1987

Time to build bridges

There was much that was unhelpful and counter-productive in the sector 'abstinence v harm reduction' furore that kicked off in 2008 after the government struggled to respond effectively to media claims of treatment ineffectiveness.

However from the ashes of that firestorm came a more productive debate about what recovery actually meant and an acknowledgement that those who were often seen at the margins of the mainstream treatment highway including residential rehabilitation and peer support groups of all stripes, all had something to offer to clients depending on individual need. However as far back as 1987, came a call from **Dr Brian Wells**, then a senior registrar at the Maudsley drug dependence unit in south London, that the treatment sector should not be so dismissive of the philosophy of the 12 steps approach, and accept that for some people, it is an approach they can successfully embrace.

NA AND THE 'MINNESOTA METHOD' IN BRITAIN

No one seems to know who coined the term 'Minnesota method'. Many object to it, including most who practice it, preferring terms such as 'abstinence model', 'multidisciplinary treatment' or a 'twelve step approach'. To some not involved, the term conjures up a picture of private companies fleecing the wealthy and those with medical insurance for a form of 'treatment' that involves concepts such as 'the disease of addiction', the need for abstinence from everything including cannabis and alcohol, and the introduction of God or religion as essential to recovery. Not an easy mixture for the politically aware street agency drugs worker to feel comfortable with.

Narcotics Anonymous (NA) – the self-help group that Minnesota method projects refer clients to – is sometimes seen as a clique, centred on Chelsea, of use only to the articulate, vocal and preferably rich. The package of Minnesota method 'private' treatment with subsequent referral to NA is unsavoury to some with influence in the field of drug abuse, resulting in attitudes that at times even discourage the NA attendance of drug abusers who may have little else going for them.

Much of the conflict is due to misunderstanding and ignorance. Many assumptions are made about NA and its apparent links with the 'private sector', often via second-hand reports from clients unable or unwilling to engage in either NA or associated treatment, or both. Some assumptions are understandable, others are due to political bias and rigid attitudes, while genuine adverse experiences have at times occurred. This article will attempt to clarify some of the issues.

Narcotics Anonymous

NA started in July 1953 as an organisation directly modelled on Alcoholics Anonymous (AA). The first of the "Twelve Steps" was modified from "We admitted that we were powerless over alcohol …" to "We admitted that we were powerless over our addiction …" Otherwise the AA programme was adopted as it stood to embrace the "illness of addiction".

Sporadic growth in the USA was followed by the post-Vietnam War NA explosion; by 1980 there were an estimated 20,000 'addicts' recovering in NA. Growth since has proceeded by 30 to 40 per cent per year; should this continue, by 1990 NA membership in the USA will exceed that of AA. In July 1986 over 6,500 NA groups meeting regularly were registered with the World Service Office, 36 countries were featured in the World Directory, and a 'guesstimate' placed the worldwide membership at around 250,000.

In Britain NA started in August 1980 and has grown from a single weekly meeting to over 60 a week in the London area, with daily meetings in Bristol and Weston-super-Mare. Growth in the remainder of the country has occurred on an ad hoc basis, showing signs and patterns of development seen previously in the US – 'strongholds' in some major cities, the strength and quality of meetings elsewhere remaining variable.

NA caters for people suffering as a result of using any of the entire range of psychotropic chemicals, including alcohol (just another sedative drug). The majority of 'addicts' attending have experienced polydrug misuse, many having been dependent upon opiates, but others have simply had problems resulting from drugs such as tranquillisers, alcohol, other sedatives, cannabis, hallucinogens and stimulants.

In NA's definition of addiction, no mention is made of withdrawal symptoms, routes of administration or specific drugs: "Very simply an addict is a man or woman whose life is controlled by drugs…The only requirement for membership is the desire to stop using". In practice, the attending population varies according to geographical and socio-economic variables, with patterns of drug misuse following suit.

NA philosophy and programme

12/NA says "addiction" is a progressive illness for which there is no cure, though its progress can be arrested by complete abstinence from all mind-altering chemicals. Addicts are seen as sick people who need to become well, not bad people who need to become good. "Recovery" is seen as an active process that can only occur once abstinence is achieved. The addict is therefore 100 per cent responsible for the initiation and maintenance of their own recovery: "Just for today…for one day at a time…we do not use any mind-altering chemicals".

Once abstinence has been achieved, the 'addict' needs to take active steps to become comfortable in a world without chemicals and to start rectifying the core deficit, a poor sense of self-esteem, or low self-worth. In the new member's early days, NA recommends:

- frequent and regular attendance at meetings (90 meetings in 90 days where possible);
- active involvement with a home group which they are committed to attending and servicing in some way, such as making coffee or cleaning up ashtrays; and
- the selection of a sponsor with whom to form a special one-to-one relationship and discuss matters difficult to discuss in the group (someone of preferably the same sex on whose experience the new member can call at any time).

NA encourages newcomers to accumulate telephone numbers to facilitate 'sharing' with other members. Such sharing is generally supportive, non-judgmental and based upon a collective wisdom – "experience, strength and hope". After a while it usually becomes necessary for the person in recovery to take a look at the "Twelve Steps".

The Twelve Steps of recovery

Much has been written about the "Twelve Steps" of recovery. Most newcomers (and many professionals) focus with horror upon the word "God", who is referred to in six of the steps. Provided they are not frightened off, people tend either to ignore this or to become comfortable with the idea of a "power greater than ourselves", usually the power of the group.

As recovery progresses, many do find a spiritual component to their programme; for some this is organised religion, for others a form of meditation, often with a vague notion of "God as we understand Him". NA is not a religious organisation but a spiritual component is available and strongly recommended to those wishing to achieve a "quality recovery".

