

# Regional Assembly Medications in Recovery Workshop: Session Profile

## Introduction

### *Background*

The National Institute of Health and The National Institute of Mental Health have recently reclassified addiction as a disease of the brain. As a result some new challenges will be facing our fellowship. Some of these include: treatment of the “disease of addiction” with medication, responding to requests for our fellowship’s opinion on this matter, and long-term therapies treatment. Additionally as our fellowship begins to age, pain management and treatment of the various diseases of “old-age” will become a more pressing issue. These sessions are quite artificial and contrived, but they are designed for the participants to discover what their feelings regarding these issues are and come to terms with those feelings in a safe environment.

### *Ground Rules*

Do not stifle your feelings about these issues.

Please refrain from personal attacks.

Please refrain from arguing, express your feelings as naturally and respectfully as you can, remember we are all on the same team here, discussing these uncomfortable topics will create a self-awareness of the how your feelings about these issues.

### *Outcomes*

A successful outcome may not be coming to agreement on a solution. These sessions are designed to allow our members discover and come to terms about their personal opinions and feelings about this controversial subject matter. The best outcome of any of these sessions would be to have all the participants express their feelings than come to any sort of consensus on a solution.

## Group One – Maintenance Therapy and Service

### *Introduction*

Ima Addict is a single mom with two kids. During her active addiction she spent time in jail for activities associated with the finding the ways and means to get more. As a result, social services were contacted, and she almost lost her parental rights. As a condition of her continuing to have her children in her home, she must take Saboxone on a daily basis. Any failure to maintain the levels of that medication in her bloodstream will result in a revocation of her probation and the removal of her children from her home. Her case manager has indicated that she believes that this therapy will be ongoing for the immediate future and does not foresee a day when Ima will be trusted to get off the medication. Ima has been coming to the rooms for the past nine months, has been working with a sponsor, and has started to feel the need to do some sort of service for her home group. The secretary’s position has come open and she is asking to be elected at the group’s business meeting.

### *Facilitator Notes*

You are running the business meeting as the GSR. Ima has asked the group to elect her into the secretary’s position. As drug replacement therapy is a very touchy subject in our fellowship, it will be your responsibility to keep the discussion focused on the feeling of each participant rather than allowing it to devolve into a shouting match. The group may decide to elect her into this position, more

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importantly the focus of this session is to identify our feelings as to how we feel about our members serving our groups while on drug replacement therapies. Please encourage all the participants to share openly about their feelings.

## *Role Playing Notes*

Here is the background information.

You are a single mom with two young children at home. Your descent into active addiction was swift and painful. As a result of your active addiction you picked up the following charges: possession of a controlled substance, prostitution, and Child neglect.

Since this was your first offense, the court has given a deferred sentence pending a successful completion of the court mandated drug treatment. Part of that treatment was attendance at 12 step meetings, after trying out a few substance specific fellowships you arrived at the rooms of NA and found a home. Another part of that treatment is drug replacement therapy with Saboxone. You have discovered that Saboxone does take the edge off of your physical cravings, but working with a sponsor and attending meetings does more for you than that. After coming around you have decided that recovery will need to be a major force in your life and are now willing to do some service, so you can feel more connected to the fellowship. Although you and your sponsor have discussed your drug replacement therapy, you have yet to share this information with your home group. As part of your discussion with your sponsor, the two of you have done a bit of research and this is what you have discovered:

- SUBOXONE is the first opioid medication approved under DATA 2000 for the treatment of opioid dependence in an office-based setting. SUBOXONE also can be dispensed for take-home use, just as any other medicine for other medical conditions.
- The primary active ingredient in SUBOXONE is buprenorphine, is a partial opioid agonist, its opioid effects are limited compared with those produced by full opioid agonists, such as oxycodone or heroin. SUBOXONE also contains naloxone, an opioid antagonist.
- The naloxone in SUBOXONE is there to discourage people from dissolving the tablet and injecting it. When SUBOXONE is placed under the tongue, as directed, very little naloxone reaches the bloodstream, so what the patient feels are the effects of the buprenorphine. However, if naloxone is injected, it can cause that person to quickly go into withdrawal.
- **SUBOXONE at the appropriate dose may be used to:**
  - Suppress symptoms of opioid withdrawal
  - Decrease cravings for opioids
  - Reduce illicit opioid use
  - Block the effects of other opioids
  - Help patients stay in treatment

