

Medications for Opioid Use Disorder (MOUD) & Mutual Aid Groups

A Primer for Clinicians

& Public Health Experts

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Opioid
Response
Network



Objectives

Historical Context

Review historical and current NA attitudes around medications for opioid use disorder

Stigma Impact

Explore the negative impact of stigma around MOUD in recovery communities

Alternative Models

Examine alternative and web-based mutual aid meeting models

Engagement Strategies

Assess strategies for connecting clients with appropriate mutual aid group communities



Facing Addiction in America (2016)

Where are we nearly a decade later?

"How we respond to this crisis is a moral test for America. Are we a nation willing to take on an epidemic that is causing great human suffering and economic loss?"

— Dr. Vivek Murthy, U.S. Surgeon General



U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, November 2016.



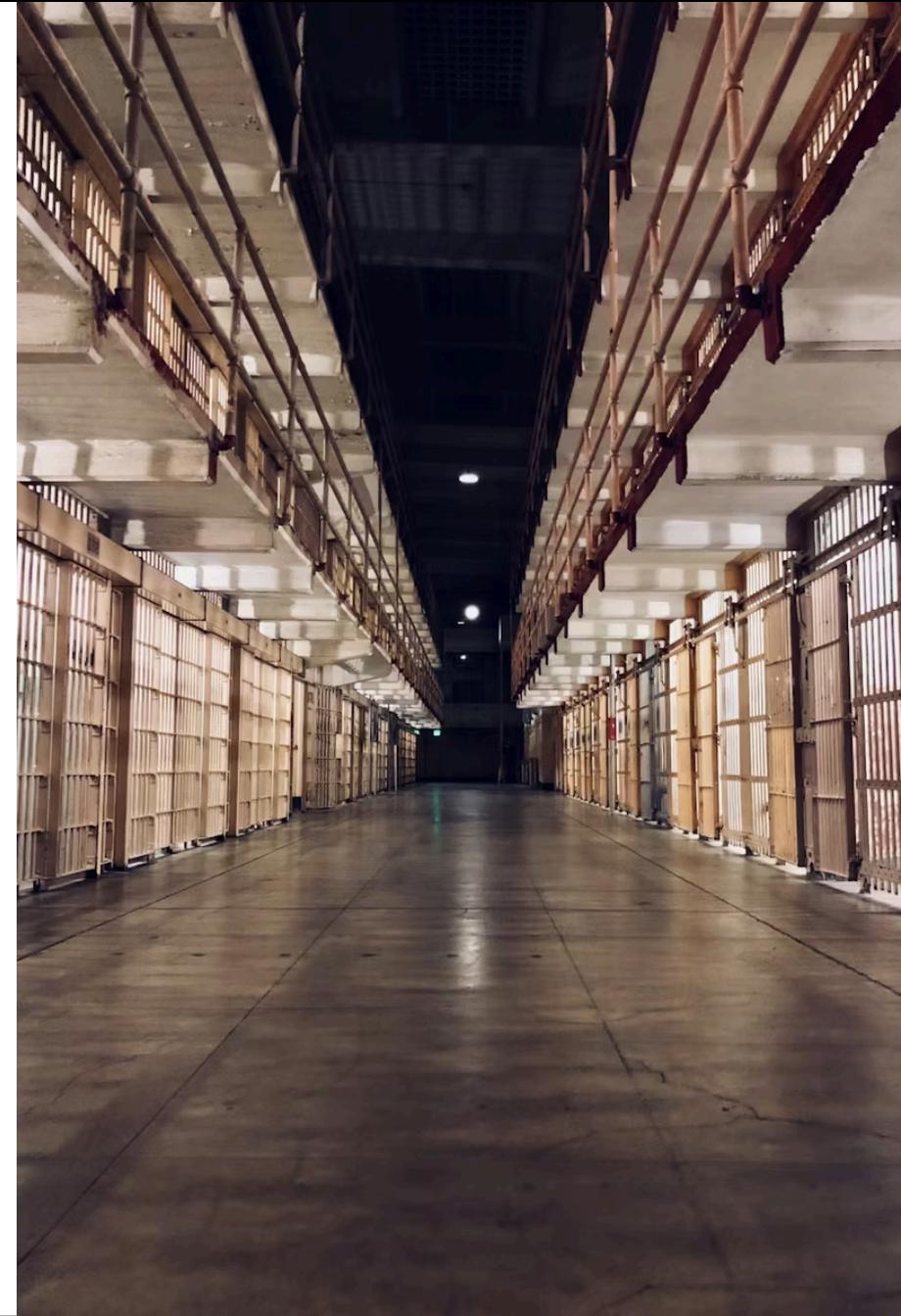
The Intersection of Addiction and Criminal Justice

The Punitive Response to Addiction

People with substance use disorders are disproportionately represented in our criminal justice system:

- **Prevalence of Substance Use Disorder:** About 47% of people in state and federal prisons in 2022 met criteria for a substance use disorder, based on year-prior assessment, and broader recent estimates cite around 60% of incarcerated individuals have a substance use disorder at entry. Only 11% receive any treatment while incarcerated
- **Treatment During Incarceration:** Only about 12-13% of incarcerated individuals with substance use disorder receive any actual treatment while incarcerated, nationwide.

