

Familiarizing yourself with Alcoholics Anonymous dictums

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From “90 minutes in 90 days,” to “people, places, and things,” to “cucumbers and pickles,” Alcoholics Anonymous (AA) slogans have been influencing the public’s understanding of the addictive process for almost a century. Regrettably, these terms have, inadvertently, alienated the scientific community. The translation and subsequent use of AA slogans has been a valuable tool in engaging science experts with mutual-help fellowships such as AA.

Recent advances in the neurobiology and neurochemistry of addiction have validated

several of the memorable sayings of AA.¹ As a result, physicians and scientists are now more willing to explore AA’s mottos.

Here are five well-known AA slogans that we have translated into medical terms and then briefly assessed in terms of their validity and relevance in today’s treatment of alcohol addiction:

1. “90 meetings in 90 days”

This refers to the participant’s first three months of sobriety. This period is characterized by enhanced (but gradually decreasing) glutamergic activity.

Another Pearl: Alternatives to 12-step groups

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Persons addicted to drugs often are among the most marginalized psychiatric patients, but are in need of the most support.¹ Many of these patients have comorbid medical and psychiatric problems, including difficult-to-treat pathologies that may have developed because of a traumatic experience or an attachment disorder that dominates their emotional lives.² These patients value clinicians who engage them in an open, nonjudgmental, and empathetic way.

Eliciting a patient’s reasons for change and introducing him (her) to a variety of peer-led recovery group options that complement and support psychotherapy and pharmacotherapy can be valuable. Although most clinicians are aware of the traditional 12-step group model that embraces spirituality, many might know less about other groups that can play an instrumental role in engaging patients and placing them on the path to recovery.

Moderation Management³ is a secular organization that provides peer-run support

groups for patients concerned about their alcohol consumption, and who are considering whether moderation is a workable option. Moderation Management holds that, although abstinence may be the best outcome for many participants, it is not the only measure of success.⁴ The goal for many patients who cannot or will not obtain sobriety may be “controlled” drinking. This can be useful for persons who want to temper their alcohol use.

SMART (Self-Management and Recovery Training) Recovery⁵ is a nonprofit organization that does not employ the 12-step model; instead, it uses evidence-based, non-confrontational, motivational, behavioral, and cognitive approaches to achieve abstinence.

Women for Sobriety⁶ helps women achieve abstinence.

LifeRing Secular Recovery⁷ works on empowering the “sober self” through groups that de-emphasize drug and alcohol use in personal histories.

TRUE! Clinically, the first three months of sobriety constitute the most severe part of prolonged withdrawal syndrome and pose the most dangerous opportunities for a relapse.

2. “Keep it simple”

This refers to the notion that monotherapy is superior to combination therapy.

NOT TRUE! Clinical research and everyday practice of addiction treatment show that combination approaches—with medications, group psychotherapy, individual psychotherapy, involvement in mutual-help groups, family therapy, primary care, and treatment of psychiatric comorbidities—typically result in better outcomes than singular approaches.²

3. “Denial is not just a river in Egypt”

This implies that psychotherapy dur-

ing the pre-contemplation stage of change is futile.

NOT TRUE! Since motivational interviewing was introduced in the treatment of addiction, we have learned how to effectively work with patients who are in complete denial and have absolutely no interest in changing anything about their life.³

4. “Beware of people, places, and things”

This means to identify, avoid, and cope with triggers of relapse.

TRUE! Otherwise known as “cues” in psychology literature, triggers of relapse have been implicated in both the basic understanding of the addictive process and its treatment. “Classical conditioning” and “operant conditioning” models of behavior incorporate triggers. Additionally, cognitive behavior thera-

Combination approaches to addiction treatment typically result in better outcomes

Rational Recovery⁸ uses the Addictive Voice Recognition Technique to empower people overcoming addictions. This technique trains individuals to recognize the “addictive voice.” It does *not* support the theory of continuous recovery, or even recovery groups, but enables the user to achieve sobriety independently. This program greatly limits interaction between people overcoming addiction and physicians and counselors—save for periods of serious withdrawal.

The Community Reinforcement Approach (CRA)⁹ is an evidence-based program that focuses primarily on environmental and social factors influencing sobriety. This behavioral approach emphasizes the role of contingencies that can encourage or discourage sobriety. CRA has been studied in outpatients—predominantly homeless persons—and inpatients, and in a range of abused substances.

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py helps extensively with maintaining sobriety. Even the DSM-5 gives a nod to “people, places, and things” by introducing “cravings” as a bona fide criterion of a substance use disorder.

5. “A cucumber that has become a pickle cannot become a cucumber again”

This saying means that once the neuroadaptations that signal the engraving of the addictive process at the mesolimbic system (and related structures) have been set, the “brain switch” is turned on and stays on for the remainder of the person’s life.

EQUIVOCAL. It is not clear, and highly debatable, whether an alcoholic who has been sober for more than 20 years still

has a heightened vulnerability to reverting to alcoholism after consumption of alcohol. What is evident is that, even if the neuroadaptations responsible for hijacking the pleasure-reward pathways of the brain one day return to a normal, pre-addiction state, this healing process takes a long time—probably measured in decades, not years.

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