(from: <http://www.suboxone.com/patients/suboxone/>)

Although short-term treatment may be an effective option for some people, it may not allow others enough time to address the psychological and behavioral components of their disease. Since physical dependence is only part of opioid dependence, the chance of relapsing can be higher with short-term treatment because patients have less time to learn the skills necessary to maintain an opioid-free lifestyle. Suppressing cravings with SUBOXONE (for as long as you need), combined with counseling and/or support, can often increase the level of treatment success. Long-term studies have yet to be completed as to how safe this medication is for use after an initial period of detox. Since this medication may be taken at home, it is being used more frequently these days. Use of this medication removes the stigma of daily visits to the local methadone clinic because it can be safely administered at home.

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## **Group Two – Public Information**

### ***Introduction***

John Wantstoknow of Channel One News is a tough investigative reporter, He is known for is rough and confrontational manner and does well in the ratings because he picks topics that are timely and controversial. For the September sweeps he is preparing a story on the disease of addiction. He is accumulating interviews from willing addicts that are part of the local drug courts, Medical Doctors who specialize in the treatment of addiction and drug counselors. As part of his research he has found out that the disease of addiction has been defined by the National Institute of Mental Health and has written a letter to the local area Public Information Committee requesting a response and an on camera interview with members of our fellowship to address this new finding.

### ***Facilitator and Role Playing Notes***

You are the Chair of the local PI committee. Your committee knows that we have no opinion as a fellowship on outside issues, but this request seems to be in some sort of grey area. The committee has directed you to address the Area Service committee to get the conscience of the groups in this matter. Over the course of your service to the fellowship you have cultivated some strong relationships with the professional community. Dr Friendly is a family practitioner who has great luck in sending his patients to our fellowship. As a matter of fact, he success rate was so good that he actually read our Basic Text, and provides Welcome to NA and Am I an Addict to his patients he feels may benefit from our program. He has stated more than once that he would be happy to assist in your Public Information efforts if the situation arose where he could be of service. Judge Imafriend, preside over the local drug court. In her experience she has found that those clients who attend NA have a much better success rate than those who participate in only court mandated therapy. This fact was so astounding to her, that in a moment of curiosity she attended several of our open meetings and was impressed about how the members there shared about what works for them. As a result of her research she is more than convinced that our manner of treating the disease of addiction, is far more effective in the lives of those she sees day and day out than anything she has ever seen before. She is also willing to help in our effort to carry the message to the community in general.

As the Chair of the Public Information Committee you need to facilitate discussion to center on if we should respond to the media request at all, if a response is made what the Area should say, and who should say it. This is an issue that will only become more pressing as time goes by. Currently there are more than 20 projects ongoing in the popular media that deal with the subject matter of the disease of addiction. You have called NAWS and they have sent you back a letter that basically says we have no opinion... in 500 words or so. So the decision rests with the Area Service Committee, no decision is a possible outcome. This session is designed to explore our feelings about the difference between attraction, promotion, and our public relations effort. Please encourage all the participants to share openly about their feelings.

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## **Group Three – Illness and Service**

### ***Introduction***

John Q Servesna, has been a member of the local fellowship longer than anyone can remember. Over the course of his recovery he has faithfully served the fellowship on the group, area, regional and world levels of service. He sponsors several men and is always willing to stay late and chat with newcomers about recovery. Recently he has been diagnosed with a very painful terminal disease that requires strong medication to allow him to function. He is currently halfway through his term as the GSR for this group and come before the group business meeting to see if they still have the confidence in him to allow him to serve.

### ***Facilitator Notes***

You are the GSR Alternate who will be discussion for this portion of the business meeting. After allowing John to speak, it is important that you keep the members focused on the issue at hand, whether they are willing to allow a member to serve while he is taking Methadone for pain management. A decision may or may not be arrived at, and a vote is not important here. What is the most important part of this discussion is the identification of our personal feelings about service and life on life's terms. Please encourage all the participants to share openly about their feelings.

