Abstinence From Drugs of Abuse in Community-Based Members of Narcotics Anonymous

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ABSTRACT. Objective: Narcotics Anonymous (NA) is an abstinence-based fellowship with more than 58,000 groups worldwide. There has, however, been little research reported on its members. This study was designed to clarify the nature of the participants in NA who are primarily abstinent, long-term members. **Method:** A protocol was implemented to survey members at 10 NA group meetings in three different states, through the cooperation of the NA World Service Office. A 51-item self-administered questionnaire, addressing key aspects of substance use and recovery, was anonymously completed by 396 respondents. **Results:** Respondents were 71.5% male; the mean age was 38.1 years; 68.2% were White; and the principal drug problems comprised cocaine (28.5%), heroin (27.5%), other opiates (13.4%), methamphetamine (12.9%), alcohol (8.6%), marijuana (6.6%), and other stimulants (2.5%). Eighty-seven percent had prior treatment for a substance use disorder. On average respondents had first encountered NA at age 26.9, they had been abstinent an average of 5.7 years at the time they filled out the questionnaire, and 47.5% had served as sponsors. Ninety-four percent designated themselves as spiritual, and only 29.6% designated themselves as religious. **Conclusions:** NA offers support for long-term abstinence from diverse misuse of drugs among users of different backgrounds. (*J. Stud. Alcohol Drugs, 74,* 349–352, 2013)

SUBSTANCE DEPENDENCE IS A CHRONIC, debilitating condition (McLellan et al., 2000) for which recovery (e.g., abstinence) has been found to be associated with reduced morbidity and mortality (Scott et al., 2011). One approach that has been reported to be associated with abstinence and improved functioning is based on a twelve-step model that provides a community-based fellowship for maintenance of long-term recovery from substance use disorders. Most studies of substance dependence remission in the context of twelve-step recovery have been conducted on members of Alcoholics Anonymous (AA), with a primary focus typically on alcohol, and most such studies have been carried out for relatively short periods or as follow-ups related to AA participation in the context of more formal treatment. Narcotics Anonymous (NA) is another twelve-step program of recovering dependent individuals, also premised on the maintenance of lifelong abstinence from a range of drugs of abuse. However, relatively little has been published in the research literature about NA alone, whereas more attention has been paid to twelve-step participation overall where both AA and/or NA attendance are viewed jointly, without a focus on NA attendance itself (Gossop et al., 2007; Krentzman et al., 2010; Orwat et al., 2011).

Therefore, this report presents data from a large cohort of community-based NA members. The goals of these analyses are to clarify three aspects of substance use disorders in the context of NA: (a) the diversity of long-term members' experience in NA; (b) the nature of twelve step–associated remission from a range of substance use disorders, and not just alcohol; and (c) behavioral and subjective aspects of the experiences of persons in the context of twelve step–related recovery.

Method

Participants

In a project reviewed by the institutional review board of the New York University Langone Medical Center, the Narcotics Anonymous World Service Office in Chatsworth, CA, selected 10 of its groups in California, Florida, and Pennsylvania, as representative of NA, for participation in a questionnaire-based survey. Coordinators of those meetings were asked to distribute a questionnaire that was prepared by researchers working with the Narcotics Anonymous World Service to the attendees at their respective meetings for completion on-site. Because participation was voluntary, attendees could choose not to complete the survey and were instructed to fill out the questionnaire only once. Because of anonymity issues, no further tracking was conducted.

The Survey Instrument

The questionnaire consisted of 51 items addressing demographics; the person's major drug problem; abstinence duration; history of substance use and mental health problems;

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NA history, including first encounter with NA or AA; NA attendance, service to NA, sponsee/sponsoring experience; as well as a person's feelings of spirituality, and experience of spiritual awakening. Socioeconomic status of respondents was not solicited.

Prior-week depressive symptoms were assessed by a six-item scale from the Brief Symptom Inventory with Cronbach $\alpha = .89$ (Derogatis, 1993). Craving for alcohol and drugs was measured by a single-item 10-point visual analog scale on which subjects rated the extent of their craving in the past week, similar to the approach used in other studies of substance misusers in treatment (Galanter et al., 2012; Volpicelli, 1992). Respondents' spiritual and religious orientations were assessed by three individual items used in surveys of U.S. national probability samples (Davis, 2009; Kosmin and Keysar, 2009; Newsweek, 2005).

Two scales were adapted from prior studies to assess the nature of members' involvement in NA, one for NA member affiliation and the second for ascription to NA-related beliefs (Galanter, 1983; Galanter et al., 2012). Items on both scales were scored on a five-point continuum, from "not at all" to "very much." Feelings of affiliation toward other NA members was scored through asking respondents to rate ten NA members they "know best" on eight characteristics including "They care for me," and "I like being part of their activities." NA-related beliefs were evaluated by eight items reflecting a respondent's degree of belief in NA's principles, such as, "I am powerless over drugs," and "I should turn my will and life over to God as I understand Him." Respondents were also asked to indicate whether they had experienced a "spiritual awakening," a phenomenon referred to in the Twelfth Step of NA.

