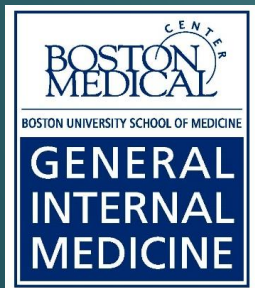


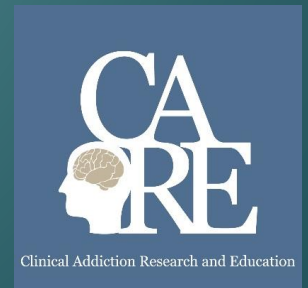
# INTRODUCTION TO MUTUAL SUPPORT ORGANIZATIONS AND RECOVERY SUPPORT SERVICES

**Jessica L. Taylor, MD\***  
**Director, Faster Paths Bridge Clinic**  
**Boston Medical Center**  
**Assistant Professor of Medicine and Pediatrics**  
**Boston University School of Medicine**

*\*Slides adapted from Sarah Bagley, MD, CRIT/FIT 2019*



Boston Medical Center is the primary teaching affiliate of the Boston University School of Medicine.

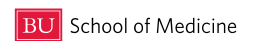
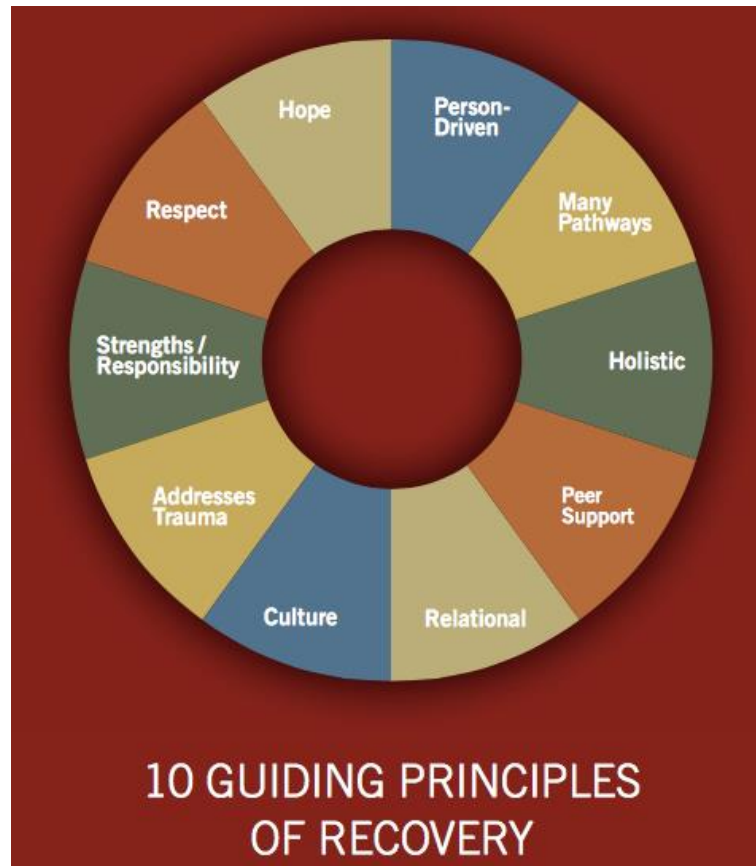


# LEARNING OBJECTIVES

At the end of the session, learners will be able to:

1. Explain the value of offering mutual support organizations and peer support as part of a “menu of options”
2. Understand the differences between the various types of 12-step meetings
3. List at least 4 guidelines for visitors attending a meeting of a mutual support organization
4. Teach trainees about mutual support organizations in a way that is inclusive of people with lived experience

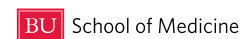
# WHAT IS RECOVERY?



# I HAVE ATTENDED AN ALCOHOLICS ANONYMOUS OR NARCOTICS ANONYMOUS MEETING...

1. Never
2. Once
3. 2-5 times
4. 6-10 times
5. 11-25 times
6. 26+ times

*Please feel free – but not at all obligated - to be inclusive of personal experience*

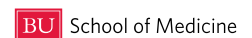


# MUTUAL SUPPORT ORGANIZATIONS AS PART OF “MENU OF OPTIONS”

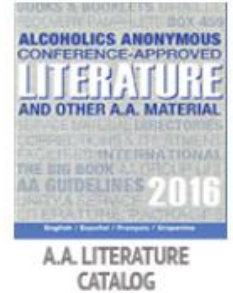
- Addiction treatment should be individualized
- Not possible to predict which combination of treatment will be effective on patient level
- MSOs are the umbrella term when >2 people meet and provide support to each other outside of a formal treatment setting

