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Navigating Taboos, Dissonance, and Risk: Supporting Those Exiting 12-Step Programs

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Purpose

While this is NOT a 12-Step bashing session (I have deep reverence for 12-Step recovery programs), I do intend to speak openly and directly to some of the pros and cons of the programs and philosophies, as well as the wide variety of outcomes that result when people leave the organizations.

Quotes from Bill Wilson and other AA Literature

Most of us sense that real tolerance of other people's shortcomings and viewpoints and a respect for their opinions are attitudes which make us more useful to others. (Alcoholics Anonymous, 1939, p. 30)

AA has no monopoly on reviving alcoholics. (Wilson, 1944/1988, p.98)

The average member of Alcoholics Anonymous does not suppose we have a cure-all. (Wilson, 1945b, p. 239)

In all probability, we shall never be able to touch more than a fair fraction of the alcohol problem in all its ramifications. Upon therapy for the alcoholic himself, we surely have no monopoly. (Alcoholics Anonymous, 1955, p. ix)

In no circumstances should members feel that Alcoholics Anonymous is the know-all and do-all of alcoholism. (Wilson, 1965/1988, p. 332)

Quotes from Bill Wilson and other AA Literature

Then, too, it would be a product of false pride to believe that Alcoholics Anonymous is a cure-all, even for alcoholism. (Wilson, 1963/1988, p.346)

When you consider the ramifications of this disease, we have just scratched the surface. I think we should humbly remember this. (Wilson, 1969, p. 9)

It is an historical fact that practically all groupings of men and women tend to become more dogmatic; their beliefs and practices harden and sometimes freeze. This is a natural and almost inevitable process…. But dogma also has its liabilities. ***Simply because we have convictions that work well for us, it becomes very easy to assume that we have all the truth….This isn't good dogma; it's very bad dogma. It could be especially destructive for us of AA to indulge in this sort of thing.*** (Wilson, 1965/1988, p. 333)

Quotes from Bill Wilson and other AA Literature

Besides the 285,000 [AA's active membership in 1969] there are hundreds of thousands — ***maybe 200,000, for all we know, 300,000 recovered AA's on the sidelines who do not get caught up in the active statistics, people who have remained for the greater part sober, who are carrying AA attitudes and practices and philosophies into the community life.*** (Wilson, 1969, p. 3)

It used to be the fashion among some of us in A.A. to decry psychiatry, even medical aid of any description, save that barely needed for sobering up. We pointed to the failures of psychiatry and religion. We were apt to thump our chests and exclaim, "Look at us. We can do it, but they can't." It is therefore with great relief that I can report this to be a vanishing attitude. Thoughtful AA members everywhere realize that psychiatrists and physicians helped to bring our Society into being in the first place and have held up our hands ever since…. So let's bring to this floor the total resources that can be brought to bear on this problem…Let us think of unity among all those who work in the field…Let us stand together in the spirit of service. (Wilson, 1958)

Quotes from Bill Wilson and other AA Literature

Please know that we [AA] hold ourselves ready for scientific investigation; that we fully realize that we are but a small part of the total effort going on in this broad field and so wish to aid where we can. (Wilson, 1950)

Pioneering in A.A. of course has not stopped. I hope it never will. (Alcoholics Anonymous, 1957, p. 80)

Our first concern would be with those sufferers that we are still unable to reach…. Some cannot be reached because they are not hurt enough, others because they are hurt too much. (Wilson, 1965/1988, p. 331)

If anyone, who is showing inability to control his drinking, can do the right about-face and drink like a gentleman, our hats are off to him. Heaven knows we have tried hard enough and long enough to drink like other people! (Alcoholics Anonymous, 1939, p. 42)

Quotes from Bill Wilson and other AA Literature

Then we have a certain type of hard drinker. He may have the habit badly enough to gradually impair him physically and mentally. It may cause him to die a few years before his time. If a sufficiently strong reason-ill health, falling in love, change of environment, or the warning of a doctor-becomes operative, this man can also stop or moderate, although he may find it difficult and troublesome and may even need medical attention. (Alcoholics Anonymous, 1939, p. 31)

