

White, W., Budnick, C. & Pickard, B. (2013). Narcotics Anonymous comes of age: A 60th anniversary professional tribute. *Counselor*, 14(50), 54-57.

Narcotics Anonymous Comes of Age:

A 60th Anniversary Professional Tribute

William White, Chris Budnick, and Boyd Pickard



**Street banner at 2013 Narcotics Anonymous
World Convention in Philadelphia, PA**

(Photo courtesy of Chris Budnick)

Addiction recovery mutual aid societies face enormous challenges to their cultural viability and long-term survival: the vagaries of charismatic leaders, ideological schisms, mission drift, professionalism, and commercialization, to name only a few. Of more than 100 such societies birthed in the United States, only a handful survived their founding generations to achieve organizational sustainability and widespread accessibility (see White, 2010a). It is thus fitting that addiction professionals acknowledge those recovery mutual aid societies that have achieved maturity and continue to support recovery initiation, recovery maintenance, and enhanced quality of personal and family life in long-term recovery.

Numerous secular, spiritual, and religious recovery mutual aid organizations have made distinctive contributions within the growing varieties of addiction recovery experience in the U.S. and internationally. It is within this larger understanding that we offer this special tribute to Narcotics Anonymous (NA) on its 60th anniversary. For the past several years, the authors have researched the histories of various recovery mutual aid societies and reviewed scientific studies on how participation in such groups affects recovery outcomes. Based on our research to date, here are twelve things we think every addiction professional should know about NA.

1. A Difficult Birthing and a Near Death Experience

No addiction recovery mutual aid organization in American history was birthed in a more culturally hostile environment than that faced by NA in the 1950s. On the heels of earlier efforts to create a sustainable framework of recovery from addiction to drugs other than alcohol (e.g., Addicts Anonymous, early New York Narcotics Anonymous, Habit Forming Drugs, Hypes and Alcoholics), today's NA held its first publically announced meeting in Sun Valley, California, on October 5, 1953. The years contiguous to NA's founding witnessed the U.S. Congress passing mandatory sentencing laws (Boggs Act of 1952, Narcotics Control Act of 1956) that increased minimum prison sentences to 2-15 years for possession of heroin, cocaine, or cannabis. The 1950s also witnessed "loitering addict" laws under which known addicts could be arrested or have their probation/parole violated for simply associating with each other in public. Addicts could be arrested, forced to have their stomachs pumped, and charged with "internal possession" before such practices were declared unconstitutional in 1962 (*Robinson v. California*). Plagued by early meetings that were forced to rotate locations to avoid police surveillance and harassment, NA survived its birthing (and near collapse in 1959) because Jimmy K. and a small core of individuals, by committing themselves to NA and its Twelve Traditions, sustained NA in the years before its dramatic growth (Jack G., 1958; White, Budnick, & Pickard, 2011).

2. Recovery from.....Addiction

NA is the only major recovery mutual aid organization that defines the addict's essential problem as powerlessness over a process of addiction rather than powerlessness over a particular substance. As expressed by NA Trustees:

Drugs are a varied group of substances, the use of any of which is but a symptom of our addiction. When addicts gather and focus on drugs, they are usually focusing on their differences, because each of us used a different drug or combination of drugs. The one thing we all share is the disease of addiction. It [defining NA's First Step in terms of addiction] was a masterful stroke. With that single turn of a phrase the foundation of the Narcotics Anonymous Fellowship was laid. (Narcotics Anonymous, 1985)

Such a distinction should be appreciated by addiction professionals who daily encounter profiles of concurrent and sequential use of multiple drugs among persons entering treatment or reentering treatment due to the role so-called "secondary" drugs played in addiction recurrence. Polydrug dependence among those entering addiction treatment has historically evolved from the exception to the norm—defying the very concept of "drug of choice." No recovery mutual aid organization is more prepared in concept and practice to address vulnerability to and recovery from polydrug addiction than NA. NA's focus on a process of "addiction" that transcends a

particular drug preference and requires a common recovery process may be viewed by future historians as one of the great conceptual and clinical breakthroughs in the understanding and management of severe alcohol and other drug problems. NA's position is as simple as it is elegant: "We are a people with the disease of addiction who must abstain from all drugs in order to recover" (Basic Text, Narcotics Anonymous World Services, Inc., 2008, p. 18).

