



Narcotics Anonymous: An Obstacle to Methadone Maintenance Treatment

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The world is still facing an opioid use disorder (OUD) epidemic. Approximately 16 million individuals globally have experienced or suffer from OUD (1). Drugs, such as methadone and buprenorphine, can treat this disorder, reducing mortality and morbidity. Non-pharmacological treatments, such as behavioral therapy, 12-step programs, peer support, and individual and group therapy, have also been effective (2). Methadone is the most common drug used to treat heroin addiction in many parts of the world, including the UK, USA, Australia, and parts of Europe. Despite this treatment's favorable effectiveness and low cost (3), some patients do not accept methadone treatment programs. According to some studies, this may be due to some reasons. Methadone is difficult to discontinue, interferes with everyday activities, causes significant adverse effects, and has a low status in society. In addition, Narcotics Anonymous (NA) can be one of the critical obstacles, resulting in the patients' tendency to use methadone for addiction treatment (4). Established in 1950, NA is an association inspired by Alcoholics Anonymous' 12-step program for treating OUD (5) that brings patients together to help each other maintain their power in remaining abstinent (6). One of the fundamental beliefs of NA, which is the core of the program, is that the drugs mentioned above can stop the process of spiritual transformation of patients. In 2007, NA World Services proposed that local groups could decide if someone (regardless of drug use) would be allowed to participate in NA programs. That is why most patients can benefit from NA in some European countries while being treated with methadone. In 2010, NA published a pamphlet allowing drugs to be used for controlling chronic physical pain, not

treating addiction (7). However, in practice, most local NA groups still insist on accepting patients not treated with drugs such as methadone. They believe that using such drugs is usually an addiction and not a treatment. The above-mentioned issues and the misunderstanding of some of the interpretations of the NA program led to a negative attitude towards methadone, hindering methadone maintenance treatment (8). These issues confuse patients and their families in choosing a suitable treatment and distort the patients' trust in medicine and the therapeutic team. Hence, it is suggested:

- 1- The features and benefits of methadone and other alternatives should be taught to the NA.
- 2- The latest version of NA guidelines should be made available to local groups.
- 3- The methadone anonymous (MA) has been formed to remove such an obstacle (9). Hence, we should pave the ground for forming such a group that is a variant of a 12-step program, particularly for patients receiving methadone medication.

Footnotes

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References

1. Azadfard M, Huecker MR, Leaming JM. *Opioid addiction*. Treasure Island: StatPearls Publishing; 2017.
2. Dydyk AM, Jain NK, Gupta M. *Opioid use disorder*. Treasure Island (FL): StatPearls Publishing; 2022.
3. Whelan PJ, Remski K. Buprenorphine vs methadone treatment: A review of evidence in both developed and developing worlds. *J Neurosci Rural Pract*. 2012;3(1):45-50. [PubMed ID: 22346191]. [PubMed Central ID: PMC3271614]. <https://doi.org/10.4103/0976-3147.91934>.
4. Peterson JA, Schwartz RP, Mitchell SG, Reisinger HS, Kelly SM, O'Grady KE, et al. Why don't out-of-treatment individuals enter methadone treatment programmes? *Int J Drug Policy*. 2010;21(1):36-42. [PubMed ID: 18805686]. [PubMed Central ID: PMC2790538]. <https://doi.org/10.1016/j.drugpo.2008.07.004>.
5. Vederhus JK, Hoie M, Birkeland B. One size doesn't fit all: a thematic analysis of interviews with people who have stopped participating in Narcotics Anonymous in Norway. *Addict Sci Clin Pract*. 2020;15(1):18. [PubMed ID: 32448354]. [PubMed Central ID: PMC7247232]. <https://doi.org/10.1186/s13722-020-00191-w>.
6. White W, Budnick C, Pickard B. Narcotics anonymous: Its history and culture. *Counselor*. 2011;12(2):22-7.
7. White WL. Chicago: Philadelphia Department of Behavioral Health and Intellectual Disability Services & Great Lakes Addiction Technology Transfer Center; 2011. Narcotics anonymous and the pharmacotherapeutic treatment of opioid addiction in the United States.
8. Mokri A, Norouzi A. 3rd, editor. *Protocol of management of opioid dependence with methadone*. Ministry of Health and Medical Education; 2014. Persian.
9. Ginter W. Methadone anonymous and mutual support for medication-assisted recovery. *J Groups Addict Recover*. 2012;7:189-201. <https://doi.org/10.1080/1556035x.2012.705699>.