MAT and NA: Helping Members Take Root

November 2026

Cleantime is an issue for each of us to resolve individually with our sponsor and our Higher Power. The ultimate responsibility for making medical decisions rests with each member. However, the guidance and support of members who have faced similar situations is often available if we reach out. In addition to consulting medical professionals, we may use other members' experience and information to help us make knowledgeable decisions. We can practice the Twelve Steps, maintain frequent contact with our sponsor, write about our feelings and motives, and share with our NA friends. With the support of others in Narcotics Anonymous, we find the strength we need to make healthy choices for our own recovery.

In Times of Illness

For decades, Narcotics Anonymous has carried the message to people seeking recovery from addiction. Our message is clear, but sometimes the ways it intersects with the outside world have been confusing. Medication-assisted treatment has existed in a variety of forms for many years as well, and there has sometimes been tension between the clinical approaches to treatment that include medication and those members of Narcotics Anonymous who understand abstinence as incompatible with many of the medications used in treatment settings.

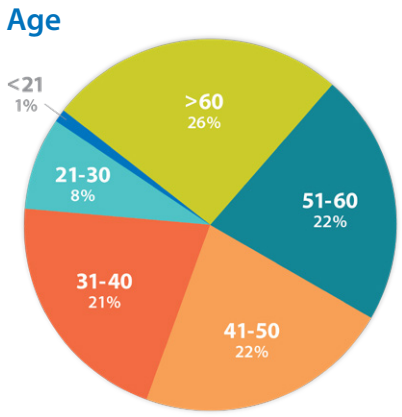
As we consider our common welfare, we realize that our future depends on making sure that our message is clear and that the doors to Narcotics Anonymous are open to all addicts. The question of who comes to NA, how they find us, and whether they stay is, of course, important to all of us who love the Fellowship and mean for it to survive. Over the last several years, we have had a worldwide conversation within NA about what happens after addicts come through our doors, and how we can help people "stick and stay"—make the decision to become members of Narcotics Anonymous.

The input on this topic from those conversations was plentiful and emotional. Medication used to treat addiction has been a wedge issue for more than twenty years, and many of us are deeply positional. Some of the input was hard to read because there was so much pain and passion in the responses. Among the more than 850 responses to the 2025 request for input on the topic were many wise and thoughtful submissions covering a broad spectrum of perspectives. But one thing that stood out was the shared sense of hurt and urgency from these disparate positions. To many of us, it feels like an issue of survival, both for the addict suffering and for the Fellowship itself. And we are rarely at our most open-minded when we are fighting for our survival.

At this point, it appears that what we need most is to create an atmosphere of recovery around the issue. There is a great deal of common ground, and on that ground, we can build a new foundation for this conversation, beginning from our spiritual principles. In this polarized world, on this highly charged issue, can we agree for now to listen to one another with love, compassion, and a willingness to respect our opposing viewpoints?

In the years that we have been discussing this, the growth of NA in the US in particular has flattened or even declined. As of the 2026 WSC, US meetings went from 26,881 in 2010 to 23,769 in 2026, while





total meetings grew from 57,769 to 79,039. While our **membership survey** is often answered by more established members (we can't capture the voices of those who have left), we see our demographics skewing older: About half of our members are over 50, and 47% of our members have more than 10 years clean. Our 2024 membership survey showed that the US has fewer members under 30, and fewer members who came to NA on medication for addiction, than the rest of the Fellowship. While treatment programs are expanding in the US, their relationship to NA has been less and less cooperative. While we are proud of our longtime members, we know that NA's future depends on those just getting started and those yet to come. Of those who do stay, 82% say they stay because of their identification with members and the welcome they felt: Making sure that newcomers find the opportunity to become longtime members is crucial.