Rather shall we reflect that the roads to recovery are many; that any story or theory of recovery from one who has trod the highway is bound to contain much truth. (Wilson, 1944/1988, p. 98)

It should be noted that some of the recovery methods employed outside A.A. are quite in contradiction to AA principles and practices. Nevertheless, we of AA ought to applaud the fact that certain of these efforts are meeting with increasing success. (Wilson, 1958)

Quotes from former AA members (1)

“**The best part of leaving AA was feeling like I returned to some normalcy. In AA, my whole life was centered around the program and that felt weird as a young person.** In reality, I joined in with the druggie table-waiting crowd and dove head first into lots of drugs that I hadn’t tried before. Sounds real normal, right?

The worst part of leaving AA was that I stopped caring about myself. All of the positive habits and activities that I previously engaged in were left by the wayside. I stopped praying, I stopped meditating, I stopped going to meetings, I stopped sponsoring guys, I stopped living a good life to go back to the shit that kept trying to kill me.” - Anonymous Person #1

Quotes from former AA members (1)

“**My AA friends offered their support and tried to get me to come back, but that didn’t last. We are taught to avoid active drug users in recovery, especially early recovery, and my sober friends probably didn’t need to be associating with me. Looking back on it all, it really felt like I was totally cut off from that circle. I still haven’t talked to many of my close friends from that time, since going back out. Part of that is due to my own embarrassment and shame**. Every so often I am honest with someone about all this.. I have spoken to a counselor, my dad, my wife.. They all tell me the truth, which makes me really uncomfortable. I tend to break down in tears when I get confronted about my drinking or drug use… If I wasn’t an alcoholic or drug addict, why would I burst into tears when my dad asks me if I’m drinking too much?” - Anonymous Person #1

Quotes from former AA members (2)

“**The hardest part about leaving AA is you have to be entirely (or somewhat) sure what your own ‘structure’ and internal boundaries will be, and then also have the flexibility to have your structure change as you change**. And then you have to have enough external accountability to stick to your structure in a way that works for you where it might not be accepted within a 12-step space. For instance **I've been using marijuana with fairly little internal conflict** (feel like it works within my structure of values and the way I want my life to look), **yet I was very distressed about persistent thoughts of using kratom/opiates** (which would not align with my values and what I want for myself as a person with a propensity for addiction). The hardest part, then, was to find support for those feelings specifically as part of a bigger picture. However I wouldn't have been able to go into an AA meeting like I used to and say ‘I've been smoking weed, but I really don't want to use this other drug.’ So I had to seek that support elsewhere.” - Anonymous Person #2

Quotes from former AA members (3)

“**For me, AA was positive for me at the time and overall. It did give a sense of community but best of all it gave me that repetition of praying to God, and acknowledging my failures.** I still hold that even though I left the program. I really don’t have any negative thoughts on any of it, and I guess it did give me a restart on how I approached life. **I am back drinking but much more responsibly and it is not my crutch anymore.** I have much more important things in life now! No negatives from me.” - Anonymous Person #3

Quotes from former AA members (4)

“Hey Lee! Good to hear from you man! Your assumption is correct - **I have left the AA community and do in fact now drink alcohol**.

The transition to “going out” was slightly difficult because, over the course of 10 years of sobriety, **I had internalized the dogma of AA which led to feelings of shame.** During the last 3-4 years of my sobriety I had ended most of my personal relationships with people in the program so for me the social pressure was not much of a factor.” - Anonymous Person #4

Quotes from former AA members (4)

“**The best part of leaving AA was that I felt freedom to reform myself as I best saw fit and seek support networks outside of the traditional AA program.** In my opinion, AA is a closed society, arguably a religion, with potentially outdated scientific information when it comes to addiction. Based on my experience in the last three years of ‘being out’, I believe that I have proven that to myself with my own personal successes. **Essentially all of the things people told me would happen if I returned to using alcohol/drugs while I was within the community did not happen at all.**

The worst part: feelings of shame from the internalized dogma of AA, as I mentioned before. I do also feel a small loss from the ‘fellowship’, however since I had already ended most of the personal relationships I had that has been a very small component.” - Anonymous Person #4

Pathways

1) Leaving 12-Step with intention of maintaining abstinence

2) Leaving 12-Step with ambivalence about abstinence

3) Leaving 12-Step with intention of returning to alcohol or other drug (AOD) use

*Depending on if the reader is a clinician or a peer, not all of these considerations may fall into the scope of both roles.

