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BRIEF REPORT

Clinician recommendation of 12-step meeting attendance and discussion regarding disclosure of buprenorphine use among patients in office-based opioid treatment

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ABSTRACT

Background: Clinicians are encouraged to include 12-step meetings, such as Alcoholics or Narcotics Anonymous (AA/NA), as ancillary services for the treatment for opioid use disorders (OUDs), even though some of these groups may not fully accept individuals receiving buprenorphine. Little is known about whether clinicians actually discuss with patients the issue of disclosure of buprenorphine use at 12-step meetings. *Methods*: An anonymous survey was offered to patients enrolled in office-based opioid treatment with buprenorphine to assess whether their clinicians recommended attendance at 12-step meetings and discussed the issue of disclosing their use of buprenorphine to other members. The patients' attendance at 12-step meetings was also assessed, as well as beliefs and prior experiences related to disclosure of buprenorphine use at 12-step meetings. *Results*: Thirty patients completed the survey. Twenty-one respondents (75.0%) indicated that they were encouraged to attend meetings, but only 9 (33.3%) reported having any discussion with their clinicians about the issue of disclosing their use of buprenorphine at meetings. The majority (76.7%) reported attending 12-step meetings at least occasionally, and 70% reported finding the meetings helpful. Nearly one third (30%) expressed concerns that other 12-step members would not accept them if their buprenorphine status were known, and a similar proportion (37%) frequently avoided disclosing their use of buprenorphine. *Conclusions*: Clinicians recommended 12-step meetings to most patients but did not routinely discuss issues of disclosure. Despite utilizing 12-step meetings and reporting them to be helpful, many avoided disclosing their use of buprenorphine to others. More research is needed to better understand how clinicians may assist patients to best utilize 12-step meetings.

KEYWORDS
Alcoholics Anonymous; buprenorphine; opioid-related Disorders

Introduction

Medication-assisted treatment (MAT) with methadone or buprenorphine is essential to the treatment of opioid use disorders (OUDs), leading to decreases in illicit opioid use, mortality, criminal activity, and infectious disease transmission.[1] Treatment guidelines also recommend that clinicians include 12-step programs such as Alcoholics or Narcotics Anonymous (AA/NA) as ancillary services, but they caution that there is "anecdotal information to suggest that some of these programs may be less accepting of patients receiving medications for opioid use disorder."[2,3] Although 12-step meeting attendance has been associated with improved opioid-related outcomes, such as increased rates of abstinence and treatment retention,[4–6] OUD patients on MAT have not always been fully accepted at these meetings because patients taking methadone or buprenorphine are not considered to be abstinent.[7–9] OUD patients on MAT can attend NA groups but are not permitted to "lead a meeting, be a speaker, or serve as a trusted servant."[10] Furthermore, OUD patients without an alcohol use disorder can attend open AA meetings as long as the groups are willing, but cannot be granted AA membership.[11]

Although some meetings appear to be more accepting of MAT than others, social rejection within 12-step meetings may be potentially damaging to patients with OUD, who have already faced poor social networks and a sense of isolation in their daily lives.[6,12] Therefore, if clinicians are to recommend 12-step meeting attendance for OUD patients on buprenorphine, it may be important to discuss in advance the potential consequences of disclosing their use of buprenorphine to other members. However, research on whether clinicians recommend 12-step meeting attendance and discuss issues of disclosure to patients taking buprenorphine does not exist. As such, the aim of this present exploratory study was to survey patients in treatment with buprenorphine about whether they discussed issues of disclosure with their clinicians, as well as about their attendance, beliefs, and prior experiences related to disclosure of their buprenorphine use at 12-step meetings.

Methods

Setting

The study was conducted at an urban, hospital-based, academic psychiatric clinic in Boston, Massachusetts. The Partners Human Research Committee approved the study.

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Participants

All 90 active patients from a single clinic receiving office-based opioid treatment with buprenorphine were invited to participate in the study between December 2014 and May 2015. Clinicians were not provided with any specific criteria regarding to whom 12-step attendance should be recommended.