### ***Role Playing Notes***

You are a member with "substantial" clean time. You have been of service to this fellowship on a nearly constant basis since you were 30 days clean. You have been the Regional Delegate as well as the Chair of the Regional Service Committee, almost every position in your local Area Service Committee and are currently the Group Service Representative of your home group. You have been having chronic migraine headaches for the past year or so, and the doctors have finally diagnosed you with a slow-growing inoperable and fatal tumor. The pain will only increase as the tumor grows, and you have gone through all the non-narcotic pain medications with diminishing effect over the past 90 days. After consulting with a pain management specialist, the two you have decided that due to your debilitating pain and the length of time you will need pain management, Methadone is the drug of choice to manage your pain and allow you to have the quality of life you desire. Knowing the fellowship's antagonism to this particular substance, you have yet to share this fact with the group in a meeting, although you have spent many a sleepless night discussing this with your sponsor. Your desire to serve is strong, but you also have a desire to do what is right for the fellowship. As a result of these conflicting values, you are coming before the group business meeting to see what they feel about whether or not you should continue to serve.

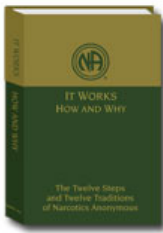


# Medication in Recovery



## Statements from our literature

***“Narcotics Anonymous has no opinion on outside issues; hence, the NA name ought never be drawn into public controversy.”***



### Tradition Ten

#### ***It Works: How and Why***

**Pages 196-202**

“By refusing to take sides on other issues, we avoid becoming embroiled in public controversies that could distract us from our primary purpose.”

“But there are a great number of addiction-related issues that others might expect a worldwide society of recovering drug addicts to take positions on. Our answer, according to Tradition Ten, is that our groups and our fellowship take no position, pro or con, on any issues except the NA program itself.”

“So long as we focus, as groups and as a fellowship, on our recovery experience rather than our opinions of why or how NA works, we will stay as far as possible from public controversy.”

“However, it places no such restriction on the individual member. In Narcotics Anonymous, we believe strongly in personal freedom. NA members are encouraged to think for themselves, to develop their own opinions, and to express those opinions as they see fit.”

“The only caution Tradition Ten offers individual NA members is that, when speaking publicly, we think through what we’re going to say before we say it. In certain situations, anything an NA member says will be taken as NA’s opinion, even when the situation itself has nothing to do with Narcotics Anonymous and the member clearly states that the views expressed are strictly personal.” “We may be able to avoid such complications before they arise simply by thinking carefully before we speak in public.”

“But what about speaking in a recovery gathering? Does the Tenth Tradition tell us that, as individual recovering addicts, we must not talk in NA meetings about the challenges we face? No, it does not. While a particular problem may be an outside issue, its effect on our recovery is not; everything affecting a recovering addict’s life is material for sharing. If a problem we are having impacts our ability to stay clean and grow spiritually, it’s not an outside issue.” “We need no one’s permission to talk about such things in our meetings.”

## Applying spiritual principles

“Foremost among the principles our groups and our fellowship apply in practicing Tradition Ten is the principle of unity.”

“For all the diversity of individual opinion among our members, Narcotics Anonymous itself is united in having no opinion on any issues apart from its own program. The only issue upon which our fellowship is willing to publicly stake its reputation is the NA program itself.”

“As a fellowship, we agree to take positions only on those ideas that have drawn us together, our principles of recovery, not on the many personal opinions that might divide us.”

“We are responsible to provide an atmosphere in which recovering addicts can share freely with one another. To do these things effectively, we must stay as free of the distractions of public controversy as possible.

Individual NA members responsibly exercise the Tenth Tradition by personally guarding NA's neutrality whenever and wherever they speak."

"Publicly, we differentiate between our personal opinions and those of NA, avoiding the expression of any personal opinions at all in circumstances where the difference might not be recognized."

"In meetings, NA members make it clear that what we share is our own experience, not the position of Narcotics Anonymous, providing as little opportunity as possible for misinterpretation."

"The way we speak as NA members often affects how others view NA; therefore, as responsible members, we speak carefully, guarding the neutrality that is so important to the welfare of us all."

"When we share in public, as groups or as a fellowship, we share only our message. We talk about what we do, neither supporting nor opposing what anyone else does."



## *In Times of Illness*

In Narcotics Anonymous we can learn to accept the reality of life, which sometimes brings us illness or injury. We've learned in NA that we can apply spiritual principles to help us get through these difficult times.

