

# NARCOTICS® ANONYMOUS

## IN TIMES OF ILLNESS

### UNAPPROVED LITERATURE NOT FOR USE IN N.A. MEETINGS

For Review and Input Only  
Input due May 31, 1989

In this review-form I.P. you will notice several italicized portions of text indicated as Committee Notes. These indicate notes which the World Literature Committee needs you to consider during your review. They include requests for more original writing on ideas and concepts which the Committee agreed were important and lacking, but for which sufficient input had not yet been solicited or received.

Please use one of the input forms supplied by WSO to submit all input.

1

IN TIMES OF ILLNESS

2

INTRODUCTION

3

We know that N.A. is a program of total abstinence from all drugs. We also

4

know that there are serious health problems which require the use of medication.

5

There may be times when our disease of addiction is complicated by other diseases

6

or injuries. Addiction does not exclude other illnesses. This does not contradict our

7

philosophy of complete abstinence. In times of illness, we may find it necessary to

8

turn to the very substances that were killing us in our active addiction. At times

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we may even need to use drugs in order to save our lives.

10

*Committee Note: Need writing here to discuss illness in general and develop the idea*

11

*of the paradox of having to use drugs in a program of complete abstinence. Also, to*

12

*expand the ideas that we need not relapse in times of illness--just for today we never*

13

*have to use again--that we live the program every day, whether ill or not--that it's*

14

*especially important to do the basics of the program during these times.*

15

With the First Step of Narcotics Anonymous, we admit that we are powerless

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over our addiction. We acknowledge the incurable nature of our disease. When we

17

find no alternative but to take medication, we may again run the risk of relapse

18

and its consequences--jails, institutions and death. The risk of relapse can be

19

reduced through practicing the Twelve Steps, frequent contact with our sponsor

20

and trusted N.A. members, sharing openly and honestly at meetings, working with

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our doctor(s), and exploring alternatives to medication. It is our belief that the

22

spiritual principles in the Twelve Steps and Twelve Traditions of Narcotics

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Anonymous provide the basis for maintaining our recovery when we are faced

24

with illness.

1 *Committee Note: There is a need to address, somewhere in the I.P., some language*  
2 *about how we react to members' physical and mental illnesses; the fear it provokes in*  
3 *us. Also, need to make the point that because of our Tenth Tradition, this I.P. is not*  
4 *addressing specific diseases, and by making that point, we can acknowledge their*  
5 *existence without expressing an opinion.*

6 TRADITIONS AND THE USE OF MEDICATION

7 *Committee Note: In dealing with the issue of the Twelve Traditions as they relate to*  
8 *the use of medication, there are many views. Members are encouraged to use the*  
9 *thoughts presented here as a basis for further discussion in order to generate written*  
10 *material.*

11 Health issues, individual illnesses and the classification of drugs are all  
12 topics which fall outside of the scope of Narcotics Anonymous. Our Twelve Steps  
13 and Traditions, especially Traditions Three, Five, and Ten, provide clear guidance  
14 in this respect.

15 *Committee Note: The concept in the following sentence needs to be developed.*

16 The Twelfth Step and the Fifth Tradition provide the focal point for our  
17 personal and group efforts in carrying the message of recovery. Care, love and  
18 concern are essential as we proceed in doing so.

19 Tradition Three says that the only requirement for N.A. membership is a  
20 desire to stop using. The starting point in our path toward recovery is founded on  
21 the principle of total abstinence from all drugs. Any addict with a desire to stop  
22 using drugs can be a member of Narcotics Anonymous.

1     *Committee Note: There needs to be additional writing in here covering the greater*  
2     *implications of Tradition Ten in these situations. How an individual member's opinion*  
3     *can be viewed as N.A.'s opinion; what is our responsibility as a member and how do we*  
4     *keep it clearly different and separate from N.A.'s opinion as a whole, specifically as*  
5     *our comments to others may relate to illness, medication and Tradition Ten.*

6             It is imperative that we understand our Tenth Tradition which states that  
7     N.A. has no opinion on outside issues. Within the Fellowship, our concern is best  
8     expressed if we remember that we are not doctors, and if we don't blind ourselves  
9     to the genuine medical needs of others. As individual members we share our  
10    experience, strength and hope, but we need to avoid giving advice or opinions on  
11    medications or illnesses. Recovery demands that the responsibility for decisions in  
12    these areas must ultimately rest on the shoulders of the individual addict who is  
13    involved. However, no addict can make these decisions alone. We have learned  
14    that it can be dangerous and unwise to generalize from one person's medical  
15    experience and make specific recommendations or judgments. It is much more  
16    helpful to focus on the Twelfth Step when facing illness in recovery, providing  
17    encouragement to share fears about these illnesses. Our common experience has  
18    shown that by concentrating on personal recovery, we have the opportunity to  
19    examine our own motives and make decisions based upon spiritual principles.