Data collection

Survey questions assessed demographics, duration of buprenorphine treatment, prior experience with methadone maintenance, whether their treating clinicians recommended 12-step attendance, and whether the clinicians discussed with them the issue of disclosing buprenorphine use at meetings. The frequency of AA/NA meeting attendance was assessed on a 5-point scale (0 = never, 1 = occasionally, 2 = monthly, 3 = weekly, 4 = more than weekly). Respondents were asked to rate their degree of agreement or disagreement (1 = strongly disagree, 2 = disagree, 3 = neither, 4 = agree, 5 = strongly agree) to the following statements about their beliefs related to AA/NA and buprenorphine: "A drug is a drug," "A person taking Suboxone is not truly in recovery," "People at AA/NA would not accept me if they knew I take Suboxone," and "Overall I find AA/NA helpful." For respondents who had ever attended AA/NA meetings, the frequency with which they experienced any of the following were assessed on a 5-point scale (1 = never, 2 = seldom, 3 = sometimes, 4 = often, and 5 = very often): "I have told people at AA/NA that I take Suboxone," "I have avoided telling people at AA/NA that I take Suboxone," "People in AA/NA have encouraged me not to take Suboxone," "Others at AA/NA have treated me negatively after learning I take Suboxone," and "Others at AA/NA have treated me positively after learning I take Suboxone."

Data analysis

Results were analyzed using descriptive statistics. Chi-square and Fisher's exact test, where appropriate, for categorical variables and t tests for continuous variables were performed to compare survey responses between respondents who were and were not encouraged to attend 12-step meetings, as well as between those who did and did not attend meetings weekly or more.

Results

Survey responses are summarized in Table 1. Thirty patients completed the survey, for a response rate of 33.3%. Respondents had an average age of 36.6 years (SD = 10.2; range = 21–59) and had taken buprenorphine for an average of 11.9 months (SD = 17.1; range = 1–72). Men were overrepresented (69.2%).

Clinicians recommended 12-step attendance to 21 (75.0%) respondents and discussed the issue of disclosure of their buprenorphine use with 9 (33.3%) respondents. Twenty-three (76.7%) and 10 (33.3%) reported attending meetings at least occasionally and at least weekly, respectively. The majority (70%) reported agreement with the statement "Overall I find AA/NA meetings helpful." Only a minority (13.8%) reported they frequently disclose their use of buprenorphine to others, and about a third reported their fears of being rejected if their use of buprenorphine were known (30.0%) and avoided disclosing their use of buprenorphine to others (37.0%).

No statistically significant differences in demographics, attitudes, and prior experiences were found between those who were and were not encouraged to attend 12-step meetings. No statistically significant differences were found between those who attended AA or NA meetings weekly or more, compared with those who attended monthly or less. However, those who attended meetings regularly tended to be earlier in treatment (5.4 vs. 14.9 months; $P = .065$).

In a post hoc analysis, those respondents who currently attend any AA/NA meetings were significantly more likely to agree with the statement "Overall I find AA/NA helpful" (87.0% vs. 14.3%; Fisher's $P < .001$).

Discussion

Study results confirm that clinicians generally encouraged patients to attend 12-step meetings but did not always discuss the issue of disclosing buprenorphine use at meetings and to other members. This raises concerns that patients may not be adequately counseled about the potential risks and benefits of attending 12-step meetings that may not be accepting of individuals on buprenorphine. Therefore, clinicians may need to become more aware of the potential consequences of disclosure and discuss with patients in advance how best to utilize 12-step meetings. Our results are reassuring in that respondents generally reported favorable views toward 12-step meetings, with the majority reporting at least occasional attendance, and a third attending weekly or more. Nevertheless, nearly a third expressed concerns that other members would not accept them if those members knew about their use of buprenorphine. Indeed, only 4 (13.8%) respondents reported disclosing their buprenorphine status to others on a regular basis, and over a third (37.0%) regularly avoided such a disclosure. These findings are similar to those reported in the literature. In a study of 300 patients in office-based opioid treatment with buprenorphine, 70% reported some attendance at NA meetings 6 months into treatment, and two thirds reported meetings were "quite a bit" or "extremely" helpful. Yet, only a minority (33%) reported disclosing their use of buprenorphine to others, and 26% reported that another member had encouraged them to stop taking buprenorphine or decrease their dose.[6] Taken together, the results of this exploratory study suggest that even though clinicians do not always discuss with patients issues of disclosure, patients may already be aware of the risks of disclosing their use of buprenorphine to other members at 12-step meetings.