Illness or injury is stressful, and stress can place us at risk of relapse. Often, we need the NA program even more when we are faced with illness.

Coming to terms with illness is a process. It is a process in which we often experience denial, bargaining, anger, grief, surrender, and acceptance. Acceptance of something does not necessarily mean we like it—we can dislike something and still accept it.

It is important to share about our illness with our fellow recovering addicts. If possible, we attend more meetings than usual. The support of others is crucial when we are ill or injured.

## **Informing our Doctors**

Most importantly, we make it clear that we choose not to take medication unless it is necessary.

## **Medication in Recovery**

Narcotics Anonymous as a whole has no opinion on outside issues, including health issues. We are concerned with recovery from the disease of addiction. Although our recovery is complicated when we experience disease or injury, this does not have to lead us away from recovery.

The ultimate responsibility for making medical decisions rests with each individual. If we choose to accept it, however, a great deal of support is available to help us make these decisions. For instance, we can practice the Twelve Steps, maintain frequent contact with our sponsor, write about our feelings and motives, and share at meetings.

The use of medication in recovery is often controversial. It's good to remember that the Basic Text recommends consulting professionals concerning our medical problems. When we remember that the only requirement for membership is a desire to stop using, we as members can set aside our judgment of others. Clean time is an issue for each of us to resolve individually with our sponsor and our Higher Power. An attitude of judgment on our part could cause great harm to another addict.

When someone we know has been taking prescribed medication, we can help them by offering support by sharing our experience, strength, and hope. We fulfill our primary purpose by supporting another addict's recovery with an attitude of care, love, and concern.

Just as we may view illness as an opportunity to justify using drugs, we also may go to the other extreme. Sometimes we stubbornly insist that we know better than the doctor, refuse all medications, and neglect problems that require attention. Ignoring health problems because of fear or pride may, in fact, make matters worse for us.

## Chronic and Terminal Illness in Recovery

Some members may be faced with the diagnosis of a chronic or terminal disease. It is only natural for this news to be received with fear, despair, or anger. Doubt and hopelessness may eclipse our hard-earned faith in a Higher Power. We have found it possible, however, to continue our recovery while struggling with a chronic or terminal disease.

The importance of our continued involvement with the fellowship cannot be over-emphasized. Although some of our fellow addicts will be frightened of chronic and terminal illness, there will always be members whose warmth and emotional availability we can rely on.

Although not all of us are directly affected by a chronic illness, most of us will know of someone who is suffering from a serious disease. It may help us to remember that our Basic Text says, "Separation from the atmosphere of recovery and from the spirit of service to others slows our spiritual growth." It is our responsibility as recovering members of NA to provide the unconditional love and support that is so desperately needed by our seriously ill members.

People who are close to someone who is chronically ill, whether they are a friend, a partner, or a sponsor, may find themselves dealing with feelings of helplessness, fear, inadequacy, and sadness.

Working the steps is vital in leading us toward acceptance. Through this process, we prepare ourselves to handle the reality of illness with all the spiritual strength and hope our recovery can provide. We gradually learn to allow for the changes in our body, mind, and spirit.



### *Public Relations Handbook*

#### Chapter 8

## Healthcare

"Trusted servants can educate NA members that it is inappropriate to interfere with medication that has been prescribed to members by healthcare providers. We can educate our members about the dangers of substituting one drug for another and we can educate the medical community about complete abstinence, but ultimately this is an issue between provider and patient."

## Medication Article Published in the January 2007 NA Way Magazine

### NA has no opinion on outside issues

Or do we?

We often hear from professionals in the healthcare and treatment fields that NA doesn't welcome addicts who are taking prescribed psychiatric medication or drug replacement medications as part of their treatment. At NA World Services, we usually respond with statements from our traditions such as "NA has no opinion on outside issues. We don't take sides. We don't make any recommendations." However, the professional response remains, "that is not what NA members tell clients." It's clear that when individual members share their personal opinions, NA's reputation can be harmed.

## Medication

So, how can Narcotics Anonymous be a viable and credible program of recovery when members are vocally stating their opinion to addicts who are taking prescription psychiatric medication or medication for a physical condition such as cancer? We hope members will begin to consider how these opinions are contrary to our traditions and may cause harm to other

members and NA as a whole. We don't want our reputation to be damaged and professionals to not refer addicts to NA.

