

# A View From the Inside

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Cam Loveridge-Easther is a 2nd year house surgeon in Tauranga hospital. He enjoys surgical specialties, but also has a healthy interest in medicine out of the hospital setting - such as the developing world (especially if there happens to be a good surf break nearby).

Earlier this year, I had the privilege of attending a Narcotics Anonymous (NA) meeting as part of my studies. Like most people who are first introduced to the concept of addiction, I did not really understand it; there seemed obvious answers to obvious questions. Nevertheless, the cruel stigma that surrounds addiction sparked my intrigue as to who I would find at the meeting. I was expecting narcotic addicts to fit nicely into the stereotype of "crack heads" and rock and rollers, but these preconceived ideas I had could not have been more wrong. My trip to NA showed me the raw human side of addiction. Here, narcotics were given no glamour, and the honesty in which people spoke about the destruction of their lives humbled me. I found this experience very thought-provoking.

When I first turned up to the NA meeting, I felt like a stranger. I heard a member say, in a half-joking tone, "These must be med students." It was me that was out of place in this closely-knit group of people. I looked at myself and wished I wasn't so obviously a med student. Amongst these people with troubled pasts, I felt that my clean and easy life was a personal flaw. I hadn't been through what they had, but I hoped they would at least give me a chance to try and understand.

The meeting was run by an addict that had been randomly assigned that evening. I liked the fact that any addict could run the meeting because it meant that this meeting would have particular significance to the person. When someone leads, s/he often feels a deeper commitment and have the added influence of being a role model. The meeting started with a common prayer which ensured that everyone present was committed to the same mission statement. Everyone was fighting the same battle and they were all in it together. From there, the right to speak was passed around to every member. There was no interruption and no pressure to finish. Each addict was given the right, and the time, to get whatever they needed off their chest.

"Good evening, I'm Mrs X, I'm an addict. 17 years clean, and today I had a bad day."

This is a statement that will stay with me for a long time. It was this statement that made me realise that I really had no idea what it was like to be an addict. As a 22 year old, it was astonishing to consider that for as long as three quarters of my life, this woman had not touched narcotics, but still to this day was being consumed by the addiction. Her life was precariously balanced on the cliff of drug addiction which left very little room to move.

Some addicts talk about "handbrakes", without which their life would spiral out of control. Every addict in the room talked about their addiction in a similar way. The ability of people to reflect on their addictive behaviour as well as other personal flaws made a great impression on me. At the meeting, people talked about their selfishness, their cruelty to others, and their intolerance. All flaws which are inherent in all of us.

But then they talked about ways to improve who they were. They said things like "every single day I wake up and tell myself to be kind, caring, and loving to myself and those around me." They felt that the addiction had seeded or exacerbated these negative characteristics in themselves; therefore in order to fight the addiction, they must also fight their other personal problems.

"Hi, my name is Y. I'm an addict, one month clean today, and this week I don't know what went wrong. I hated the people that look after me the most and I wanted to hang out with the people that do me the most harm. I was itching for drugs and I was ready to screw it all up."

In response, several members of the group murmured, "I used to be there... I used to do that all the time, but do you know how I dealt with it? I learnt to laugh at my brain, pity the voice that told me I needed drugs. I'd patronise it when it started craving, I'd tell it to shut up and sit in the corner; that it was pathetic."

What I was witnessing was the passing of coping skills. The older addict knew exactly what the younger addict had been through and was sharing ways in which he survived the tough times. I saw the younger addict listening intently to try and learn from the older addict. I also saw the amount of support that was created by the group. To experience cravings alone must be very overwhelming, but to express these feelings to a group who have all gone through similar episodes, and to hear others' methods of coping must make issues seem more bearable.

## WHAT IS NA?

At the time NA was started, narcotic addiction was prolific. Narcotics Anonymous sprang from the Alcoholics Anonymous programme in the 1950's in Los Angeles. Since then, it has expanded globally- now approximately 58,000 weekly meetings are held in over 131 countries and information pamphlets are available in 39 different languages. Members come from all ethnic and religious backgrounds, demonstrating how addiction truly does not discriminate for race or creed.

