**Drug Replacement Therapy / Medication Assisted Treatment**

 **as It Relates to Narcotics Anonymous**

**Session materials:**

* Bulletin 29, *Regarding Methadone and Other Drug Replacement Programs*; service pamphlet, *NA Groups and Medication* (one per table)

*Narcotics Anonymous and Persons Receiving Medication Assisted Treatment (*one per person.)

12 Traditions sheet on table

* Handout with quotes on one side and notes sheet on the other (one per person)
* Facilitator’s Instructions & Discussion Groundrules

**Session Goals**

* Increase understanding of how NA members act toward addicts who are receiving DRT/MAT medications, and remind them that our behavior in meetings is not an outside issue
* Raise members’ awareness of Traditions 3, 10, and 12.
* Remind members of unity and the ties that bind us together

**Introduction to session & setup 10 minutes**

**Title Slide**

Welcome to the workshop on Drug Replacement Therapy / Medication Assisted Treatment as It Relates to NA. [Facilitator, introduce yourself and anyone else helping to facilitate.] This is one of three Issue Discussion Topics (IDTs) for the 2018-–2020 Conference cycle.

**Motion #9 Slide**

This IDT addresses a challenge an increasing numbers of our groups and NA communities have been facing—members and potential members reaching the rooms of NA while on Drug Replacement Therapy (DRT) or Medically Assisted Treatment (MAT) - and our ability to make them feel welcome in NA or not.

The 2018 World Service Conference (WSC) passed a related motion. Motion #9: To direct the World Board to create a project plan for consideration at WSC 2020 to create or revise one piece of recovery literature to directly address Drug Replacement Therapy (DRT) and Medication Assisted Treatment (MAT) as it relates to NA.

The input from this Issue Discussion may help inform that project plan. The only pamphlet we currently have on this topic is written to professionals and not to members or potential members, so there really is no logical piece of literature to revise. We need your help to frame what you want to see in this piece of future recovery literature. What is it you want NA to say about this?

The 2018 World Service Conference selected two Issue Discussion Topics, and at the Conference, the World Board mentioned that they might add a third Issue Discussion Topic (IDT). At their June 2018 Board meeting decided to add this current and timely IDT. Groups throughout our Fellowship, especially in the US, are presently seeing many people coming to meetings while receiving DRT/MAT medication. For most parts of the US as well as other places around the world, medication is *required* to treat addiction when an individual is receiving financial assistance from a government or insurance source. That is definitely an outside issue, but how we treat people when they walk into an NA meeting is not. Professionals who work with these persons have repeatedly stated that these potential members tend to receive less than a warm welcome at NA meetings and many have decided that it is easier to send people to other places. Many communities outside of the US have faced this issue for a longer time. It’s encouraging to see these communities welcoming people from a more peaceful, less emotionally charged place.

Drug Replacement Therapy and Medication Assisted Treatment usually means providing medication to an addict in treatment. On your tables you will find a couple of related pieces of literature. Bulletin #29 was written in 1996 by the Board of Trustees. More recently, the World Board published the PR Pamphlet *Narcotics Anonymous and Persons Receiving Medication Assisted Treatment*. In that pamphlet, we state “within the context of NA and its meetings, we have generally accepted principles, and one is that NA is a program of complete abstinence. By definition, medically assisted therapy indicates that medication is being given to people to treat addiction. In NA, addiction is treated by abstinence and through application of the spiritual principles contained in the Twelve Steps of Narcotics Anonymous.”

Hopefully, as members become familiar with this Issue Discussion Topic, their awareness will increase and we will practice the principles contained in Traditions 3, 10, and 12 toward any members who are not yet clean and toward potential members.

Desire is not a measurable commodity; we are not able to judge anyone’s desire. Many of us may remember persons we met in meetings who we did not think would be able to stay clean and then we see them five years later living a drug-free life.

Many of us have opinions about this and other issues, but we need to be mindful of how and where we express our personal opinions. Potential members most likely will benefit more from a loving hug than from an opinion about how someone is being treated for their addiction. Consider how you were welcomed into NA and extend that courtesy toward others.