Our literature and service handbooks can help us apply principles to this topic. In our Basic Text we state NA has "no staff psychiatrists, doctors, lawyers or counselors." The *Basic Text* also clarifies that, "our program works by one addict helping another. If we employed professionals in NA groups, we would destroy our unity." And in the *Public Relations Handbook*, we clearly state that "trusted servants can educate NA members that it is inappropriate to interfere with medication that has been prescribed to members by healthcare providers." When we frequently hear statements from professionals about members' opinions, many of us wonder how these statements align with our Tenth Tradition—*NA has no opinion on outside issues*.

## Drug replacement

When considering the issue of drug replacement, it may help us to remember that the only requirement for membership is a desire to stop using. And we are not in a position to judge a member's desire. An addict who attends meetings while participating in a drug replacement program is demonstrating desire. In our third tradition, we state that "all addicted persons are welcome and equal in obtaining the relief that they are seeking from their addiction." We can ask ourselves how we, as members, welcome these addicts. How do we demonstrate that all addicts are equal in their desire?

In the *Public Relations Handbook*, we go again clarify that "we cannot assess anyone's desire to get clean and that NA has no opinion on drug replacement therapies." As members, we can share about our recovery in Narcotics in an attractive manner and let that message speak to a drug replacement addict; rather than treat these addicts with judgment and condemnation. Equally important is that professionals who refer persons will more likely view NA as a program of choice for their clients. After all, we are all about carrying the message of recovery.

## Understanding

It's time to think about how we can help our members to understand our Tenth Tradition. How can we welcome and embrace addicts who are taking medications? We have *In Times of Illness* to support members who are dealing with illness, and we have our traditions to guide our service efforts. How can we use these resources to consistently present our program of recovery to professionals in a positive light? The goodwill Narcotics Anonymous has created with professionals seems jeopardized by the actions of members who voice their own opinions. More importantly, we can work together—following our traditions, reading the recovery literature, hosting learning days—to help reinforce the fact that **"NA has no opinion on outside issues."**



**NA has no opinion on outside issues**  
Or do we?  
Often, professionals in the healthcare and treatment fields say that Narcotics Anonymous does not welcome addicts who are taking prescription psychiatric medication or drug-replacement medications as part of their treatment. NA World Services usually responds with statements from our traditions such as, "NA has no opinion on outside issues. We don't take sides. We don't make any recommendations." However, the professional retort remains: "That is not what NA members tell our clients." When our individual members share their personal opinions, NA's reputation can be harmed.

### Medication

How can NA be a viable and credible program of recovery when members state their personal opinions as if they were NA's opinions? We've all heard about NA members who have expressed their own opinions to other addicts coming to a physical condition such as cancer—in fact, we may have been that opinionated member ourselves! We are taking prescription psychiatric medication or medication for a physical condition need to consider, however, that when we share our own opinion, it can be perceived as NA's opinion. Though it's obviously nobody's intention to hurt the fellowship, we need to be aware that expressing our own opinions in this way can damage NA as a whole. We can hurt NA's reputation, with the result being that professionals may choose not to refer addicts to NA.

In the *Public Relations Handbook*, we clearly state that "trusted servants can educate NA members that it is inappropriate to interfere with medication that has been prescribed to members by healthcare providers." (p. 77) In our Basic Text, we further state that NA has "no staff psychiatrists, doctors, lawyers, or counselors. Our program works by one addict helping another. If we employed professionals in NA groups, we would destroy our unity." (p. 69)

NA World Services hears statements from professionals all the time, and many of us wonder what ever happened to our Tenth Tradition: "Narcotics Anonymous has no opinion on outside issues; hence the NA name ought never be drawn into public controversy." (Basic Text, p. 71)

### Drug replacement

Our Third Tradition says, "The only requirement for membership is a desire to stop using." Who are we to judge the quality or authenticity of another member's desire? An addict participating in a drug-replacement program demonstrates his or her desire to stop using when he or she attends NA meetings. Our Basic Text's essay on the Third Tradition says, "All addicted persons are welcome and equal in obtaining the relief that they are seeking from their addiction." (p. 62) How do we as members welcome these addicts? How do we demonstrate that all addicts are equal?