National Institute on Drug Abuse (NIDA), Bureau of Justice Statistics, and independent analyses by Prison Policy Initiative.



Overall Decline: *Calculating the Current Rate of Death*

**One American Every
~~4.8~~ 9.6 Minutes**

Overdose continues to represent one of the most significant public health crises of our time, with devastating impacts on families and communities nationwide.

Centers for Disease Control and Prevention. (2025, May 8). U.S. overdose deaths decrease almost 27% in 2024. National Center for Health Statistics.



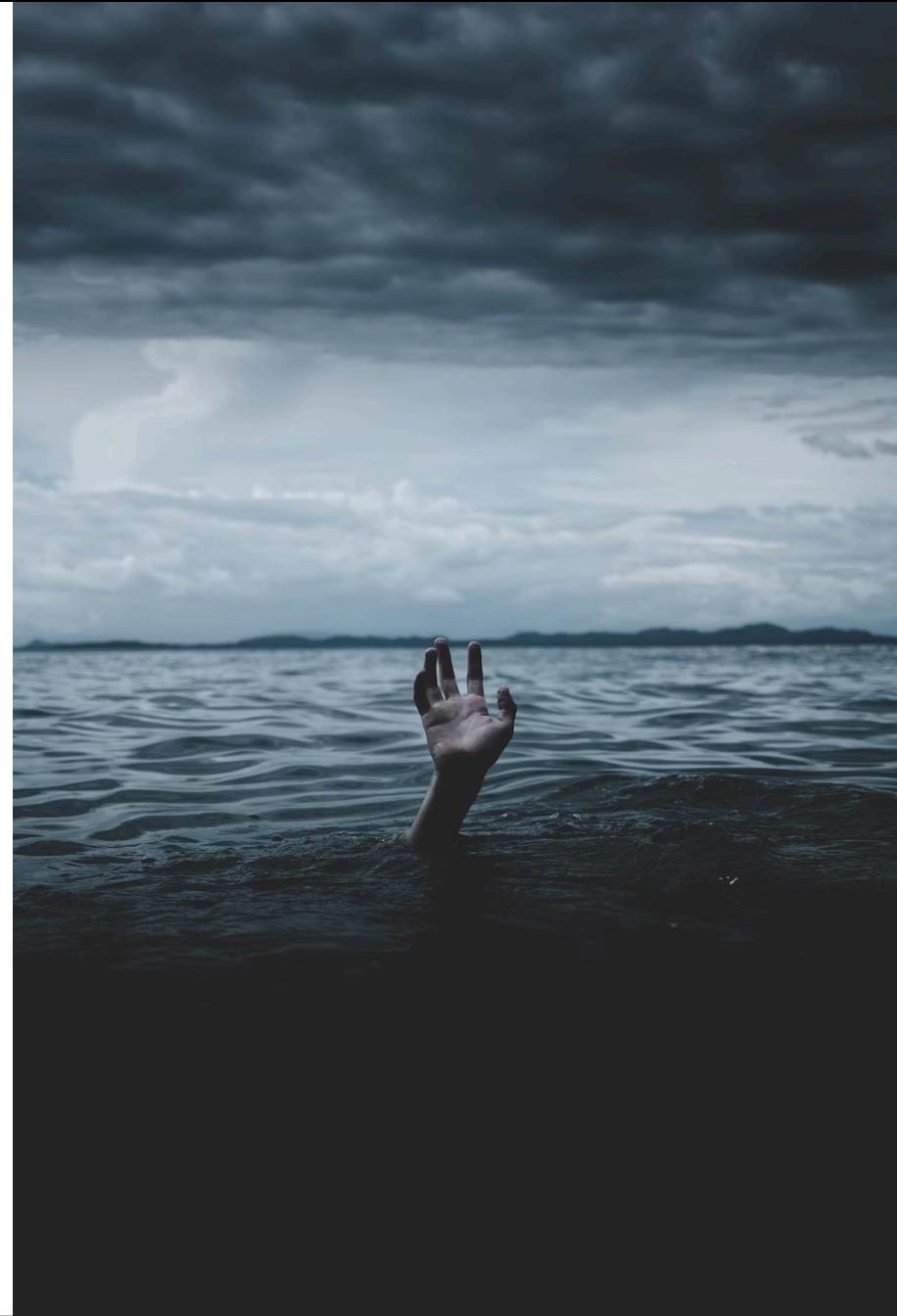
Diseases of Despair

The opioid crisis represents more than just substance misuse - it reflects broader societal issues:

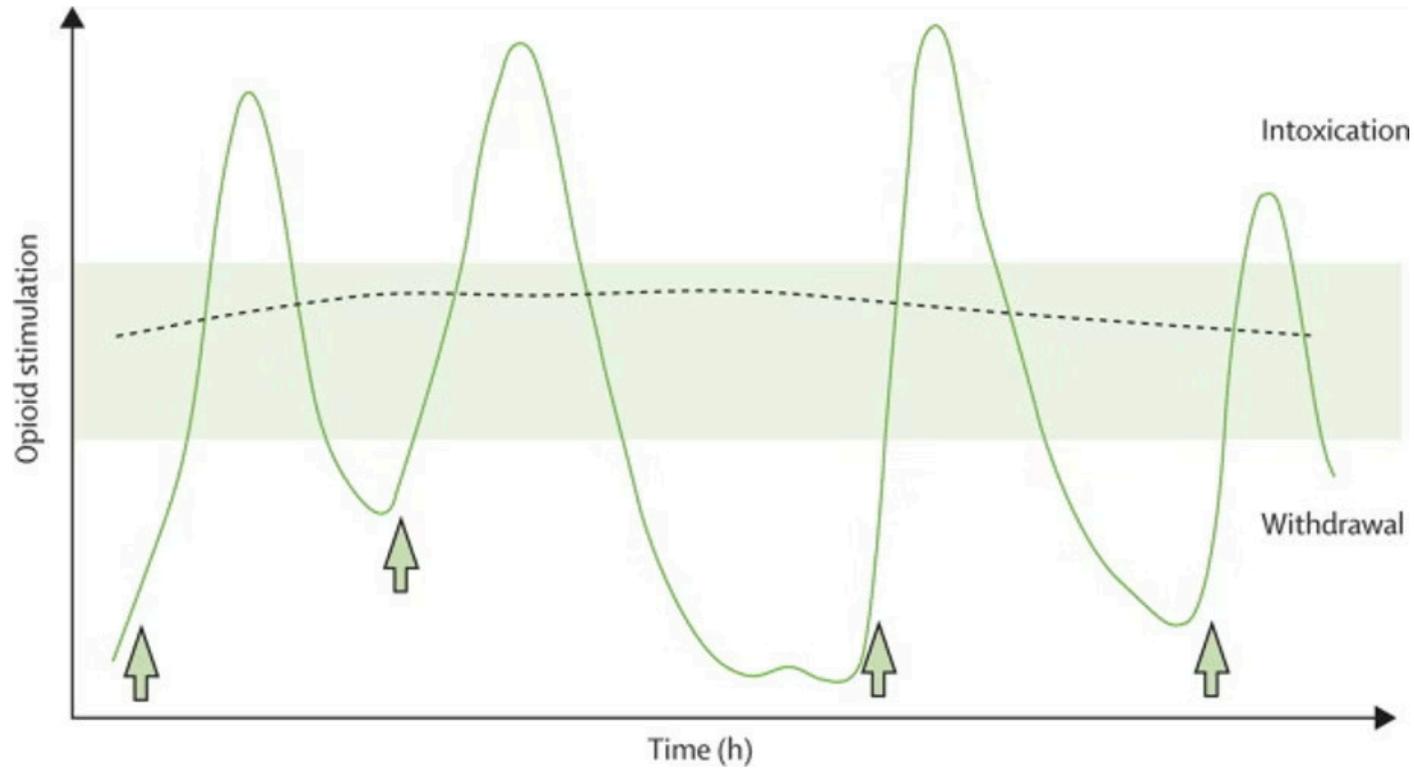
- Economic distress and lack of opportunity
- Social isolation and disconnection
- Trauma and psychological pain
- Loss of purpose and meaning

These factors contribute to what researchers call "diseases of despair" - including substance use disorders, suicide, and alcohol-related liver disease.

National Academies of Sciences, Engineering, and Medicine (2017), cited in Dasgupta, Beletsky, & Ciccarone (2018). AJPH.



Pharmacokinetics of MOUD



Haber, Demirkol, Lange, & Murnion (2010). Management of injecting drug users admitted to hospital. *The Lancet*.

Impact of Treatment on Fatal Drug-Related Poisoning

Research consistently demonstrates that evidence-based treatment dramatically reduces mortality:

- **30-50% reduction in all-cause mortality**
- **70-80% reduction in overdose deaths**
- **Significant reductions in HIV and Hepatitis C transmission**
- **Improved quality of life measures across multiple domains**

*Pierce, M., Bird, S. M., Hickman, M., Marsden, J., Dunn, G., Jones, A., Millar, T., & Ashton, J. R. (2016). Impact of treatment for opioid dependence on fatal drug-related poisoning: A national cohort study in England. *Addiction*, 111(2), 298–308.*

Santo, T., Clark, B., Hickman, M., Grebely, J., Sordo, L., & Ferri, M., et al. (2021). Association of opioid agonist treatment with all-cause mortality and specific causes of death among people with opioid dependence: A systematic review and meta-analysis. *JAMA Psychiatry*, 78(10), 1077–1085.