**Chronic Pain in Recovery**

Many members have asked whether medication such as methadone for chronic pain is the same as DRT/MAT. As this quote from *In Times of Illness* explains, there is a difference.

 *“Sometimes, with sustained chronic pain in recovery, healthcare providers will prescribe certain medications for pain that are also used as drug replacement medications… In this medical situation, these medications are not being taken to treat addiction.”*

**Workshop Focus and Outcomes**

Today’s workshop is about maintaining NA unity and welcoming potential members who may be on drug replacement therapy and medication assisted treatment so that they can stay long enough to hear our message. Our Basic Text says it best: *An addict, any addict, can stop using drugs, lose the desire to use, and find a new way to live. You are welcome here. Please stay and be part of our growth, change, and recovery.*

Facilitator, ask:

Is anyone confused about what our message is?

Does anyone think we’re trying to change that message?

So now that we are all on the same page that NA is a program of total abstinence, and will remain so, we can talk about ways to better carry our message to some of the people who need to hear it.

**Potential Outcomes Slide**

We are doing this workshop for a number of reasons today:

* To increase understanding of how NA members act toward addicts who are receiving DRT/MAT medications, and remind them that our behavior in meetings is not an outside issue
* To raise members’ awareness of Traditions 3, 10, and 12.
* And to remind members of unity and the ties that bind us together

**Introducing small groups**

There are two questions to discuss in our small groups. We have about 35 minutes for each question: 20 minutes for discussion, five minutes to choose your top ideas, and ten minutes to share some of our thoughts.

In addition to the bulletin and PR pamphlet on your tables, you have a number of other things that will help with our discussion: A summary sheet of the Traditions, a notes sheet to record the ideas we discuss and a couple of tools to help our discussion—some discussion groundrules, and facilitator’s guidelines.

Each group should choose a facilitator (keeps discussion going) and a recorder (one who is willing to write down clearly the ideas expressed).

**Question One 25 minutes**

**Question One Slide**

1. How can we focus on unity in NA meetings as more people are coming to NA on DRT/MAT medications?

Ask members to discuss in their small group for 20 minutes how to maintain unity in NA meetings as more people are coming to NA on MAT/DRT medications. (20minutes)

Ask members to identify 3 actions to take to help maintain unity in meetings, remembering the ties that bind us together are stronger than those that would tear us apart. Write down their top 3 ideas. (5 minutes)

**Reporting Back 10 minutes**

Take ten minutes and ask a couple of willing members to share what they wrote about unity.
(10 minutes)

**Question Two 25 minutes**

**Question Two Slide**

1. What actions can we take to help make people receiving DRT/MAT medications feel more welcome in NA meetings and more likely to stay long enough to understand NA’s message of recovery?

Ask members to discuss for 20 minutes: actions to take to make people receiving DRT/MAT medications feel more welcome in NA meetings. (20 minutes)

Ask members to identify 3 actions to help make people receiving DRT/MAT medications feel more welcome in NA meetings? Write down the top 3 actions. (5 minutes)

**Reporting Back 10 minutes**

Take ten minutes and ask a couple willing members to share what they wrote about welcoming. (10 minutes)

**Wrap Up 10 minutes**

So what we heard in this discussion was . . .

(the facilitator should feed back the highlights of what was shared in the two reporting back sections to help to frame the wrap up. If you have time, you might also ask if anyone heard something they are taking away from this discussion.

**Thank You slide**

Thank you for participating. We encourage you to discuss these issues in your homegroup business meeting if you believe that would be helpful.

We really appreciate when you send us input on any IDT, but with this one in particular, we need your input sooner rather than later so that the Board can use your ideas when they are framing a project plan.

* Collect each table’s 3 actions notes so their responses can be compiled.
* Please send the typed responses to World Services, or you can take pictures of the notes with your phone and send them to wb@na.org.
* Resources for this and other workshops can be found at [www.na.org/IDT](http://www.na.org/IDT).