At the 2024 world convention, the professionals at our PR sessions were frank about the reservations they had referring addicts to NA. They told us clearly that they are hesitant largely because addicts being treated with medication for addiction had experienced a hostile or unwelcoming atmosphere at NA meetings. And a number of members participating in the worldwide conversation said that in our program of total honesty, they were advised—not only by clinicians but by other members and sponsors—not to share about the medications they were prescribed (and in some cases, legally mandated) to take. In too many places, we are not providing that vital welcome or a consistent message of hope. And it seems we are creating an atmosphere where addicts are afraid to tell the truth.

Much as we might wish it were otherwise, the idea of treating our disease with medication does not seem to be going away; on the contrary, medical treatments are proliferating and becoming increasingly subtle. In many cases, it would be unlikely that we would know a member was engaged with such treatment unless they told us.

This challenge was, in some ways, the motivation for our current conversation: How can we help addicts coming in the door to stay in NA long enough to want what we have? How can we help addicts seeking recovery—who, at this point, may be hearing a very different message from professionals than they hear in NA—to choose our way of life? And can we make NA a welcoming environment for those addicts without compromising our integrity or our message?

We have been talking about one or another form of drug replacement therapy for many years. In the 1990s, the Board of Trustees issued a Bulletin on the subject. In 2006, when we asked, "Who is missing from our meetings?" those prescribed medication for addiction were acknowledged as a population we weren't retaining. In 2012, we had an issue discussion on the Third Tradition, that the only requirement for membership is a desire to stop using. In 2014, we again found that this issue was a priority for discussion in an issue discussion called "Welcoming All Members." In 2018, conference participants took the bull by the horns in an issue discussion called "DRT/MAT as it Relates to Narcotics Anonymous;" in 2023, that topic was reprised and expanded in "DRT/MAT as it Relates to Narcotics Anonymous: Helping Members Take Root."

After many years and so much conversation, we are not closer to consensus on our response to a number of questions related to addiction medication. But we have made some progress. We do have consensus on some basic principles, like unity, welcome—and our message.

We have mostly come to agreement regarding the front door: We want to welcome anyone to Narcotics Anonymous, help them decide if they belong and find a way to "take root" here—that is to say, to become members and find a new way of life. But once those addicts are here, difficult questions arise, mostly around service and celebration. One

of our members said it best in their response to the issue discussion (condensed slightly):

> *The question of the newcomer attending NA for the first time—or even regularly attending meetings on MAT—is not the issue. Our Third Tradition is a settled question: We welcome everyone. This isn't the exact dilemma we face as a Fellowship. The dilemma is not "are they members," or "do they have the desire." Someone is a "member" when they say they are, and that desire is an unmeasurable commodity. The question is, "Are our members who are on MAT considered clean and completely abstinent in accordance with the principles of NA?"*

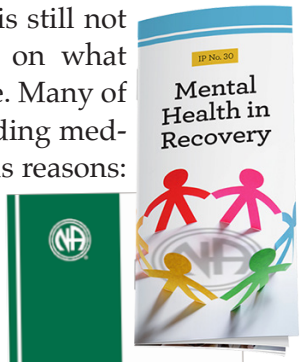
This is not a casual disagreement. For many of us, it goes to the heart of our understanding of what Narcotics Anonymous is and what our recovery means. We cannot make light of this or pretend that the challenge is something we can gloss over. To say we are not in a position to solve it is to acknowledge the gravity of this for so many of our members. This is actually a matter of life and death: If we were to pick any side, addicts would leave and die. And to many of those whose positions are fixed, the answer seems clear and obvious.

If this were a readily solvable issue, we would have solved it years ago. When we started this conversation, we thought that at some point we could come to a single answer; that the Fellowship would come to a single position on its definition of abstinence generally and its position on medication-based approaches to the disease of addiction.

In our history as a Fellowship, there have been key moments when we could not arrive at consensus around an issue. These moments have sometimes been marked by contention and disunity. As regards the issues around medication for addiction treatment, we find once again that we simply do not have consensus on whether a person taking medication to treat their addiction is "clean." The answers we have offered in service pamphlets and bulletins have not resolved this in the minds and hearts of our members, and the consequences for addicts have sometimes been grave. But we believe we do have the tools today to live and recover with one another in unity and grace, despite differences in how we understand the program we all love.