3. "We suffer from a disease."

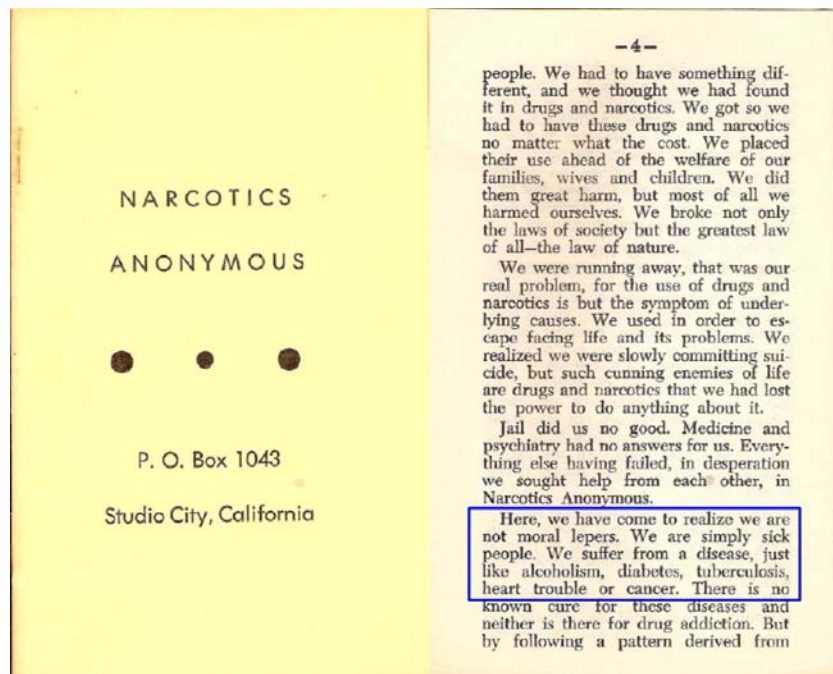
NA, more than any recovery mutual aid organization before or since, unequivocally defines addiction as a "disease." AA has been praised and blamed for the modern conceptualization of addiction as a disease, in spite of historical evidence to the contrary (See Kurtz, 2002; Miller & Kurtz, 1994). Such attribution is much more appropriately placed with NA, as is evident in the earliest writings of NA co-founder Jimmy K.

Addiction is a disorder in its own right...--an illness, a mental obsession and a body sensitivity or allergy to drugs which sets up the phenomenon of craving, over which we have no choice, as long as we use drugs. (Jimmy K., ND)

This view is further evidenced in the earliest pieces of NA literature:

Here [in NA], we have come to realize that we are not moral lepers. We are simply sick people. We suffer from a disease, just like alcoholism, diabetes, heart ailments, tuberculosis, or cancer. (Buff Book, Narcotics Anonymous, 1954, p. 4)

NA's early conceptualization of addiction as a chronic disease analogous to cancer, diabetes, and heart disease predates the modern conceptualization of addiction as a chronic disorder by decades (Dennis & Scott, 2007; McLellan, Lewis, O'Brien, & Kleber, 2000).