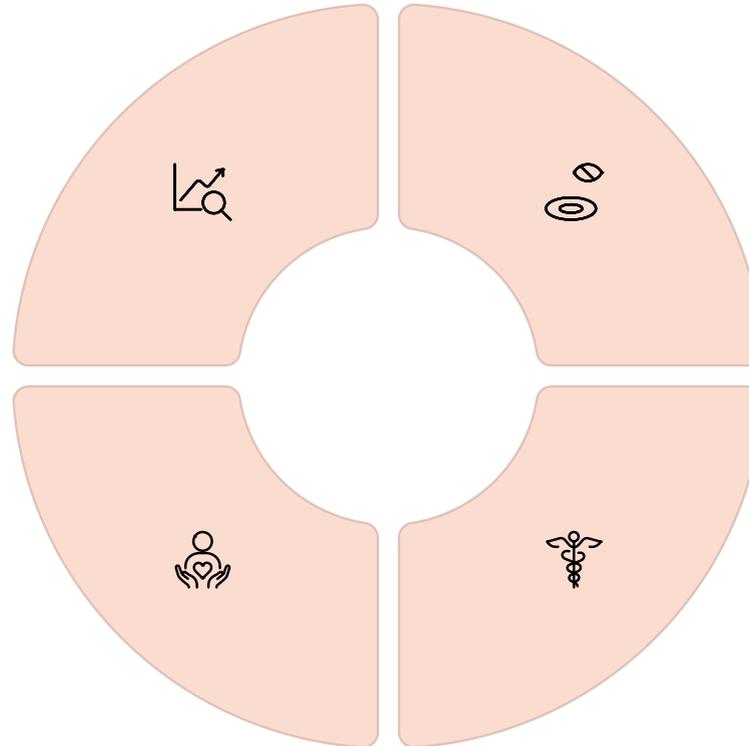
MOUD as the Gold Standard of Care

Evidence-Based

Medication for opioid use disorder (MOUD) combined with behavioral, recovery, and social determinants of health supports represents the gold standard of care

Comprehensive Care

The most effective approach addresses biological, psychological, social and spiritual dimensions of recovery



Treatment Gap

Only about 20% of people with opioid use disorder receive any treatment

Medication Gap

Only 1/3 of those treated receive medications as part of their treatment plan

National Institute on Drug Abuse. (2023, October 1). Only 1 in 5 U.S. adults with opioid use disorder received medications to treat it in 2021.



Diagnostic Criteria for Opioid Use Disorder (DSM-5)

- 1** *Opioids taken in larger amounts or over longer periods than intended*
- 2** *Persistent desire or unsuccessful efforts to cut down/control use*
- 3** *Significant time spent obtaining, using, or recovering from opioids*
- 4** *Craving or strong desire to use opioids*
- 5** *Failure to fulfill major role obligations*
- 6** *Continued use despite social/interpersonal problems*
- 7** *Important activities given up or reduced because of use*
- 8** *Recurrent use in physically hazardous situations*
- 9** *Continued use despite physical/psychological problems*
- 10** *Tolerance and withdrawal symptoms*

Severity: Mild (2-3 symptoms), Moderate (4-5 symptoms), Severe (6+ symptoms)

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*.

What is Recovery?

What Is Recovery?

"There are many pathways to addiction recovery — and *ALL are cause for celebration.*"

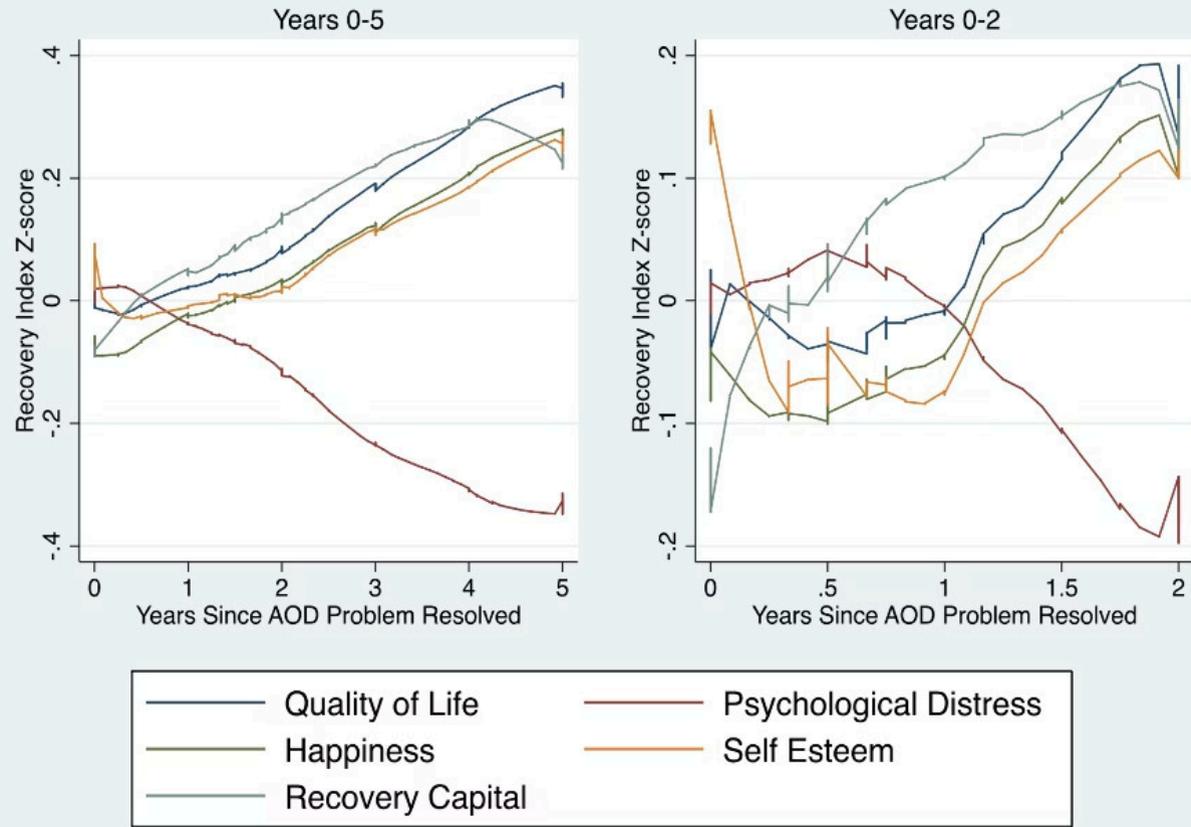
– William White

Recovery is a deeply personal journey that looks different for each individual. As clinicians, our role is to support patients in finding their own path.

