

# 11 MYTHS ABOUT NARCOTICS ANONYMOUS

MISCONCEPTIONS ABOUT NA THAT CONTRIBUTE TO A LACK OF ATTENTION TO THE ORGANIZATION AS A RECOVERY SUPPORT RESOURCE FOR OPIOID ADDICTION.



MYTH #1 - NA IS A TREATMENT FOR OPIOID ADDICTION & OTHER SUBSTANCE USE DISORDERS.



MYTH #2 - NA MEETINGS & THE NA PROGRAM ARE NOT WIDELY ACCESSIBLE.



MYTH #3 - NA SUFFERS FROM A LACK OF MEMBERS IN LONG-TERM RECOVERY.



MYTH #4 - NA DOES NOT EFFECTIVELY SERVE WOMEN, ETHNIC MINORITIES, & OTHER HISTORICALLY DISENFRANCHISED POPULATIONS.



MYTH #5 - NA IS ANTI-TREATMENT.



MYTH #6 - OPIOID DEPENDENT YOUTH SHOULD NOT BE REFERRED TO NA DUE TO CONCERNS ABOUT ITS EFFECTIVENESS & SAFETY.

MYTH #7 - PEOPLE SHOULD NOT BE ENCOURAGED TO ATTEND NA UNLESS THEY HAVE A PRE-EXISTING RELIGIOUS ORIENTATION THAT WOULD MAKE A 12-STEP PROGRAM ACCEPTABLE TO THEM.

MYTH #8 - NA DOES NOT HAVE A ROLE IN REDUCING THE SOCIAL COSTS OF OPIOID ADDICTIONS NOR IN OTHER SOCIAL CONTRIBUTIONS.



MYTH #9 - NA (12-STEP) INVOLVEMENT IS ANOTHER FORM OF DEPENDENCY THAT PERSONALLY & POLITICALLY DISEMPOWERS ITS MEMBERS, COMPROMISES QUALITY OF LIFE, & PERPETUATES SOCIAL ISOLATION WITHIN A DRUG-ORIENTED SOCIAL NETWORK.

MYTH #10 - PEOPLE WITH A CO-OCCURRING PSYCHIATRIC ILLNESS SHOULD NOT BE REFERRED TO NA BECAUSE THEY WILL BE ENCOURAGED TO CEASE USING THEIR MEDICATIONS.



MYTH #11 - PEOPLE IN MEDICATION-ASSISTED TREATMENT FOR OPIOID ADDICTION SHOULD NOT BE REFERRED TO NA DUE TO NA'S ATTITUDES TOWARD MAINTENANCE MEDICATIONS.

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