Buff Book (1954)

(Photo courtesy of Boyd Pickard and Chris Budnick)

4. The Recovery Process

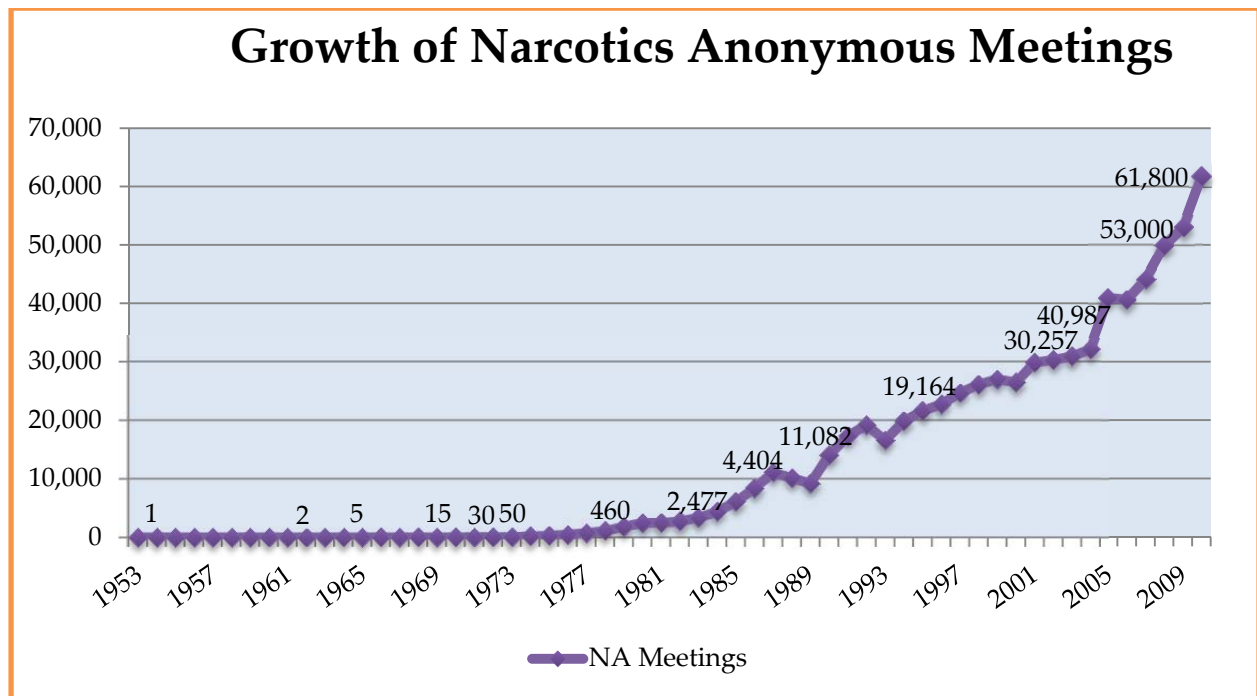
NA conceptualizes recovery as a process of complete abstinence from all drugs made possible only by a larger spiritually driven transformation of personal character, identity, and interpersonal relationships—changes achieved through the daily application of NA’s Twelve Steps. NA views recovery as far more than the removal of drugs from an otherwise unchanged life. As early as 1966 (White Book), NA presented a quite nuanced understanding of the relapse and recovery processes—views currently reflected in NA’s *Basic Text*:

Many people think that recovery is simply a matter of not using drugs. They consider a relapse a sign of complete failure, and long periods of abstinence a sign of complete success. We in the recovery program of Narcotics Anonymous have found that this perception is too simplistic....Recovery as experienced through our Twelve Steps is our goal, not mere physical abstinence. (Narcotics Anonymous, 2008, pp. 77-78)