ATTC Messenger, September 2014.



Recovery Indices by Years Since Problem Resolution



John F. Kelly, PhD, ABPP – MGH & Harvard Medical School

Definitions of Recovery

r Find Your People
IS FOR RECOVERY

SAMHSA (2011)
 A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

CHICAGO RECOVERY ALLIANCE (1991)
 Any positive change.

CCAR (1999)
 You are in recovery if you say you are.

12-STEP (1935 -)*
 • Abstaining from alcohol & other non-prescribed drugs. ** ***
 • Attending mutual aid meetings with frequency & working with a sponsor/ponsee.
 • Committing to work the 12-steps & practice their underlying moral principles in all aspects of life.

** Must be in compliance with Tradition 1, in which the only requirement to identify as a member of these societies is a desire to abstain.
 *** Using prescribed spirit agents (medication & supplements) is not considered abstinence in Narcotics Anonymous.

©2017dcrecovery

Multiple Paths of Recovery

12-Step Mutual Aid

- Several types (Drug Specific, Process Specific) (AA, NA, CA, DA, OA, SAA, etc.)
- Follows a specific framework (e.g., the 12-steps) worked with a sponsor
- Often requires acceptance of a "higher power"
- Most widely available in the United States

Non-Secular Mutual Aid

- Several types, most often broad focus in meetings on individual concerns or problems (Celebrate Recovery, Recovery Dharma / Refuge Recovery, etc.)
- Religious or spiritual framework, may contain formal process (i.e., step work) or be more informal
- May be specific to a particular religion or more holistic and non-denominational
- May be harder to find, though available in many areas

Secular Mutual Aid

- Several types (Drug & Process Specific) (SMART, SOS, LifeRing, etc.)
- Clear separation from religious or spiritual framework, largely based on self-awareness and thoughts, actions, and behaviors
- Progress completed individually or with "mentors" with experience in program
- May be harder to find, though available in many areas (especially large cities)

All Recovery Mutual Aid

- A specific meeting type that allows individuals using any pathway to connect and support each other
- Does not use any formal framework, can be viewed as "non-denominational" recovery meetings
- Available at many RCOs or RCCs, CRPs, or in communities with an active recovery advocacy group

Physical Activity Mutual Aid

- Often used in combination with another recovery pathway, though can also be engaged with by itself (Recovery CrossFit, Recovery Yoga, etc.)
- Support is received through connection to others with lived experience and using physical activity to improve health
- No formal framework in most, though some types such as recovery yoga, may involve sharing and processing
- Not available in many areas, most often found in larger cities

Medication Supported

- Several types that may use another pathway framework (i.e., 12-steps), but focus on support for individuals using medication (e.g., MABA, MARS, etc.)
- Often not its own "program", but meetings and networks that offer support peer to peer from others using medication
- May be harder to find, though often available in larger cities

Harm Reduction Mutual Aid

- Mutual aid for individuals with or without a desire for complete abstinence (Harm Reduction Works, Moderation Management, HAMS, etc.)
- Formal framework for most types dependent on the individual program chosen
- Not available in many areas

Natural Recovery

- A recovery path that does not involve formal support, but may rely on informal support
- Many individuals do not engage in a formal recovery path, but naturally recover
- Natural recovery may be associated with higher intrinsic and external recovery capital from other non-recovery specific sources

Recovery is the expectation, not the exception.

UNITY RECOVERY
RECOVERY COMMUNITY ORGANIZATION

dmc drecovery. (2017), Unity Recovery. (2017). Multiple Pathways

Recovery in the United States

Key Substance Use and Mental Health Indicators (NSDUH 2024)

Among adults 18+ in 2020:

- **12.2% (31.7 million)** perceived they ever had a problem with alcohol or drugs
- **74.3% (23.5 million)** of those considered themselves in recovery
- **23.5 million** diverse faces and voices

These statistics represent millions of individuals who have found their way to recovery through various pathways and approaches.



