online

Now: 600 local online meetings via Zoom
70 National, international & specialized



SMART Recovery (cont'd)

- Led by trained facilitators
- 12,000 facilitators trained in US and Canada via online digital multimedia program
- 2 large studies on SMART being funded by NIAAA now ongoing
- Recommended by SAMHSA, NIDA, NADCP, NIAAA, US Surgeon General



SMART Recovery (cont'd)

- SMART Handbook available in 16 languages
- Suite of correctional programs, originally funded by NIDA
- MAT/OAT congenial
- “Life Beyond Addiction”
- Style: Open discussion, tool applications, abstinence orientation, participants set their own goals



12-step Programs

- Pervasively religious
- Some atheist or agnostic AA meetings
- Generally separate meetings for different types of addictions
- Meetings autonomous
- Style: Didactic
- Permanent attendance encouraged.
- Spiritual transformation needed for “true” recovery



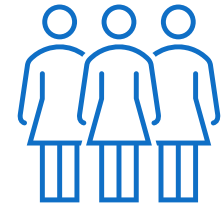
12-step (cont'd)

- 80+ years experience
- AA: evidence-based efficacy. MAT-Congenial (Policy: 2013)
- NA:anecdotaly-effective.
- MAT/OAT ambiguous. Idiosyncratic to each meeting. (Policy: 1995)



Women for Sobriety

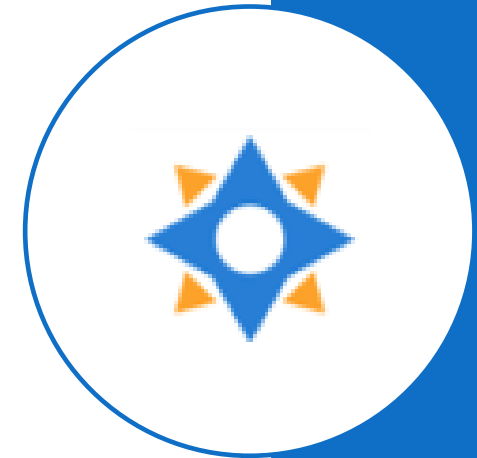
- Originally women w/ AUD only; expanded to any substance use
- Target emotional and spiritual growth
- Style: affirmational
- About 40 weekly meetings w/ certified facilitators; local w/ some online meetings
- Specific meeting format
- No explicit policy on MAT/OAT



SMART Recovery 4-Point Program®

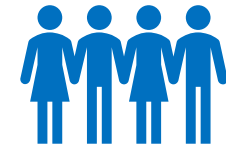
1. Building and Maintaining Motivation
2. Coping with Urges
3. Problem-Solving
4. Lifestyle Balance

Meditation techniques used adjunctively



SMART Recovery Meetings

- Usually 10-15 participants
- Interactive discussion groups w/ tools application
- Avoid stigmatizing language
- Motivational Interviewing ethos
- Delivered by trained facilitators



SMART Recovery Meetings

Facilitators

- About 300 facilitator trainees per month
- 2/3 licensed or certified professionals



| Current Research



NSW State Prize for most effective
evaluative research program to
SMART International Group for
Research on Addiction Recovery
(GRAC)

Propensity-controlled study w/
6,000 inmates

Dramatic reductions in violent and
all crimes for those exposed to
SMART vs. 6 other programs



Fellowship: Zemore study
demonstrated similar
perceptions of cohesion and
support among participants
in AA, SMART, WFS and LifeRing



Thank you!

Joseph Gerstein
Founding President
SMART Recovery
gerstein2017@gmail.com