Thinking about how we survive such a significant difference drives us to our spiritual principles. And that begins with admission and surrender.

We do have consensus that abstinence is integral to the NA program and to our message. It seems clear at this point that there is still not consensus among members on what exactly constitutes abstinence. Many of us have experience with needing medication in recovery for various reasons: We have addressed many of these issues in our booklet, ***In Times of Illness***, and in **IP #30, *Mental Health in Recovery***. Although many of us consider medication to treat the disease of addiction an entirely separate category, as these medications change—no longer simply opioids or opiate blockers—it is increasingly difficult to find a line between one kind of medication and another.



It continues to be the case that we believe in abstinence, but members define and experience abstinence differently, and the determination of what constitutes abstinence ultimately rests with the recovering addict, in communication with a sponsor and their higher power. Those of us who have experience needing medication during our recovery find that rigorous honesty and accountability are crucial to maintaining our recovery. In communication with our medical providers, our sponsor, and our HP, we try to make conscious and informed decisions that take us to the least medication for the shortest time to maintain our well-being; but our health and well-being are essential for our recovery, and medical interventions are sometimes part of that.

While this may be surprising to many of us, the surrender to this current reality brings a certain freedom—like any surrender. And like any surrender, the admission that we're not getting closer to consensus frees us to approach this conversation differently. The diversity of perspectives on the topic of abstinence speaks to the diversity of approaches to recovery within our program. What we all know,

however, is that the process works, and that we can trust the process to bring us to the truth, even if it takes a long time. But trusting the process is not a small task when we feel that the integrity of our group or our message is in question.

The challenge to NA of medication-driven treatment often gets framed through Traditions Three and Five, as we've seen in those previous issue discussions. Tradition Three tells us that the only requirement for membership is a desire to stop using; It Works reminds us that "Our task is to fan the flame of desire, not dampen it. Any addict who walks into a meeting, even a using addict, displays a level of willingness that cannot be discounted." In the issue discussions directly and indirectly focused on the Third Tradition, we have confronted not only our opinions about different forms of treatment, but what Guiding Principles points out may be our reservations about each other.

> *Each of us has a part to play in making NA groups welcoming to everyone. Doing so requires checking our reservations about the recovery of others. A newcomer may seem too young or too old, or too beaten down or not having lost enough; they may have done the wrong drug, or not used like we did; they may still be on parole, or take medication we have opinions about. . . . There is no model of the recovering addict, no profile of the addict who suffers, and no condition on membership besides desire—which is between the addict and their Higher Power.*
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> *Guiding Principles: The Spirit of Our Traditions*, Tradition Three

In Tradition Five, we consider our primary purpose, which is simply to carry the message that an addict, *any* addict, can stop using drugs, lose the desire to use, and find a new way to live. Our conversations about medication-assisted treatment remind us that when we are focused on carrying our message, we can surrender, to some degree, our desire to control those who hear it and allow people to come to an understanding in their own time.

And while these have been important conversations, it seems the challenge is actually in Tradition Two: We are afraid this question might "break" NA. Trusting that our Fellowship is resilient enough to survive our diversity asks us to step out in faith.

We have found some productive points of agreement. We want to acknowledge that we have continued to work together in unity over all of this time—decades—that we have been wrestling with this issue. Whatever we do next is not a new beginning, but a continuation of that work.

Where we have consensus

In the description of our symbol in the Basic Text, we are told, "The outer circle denotes a universal and total program that has room within it for all manifestations of the recovering person." Today, our vital and diverse program bears that out. And if we drill down into our beliefs across the Fellowship, there are many places where our differences of opinion and practice are great, yet we continue to recover together in unity.