Otherwise, actively working the steps involves:

- accepting the need for abstinence;
- gaining personal insight;
- making restitution for damage previously done;
- accepting the need for honesty and adaptability leading to growth; and
- a continuing commitment to carry the message to other still suffering addicts: "We keep what we have by giving it away".

Attending NA provides companionship, places to go (including endless post-meeting cafe visits, fund-raising events, etc) and the opportunity for peer group support while remaining drug free in the community. Some professionals insist it involves 'brain-washing', a hysterical attitude to substances and even 'psychological damage and retardation' in those who become 'addicted' to NA. "This is not the real world" is a typical sentiment.

There is no doubt that cliques exist, that some members have little time for treatment approaches not involving NA attendance, and that at times things go wrong. People relapse, sometimes taking others with them; meetings deteriorate, fold and then start up again. Surely this is the real world?

There is something important going on here that professionals need to be open-minded, even enthusiastic, about, preferably via attendance at some NA open meetings. At the recent NA World Convention in Wembley, there were members from America with over 20 years 'clean time', and over a thousand from the UK abstinent for up to eight years. Of these, relatively few had paid 'private sector' fees for treatment.

The Minnesota method

This unpopular and misleading term refers to treatment practised by several facilities in the US state of Minnesota (such as Hazelden and the Johnson Institute) and many others dispersed across the USA (including the Betty Ford Centre, Alina-Lodge, etc).

Treatment involves the education and persuasion of the client that:

- they have an illness;
- abstinence from all mind-altering chemicals including alcohol is a pre-requisite to recovery; and
- recovery can and will take place if the principles of Alcoholics and Narcotics Anonymous are adhered to.

The programme (residential or out-patient) is based on the first three, or first five, of the Twelve Steps. Step one might involve the addict reading out their life story to the group, and writing down 60–100 examples of how their inability to control their drugtaking has hurt or damaged themselves or others. The aim is to reach the point where the addict absolutely accepts and surrenders to the fact that they must remain abstinent.

Most addicts find the idea of a "God" hard to accept, so usually the group of addicts becomes the "power greater than ourselves" referred to in step two, to whose care (in step three) the addict turns over their will and life. In practice this is achieved by explicit evaluative feedback from the group, which may decide when each of its members is ready to progress to the next phase of the programme.

Following this relatively short spell of 'primary care' (28 days in most US facilities, six to eight weeks in the UK), the client is discharged to 'aftercare' and attendance at NA or AA meetings, living at home or in a halfway house.

Aftercare provided by the projects is variable and can include weekly attendance at groups or residential sessions monitoring the well-being of the client during their recovery in the twelve steps fellowships such as NA. Often advice is given on sponsorship, working the steps, frequency of meetings and personal 'relationships', sometimes including specific issues such as bereavement. Occasionally the client is referred for more in-depth psychotherapy. Issues such as relapse are dealt with constructively with emphasis on keeping the client in the community and 'on the programme'.

In the United States the structure of health care has allowed treatment of "chemical dependence" to become big business. People with medical insurance (most of the population) have been covered for admission into a 28-day treatment programme, so a large number of such programmes (with prices ranging from $5000 to an amazing $28,000 for 28 days) have sprung up. Recently the insurance companies have been less forthcoming, causing many treatment facilities to become highly competitive, others to close, and others to look elsewhere (eg, Europe).

In Britain there are now a number of facilities using a 'twelve step' approach to treatment. Some are strictly for profit – private companies charging £700-£1500 plus additional charges per week. But most are charitable trusts registered as nursing homes, and require funding from whatever resources are available.

Very few beds are funded by health authorities or via other government sources, so money needs to be raised from fee-paying clients, those (few) with insurance, those able to make donations, and those entitled to supplementary benefit (the DHSS will fund £180 per week for a place in a registered nursing home). At around 75 per cent full, a 50-bed unit needs £300 to £500 per client per week to break even. 'Assisted' places are available to clients unable to pay these fees, subsidised through charges levied on fee-payers or those with insurance.

During the last 12 years Broadway Lodge, the oldest such facility in the UK, has always provided more assisted places than those provided for payers. In 1985 the figure was 66 per cent assisted places. Clouds House runs at around 70 per cent assisted places; Western Counselling (outpatient facility), the Promis Recovery Centre and Broadreach House vary the number of assisted beds according to their means. Generally (and sadly) the waiting period for an assisted place is longer than for one privately-funded, so until such facilities receive most of their funding from sources other than their clients (eg, public authorities), the taint of the 'private sector' is likely to remain.

Four years ago, London NA was active primarily in wealthy areas such as Chelsea and Hampstead, many of its members having paid fees for treatment. Now the picture is approaching that in the USA where NA is 'without class', most members having entered directly 'from the street', from NHS facilities, or from an assisted bed.

NA has indeed been slow to penetrate areas with apparently high rates of drug abuse, such as south London and parts of northern England. In the USA it was introduced into similarly 'difficult' areas, such as Harlem and Watts, by enthusiastic workers who could see the potential in groups of drug abusers directing their energies towards 'getting well', albeit via a philosophy that felt alien and sometimes like a 'con'.

Encouragingly, some of the more established rehabilitation houses that do not operate a Twelve Steps programme are now exploring ways in which NA can be used in the 're-entry' phase of their programmes, in spite of differences over fundamental issues such as total abstinence. The exaggerated (and irritating) treatment claims of those still interested in 'big business' need to be ignored while impartial and well-conducted research takes place. Meanwhile, there is much that workers can learn from Narcotics Anonymous, its open meetings, its members and its literature.