# WHAT IS ALCOHOLICS ANONYMOUS?

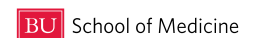
- Anonymous fellowship of members with a desire to stop drinking
- Founded in 1939 by Bill W. and Dr. Bob
  - Reaching out to others to help stay sober
- No central governing body
- Similar groups: Narcotics Anonymous, Overeaters Anonymous, Crystal Meth Anonymous, Al-Anon, Alateen



# THERAPEUTIC ELEMENTS

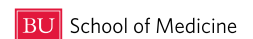


- 12 Steps: spiritual basis/necessary actions (principles)
- 12 Traditions: guidelines for meetings
- Sponsorship
- Sober environment of meetings
- Forum for telling story with no judgment
- Anniversaries
- Potential for social network outside of meetings
- Slogans



# PROCESS

- Admitting lack of control over addiction
- Recognition that higher power can give strength to achieve sobriety
- Examining past mistakes
- Making amends
- Learning to live new life with new code
- Helping others





# KINDS OF MEETINGS

- Open, closed
- Mixed, men-only, women-only, young people, LGBT
- Speakers, Big Book, Step Study, Discussion
- Smoking, non-smoking
- Virtual

# RESEARCH HAS SHOWN THAT:

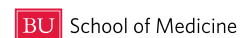
1. AA attendance can reduce health care costs
2. Longer and more intensive AA involvement leads to better outcomes
3. Mechanism of effectiveness varies by gender, age and addiction severity
4. All of the above

# EFFECTIVENESS OF AA

- Challenging to study
- 2006 Cochrane Review
  - No experimental studies unequivocally demonstrated effectiveness of AA or twelve step facilitation (TSF)
  - More efficacy studies needed
- 2020 Cochrane Review
  - AA/TSF superior to other treatments on continuous abstinence
  - AA/TSF similar to other treatments on other drinking outcomes
  - AA/TSF reduces healthcare costs

Ferri M, et al. Alcoholics Anonymous and other 12-step programmes for alcohol dependence. Cochrane Database of Systematic Reviews 2006, Issue 3. Art. No.: CD005032.

Kelly JF, et al. Alcoholics Anonymous and other 12-step programs for alcohol use disorder. Cochrane Database of Systematic Reviews 2020, Issue 3. Art. No.: CD012880.

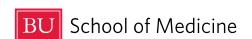


# WHAT DOES AODHealth SAY?

*Comments:* Despite appearing to be a report of AA effectiveness in over 10,000 people in comparative studies, the report's main findings of effectiveness come from modest effects on secondary outcomes in studies with substantial risk of bias in just over 3000 people. More importantly, the studies tested manualized psychotherapy provided in conjunction with or supporting AA attendance or intensive referral to AA, not AA itself. The findings are not inconsistent with the idea that AA can help some people with alcohol use disorder, but they are not solid evidence for substantial effectiveness.

Richard Saitz, MD, MPH

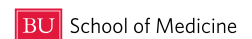
Saitz, R. Are Alcoholics Anonymous and other 12-step programs effective for alcohol use disorder? *Alcohol, Other Drugs, and Health: Current Evidence*. March-April, 2020. Available at <https://www.bu.edu/aodhealth/issues/>. Accessed 10/12/20.



# MECHANISMS OF EFFECTIVENESS

- Increased self-efficacy, coping skills, and motivation for recovery over time<sup>1</sup>
- Adaptive changes in social networks<sup>1</sup>
- Increased spirituality relevant in minority of participants with severe disease<sup>2</sup>
- Individuals benefit in different ways based on gender, age, and addiction severity<sup>1</sup>
- Effectiveness related to intensity of involvement

1. Kelly JF, et al. (2009) How do people recover from alcohol dependence? A systematic review of the research on mechanisms of behavior change in alcoholics anonymous. *Addict Res Theory* 17:236–59.
2. Kelly JF (2017) Is alcoholics anonymous religious, spiritual, neither? Findings from 25 years of mechanisms of behavior change research. *Addiction* 112:929–36



# I HAVE REFERRED A PATIENT TO ALCOHOLICS ANONYMOUS OR NARCOTICS ANONYMOUS...


1. Never
2. Once
3. 2-5 times
4. 6-10 times
5. 11-25 times
6. 26+ times

# REFERRING A PATIENT

- Provide access to list of local meetings
- Download app to find local meetings (NA)
- Encourage attending with friend/family and trying multiple meetings
- Help choose among different types and locations of meetings (speaker, discussion, beginners')
- Ask if patients have a sponsor and are working steps
- Talk about possible conflicts
  - Religion
  - Medications
  - Powerlessness
  - Uncertain evidence

[Find An AA Meeting](#)

**Any questions on how A.A. works-give us a call @ 617-426-9444 Mon-Fri 9-9; Sat/Sun/Hol. 12-9**



249 Towns - 2,200 Meetings

[Click Here](#)

Trouble viewing database:  
[Click Here](#)

# Welcome to Alcoholics Anonymous®



## NEED HELP WITH A DRINKING PROBLEM?

If you are concerned with a drinking problem, wish to learn more about Alcoholics Anonymous or want to find A.A. near you, we can help you.