- Our message is hope and the promise of freedom. We understand that, for many of us, total abstinence is not a first goal when we come in the door.
- In the words of one member, "Some of us circle the airport a long time before we come in for a landing." Membership requires only a desire to stop using, and we don't have classes of members. It is not our job to determine what someone takes or what their relationship to it is. It is our job to help the member answer that themselves, with guidance from their sponsor and higher power.
- We are forever nonprofessional, and in some ways as an organization, we opt out of the conversation happening in the field of addiction treatment. We understand that addiction treatment is almost always about people in transition from active addiction to some form of recovery. NA's approach doesn't end with stability, but in so many ways begins here. We respect the professionals in the field and acknowledge that their approaches change over time and across disciplines. Our approach does not change. We are addicts seeking recovery together, and what we offer is a spiritual path in fellowship with others.
- Narcotics Anonymous is a spiritual program, a Fellowship of people, a program of action. It is

not a science, nor is it engaged in the practice of science, although we are grateful for those researchers who have been able to reflect us back to ourselves through their lens.

- If we can bring people to NA and keep them here, our message is attractive enough that many ultimately want to be clean. Chasing them away before they get the message or after they have a tentative sense of membership is deadly. One elder member shared, "we're treating [people on addiction medication] like [some early members of] AA treated us!" Stigmatizing members doesn't get people clean, and it doesn't change the thinking of treatment professionals. It just makes it harder for the message to get through.

The spiritual work of the program is its own progression. If we dig into the work, we will want to be clean. Our task is to trust that the work will get members where they need to be. We can see where these conversations bring us to the Traditions, but perhaps the answers ultimately rest in the Steps.

We can widen this conversation beyond a question of right or wrong and instead ask how we can invite people to experience membership in NA. We do have a common understanding of the importance of welcoming; we want to welcome anyone who struggles with the disease of addiction. And we want to hold space for that addict: to stay long enough to understand what abstinence is for them, and to be courageous enough to choose that for themselves—whether it takes them a day or a decade to get there. We know this when addicts are relapsing. We have a harder time being patient, it seems, when addicts are undergoing a medication-based treatment. Can we be so loving and embracing that people come to believe abstinence is possible for them?

Changing the Narrative

Our diversity is our strength, not only with regard to demographics, but also in our approaches to recovery. This is not to say that our message is "watered down," but that our experience is precisely this: Our Basic Text tells us we come to an understanding of the program for ourselves, and with our diverse understandings, we peacefully coexist in the spirit of our First Tradition. Though there are many things we don't agree on, we share a message, a purpose, a program, and a set of principles that guide us through deep waters. Learning to live together in unity—without unanimity—asks us to practice equanimity.

It's time for us to change the conversation with the understanding that our members do not agree with one another about MAT. Focusing on what we do agree on allows us to move forward. We may find that NA communities address issues of service and celebration differently from one another, just as we may find that some sponsors regard medication differently from one another. And maybe that's okay. Meanwhile, we can reconfirm our consensus and focus our energy on welcoming addicts, supporting them, and retaining them to the point where they can come to an understanding for themselves.

In the process of asking how we help members take root in NA, we confirmed something vital: Our roots are already deep and intertwined. When "all manifestations of the recovering person" come together in unity, our symbol tells us, "The greater the base, (as we grow in unity in numbers and in fellowship) the broader the sides of the pyramid, and the higher the point of freedom." We are grateful, in a moment when there is so much polarization around us, to be together in a Fellowship that has demonstrated such a powerful ability to stand together with all our differences. We look forward to continuing this conversation, acknowledging the unity we are already demonstrating and building on that to create a wider door, a broader base, and a greater understanding of how we grow from here.

This essay is adapted from the *2026 Conference Agenda Report*.

Additional Resources:

NA Groups and Medication

Narcotics Anonymous and Persons Receiving Medication-Assisted Treatment

In Times of Illness

An Introduction to NA Meetings

Mental Health in Recovery