Leaving 12-Step with intention of maintaining abstinence

- Do NOT get into “fortune telling” (“I guarantee that if you stop going to meetings, stop calling your sponsor, stop sponsoring others, etc… that you won’t stay sober.”)
- Help them process the fact that they may likely receive the type of feedback listed above from friends of theirs in recovery

Leaving 12-Step with intention of maintaining abstinence

- Explore reasons for wanting to leave
  - Is it due to resentment towards a particular person or group within a 12 step program?
  - Is it due to the “disease concept?”
    - Bill Wilson explicitly avoided using the phrase “disease” in the Alcoholics Anonymous text to avoid controversy

Leaving 12-Step with intention of maintaining abstinence

There are a variety of ways to conceptualize addiction, such as -

- psychological (adaptive) model
- biopsychosocialspiritual model
- genetic predisposition model
- self-medication hypothesis
- attachment model
- personality model

Leaving 12-Step with intention of maintaining abstinence

- Clients agreeing with the disease model of addiction is not a prerequisite for me to try and help them resolve their AOD problem.
- The therapeutic relationship is paramount (more important than anything else.)

Leaving 12-Step with intention of maintaining abstinence

- Have they participated in a group that is more hardline or cult-like in nature? (Hero worship of sponsors, degradation of others outside of said group, heavy emphasis on “first thought wrong” - unhelpful creation of self doubt, self loathing, etc.) — if so, the client might consider exploring alternative groups, flavors, or even entirely different 12-Step programs (moving from AA to NA / CA) versus quitting entirely.

Leaving 12-Step with intention of maintaining abstinence

- If the client has an idea that they have to be attending 7 meetings per week, sponsoring a dozen people, service commitments, etc to “be in AA”, help them consider whether it’s all or nothing thinking to quit entirely versus simply stepping back participation in group / organization activities
- Propose client explore non-12 Step recovery organizations (SMART, Refuge Recovery, Recovery Dharma, Celebrate Recovery, etc.) versus zero participation entirely

Leaving 12-Step with intention of maintaining abstinence

- Craft a plan together where the person lists out pro-recovery behaviors, warning signs (internal and external), and red flags so they themselves and / or others can help them stay accountable to their goals - this is relevant because 12-Step recovery organizations (and other mutual aid organizations / LEROs) have general guidelines or frameworks by which participants can gauge their recovery stability.
- I'm not saying that someone who's leaving a 12-Step recovery organization can't stay sober, but I do believe that the decision to do so often can have a large impact on one's recovery capital (especially in the short to medium term)

Leaving 12-Step with ambivalence about abstinence

- “Harm reduction” is not simply a label that can be slapped onto AOD use to make it inconsequential.
- The only way to ensure that there will be no harms associated with AOD use is to abstain entirely.
- If you have abstained from AOD for a period of time, it’s recommended that you use great caution and discuss openly with a variety of people before attempting controlled use.

Leaving 12-Step with ambivalence about abstinence

- Do the benefits of using AOD again actually outweigh the risks?
- Motivational interviewing
- Ask individual to survey friends and family members, ask for opinions of trusted people and loved ones

Leaving 12-Step with ambivalence about abstinence

- Remember that there's no rush to resume use ("AOD aren't going anywhere anytime soon")
- As opposed to hyperbolic "to drink is to die" statements (which I don't even think is meant literally for everyone in the Alcoholics Anonymous book), explore actual, potential, and likely consequences
- SMART Recovery CBA (Cost-Benefit Analysis)

Leaving 12-Step with intention of returning to alcohol or other drug (AOD) use

- Ideally, they would tell their closer 12-Step friends that they are planning to use alcohol or other drugs BEFORE they do so.
  - The idea is that this would give them some natural changes to hear potentially helpful feedback from friends.
  - There is a chance that the feedback could be harmful, though (as in, exacerbate abstinence violation effect.)

