



AA-Exposure and Attitudes of 12-Step Proscriptions About Medications

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INTRODUCTION

Alcoholics Anonymous (AA) is the most popular mutual-help program for people with alcohol-related problems, and referral to AA during and after treatment is common (Humphreys et al., 1999a; Humphreys et al., 1999b; Emrick & Tonigan, in press). Also common is the use of medications during and after treatment for detoxification, drink refusal, and relapse prevention. What is unclear is how, if at all, the *message* in AA for complete abstinence from mind altering drugs may influence medication compliance, especially in regards to the broader category of medications prescribed for depression, anxiety, and mood disorders. Investigation of the concordance between AA prescriptions and medication compliance is therefore of practical importance to determine if, as presumed, there is a beneficial additive effect (or not) between two common therapeutic practices for the treatment of alcoholism.

The purpose of this study was to compare the views about AA proscriptions about medications among three self-selected groups of AA exposed individuals (none, prior, and current). Prior work in this area has not used comparison groups in their analyses and, as such, it is unclear whether reported AA member attitudes about medication compliance (Rycktarick et al., 2000) reflects AA specific attitudes and influence or, alternatively, general attitudes of problem drinkers towards medications.

METHODS

This study was done in the context of a larger 10-year follow-up study of the Project MATCH sample recruited in Albuquerque, NM. The assessment interview took about 3 hours to complete and included 2 semi-structured interviews (Form 90, Miller, 1996; SCID), and 13 self-report questionnaires. Four measures were central to this study: The Mutual-help Program Questionnaire (MHPQ), the Form 90 (Miller, 1996), the General Alcoholics Anonymous Tools of Recovery (GAATOR: Montgomery et al., 1995; Tonigan et al., 2000), and the Demographics interview.

The MHPQ was a 25-item self-report questionnaire that was a revision of the 13-item Alcoholics Anonymous Inventory (AAI: Tonigan et al., 1996). Additional items in the MHPQ included 3 statements about medications. The 3 medication statements were: (1) People at 12-step meetings generally say that it is fine to take medications that will help with drinking problems, (2) People at 12-step meetings generally say it is wrong to take medications to reduce the desire to drink, and (3) People at 12-step meetings generally say that it is fine to take medications for emotional

problems. Item choices to these statements were, Disagree, Don't know, and Agree.

The Form 90 collected frequency of AA meetings attended between each interview, and this assessment was used to subdivide clients into one of 3 self-selected groups based upon 10-years of continuous data: (1) no AA attendance, (2) some AA attendance after MATCH therapy, but no AA attendance after the 3-year interview, (3) sustained AA attendance for a 10-year period. The condition of sustained AA attendance was met when any AA attendance was reported in a given interview (e.g., no threshold of AA attendance was applied).

RESULTS

Of the 175 eligible clients at 10-year follow-up, 133 were successfully interviewed (76.0%). About 29% (n = 38) of the sample was female, and 48% were Hispanic (n = 64), 43% were White (n = 57), and the remaining 9% were African American (n = 3), Native American (n = 6), and Other (n = 3). Table 1 shows intake and 3-year characteristics of the 3 AA groups.

Table 1
Characteristics and History of Three Self-Selected Groups of AA Exposed Individuals at 10-Year Follow-up

Variable	No AA (n = 48)	Prior AA (n = 49)	Sustained AA (n = 33)	P
Percent Male	62.5%	73.5%	78.8%	.25
Percent White	45.8%	44.9%	30.3%	.31
Intake				
Religiosity	33.30	38.75	41.36	.01
Alcohol Dep	32.56	33.53	33.14	.91
Social Support	.16	.02	-.10	.06
Motivation	10.29	10.67	10.54	.60
Proportion AA	.01	.03	.03	.14
PDA	.33	.41	.35	.41
3-Year History				
PDA	.66	.76	.77	.18
Proportion AA	.00	.03	.09	.08

Three 3 x 3 Chi-square models were tested to assess whether reactions to 3 statements about medications systematically varied by AA affiliation. Along one dimension was AA group (none, prior but not current, and prior and current), and on the second dimension was the reaction to a medication statement. To the statement that is fine to take medications to help with *drinking problems*, no relationship was found between AA category and response to the advisability of medications, $P^2(4) = 8.15$, $p < .09$. Overall, 28.9% reported that they disagreed that it was fine to take such medications, 55.5% reported, "don't know", and 15.6% agreed that it was fine to take medications for drinking problems. Likewise, the proportion of clients by AA category agreeing with

the statement that it is wrong to take medications to reduce the *desire to drink* was not different, $P^2(4) = 6.23$, $p < .18$. Here, 17% of the clients with no AA affiliation agreed with the assertion relative to 24% of the current AA members. Finally, the AA groups did not differ in the proportion of group members endorsing the use of medications for *emotional problems*, $P^2(4) = 8.18$, $p < .09$. Here, 10% of the no AA group agreed with such use, 13% of the prior AA group agreed, and 33% of the prior and current AA group agreed that it was fine to take medications for emotional problems.

DISCUSSION

Finding indicated that degree of AA exposure was unrelated to perceptions about whether 12-step members generally approve of taking medications either to help with drinking problems or to reduce the desire to drink. Similarly, no relationship was found regarding the degree of AA-exposure and perceptions of 12-step members' opinions on psychotropic medication use for emotional problems.

Due to the widespread recommendation for AA involvement, increasing use of pharmacological adjuncts in substance use disorder (SUD) treatment and improved detection and treatment of psychiatric comorbidity among SUD patients, many of which receive pharmacological intervention, future research should explore the nature of the relationships between medication use, initial and ongoing AA involvement and outcomes.

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