20            Although some addicts abuse medicines under the guise of medical need,  
21    thereby creating havoc, it has been our experience that even greater damage can be  
22    done when we set ourselves up as enforcers of each others' clean time. Clean time  
23    is an issue for each of us to resolve individually with our sponsor and our Higher  
24    Power. We believe that when we set ourselves up as judges we lose something in  
25    our own recovery and divert ourselves from our primary purpose. By taking

1 ourselves out of the judging role, we allow a loving God to work both in our own  
2 lives and the lives of others.

3 LIVING THE PROGRAM

4 *Committee Note: This section needs a new, stronger opening paragraph which should*  
5 *incorporate the ideas of keeping spiritually fit and finding balance in our lives.*

6 We may view illness as an opportunity to justify using drugs again, or we  
7 may go to the other extreme, piously insisting that we know better than the doctor,  
8 therefore refusing all medications. Our tendency is to swing from one extreme to  
9 the other. This is particularly true in times of illness.

10 It is easy to set ourselves up to take medication that we do not need. We may  
11 actually *think* ourselves into feeling worse than we really do. Many of us have  
12 been so afraid of pain in any form that we were tempted to take any medication  
13 offered us without evaluating the true need. In some instances, a brief pause to  
14 examine our spiritual condition has resulted in a realization that our physical  
15 and/or mental condition did not warrant the risk of taking medication. We do not  
16 always need medication.

17 This is not to say that we should set ourselves up as martyrs. As clean  
18 addicts, some of us have resisted emergency treatment even in life-threatening  
19 situations. Enduring pain past a point of reason can be not only life threatening,  
20 but can also be a subtle way of setting ourselves up for a possible relapse.

21 In either situation, our sponsor and other N.A. members, as well as a health  
22 professional, are most necessary. Common experience tells us that in these  
23 circumstances we need help in making these choices.

1           It is also important to discuss our experiences of neglecting problems that  
2           require medical attention. Some of us may still have resentments about past  
3           experiences with medical professionals, or we may be afraid to confront the  
4           decision to take medication. Procrastination, resentment, fear and neglect are just  
5           a few of the defects which have prevented many of us from seeking appropriate  
6           medical advice at the first sign of a problem. Then, in a few weeks or months, we  
7           have sometimes been confronted with more serious physical problems and more  
8           difficult medication-related decisions because the original problem had gotten  
9           worse.

10           Our recovery involves becoming responsible. Part of that responsibility  
11           includes taking care of ourselves. Practicing a spiritual program *before* illness  
12           strikes is the best way to maintain our recovery, especially when confronted with  
13           pain. Illness seldom gives us time to organize a program of recovery. The best  
14           prevention of relapse is an *ongoing spiritual program*.

15           When faced with illness, it may become difficult to practice our regular  
16           program, even though our need is greater at these times. We become more  
17           vulnerable to the disease of addiction, and we must put more effort into practicing  
18           the principles of the program to maintain our conscious contact with a Power  
19           greater than ourselves. We discuss our illness thoroughly with our sponsor, sharing  
20           honestly our thoughts and feelings.

21           It is useful to find a personal doctor when we get clean and inform him or  
22           her of our disease of addiction. It is important to have a doctor we can trust to  
23           help avoid the fears many of us have in obtaining treatment for illness.

1 Acceptance of our illness and faith in a Power greater than ourselves help us work  
2 through our fears.

3 In recovery, we have the choice to view any illness we experience as a  
4 positive opportunity for spiritual growth rather than seeing ourselves as victims.  
5 We can stay clean through anything and improve our conscious contact with a  
6 Power greater than ourselves.

7 FEELINGS IN TIMES OF ILLNESS

8 We start practicing the principles of Step One by admitting that we are  
9 powerless not only over our disease of addiction, but also over the feelings that  
10 accompany illness. *Committee Note: Expand the following sentences on feelings to*  
11 *include more writing about acceptance.* We all experience feelings such as the fear  
12 of relapse and isolation, self-pity, doubt, anger, resentment, depression, etc. These  
13 feelings can be very painful and frightening, but we are not alone. Through  
14 working the Twelve Steps of N.A. we are able to find an inner peace beyond our  
15 wildest dreams.

16 *Committee Note: Add writing in this section to include: Life is a gift we have each*  
17 *day. When we surrender, we surrender our lives including our illness. The fact that we*  
18 *are alive to experience illness is part of the gift. Perhaps the single most important*  
19 *function of a sponsor in times of illness is to help us work the steps.*

20 We go on to Step Two and affirm our belief that a Power greater than  
21 ourselves can restore us to sanity in the way we think about our physical,  
22 emotional and spiritual condition. We surrender in the Third Step and make a  
23 decision to place ourselves in the care of this Power.