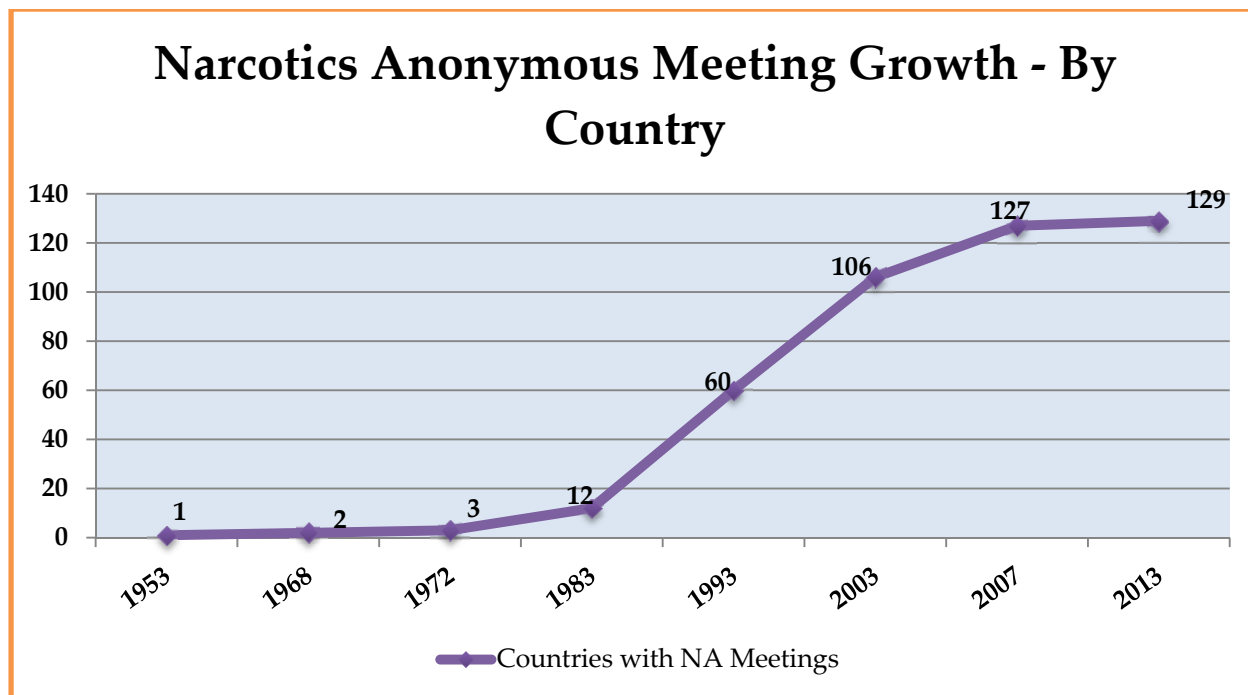
NA’s understanding of recovery is congruent with recent professional consensus panels that have defined addiction recovery in terms of abstinence, improvements in global health (physical, emotional, relational, spiritual wellness), and citizenship (positive community reintegration; Betty Ford Institute Consensus Panel, 2007).

5. Growth and International Dispersion

NA has grown from one meeting in 1953 to more than 61,000 NA meetings in 129 countries in 2013. Of particular historical interest is the particularly dramatic growth of NA in predominately Islamic Middle East countries. The growth of NA meetings and its international dispersion over the course of its history are displayed in the following two graphs.



Sources: NAWS, Inc. (Growth of NA Video); personal communications with NAWS



Sources: White, Budnick, & Pickard, 2011; personal communications with NAWS.

This accelerating pattern of growth would not have been possible if thousands of NA members had not risen beyond their own personal recovery processes to forge a service structure whose message now reaches around the world traversing barriers of race, social class, religion, politics, culture, and language. Also of import is the fact that NA continues to reach those individuals with the most severe and complex patterns of addiction: more than 85% of NA members have prior addiction treatment; more than 25% have prior psychiatric treatment (Galanter, Dermatis, Post, & Santucci, 2013).

6. NA Literature

NA has developed a distinctive and extensive body of recovery support literature for its members—including a “Basic Text” (Narcotics Anonymous), a collection of essays on NA’s Steps and Traditions (It Works—How and Why), a history of NA (Miracles Happen), a magazine (NA Way—published in English, Farsi, French, German, Japanese, Portuguese, Russian, and Spanish), numerous pamphlets and service-related handbooks, and a recently released text on life in long-term recovery (Living Clean: The Journey Continues). In the past 25 years, NA has translated 951 pieces of literature that are now available in 42 languages (including Afrikaans, Arabic, Chinese, Farsi, Greek, Japanese, Polish, Punjabi, Russian, Spanish, and Swahili), with translations into an additional 23 languages currently under way. NA’s Basic Text is available in 24 languages. NA meetings are held worldwide in 76 languages (NAWS, Personal Communication, May 4, 2013).