Substance Abuse and Mental Health Services Administration. (2025, June 7). Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug Use and Health. <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases/2024>

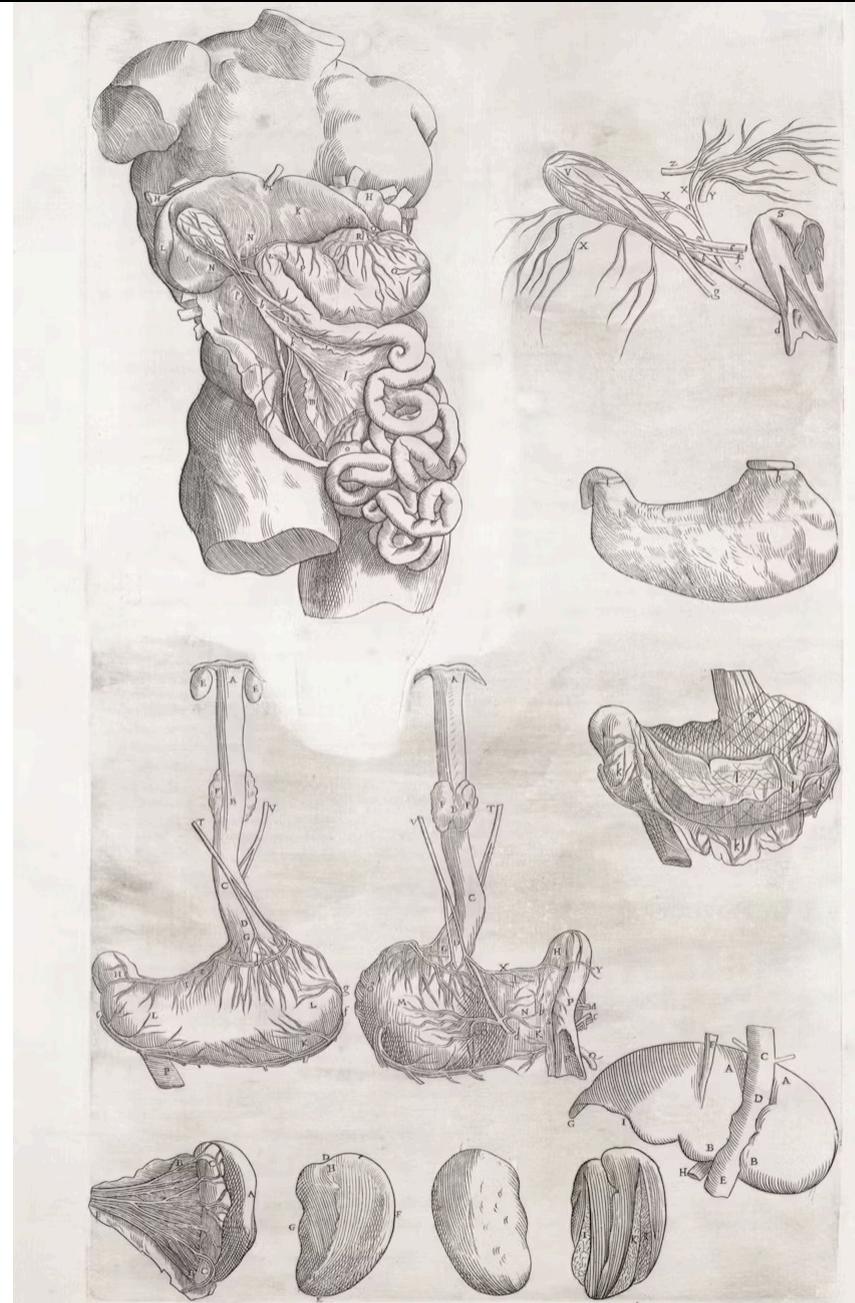


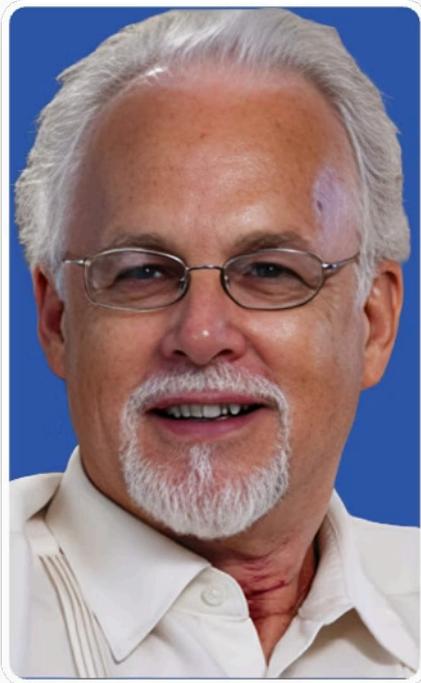
Stigma and Tradition

Stigma

"A mark of disgrace associated with a particular circumstance, quality, or person."

Oxford English Dictionary. Stigma. In Oxford English Dictionary.





“Like many addiction counselors personally and professionally rooted in the **therapeutic community** and **Minnesota model** programs of the 1960s and 1970s, I exhibited a rabid animosity toward methadone and protected these beliefs in a shell of blissful ignorance.

That began to change in the late 1970s when a new mentor, Dr. Ed Senay, gently suggested that the great passion I expressed on the subject of methadone seemed to be in inverse proportion to my knowledge about methadone. I hope this article will serve as a form of amends for that ignorance and arrogance.”