Statistical analyses

The SPSS-V.20 statistical software program (SPSS Inc., Chicago, IL) was applied for these evaluations. Bivariate analyses were conducted to assess the interrelationships among background variables, (e.g., the primary drug, prior treatment, employment status, ethnicity), experiences related to NA. (e.g., age attended first NA meeting, months of current duration of abstinence) and subjective experiences (e.g., affiliation toward other NA members, level of craving). Bivariate associations between categorical variables and continuous variables were assessed by either independent-sample *t* tests or one-way analyses of variance. Pearson product moment correlations were performed to assess the relationships among continuous variables.

Results

A total of 396 NA members fully completed the respective questionnaire items, with 50.5% from California, 28.3% from Pennsylvania, and 21.2% from Florida. It is estimated that 80% of those asked to participate did so. As shown in Table 1, the most common primary problematic drugs were cocaine and heroin, followed by other opioids (e.g., oxycodone) and methamphetamine. However, drug problems were not distributed evenly across ethnic groups, $\chi^2(16) = 121.441$, $p < .0001$, as Black respondents named cocaine as their major drug more often than did Whites or Hispanics (78.7% vs. 36.0% and 35.5%, respectively). The large majority of respondents had received both inpatient and outpatient treatment for substance use disorders. In addition, 26.5% of the respondents endorsed having been hospitalized for psychiatric problems (not specifically drugs or alcohol).

Table 1. Demography and substance patterns ($n = 396$)

Characteristic	*M* (*SD*) or %
Age, in years	38.1 (12.93)
Female sex	28.5%
Race	
White	68.2%
Black	16.0%
Hispanic	8.1%
Asian	2.8%
Other	5.1%
Currently employed	75.0%
Drug of greatest concern	
Cocaine	28.5%
Heroin	27.5%
Other opioids	13.4%
Methamphetamine	12.9%
Other stimulants	2.5%
Alcohol	8.6%
Cannabinoids	6.6%
Last drug use, in years	5.7 (8.08)
SUD treatments	
Any	87.1%
Outpatient	68.2%
Inpatient	77.0%
Psychiatric hospitalization	26.5%

Note: SUD = substance use disorder.

As shown in Table 2, the respondents indicated that they had first attended their first twelve-step meeting (either an NA or AA) in their mid-20s, with 34.8% having been referred through professional treatment. The participants attended meetings regularly the year before answering the questionnaire, almost all had a sponsor, and almost half had served as a sponsor themselves. Many (24.5% of the entire sample) had sponsored more than five NA members, and 89.6% reported that they had performed service for NA in the previous 12 months.

The mean score on the scale for NA beliefs was high, as illustrated by 92.2% of respondents endorsing "I am powerless over addiction," and 88.1% affirming "I should turn my will and my life over to God, as I understand Him." The high score for the scale for social affiliation to NA included feeling that other members "care for me" (81.6%); "I like being part of their activities" (77.3%); and "I care for them" (84.1%). The ratings of spirituality and religiousness were

Table 2. Narcotics Anonymous (NA)–related characteristics

Item	*M* (*SD*) or %
Age first joined NA, years	26.9 (9.60)
NA meetings prior year, *n*	189.9 (183.50)
Ever had NA sponsor	88.6%
Ever served as NA sponsor	47.5%
NA belief score[a]	36.1 (5.11)
NA affiliation score[b]	34.3 (4.82)
BSI depression *T* score	
Men	67%
Women	62%
Craving score[c]	1.9 (2.57)
Self-designation[d]	
Spiritual	94.0%
Religious	29.6%
Neither	4.4%

[a]Scores are based on the NA-related belief scale, with a range of scores from 8 to 40; higher scores represent greater endorsement of beliefs. [b]Scores are based on the NA member affiliation scale, with the range of scores from 8 to 40; higher scores represent higher levels of affiliation. [c]Scores are based on a visual analog scale rating of the level of craving for alcohol and other drugs experienced in the past week, with the range of scores from 0 to 10; higher scores represent higher levels of craving. [d]Self-designation was assessed by the following item, "What best describes you? 1: *spiritual but not religious;* 2: *religious but not spiritual;* 3: *religious and spiritual;* 4: *not spiritual and not religious.*

high, with less than 5% considering themselves neither spiritual nor religious.