7. Membership Diversity

NA membership is the most culturally diverse of any major addiction recovery mutual aid organization. NA membership is 47% women—up 5% from the 1996 survey and highest of any abstinence-based group other than Women for Sobriety; 8% Hispanic—nearly twice the percentage of any other addiction recovery mutual aid society; 11% African American—up from

4% in 1996; and 7 % Native American, Asian American, multiracial. Two percent of NA members are under age 21—comparable to AA and higher than other major mutual aid fellowships (From 2011 Membership Survey). The cultural diversity of NA is underscored by the growth of NA meetings within communities of color, the recovery stories represented in the 6th Edition of NA’s Basic Text, and the worldwide growth of special NA meetings for women, youth, LGBT, couples, agnostics, and people living with HIV / AIDS, to name just a few of the early special meeting categories (Narcotics Anonymous World Services, Inc., 2012b).

8. Recovery Stability/Durability

The mean duration of years in long-term, continuous recovery within NA has progressively increased. Today, the mean duration of recovery (“clean time”) within NA is 10.87 years—up from 5.5 years in 1996 (NAWS, 1997, 2011). This level of recovery stability is also reflected in NA’s strong service ethic: nearly half (49%) of NA members reach NA through the influence of another NA member (NAWS, 2011), 89% of NA members have had a sponsor, and 48% of members have sponsored others (Galanter et al., 2013).

9. NA Culture

NA openly acknowledges modeling itself on AA in its beginnings, but today’s NA has its own distinct program of recovery and its own recovery culture, e.g., its own history, iconic figures, core ideas, language, recovery and service rituals, etiquette, symbols, and literature (NAWS, 2012a). Homogenized references to “AA and other 12-Step groups” mask NA’s distinctive contributions and its distinctive culture. Attending open meetings of local AA and NA groups can help cultivate an appreciation of such differences and how addiction professionals can best match individuals to particular recovery fellowships and to particular meetings.

10. NA Governance

NA has forged a service structure for effective self-governance and worldwide service. NA is self-governed via the collective conscience and guidance of NA groups across the globe. Representatives of these NA communities assemble every two years at the NA World Service Conference (WSC) to provide that guidance. Narcotics Anonymous World Services (NAWS)—comprised of the World Service Office and World Board—is delegated the responsibility for day-to-day support activities of the NA fellowship. There are NAWS offices in the U.S., Canada, Belgium, India, and Iran.

11. Self and Scientific Evaluation

Both NA membership surveys and independent scientific studies affirm the role of NA participation in long-term addiction recovery and enhanced quality of life in recovery. NA’s surveys of its own membership reveal numerous positive effects associated with NA participation, including enhancements in the quality of family relationships (95%), social connection (89%), stable housing (80%), employment (76%), and education (59%; NAWS, 2011). Only 11% of NA members are unemployed (NAWS, 2011)—a rate only 3.5% higher than the current national unemployment rate of 7.5% (Bureau of Labor Statistics, 2013) and a dramatic drop from the 56% of members who were unemployed before coming to NA (NAWS, 2011).

