

Are you tempted to give medical advice to another member?

AAs and Prescribed Drugs.

Written by Class A Trustee, Dr. Vanda Rounsefell, at the request of the National Office.

Giving medical advice includes telling people in an AA setting that they should stop their medications.

This is an old concern in AA, but it still happens.

It's a particular problem for new members, who are at their most vulnerable.

Here comes a new member, fresh and vulnerable, looking lost.

Your 'Rescuer' is hooked.

You take her under wing.

You can see through the outside stuff.

You've been there yourself.

She's off the booze maybe, but what about those 'props' called medical drugs?

It's obvious to you that all those medical drugs are getting in the way of a clear head.

Or maybe you think she can't count her sobriety as a win if she's on drugs of any sort.

Or maybe she looks as if she's just switched from alcohol to something else.

Maybe she's clearly abusing prescription drugs.

Or maybe you think you can tell from how she is on medication that she really doesn't need it. Maybe you know from your experience that you personally feel or felt fuddled or split off from yourself when taking medications.

So you say so.

'You should stop those medical drugs, they'll mess up your head.'

'You should stop those drugs, you don't really need them.'

'You won't be OK till you get off everything.'

This is very dangerous.

Even doctors, on ethical grounds, won't tell other doctors' patients to change their medications, and particularly, they wouldn't tell anyone to stop treatment unless the patient has transferred to their care and they know the full story and know what they're doing.

Suddenly stopping some medications can be particularly dangerous.

Medical treatment is a private arrangement between doctor and patient. Patients shouldn't put other people in a position of giving advice about it, and those asked or tempted to advise, should refrain from doing so.

People without a therapy or doctor-patient relationship treatment contract with a person, are in physically and legally dangerous territory if they give medical advice or advice that may endanger someone else's life or health.

Suicide, serious damage to personal confidence and psychotic breakdown have all been reported following criticism or unwise advice to stop medications, in people who needed them temporarily or had been found to need them long term.

We all know doctors who prescribe medications rather than seek other ways to help people. We all know people who move from abusing alcohol to abusing other drugs. We all know that it's ideal not to be dependent on drugs. But some people need short term medication, some are unhelped by anything else, some have serious long-term physical illnesses like epilepsy, for which there is no other available treatment. Addictions themselves can change the body's receptor systems in ways that alter the body's response to drugs. People may have a long-term ideal of drug-free health, but for some, this will never be a reality. This is a tricky minefield. Be willing to share your experience if asked, share the names of doctors who are specially skilled in addiction management if asked, but don't tell anyone what to do. Refer them back to their doctors on medication matters, encourage them to share their AA status with their GPs, teach their GPs about how AA works, and invite GPs onto their personal 'team'.

AA is about alcohol. AAs may ask each other pointed questions about prescribed and other drugs, members may confess to having problems with prescribed drugs, but such problems are for Narcotics Anonymous or action outside of AA. Where medications are concerned, the AA's doctor should be fully involved, and any change should be patient-doctor team-work. There are many strategies people can use to work towards getting off prescribed medical drugs. Time away from alcohol is a big one. So is the pursuit of psychological, spiritual and social health. Fully following the AA programme itself meets most of these needs for personal development and for practising social skills. Refocusing from self-centredness to helping others, and getting into the AA service structure, including sponsorship, are powerful forces for psychological healing and self-mastery.

Other strategies include:

- meditation
- prayer
- reconnecting with Nature
- exercise
- sports
- eating the right diet for your body type
- skills mastery
- deep psychotherapy
- personal growth groups
- conversation or reading (popular literature) groups
- art therapy
- arts & crafts and other forms of creativity
- joining interest & activity groups
- practising loving through honourable, respectful relationship to self and others
- learning new skills and commitment to a life of learning

But don't tell me I'm not OK because I take medications. Don't tell me to get off my medications. My doctor and I will be the judge of that.