1 *Committee Note: Need transitional sentence or paragraph here to go from text on the*  
2 *Third Step to concepts addressed in next paragraph about the Eleventh Step.*

3 In many instances, our Higher Power reveals direction through suggestions we  
4 receive from our sponsors, the shared experience of other addicts, participation in  
5 N.A. meetings, and through reading N.A. literature. We don't have to go through  
6 this (or anything else) alone. Our Higher Power will always be with us, and we  
7 can also rely on the support of our sponsors and other N.A. members. Practicing  
8 and strengthening our faith is absolutely essential.

#### 9 ALTERNATIVES TO MEDICATION

10 *Committee Note: There has been a lot of discussion about this section being weak, with*  
11 *a need for more development. There was also a desire to address non-traditional*  
12 *methods of treatment without addressing outside issues.*

13 In some cases, alternatives to medication have been successfully used by N.A.  
14 members. We suggest that you use what is best for you individually by asking for  
15 guidance from your Higher Power and your sponsor. We can also ask our doctor  
16 or other health care professionals about further alternatives to medication. It is up  
17 to us to take the responsibility of investigating alternatives.

#### 18 MEDICATION IN RECOVERY

19 An area of our personal recovery that has sometimes provoked long,  
20 frequently painful, sometimes controversial, extreme and heated discussions is the  
21 topic of the use of medication in recovery. We know there are serious health  
22 problems which require the use of medication. Therefore, we need to be careful  
23 because, as addicts, our skill at self-deception will be at a peak in such situations.  
24 Before taking any medication we honestly evaluate the situation with the help of



1 our sponsor. We check our innermost thoughts and feelings to help us understand  
2 any underlying motives. Many of us have used self-induced or false symptoms to  
3 get doctors to write prescriptions. We ask ourselves, "Am I intentionally or  
4 unintentionally using a physical or mental illness to justify using drugs? Am I  
5 magnifying a minor illness into something more major? Am I caught up in self-  
6 pity and isolation? Have I discussed the situation with my doctor(s)?" These are  
7 some important questions which, if answered honestly, can help us get a true  
8 picture of our real motives. We can pray for honesty and ask God to help us with  
9 this difficult decision.

10 We must always remember that addiction is a physical, mental and spiritual  
11 disease. In spite of our mental and spiritual preparation in recovery, physically we  
12 may react to using medication like we did when using drugs. Once a drug has been  
13 put into our bodies, the disease of addiction can be released, with all the feelings  
14 that may accompany it. Our experience has shown that there are no drugs which  
15 are risk-free for us. Our disease does not know the difference between drugs  
16 prescribed by a physician for pain or other disorders and drugs taken on our own.  
17 Know what you are taking. If the doctor is vague about the contents of a  
18 prescription, consult a pharmacist about its content.

19 Over-the-counter drugs pose a very real threat to us. Addiction can be an  
20 extremely subtle disease. Often, because of the way we lived for so long, we find  
21 ourselves in the midst of addictive behavior without realizing how we got there.  
22 It's completely natural for us, when we have an appropriate symptom, to be  
23 inclined to medicate ourselves with over-the-counter drugs. Because they are legal  
24 to purchase without a prescription, we may rationalize that they are all right to

1 take. It is important that we consider taking over-the-counter drugs just as  
2 carefully as we would consider taking any other medication.

3 Our mental attitude and spiritual condition are just as important as the  
4 physical illness or injury. Whether prescription or non-prescription, legal or  
5 illegal, a drug is a drug.

#### 6 INFORMING OUR DOCTORS

7 It is difficult for any doctor to provide us with proper health care unless we  
8 are honest about our addiction history. We have to remember that there are  
9 doctors who often practice drug-oriented health care and they have no reason to  
10 treat us any differently. We must make it clear that we cannot take medications  
11 unless it is absolutely necessary. Ask the doctor "What will happen if I don't take  
12 this drug?" Many of us, when prescribed a treatment involving drugs, have  
13 consulted other health care professionals to see if there are alternatives. We  
14 specifically ask our doctors, "What are the alternatives to taking this drug?" Do  
15 not be afraid to ask your doctor the plans for your particular treatment. In some  
16 instances, we have found it advisable to take our sponsors with us to talk to our  
17 doctors and discuss with them the nature of our disease of addiction. Our sponsor  
18 is there to help us, not to tell the doctor what to do. All health professionals  
19 involved in our treatment (dentists, pharmacists, nurses, etc.) should be informed of  
20 our addiction history. By taking these measures we can have more confidence in  
21 the advice we receive from our doctors.

22 We may ask our doctors to read this pamphlet in order to help them better  
23 understand our dilemma. Ultimately, we have to take the responsibility for our  
24 decisions, for ourselves and for our recovery.