Although scientific research on NA is meager compared to the hundreds if not thousands of AA-focused studies, attention to NA in the scientific literature is progressing from brief, descriptive accounts (Nichols, 1988; Wells, 1987) to cross-disciplinary investigations of NA and more formal studies of the effects of NA participation (Krentzman et al., 2011). To date, research on NA suggests that:

- 1) NA's 12-step framework is acceptable to the majority of drug users entering inpatient detoxification (Best et al., 2001),
- 2) NA participation is associated with enhanced long-term recovery outcomes as well as improved emotional health for adults (Christo & Franey, 1995; Christo & Sutton, 1994; Gossop, Stewart, & Marsden, 2008; Kelly, Dow, Yeterian, & Kahler, 2010) and adolescents (Kelly et al., 2010; Kelly & Myers, 2007; Sussman, 2010),
- 3) the mechanisms of change within NA include meeting attendance, mutual identification/affiliation, step work, spiritual awakening, identity reconstruction, and the therapeutic effects of helping others (Crape, Latkin, Laris, & Knowlton, 2002; Galanter, Dermatis, Post, & Sampson, in press; Rafalovich, 1999; Toumbourou, Hamilton, U'Ren, Stevens-Jones, & Storey, 2002),
- 4) service work within NA extends to broader patterns of community involvement, citizenship, and service by NA members (Kurtz & Fisher, 2003), and
- 5) NA seems to have a high degree of universality across national and cultural boundaries (Flora & Raftopoulos, 2007; Ronel, 1997).

NA World Services is currently collaborating with addiction researchers to expand the number and quality of studies conducted on NA (e.g., Galanter et al., 2013).

12. Professional Acceptability

NA participation is being increasingly integrated with professionally directed addiction treatment (Troyer, Acampora, O'Connor, & Berry, 1995). In the latest survey of NA members, 49% reached NA via referral from a treatment or counseling agency (NAWS, 2011). Many local NA groups maintain a Hospitals and Institutions (H & I) committee to help carry the NA message to people in institutional settings (See NAWS, 1997). These H & I committees may be contacted to discuss such collaborations, particularly on how to reach individuals with the NA message that do not have access to NA meetings in the community.

Closing Reflections

NA has distinguished itself through its survival as an organization and its 60 years of service toward the singular goal of addiction recovery. It has earned a position of honor within the growing menu of secular, spiritual, and religious recovery mutual aid organizations. As addiction professionals, we have a responsibility to become knowledgeable about NA and the culture of local NA groups, to orient those we serve about NA and other recovery support options, and to assertively link those individuals who are interested in exploring NA as a pathway of long-term addiction recovery. NA's coming of age is a milestone worthy of acknowledgement and celebration. NA will continue to confront the internal and external

challenges faced by all recovery mutual aid organizations (White, 2010b), but in the year of its 60th anniversary, NA's future could not look brighter. In 2013, NA members can claim a most notable achievement:

Never before have so many clean addicts, of their own choice and in free society, been able to meet where they please, to maintain their recovery in complete creative freedom.
(Narcotics Anonymous, 2008, p. 88)

Happy Birthday, NA.

About the Authors:

William White is Emeritus Senior Research Consultant at Chestnut Health Systems

Chris Budnick is the Vice President of Programs for The Healing Place of Wake County, is an Adjunct Faculty member with the North Carolina State University Department of Social Work and founding board member of Recovery Communities of North Carolina

Boyd Pickard is a Research Assistant at the Illinois Addiction Studies Archives.

