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12 STEP RECOVERY IN MEDICAL PRACTICE

Dr Naham (Jack) Warhaft

MBBS, FANZCA, GradDipSubsAbuse, FACHAM (RACP)
Addiction Medicine physician
Melbourne
Victoria
AUSTRALIA

12-STEP RECOVERY IN MEDICAL PRACTICE

In Australia and New Zealand *addiction medicine* is highly skewed to harm reduction. It is, in the main, *medical management (mainly pharmacotherapy), with psychosocial support*. 12-Step Recovery is poorly understood and seldom offered.

Abstinence is the gold standard for resolution of drug addiction, should be offered as the ideal treatment option. 12-Step programs provide a high quality, intense and enduring pathway for recovery maintenance. Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) can be incorporated in the practice of what might be termed '*Recovery Medicine*', that is, *psychosocial management with medical support*.

BACKGROUND

Addiction medicine in Australia and New Zealand is dominated by harm reduction

There are about 200 FACHAM's for 30 million people. (Only about 5 have lived experience of addiction). GPs and other doctors care for the bulk of AOD patients.

Many GPs have a special interest in AOD

There is a strong emphasis on Pharmacotherapy

Abstinence based Recovery is 'too hard'.

Very little support for 12 Step programs

RECOVERY

Resolution of AOD problem

Progressive attainment of optimal global health

Good citizenship

· (William White)

RECOVERY IS MULTI-DISCIPLINARY

KEY TEAM COMPONENTS

Medical care (addiction med, psychiatrists, GP)

Nurses

Counsellors

Psychologists

Social workers

Lawyers

Other professionals

Family members

PEER SUPPORT

RECOVERY MANAGEMENT

- Medical Practitioner has vital role as part of the team
- - diagnosis (including review)
 - detoxification
 - medication (including review)
 - initiation of peer support
 - 12 step facilitation

RECOVERY MEDICINE

12 STEP FACILITATION

Explanation of the disease model

Explain that there is no medication to treat addiction

Necessity for change

- Options for Recovery Maintenance should be
- - High quality
 - Intense
 - Enduring
 - Accessable, affordable

12-Step facilitation

PREPARATION

ATTEND AT LEAST 3 MEETINGS OF AA

ATTEND AT LEAST 3 MEETINGS OF NA

Familiarise meetings lists

Make personal contact with at least 2
members of each Fellowship

BARRIERS TO RECOVERY

STIGMA

Lack of social skills

‘GOD’ thing

‘I’m not as bad as...’

Dishonesty (self and others)

Arrogance

Unwillingness to change

Support Network

AA or NA Group

Family

Friends - (many are new!)

AOD counsellor

GP

Psychologist or psychiatrist if required

PEER SUPPORT

Common thread of all programs

Engenders trust

Social connectedness

- group conscience
- home group
- service to others

Sponsorship

Resources

Disease Model

1. Surgeon-General Report 2016 – ‘Facing Addiction in America’

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2. Dr Nora Volkow (NIDA)

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– various publications for lay readers

3. Dr Kevin McAuley

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– ‘Pleasure Unwoven’ – ‘Memo to Self’

Resources - Recovery

AA and NA Service Office – All major cities

‘NARCOTICS ANONYMOUS’ - BASIC TEXT Available at most meetings.

‘ALCOHOLICS ANONYMOUS’ - BIG BOOK Available at most meetings

THE 12 STEPS FOR AGNOSTICS AND ATHEISTS

AA AGNOSTICA (Google)

‘FROM THE HORSES MOUTH’ Personal stories of addiction and recovery,
including

ANTHONY HOPKINS, BARRY HUMPHRIES and BETTY FORD

Agnostic Twelve Steps

- 1. We admitted we were powerless over alcohol—that our lives had become unmanageable.**
- 2. Came to believe and to accept that we needed strengths beyond our awareness and resources to restore us to sanity.**
- 3. Made a decision to entrust our will and our lives to the care of the collective wisdom and resources of those who have searched before us.**
- 4. Made a searching and fearless moral inventory of ourselves.**
- 5. Admitted to ourselves without reservation, and to another human being the exact nature of our wrongs.**
- 6. Were ready to accept help in letting go of all our defects of character.**
- 7. With humility and openness sought to eliminate our shortcomings.**
- 8. Made a list of all persons we had harmed, and became willing to make amends to them all.**
- 9. Made direct amends to such people wherever possible, except when to do so would injure them or others.**
- 10. Continued to take personal inventory and when we were wrong, promptly admitted it.**
- 11. Sought through meditation to improve our spiritual awareness and our understanding of the AA way of life and to discover the power to carry out that way of life.**
- 12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.**

Resources

RUSSELL BRAND

- 'FROM ADDICTION TO RECOVERY' includes interviews with David Nott, Clare Gerada and Neil McKegany
- 'A leading UK proponent of methadone said "If my daughter was a heroin addict I would drop anything to get her into a residential rehab program"'.
- Most addicts want to be drug free

Should we disclose our lived experience?

If the physician happens to be in personal recovery, it may be useful to disclose it, as it is a powerful way of establishing trust among a client group to which trust does not come easily

SUMMARY

12-Step Recovery in medical practice is challenging, as it confronts pre-conceived ideas held by members of our own profession, as well as of our clients. However the reward is that of restoration of desperate and hopeless individuals to happy and productive members of society.