There are no fees to join NA, but the funding for facilities comes from donations made by members. NA strives to be completely self-supporting so will not accept any donation made by non-members- they refused to take my gold coin as the money tin was passed around. To keep things simple, people do not endorse, express opinions, or take a stand on anything outside the sphere of their own activity. NA is not affiliated with any other organisations, does not employ any professional counsellors or therapists, or offer any correctional facilities or clinics. It is purely a way of

getting addicts together so that they can help each other. However, there are local service committees and a larger World Services conference which act to provide guidance and develop emerging NA communities.<sup>1</sup>

## HOW DOES NA WORK?

A cohort study conducted by Dr George Valliant, an American psychiatrist and addiction expert, found four factors shown to be widely effective in relapse prevention: substitute dependency, new caring relationships, external supervision and increased spirituality. These are principles held strongly in both Narcotics and Alcoholic Anonymous, and interestingly cognitive behaviour therapy.<sup>3</sup>

The concept of substitute dependency and forming new caring relationships was very obvious in my NA meeting. NA offers the structure and reliability as a medium for addicts to deal with their drug dependency. A woman I met that day had apparently relied on NA as an emotional outlet and coping strategy for 17 years, instead of depending on narcotics. As for newcomers, there are no expectations- the people there don't know how "successful" you could have been or what you threw away for your addiction, and therefore they do not judge you. From your first meeting on, you can only improve and this is the strength of these new relationships.

A lot of the addicts at my meeting talked about their "sponsors", best described as mentors (usually previous addicts) whose role is to externally supervise. With addiction, people are always so dangerously close to relapse that it may only take one unfortunate event to overcome the addict's personal coping strategies. The sponsor is someone who you share everything with, but are external to your problems so will not be overwhelmed by the same events. They are then in a position to give useful advice when the person is close to losing control. Sponsors are there to tighten the "handbrakes".

The core of NA therapeutic regime is a 12 step programme which was first developed in Alcoholics Anonymous.<sup>2</sup> What interested me about the 12 steps was the large role that "God" played in being able to achieve recovery. This "God" figure is not a religious figure but an individual understanding of the spiritual principles of the programme. God can be whoever the member wants them to be.

The spirituality was an interesting concept for me, and initially I was unsure why it was incorporated. One argument is that religion is the "opiate of the masses".<sup>4</sup> This means that religion can be a secondary source of endorphins for drug addicts<sup>3</sup> which can hypothetically reduce or substitute the drug cravings. However, I think there is more to it than this. I believe that addicts carry a lot of guilt, so a higher spiritual power is a figure to which they can direct their redemption. I also feel that spirituality determines a lot of what a person considers to be their identity and thus have strong influences on behaviour. For example, Mormons abstain from coffee not for health reasons but purely for identity reasons. Similarly by giving addicts a new identity through the acquisition of a higher power, they can now say, "I am a member of NA, and therefore I do not do drugs".

## DOES NA WORK?

In short, the success of NA is very hard to measure. Addiction is not necessarily something that can be cured, and everyone attending NA is an addict. What NA likes to look at are areas of life that have been enriched since becoming a member. Recently, a membership survey released by NA World Services reported that 92% had improvements in family relationships, whereas 88% had improvements in social connectedness. What NA strives to do is repair the damage made in people's lives by their addiction.<sup>1</sup>

NA gave me an insight into the torments of addiction. What I saw in NA was the product of the desire of many addicts to come clean. They needed something, and NA is what they have produced and, over the years, refined. It was generated by the mind of an addict for the minds of other addicts. To conclude, I was genuinely humbled by my experience visiting NA. To be exposed to the raw wounds of a person's life and to witness the effort

towards healing was poignant, even more so because it was a disease I had never understood. Addiction is a silent parasite which, to many, has very little success of cure. As a future member of the medical community, I think it was very important that I experienced an NA meeting. I would recommend this to anyone else who wishes to improve or expand their ability to provide care for a diverse population.

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## REFERENCES

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