William White

Methadone & the Anti-Medication Bias in Addiction Treatment (2003)



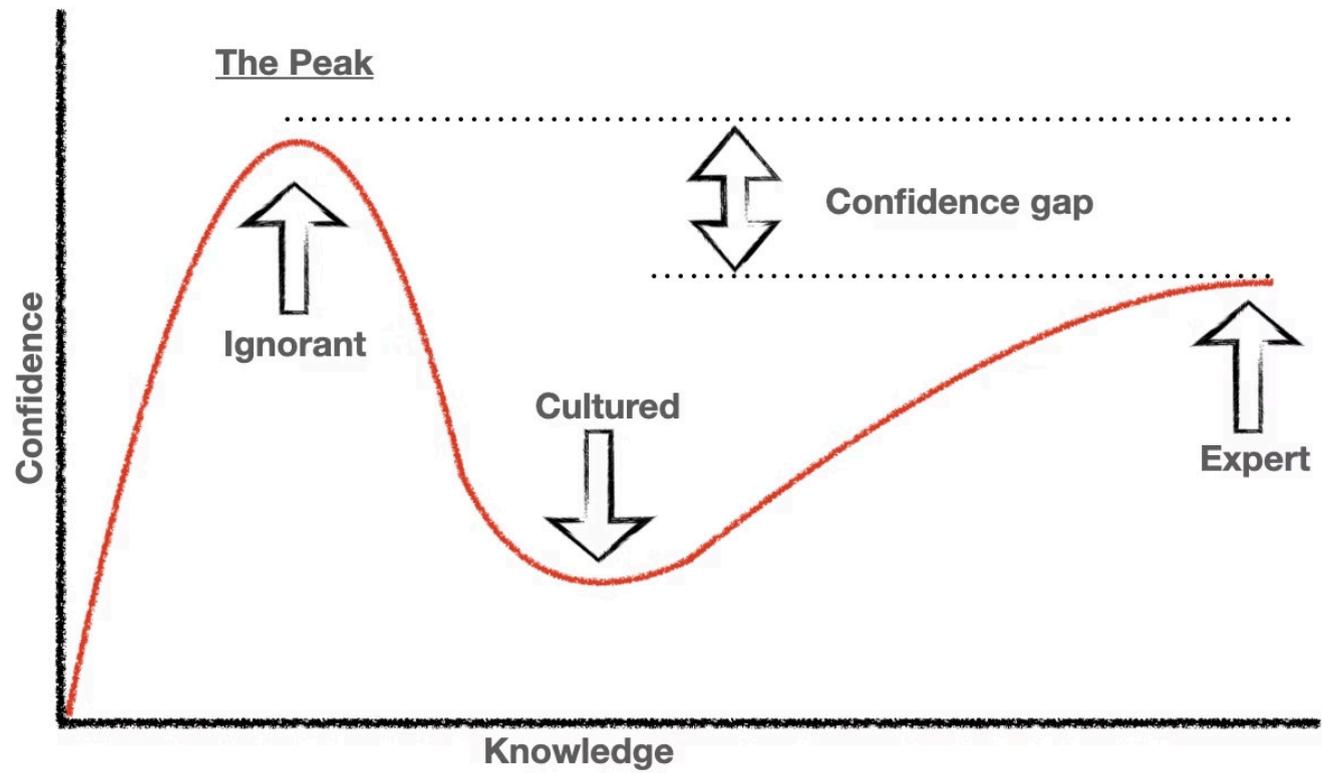


"If you are an individual who does not believe in the efficacy of MAT, that is certainly fine, but professionally, keep your opinion to yourself."

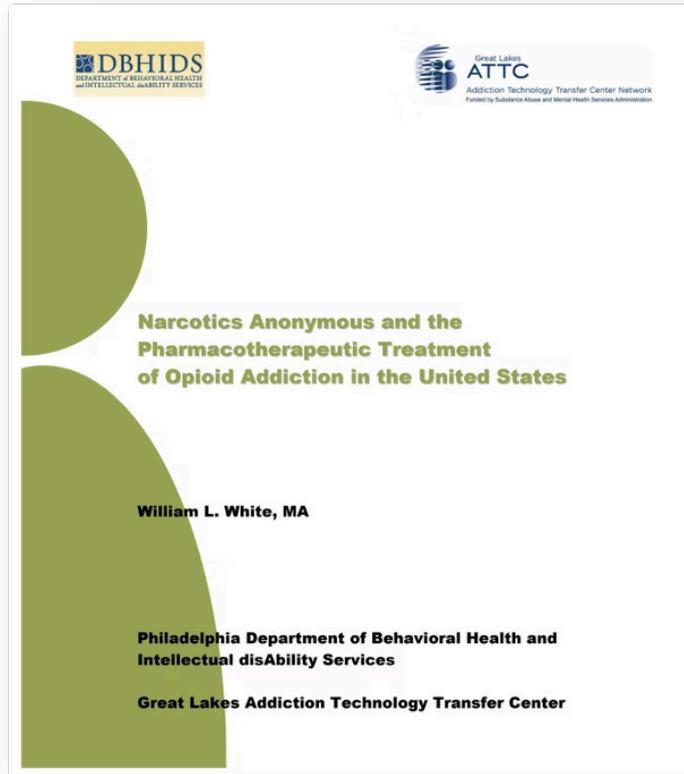
Michael Botticelli

Botticelli, M. (2019) New England Institute of Addiction Studies.





Dunning-Kruger Effect



White, W. (2010, September 16). Narcotics Anonymous and the Pharmacotherapeutic Treatment.



