

In Times of Illness Workshop

7/28/12

Materials for the workshop can be found at: http://na.org/?ID=2011_IDT, <http://na.org/?ID=service-mat-svc-pamphlets>, and <http://na.org/?ID=ips-eng-index>

Materials used for this workshop:

Powerpoint, session profile, worksheet, In Times of Illness booklet, NA Groups and Medication Service Pamphlet, Brainstorming guidelines, and we also handed out a one page sheet of quotes regarding service and medication found at the end of this report. Since the hosting area wanted the focus to be on “NA Service and Medication” we slightly revised scenario 3.

We followed the session profile, which was divided into 5 sections

- Introduction
- Part one – Informing our Health Care Providers
- Part two – Small group discussion on 3 scenarios: Medication and Recovery, Mental Health Issues, and Chronic Illness/Chronic Pain. See results from small group discussions below
- Part three – Supporting Members: Emergency Care and Terminal Illness
- Conclusion – Suggestions and further reading found in In Times of Illness

RESULTS FROM SMALL GROUP DISCUSSION

Scenario One: Medication and Recovery- Questions/Answers

- 1) *What types of questions should members ask themselves in an inventory with medication?*
Do I need it at all? Do I have alternatives? Am I being honest with self and doctor? What are other people saying? Am I taking medication as prescribed? Is it affecting my ability to function ie: concentrating? Do I really need this ie: if for pain, do I have pain? Do I still need this? What would happen if I stop? In what ways am I being accountable? Am I following the doctor’s instructions?
- 2) *What types of questions are helpful for sponsors/friends to ask of members taking medications?*
Questions of concern: Have you been honest with your doctor about being an addict? Do you need me to go to the doctor with you? Have you talked to your sponsor? Have they talked to their doctor about other options? Do you realize how much of this you are taking? Are you being accountable? Are you making a journal of when you’re taking your medication
When did you get your medical degree?
- 3) *What does our literature have to say that would apply to this type of situation and NA service?*
Take someone with you to doctor. We may decide to resign due to effects of medication. Groups should exercise judgment as to whether a person is able to perform their NA service task. The Basic Text recommends consulting professionals concerning medical problems, consulting our sponsors, and recovery network.

Scenario Two: Mental Health Issues- Questions/Answers

- 1) *How can we support members with mental illness even if we have no experience?*
We can listen. Don't talk about them. Supply them with literature. Don't treat them differently. Address their behavior. By being tolerant, patient, loving and supportive in their efforts. Show concern. Direct addicts to others with similar experience. Ask our sponsor. Get second opinion. Educate ourselves. Don't treat differently.
- 2) *How do we help members maintain the clarity of the NA message of recovery?*
By sharing our own experience, strength and hope. Not speaking about drug specific sharing. Refer back to the literature and emphasize the NA message. Direct them to literature. Direct them to sponsors and other addicts. Reinforce the message if in a meeting. Be honest.
- 3) *What does our literature have to say that would apply to this type of situation and NA service?*
Exercise judgment about allowing them to do service. It needs to be a group conscience decision as to whether someone is able to perform a service task. Communicate with sponsor. Not mention specific medication.

Scenario Three: Chronic Illness/Chronic Pain- Questions/Answers

- 1) *How is medication prescribed for chronic pain different from medication prescribed as drug replacement even though they are the same medication?*
Doctor's call. Between addict and sponsor and God. It's the application that is different, not the medication. Difference of purpose and longevity.
- 2) *What can we do to help support members with chronic pain/chronic illness?*
Encouraging them make journals, reminders and monitoring. Hug them, give them love, show concern. Offer help. Suggest that they work with a sponsor and medical professionals and draw strength from a higher power. Education of members who have issue with the people on medication.
- 3) *What does our literature have to say that would apply to this type of situation and NA service?*
Good judgment. Group conscience. Use sponsor and recovery network. The group should exercise judgment if they can function at the service task that is expected from that position. In NA, we purposely attract people who are ill. Our challenge is to continue to practice tolerance, patience, and love, so that we can create an atmosphere of recovery.

HANDOUT (not found at na.org) From our Literature regarding Service and Medication

PR Handbook - Committee preparation and training (p. 51)

If the issue of panel leaders or members taking medication comes up, then the panel leader or committee member can refer to *In Times of Illness* for guidance. This issue is often best left between the member, their sponsor, and their Higher Power. In our public relations service, we may limit the participation of members on certain medications. We do this because we do not want the NA program to be misrepresented. We are a program of complete abstinence, but we want to be inclusive, so we treat these situations sensitively by taking members aside and sharing our own experience with medication and living drug-free.

From In Times of Illness

The primary purpose of our groups is to carry the message of recovery. While being of service to our fellowship, there may be times when we begin to feel that taking mind-changing and mood-altering medication has affected our ability to serve effectively. In some cases, members may share with us that they think our behavior and attitude have been impaired by our illness and treatment. They may tell us we are not the same person. Even though our temptation may be to rebel against the opinions of our fellow trusted servants, we remember that they are our eyes and ears. We strive to maintain an attitude of humility and open-mindedness. We bring their concerns to our sponsor and supportive NA friends, and seek a solution.

Effective leadership is highly valued in NA, and being of service is a principled action. We may want to inventory our decisions and motives with service. We talk to our sponsor and NA friends; they can help us avoid self-deception. Being honest with ourselves about our strengths and weaknesses is an important part of any inventory. Some members have found that they were fully capable of fulfilling their service commitments while taking medication to treat an illness or injury, while others have made the choice to step down. This is a deeply personal decision. We will want to consider what is best for both the fellowship and ourselves.

If we decide to resign from a trusted servant position due to the effects of medication, this can be considered an action based in integrity, courage, and humility. Informing fellow members that we need to step down for a period of time for health reasons illustrates recovery principles in action. This can be viewed as the fulfillment of a personal commitment to our health, rather than a failure. We can remind ourselves that we live this way of life just for today, and the decisions we make are not forever.

We come to accept today's health issues, and we can seek other ways to be of service. We may consider a group-level commitment, or we may be a committee member rather than committee chair. We remain open-minded, willing, and honest, seeking out the experience of other members to learn how they were able to serve while living with health issues and medication. Being of service to a fellowship that saved our lives is an act of love, and is not conditional on a specific position or title.

From NA Groups and Medication - Service and the Use of Medication

Another issue groups often grapple with is whether a member who is taking medication is eligible for service to the group or within the service structure. Groups should exercise judgment in deciding if a member is able to perform the task associated with the service position, not whether a member is taking medication. If a member seems acutely unstable, he or she would be unsuitable for a service position, regardless of whether that member is taking medication.