References

- Best, D. W., Harris, J. C., Gossop, M., Manning, V. C., Man, L. H., Marshall, J., & Strang, J. (2001). Are the Twelve Steps more acceptable to drug users than to drinkers? A comparison of experiences of and attitudes to Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) among 200 substance misusers attending inpatient detoxification. *European Addiction Research*, 7(2), 69-77. doi:10.1159/000050719
- Betty Ford Institute Consensus Panel. (2007). What is recovery? A working definition from the Betty Ford Institute. *Journal of Substance Abuse Treatment*, 33, 221-228. doi:10.1016/j.jsat.2007.06.001
- Bureau of Labor Statistics. (2013). Labor force statistics from the current population survey. Retrieved May 4, 2013 from <http://data.bls.gov/timeseries/LNS14000000>
- Christo, G., & Franey, C. (1995). Drug users' spiritual beliefs, locus of control and the disease concept in relation to Narcotics Anonymous attendance and six-month outcomes. *Drug & Alcohol Dependence*, 38(1), 51-56. doi:10.1016/0376-8716(95)01103-6
- Christo, G., & Sutton, S. (1994). Anxiety and self-esteem as a function of abstinence time among recovering addicts attending Narcotics Anonymous. *British Journal of Clinical Psychology*, 33, 198-200. doi:10.1111/j.2044-8260.1994.tb01111.x
- Crape, B. L., Latkin, C. A., Laris, A. S., & Knowlton, A. R. (2002). The effects of sponsorship in 12-step treatment of injection drug users. *Drug & Alcohol Dependence*, 65(3), 291-301. doi:10.1016/S0376-8716(01)00175-2
- Dennis, M. L., & Scott, C.K. (2007). Managing addiction as a chronic condition. *Addiction Science & Clinical Practice*, 4(1), 45-55.

- Flora, K., & Raftopoulos, A. (2007). First description of Narcotics Anonymous and Alcoholics Anonymous members in Greece: Prior treatment history and opinions about professionals. *Contemporary Drug Problems*, 34(1), 163-170.
- Galanter, M., Dermatis, H., Post, S., & Sampson, C. (in press). Spirituality-based recovery from drug addiction in the Twelve-Step fellowship of Narcotics Anonymous. *Journal of Addiction Medicine*.
- Galanter, M., Dermatis, H., Post, S., & Santucci, C. (2013). Abstinence from drugs of abuse in community-based members of Narcotics Anonymous. *Journal of Studies on Alcohol and Drugs*, 74, 349-352.
- Gossop, M., Stewart, D., & Marsden, J. (2008). Attendance at Narcotics Anonymous and Alcoholics Anonymous meetings, frequency of attendance and substance use outcomes after residential treatment for drug dependence: A 5-year follow-up study. *Addiction*, 103(1), 119-125. doi:10.1111/j.1360-0443.2007.02050.x
- Jack G. (1958). *Report of the Subcommittee on Narcotics and Dangerous Drugs Assembly Interim Committee on Public Health*. Sacramento, CA: Assembly of the State of California.
- Jimmy K. (ND). Thoughts about the nature of addiction as expressed by Jimmy K. (undated), NA World Services Archives; Miscellaneous notes of Jimmy K.. (undated), NA World Services Archives.
- Kelly, J. F., Dow, S. J., Yeterian, J. D., & Kahler, C. W. (2010). Can 12-step group participation strengthen and extend the benefits of adolescent addiction treatment? A prospective analysis. *Drug and Alcohol Dependence*, 110(1-2), 117-125. doi:10.1016/j.drugalcdep.2010.02.019
- Kelly, J. F., & Myers, M. G. (2007). Adolescents' participation in Alcoholics Anonymous and Narcotics Anonymous: Review, implications and future directions. *Journal of Psychoactive Drugs*, 39(3), 259-269. doi:10.1080/02791072.2007.10400612
- Krentzman, A. R., Moore, B. C., Robison, E. A. R., Kelly, J., Kurtz, E., Laudet, A.,...Zemore, S. (2011). How Alcoholics Anonymous and Narcotics Anonymous work: Cross-disciplinary perspectives. *Alcoholism Treatment Quarterly*, 29(1), 75-84. doi:10.1080/07347324.2011.538318
- Kurtz, E. (2002). Alcoholics Anonymous and the disease concept of alcoholism. *Alcoholism Treatment Quarterly*, 20(3/4), 5-39. doi:10.1300/J020v20n03_02
- Kurtz, L. F., & Fisher, M. (2003). Participation in community life by AA and NA members. *Contemporary Drug Problems*, 30, 875-904.
- McLellan, A. T., Lewis, D. C., O'Brien, C. P., & Kleber, H. D. (2000). Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. *Journal of the American Medical Association*, 284(13), 1689-1695. doi:10.1001/jama.284.13.1689