1 HOSPITALIZATION, EMERGENCIES AND CONTINUING CARE

2 *Committee Note: This section needs to be expanded to include the following: Those of*  
3 *us who get to the program with prior injuries or illnesses requiring ongoing emergency*  
4 *room treatment and how that situation can lead to easy relapse. Situations where we are*  
5 *not conscious or when there is no time to follow any of the suggestions here. Reliance*  
6 *on a God of our understanding and the Third Step may be our only support in*  
7 *emergency situations.*

8 Whenever we undergo major surgery, we will almost certainly be subject to  
9 some type of medication. It is strongly recommended that we arrange for a  
10 recovering N.A. member to be with us immediately following the surgery or  
11 treatment. Isolation is deadly for addicts. It is important to inform our fellow  
12 recovering addicts of our illness and attend more meetings than usual. If we are  
13 unable to attend meetings, we can ask that meetings be brought to us. We call on  
14 our N.A. friends to stay in touch with us throughout this difficult time. We rely  
15 on the support of the Fellowship.

16 In emergency situations, relying on a Higher Power can alleviate the fear and  
17 irrational thinking that we may experience alone. Call someone in the N.A.  
18 Program (a sponsor, friend, etc.) as soon as possible. With support, prayer and  
19 meditation, we are able to keep our minds off our discomfort and have the  
20 strength to maintain our priorities. We are often surprised to find out how much  
21 pain we can handle with little or no medication. It is also very important to  
22 inform the staff and doctors of our addiction history. This will help them  
23 accurately assess our needs and possibly offer several options for our immediate  
24 care. It is really important to maintain our self-honesty in these crisis situations,  
25 because the chance of relapse is greater than ever. Using our sponsor is also

1 essential in the aftermath of an emergency situation requiring medication. Our  
2 experience has shown that sponsorship, our Higher Power, and working the steps  
3 allow us to resolve such feelings as guilt and shame in continuing recovery.

4 CHRONIC AND TERMINAL ILLNESS IN RECOVERY

5 *Committee Note: Need 1) to emphasize faith and how our faith changes in these*  
6 *situations, 2) to address the acceptance of changes in body, mind and spirit that*  
7 *accompany chronic and terminal illness, 3) to include text about feeling victimized*  
8 *when we suffer from another major disease, feeling that our recovery program has let*  
9 *us down or that it's useless to continue it, that it hasn't worked the way we feel it*  
10 *should have. That these are some of the most difficult feelings anyone can face and,*  
11 *as addicts, we need to do more than others in accepting life.*

12 We all know that addiction is a progressive, incurable and fatal disease. In  
13 this sense, we all have a chronic illness from which we are recovering each day.  
14 Some of us experience other potentially chronic or terminal illnesses. Often it  
15 seems that our addiction is hard enough to contend with, and another major illness  
16 may serve to complicate our recovery. We prepare ourselves to handle the reality of  
17 such illnesses with all the spiritual strength and hope our recovery can provide.

18 Reactions to the news that we may have a chronic or terminal illness may  
19 include denial, fear and anger. We are people who sometimes do not operate well  
20 in the face of fear. Many of us would like to deny the reality of another disease,  
21 not talk about it and hope for the best. We learn, in recovery, that it's not the  
22 things we talk about that get us into trouble, but the things we don't.

23 It is remarkable and very moving to see someone who faces death and still  
24 wants the spiritual gift of recovery from addiction. Someone who faces death, and

1 yet has the courage to stay clean and maintain a conscious contact with a God of  
2 their understanding, deserves every bit of love and support we can provide.

3 \*\*\*\*\*

4 Living the Twelve Steps of Narcotics Anonymous with honesty, willingness,  
5 and courage, coupled with our belief and faith in a Higher Power, allow us to find  
6 the truth about ourselves and make it possible to live life on life's terms.  
7 Although life may sometimes bring us pain or sickness, experience has shown that  
8 when we utilize these resources and spiritual principles we find the help necessary  
9 to accept our illness and medical treatment.

10 We suggest the following for the recovering addict who may be confronted  
11 with illness during recovery. Begin your program of recovery before illness strikes.  
12 Pray and meditate. Read N.A. literature. Go to as many N.A. meetings as possible.  
13 Work closely with a sponsor and practice the Twelve Steps and Traditions. Reach  
14 out to other N.A. members, informing them of your condition and requesting their  
15 support. Share your thoughts and feelings honestly and openly.

16 Identify yourself as a recovering addict to your doctor. Honestly evaluate  
17 your condition and explore the alternatives to medication. Talk to your doctor or  
18 pharmacist before taking over-the-counter drugs. Arrange for an N.A. member to  
19 be with you immediately following surgery or other medical treatment involving  
20 drugs.

21 Continue to practice the Twelve Steps. If we maintain our spiritual  
22 foundation, check our motives, and share our thoughts and feelings, we are able to  
23 stay clean and continue on our path of recovery in Narcotics Anonymous.  
24