[Learn More »](#)



## A.A. NEAR YOU

Local A.A. Resources

U.S./Canada Location

Zip/Postal Code

Select a Country



## INFORMATION ABOUT A.A.

- ▶ What Is A.A.?
- ▶ For Professionals
- ▶ For A.A. Members

  
eBooks

  
Read Big Book and Twelve & Twelve

  
75th Anniversary Edition

  
A.A. Literature

  
A.A.W.S. Online Store

  
Grapevine & La Viña Magazines



# MY PRIMARY CONCERN ABOUT REFERRING TO ALCOHOLICS ANONYMOUS AND NARCOTICS ANONYMOUS IS:

1. I don't know much about the programs
2. The programs are too religious
3. The programs emphasize that members are powerless
4. Lack of evidence
5. I am not concerned about referring patients

# ATTENDING A MEETING

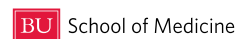
- Look up local AA website or call central service for information about meeting schedules and locations
  - Many local websites designate which meetings are now online due to COVID-19 pandemic
- Attend only “open” meetings
- Introduce yourself to greeter if at door
- Be honest and direct about your role as physician observer

# ATTENDING A MEETING

- Respect confidentiality
- Feel free to join in prayer or closing ceremony
- Give a few dollars if you feel comfortable
- No note taking
- Show gratitude for opportunity to sit in

# SUGGESTED SCRIPT

“Hi, my name is X. We are group of physicians who are taking a course to learn about addiction so we can do a better job taking care of our patients. Since this is an open meeting, is it ok for us to sit in? We really appreciate the chance to be here.”



# ADDITIONAL GUIDANCE FOR VIRTUAL MEETINGS

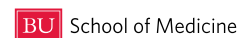
- Log in 5-10 minutes early to introduce self to facilitator if possible
- When called on, share name and role as physician observer
- Follow Zoom etiquette for meeting
  - Be on video and attentive if others are on video
  - Go off video if asked by facilitator
  - Mute self after introduction
- No recording, screen shots, or note taking
- Some meetings have been challenged by “Zoom bombers” – feel free to log off if there is inappropriate content

# RECOVERY SUPPORT SERVICES

- Recovery Support Services delivered by peers through formal structures and special roles, in various and settings
- Key roles: relationship building, harm reduction, navigation, supporting behavior change
- Associated with high patient satisfaction
- Some states beginning to standardize training
  - MA DPH 5-day Recovery Coach Academy
  - Certified Addiction Recovery Coach credentialing

Jack et al, *Substance Abuse*, 2018. 39 (3): 307-314

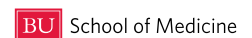
BSAS Recovery Coach Trainings. <https://careersofsubstance.org/resources/training-search/bsas-recovery-coach-trainings>. Accessed 10/12/20.



# EVIDENCE FOR PEER RECOVERY SUPPORT SERVICES

- Systematic review<sup>1</sup>
  - 9 studies
  - Overall positive effect on substance use outcomes
  - Limited, weak data
  - Varying definitions of peer support
  - Lack of RCTs and comparison groups
- RCT<sup>2</sup>
  - Inpatient linkage to peer recovery coaching
  - Engagement at 6 months improved (84% vs 34%)
  - No change in frequency of substance use

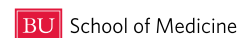
**More evidence needed to determine training, dose, context, and effectiveness in target populations as well as appropriate supports**



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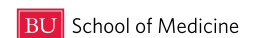
**More evidence needed to determine training, dose, context, and effectiveness in target populations as well as appropriate supports**





# 2021 SYSTEMATIC REVIEW

- 12 studies
  - 2 RCT
  - ½ had comparison group
- Outcomes studied
  - Linkage to treatment
  - Follow-up support
  - MOUD initiation
- None reported on MOUD retention
- “Findings ...were inconsistent and difficult to compare due to the heterogeneity of PRSS interventions and methodological limitations”



# OBSERVATIONAL DATA

- 9 peer recovery coaches engaged 1171 patients in a large integrated health system 2015-2017
- Utilization, treatment engagement and opioid use compared 6 months pre- vs 6 months post-PRC engagement
  - 44% decrease in hospitalization
  - 9% decrease in ED utilization
  - 66% increase in overall outpatient care utilization
  - In those starting buprenorphine, significant increase in bupe treatment engagement (OR 1.89, 1.49-2.39) and abstinence (OR 1.32, 1.02-1.70)

# MORE TO COME

- Expanding peer recovery support roles named in The Biden-Harris Administration's Statement of Drug Policy Priorities