Table 3 shows the relationships between respondents' experience in the NA program and the following: the type of drug problem, having received prior professional treatment for substances and/or for psychiatric syndromes, and recent employment status. Those with use of opioids other than heroin as their major drug of concern had a shorter mean duration of membership in NA ($p < .01$), had fewer years abstinent ($p < .01$), and were less likely to have been a sponsor ($p < .01$) than those with use of cocaine. Current unemployment was related to shorter abstinence ($p < .01$), never serving as a sponsor ($p < .001$), and absence of spiritual awakening ($p < .001$).

Discussion

This report represents one of the first descriptions of regular NA attendees. The study is based on a systematic assessment of participants in NA who are primarily abstinent, long-term members. Several major findings emerged from these data, including the fact that the drug of greatest concern varied greatly among NA survey respondents.

The members who listed their greatest problem as "other opiates" had a different membership profile, including a shorter duration of abstinence and shorter tenure in NA compared with those dependent on cocaine. Their relatively short NA experience might reflect the marked increase in the misuse of opiate-like analgesics in recent years. These NA members were also less likely to have served as a sponsor, possibly reflecting their more recent arrival to the program and/or lack of readiness to pursue such a position.

Also worthy of note is that almost 10% of the NA sample reported that alcohol was their greatest problem substance. The alcohol subgroup exhibited a profile with respect to NA involvement in terms of length of abstinence, number of years since first encounter, sponsorship, and spiritual awakening experiences similar to those with a primary drug problem related to cocaine, heroin, or methamphetamine.

Responses of the long-term abstinent NA members surveyed here reflect a high incidence of prior treatment experi-

Table 3. Relationships among characteristics of respondents

Variable	Years in NA *M* (*SD*)	Years abstinent *M* (*SD*)	Been a sponsor %	Spiritual awakening %
Major drug of concern[a]				
Cocaine	13.2 (8.66)	7.1 (7.98)	58.4	84.1
Heroin	13.1 (10.37)	6.2 (9.15)	53.2	84.4
Other opioids[b]	6.6 (8.81)**	2.6 (6.65)**	26.4**	84.9
Methamphetamine	10.2 (9.24)	4.7 (6.41)	39.2	86.3
Alcohol	12.9 (9.71)	6.2 (8.49)	47.1	79.4
Prior SUD treatment				
Yes	11.5 (9.67)	5.4 (7.96)	46.1	82.6
No	10.4 (9.15)	7.7 (8.66)	56.9	84.3
Prior psychiatric hospitalization				
Yes	11.0 (9.38)	3.2 (5.48)***	38.1*	82.9
No	11.5 (9.69)	6.5 (8.67)	50.9	82.8
Employment status				
Employed	11.5 (9.30)	6.3(8.15)**	55.6***	86.9***
Unemployed	10.9 (10.50)	3.8 (7.59)	23.2	70.7

Notes: NA = Narcotics Anonymous; SUD = substance use disorder. [a]Cannabinoid and other stimulant subgroups were excluded because of small sample sizes. [b]The other opioid group members had a shorter mean duration of membership in NA ($p < .01$), fewer years abstinent ($p < .01$), and were less likely to have been a sponsor ($p < .01$) than those with use of cocaine.
*$p < .05$; **$p < .01$; ***$p < .001$.

ence: 87% reported having undergone either hospitalization or outpatient care for substance use disorders. This finding compares to the 24% rate reported in a recent cross-sectional survey of American alcohol-dependent adults, which reported that 24% who had attended twelve-step meetings, presumably AA, had received such treatment (Hasin et al., 2007). Thus, although many factors could have contributed to the difference in the results, it is possible that subjects who turned to and maintained a relationship with NA may have had relatively high levels of life impairment.

Sponsorship may have been an important correlate of recovery in these abstinent men and women, as 88% had had a sponsor. Furthermore, many of the 48% of respondents who had served as a sponsor had done so for more than five attendees. That number reflects a substantial effort and investment in NA.

A number of issues served to limit the results presented here. NA keeps no records of its members, and, thus, the procedure reflects a sample of convenience. The respondents were participants in 10 meetings chosen by NA staff as likely to have relatively large attendance, and participants were all located in the continental U.S. Other meetings may differ in the characteristics of their attendees. Furthermore, it is likely that members who attend meetings more frequently would be more likely to be attending on any day chosen for the survey, with a subsequent possible sample weighted toward a higher proportion of frequent attendees. In addition, constraints in the time available to access members limited the amount of detail that could be gathered regarding professional treatment, craving, and psychological symptoms other than depression, and there was no independent corroboration of respondents' self-reports. However, despite these limitations, this paper describes the NA participants in long-term remission in the general community described, and given the nature of drug dependence as a chronic illness, twelve-step program membership in NA may serve as a useful and cost-free means of bolstering the benefits of professional care.

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