

Comment on “A Qualitative Analysis of Medical students? Reflection on Attending an Alcoholics Anonymous Meeting: Insights for Future Addiction Curricula”

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To the editor:

I very much enjoyed the article by Kastenholz and Agarwal [1] reporting on medical student experiences with Alcoholics Anonymous (AA). At my own institution, we similarly require students to attend a 12-step meeting and write a brief reflective statement about the experience; our students' reflections are certainly parallel to those of Kastenholz and Agarwal. The discomfort with the spiritual aspects of AA is nearly universal among my students, and I appreciate the authors' suggestions for addressing those concerns through more direct explorations of self-transcendence and also concrete discussion of non-religious AA alternatives.

I do want to point out, however, that we need to be careful about “overselling” the benefits of AA as part of addiction recovery. While 12-step programs are clearly a major component of recovery for many individuals, many others do not find the program helpful. The evidence base for AA's effectiveness is limited at best [2, 3], and skepticism about the program has been widely reported in the lay media as well [4]. While I still believe that exposure to AA is useful, I think it is even more important that we teach students about stronger, evidence-

based approaches to addiction: motivational interviewing, cognitive-behavioral therapy, and pharmacotherapies like naltrexone and buprenorphine. When students see the wider scope of approaches, they may be more likely to appreciate the range of options for future patients who are struggling with addiction.

Compliance with Ethical Standards

Disclosures The author states that there is no conflict of interest.

References

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