"Abstinence Violation Effect"

It breaks my heart (and sometimes makes me angry) whenever I hear people in recovery with zero history of opioid use say "if I relapse, I'm just going to go ahead and use heroin because I'll already be screwed anyway, so might as well go all in!"

There is a marked between someone returning to AOD use and organically beginning to binge, redose compulsively, and gravitate towards more dangerous and chaotic behavior and someone slipping and intentionally deciding "well, I'll have to reset my sobriety date anyway, so might as well ride it 'til the wheels fall off."

The common name addiction is reserved for severe SUD, defined by 6 or more symptoms and found in approximately 4% to 5% of adults. Those with mild to moderate SUD (ie, 2-5 symptoms) comprise a much larger proportion of the adult population (13%) and thus account for far more substance use-related harms to society than those with severe SUD (ie, addiction).

McLellan AT, Koob GF, Volkow ND. Preaddiction—A Missing Concept for Treating Substance Use Disorders. JAMA Psychiatry. Published online July 06, 2022. doi:10.1001/jamapsychiatry.2022.1652

Leaving 12-Step with intention of returning to alcohol or other drug (AOD) use

- If they tell a few friends beforehand, that does allow for this person to have more influence on the messaging that others will receive on them “going back out”
  - In general, it appears that people are less concerned if someone discusses their plans to no longer remain sober on the front end, versus hearing about it afterwards. Especially if someone suddenly “goes silent” and drops off the radar.)

Harm reduction ≠ harm elimination
Harm reduction ≠ business as usual
Harm reduction ≠ drug use is encouraged

Leaving 12-Step with intention of returning to alcohol or other drug (AOD) use

- The person will likely lose some friends as a result of using AOD, especially if there's a large age gap or the ONLY thing they had in common was sobriety.
- Help client create harm reduction plan (see suggested format)
- Discuss the fact that if they do, in deed, have an addiction, that they may not be able to stick to their harm reduction plan and they might have some unforeseen denial / defensiveness crop up that will be difficult to plan or account for

Leaving 12-Step with intention of returning to alcohol or other drug (AOD) use

- Emphasize the need for ongoing honesty, accountability, and not using alone
- Encourage supplementary, pro-social behaviors and activities (hobbies, exercise, joining clubs, organizations, etc.)

“Relapse”

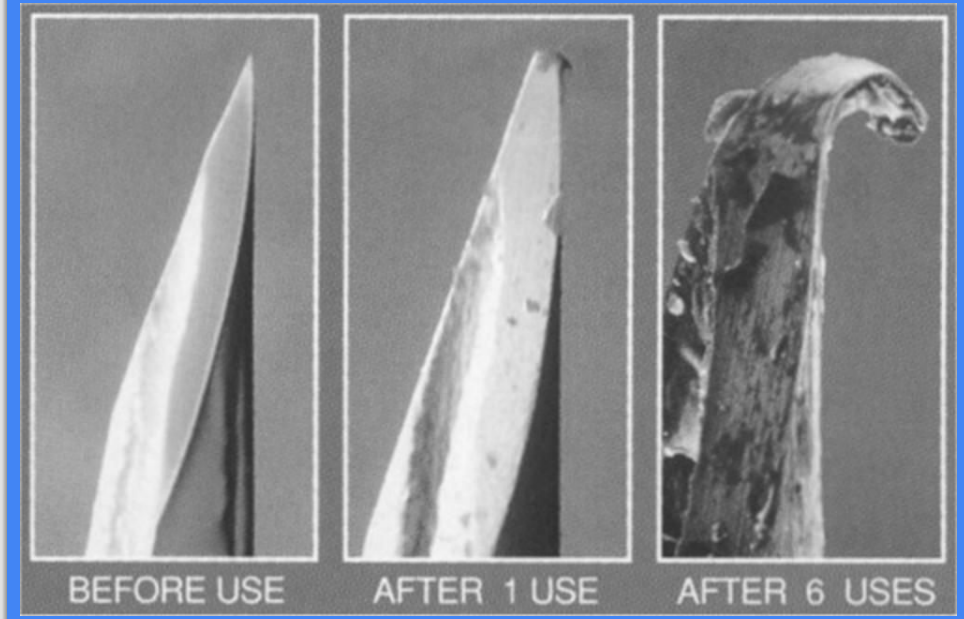
- Relapse is not a part of recovery
- Relapse is not inevitable
- Relapse is not required
- Relapse is not trivial / insignificant