- Miller, W., & Kurtz, E. (1994). Models of alcoholism used in treatment: Contrasting AA and other perspectives with which it is often confused. *Journal of Studies on Alcohol*, 55, 159-166.
- Narcotics Anonymous (1954). *Narcotics Anonymous* ("Buff Book"). Studio City, CA: Narcotics Anonymous.
- Narcotics Anonymous. (1985). From the Trustees: Some thoughts on our relationship with A.A. *Newsline*.
- Narcotics Anonymous World Services, Inc. (NAWS, 1997). Hospitals & Institutions Handbook. Retrieved April 24, 2013 from <http://www.na.org/admin/include/spaw2/uploads/pdf/handbooks/H&I%20Handbook.pdf>
- Narcotics Anonymous World Services, Inc. (NAWS, 2008). *Narcotics Anonymous* (6th ed.). Chatsworth, CA: NAWS.
- Narcotics Anonymous World Services, Inc. (NAWS, 2011). Membership survey. Retrieved March 2, 2013 from http://www.na.org/admin/include/spaw2/uploads/pdf/PR/NA_Membership_Survey.pdf
- Narcotics Anonymous World Services, Inc. (NAWS, 2012a). WORLD SERVICE BOARD OF TRUSTEES BULLETIN #13 Some thoughts regarding our relationship to Alcoholics Anonymous. Retrieved May 14, 2013 from <http://www.na.org/?ID=bulletins-bull13-r>
- Narcotics Anonymous World Services, Inc. (NAWS, 2012b). World Service Board of Trustees Bulletin # 18: Special Interest Meetings. Retrieved April 22, 2013 from <http://www.na.org/ID=bulletin18>
- Nichols, H. (1988). Narcotics Anonymous. *Journal of Substance Abuse Treatment*, 5(3), 195-196. doi:10.1016/0740-5472(88)90010-4
- Rafalovich, A. (1999). Keep coming back - Narcotics Anonymous narrative and recovering-addict identity. *Contemporary Drug Problems*, 26, 131-157.
- Ronel, N. (1997). The universality of a self-help program of American origin: Narcotics Anonymous in Israel. *Social Work Health Care*, 25(3), 87-101. doi:10.1300/J010v25n03_08
- Sussman, S. (2010). A review of Alcoholics Anonymous/ Narcotics Anonymous programs for teens. *Evaluation & the Health Professions*, 33(1), 26-55. doi:10.1177/0163278709356186
- Toumbourou, J. W., Hamilton, M., U'Ren, A., Stevens-Jones, P., & Storey, G. (2002). Narcotics Anonymous participation and changes in substance use and social support. *Journal of Substance Abuse Treatment*, 23(1), 61-66. doi:10.1016/S0740-5472(02)00243-X

- Troyer, T. N., Acampora, A. P., O’connor, L. E., & Berry, J. W. (1995). The changing relationship between therapeutic communities and 12-step programs: A survey. *Journal of Psychoactive Drugs*, 27(2), 177-180. doi:10.1080/02791072.1995.10471688
- Wells, B. (1987). Narcotics Anonymous (NA): The phenomenal growth of an important resource. *British Journal of Addiction*, 82(6), 581-582. doi:10.1111/j.1360-0443.1987.tb01518.x
- White, W. (2010a). Addiction recovery mutual aid groups in the United States: A chronology of founding dates. Retrieved April 23, 2013 from <http://www.williamwhitepapers.com/pr/2010%20Addiction%20Recovery%20Mutual%20Aid%20Groups.pdf>
- White, W. (2010b). The future of A.A., N.A. and other recovery mutual aid organizations. *Counselor*, 11(2), 10-19.
- White, W., Budnick, C., & Pickard, B. (2011). Narcotics Anonymous: Its history and culture. *Counselor*, 12(2), 10-15, 22-27, 36-39, 46-50.