Despite concerns about being rejected if their buprenorphine use was discovered, only 3 (10%) respondents noted they were encouraged to stop taking buprenorphine, and only 1 (3.4%) reported being treated negatively after disclosure. These results are reassuring in that very few experienced actual negative reactions following disclosure. A possible reason for this discrepancy may be that respondents only disclose to those individuals known to be supportive of MAT. Another hypothesis is that the stigma against MAT may have stemmed from

Table 1. Summary of demographic variables and survey responses.

Variable	Total sample ($N = 30$)
Age	36.6 (SD = 10.2; range = 21–59)
Sex	Male: 18 (69.2%)
Duration of treatment (months)	11.9 (SD = 17.1; range = 1–72)
History of methadone maintenance	5 (18.5%)
Clinician encouragement and discussion	
Clinician encouraged 12-step ($n = 28$)	21 (75.0%)
Discussed disclosure ($n = 27$)	9 (33.3%)
AA or NA meeting attendance	
(1 = never, 2 = occasionally, 3 = monthly, 4 = weekly, 5 = more than weekly)	
Weekly or more	10 (33.3%)
Occasionally or more	23 (76.7%)
Attitudes about AA/NA	% reporting "agree" or "strongly agree"
(1 = strongly disagree, 2 = disagree, 3 = neither, 4 = agree, 5 = strongly disagree)	
"A drug is a drug"	1 (3.3%)
"A person on Suboxone is not truly in recovery" ($n = 29$)	1 (3.4%)
"People in AA/NA won't accept me on Suboxone"	9 (30.0%)
"Overall I find AA/NA helpful"	21 (70.0%)
Prior experience with AA/NA	% reporting "often" or "very often"
(1 = never, 2 = seldom, 3 = sometimes, 4 = often, 5 = very often)	
"I have told people at AA/NA that I take Suboxone" ($n = 29$)	4 (13.8%)
"I have avoided telling people at AA/NA that I take Suboxone" ($n = 27$)	10 (37.0%)
"People in AA/NA have encouraged me not to take Suboxone" ($n = 28$)	3 (10.7%)
"Others at AA/NA have treated me negatively after learning I take Suboxone" ($n = 29$)	1 (3.4%)
"Others at AA/NA have treated me positively after learning I take Suboxone" ($n = 28$)	3 (14.3%)

patients on methadone observed to be intoxicated at meetings, and that patients on buprenorphine may not be met with a similar reaction.[6] Given that almost 20% of the respondents were on methadone maintenance previously, future research could examine whether prior experience with methadone influences attitudes toward 12-step meetings, particularly in relation to whether issues of disclosure were addressed by prescribing clinicians. Nevertheless, given the potential importance of 12-step meetings for patients in recovery, clinicians should discuss the possible consequences of disclosure, including negative reactions from others. Clinicians should consider exploring with patients the pros and cons of disclosure, to whom and when the disclosure might be appropriate, and whether they should consider going to NA or Methadone Anonymous (MA) meetings instead of AA meetings.

There are a numerous limitations to this study. The study is small, from a single clinic, and with only a modest response rate, severely limiting our ability to generalize to other patients and settings. The absence of any incentive to complete the survey may have contributed to this low response rate. Without confirming with the clinicians, the extent to which clinicians do or do not discuss disclosure remains speculative. Even though we surveyed about the frequency of attendance, we do not know to what degree patients actually participated at meetings. Patients with more favorable views toward 12-step meetings may have been more likely to respond to the survey, skewing our conclusions in favor of 12-step meetings. The respondents were not asked to distinguish between AA and NA meetings when reporting their beliefs and prior experiences, potentially obscuring differences between the groups in regards to issues of disclosure. The survey does not distinguish between disclosures to the entire group at meetings and disclosures to select individuals. Without knowing the actual clinical status and outcomes of these respondents, we cannot determine if indeed these meetings were helpful to the patients, whether their attitudes and experiences were influenced by ongoing illicit opioid use, whether patients were utilizing other community resources, and whether their buprenorphine dose contributed to their experience at 12-step meetings.

Overall, the results suggest that clinicians do encourage patients in office-based opioid treatment with buprenorphine to consider attending 12-step meetings, but often fail to discuss in advance issues of disclosure. More research is needed to understand the experiences patients have with 12-step meetings during office-based opioid treatment, and how clinicians may help patients best utilize such meetings. In particular, future studies should assess whether counseling about disclosure affects patients' experiences in 12-step programs or clinical outcomes.

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Author contributions

Both authors (T.D., J.S.) contributed to the design and conception, data collection, data analysis, manuscript preparation, and all revisions.

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