“Relapse”

- Relapse happens
- Relapse is common
- Relapse shouldn’t be shameful
- ***Relapse after a period of abstinence can be more dangerous than long-term use with a tolerance***

IV Drug Use

“Missed shots”
Reusing needles
Sharing needles



Harm Reduction Suggestions / Safety Steps

- Stagger use
- Never use alone
- Keep naloxone on hand
- Use drug checking equipment such as fentanyl test strips
- Start small (you can always take more but you can never “untake”)
- Don’t mix opioids with other depressants like alcohol and benzodiazepines

Harm Reduction Suggestions / Safety Steps

- Psychedelic supply very impure
- P2P meth, increased likelihood of short-term psychosis
- THC derivatives / concentrates / carts more dangerous than cannabis plant
- Chocolate chip cookie effect
  - Fentanyl or other adulterants being “clumped into” portions of pressed pills
- Recognition that many new, obscure adulterants have entered the drug supply
  - Would not show up on fentanyl test strips

Harm Reduction / Moderation Plan

- Intentions -
  - What is the client's intentions regarding substance use or engagement in behavior? Is it to have fun? Relax? Cope?
  - Accentuate a particular experience (concerts, hiking, etc.)?
  - Is it only with certain people, or only in certain locations?
- Considerations –
  - What things do we need to keep in mind while building this plan together? Could include…
    - Family history of SUD or mental health disorders
    - Proclivity towards binging
    - Risks associated with the current drug supply
    - Impact that substance use /behaviors could have on mental health disorders or medications, etc.

Harm Reduction / Moderation Plan

- Guidelines -
  - Specificity is key in this section.
  - Questions to answer –
    - How often (how many times per week)?
    - Which days per week?
    - Time spent engaging per day / per week?
    - Certain number of days in a row?
    - Abstinence conditions (poor sleep, have not eaten, work the next day, emotionally dysregulated, etc.)
    - Amount of substance or behavior (per day, week, and / or month)
    - Substance type (beer, wine, liquor, flower, carts, edibles, dabs, etc.)
    - Substance strength (ABV, % THC, etc.)
    - Mixing substances / behaviors?

Keep in mind how risky impaired driving is and how adulterated the drug supply is!)

Internal Warning Signs	External Warning Signs	Red Flags
Thinking of disregarding HR	Defensiveness when talking about substances	Driving under the influence
Lying about consumption	Evidence of substance use outside of guidelines (smelling like alcohol or smoke, for example)	Showing up to appointments or other events intoxicated
Avoiding obligations to use	Consumption that clearly exceeds guidelines	Using substances that had been identified as being completely off-limit
Extreme distress when adhering to guidelines	Obtaining and / or collecting substantial amounts of substances	Completely dropping or discontinuing meaningful role to use substances

Who I can share my plan with: People that the client can share this worksheet with.

How I would like my support system to share concerns: To try and avoid an unnecessary amount of argumentation or disagreement. What is the way that someone could discuss this potentially sensitive topic with you in the least offensive way possible?

What will I do if my plan is not working: Consider abstaining for a period ("abstinence sampling"), engaging in a recovery program (whether it be Harm Reduction Works or an abstinence-based program), medication to assist with recovery, treatment and / or withdrawal management ("detox") if needed.

Thoughts?
Questions?
Comments?

Citations

Personal Interviews with former AA members via text message 10/18/23 - 10/20/23

https://recoveryreview.blog/

White, W., & Kurtz, E. (2010). A message of tolerance and celebration: The portrayal of multiple pathways of recovery in the writings of Alcoholics Anonymous co-founder Bill Wilson.

White, W. (2000). Addiction as a disease: Birth of a concept. Counselor, 1(1), 46-51, 73.

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