NA & Medications for Opioid Use Disorder

Examples of stigmatizing statements collected from online recovery forums:

- *"Methadone is a drug. Treating addiction with it is like hosing a fire with gasoline."*
- *"Methadone is like making a deal with the DEVIL, it will rob your soul."*
- *"Methadone...is a drug used by the medical and political authorities to convince addict that they are not using a drug. Methadone is genocide. It is the calculated effort of the authorities to deprive ill people of the truth."*



White, W. (2010, September 16). Narcotics Anonymous and the Pharmacotherapeutic Treatment

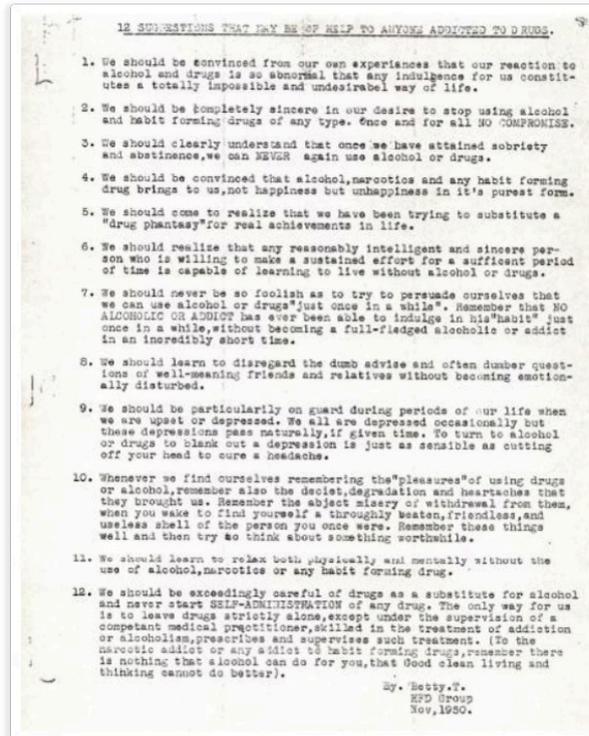


History - Today & Critical Research

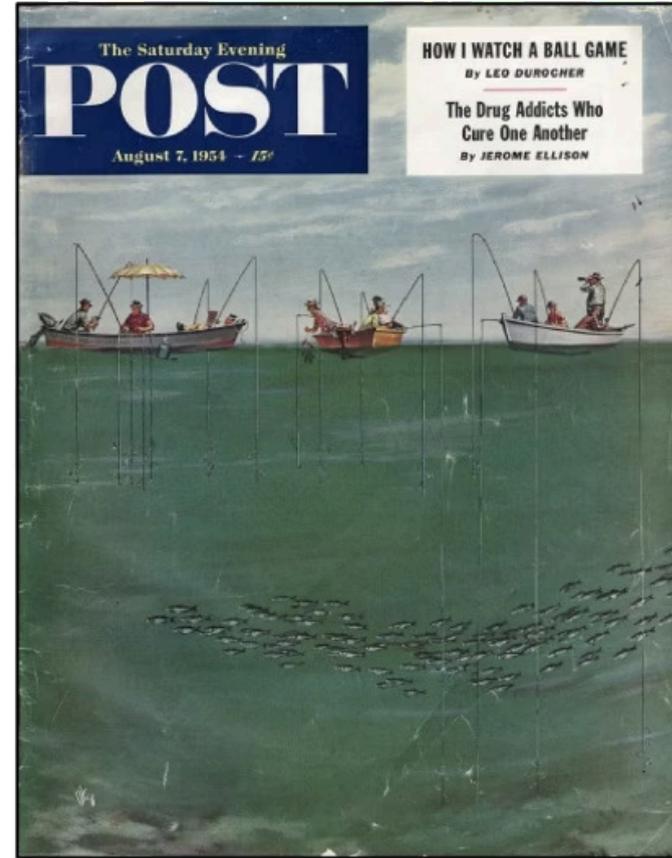
C.G. Jung: A Spiritual Thirst for Wholeness



Betty T.: Habit Forming Drugs Group with AA



Bill W. 1954: Problem Ain't Gonna Happen



W., Bill. (1954, June 28). [Letter to Jerome Ellison] G.S.O. Archives, AAWS, Inc.





"It's hard to argue when you have patients dying of overdoses. We can't just base our service on philosophy. We have to look at the data and base our treatment on the best way to save lives."

Dr. Marvin Seppala

Former CMO of Hazelden

White, W. (2003). Methadone and the Anti-medication - William L. White. Retrieved December 15, 2019





Hazelden COR-12 Program/Study

Klein, A. A., & Seppala, M. D. (2019). Medication-assisted treatment for opioid use disorder within a 12-step based treatment center: Feasibility and initial results. *Journal of Substance Abuse Treatment, 104*, 51–63. doi: 10.1016/j.jsat.2019.06.009

COR-12 Program: Integrating Medication and 12-Steps

Comprehensive Opioid Response with the 12-Steps

Components:

- Motivational Interviewing
- Cognitive Behavioral Therapy
- Contingency Management
- Group Therapy & Individual Sessions
- Medication support (buprenorphine/naltrexone)
- 12-Step facilitation

Outcomes:

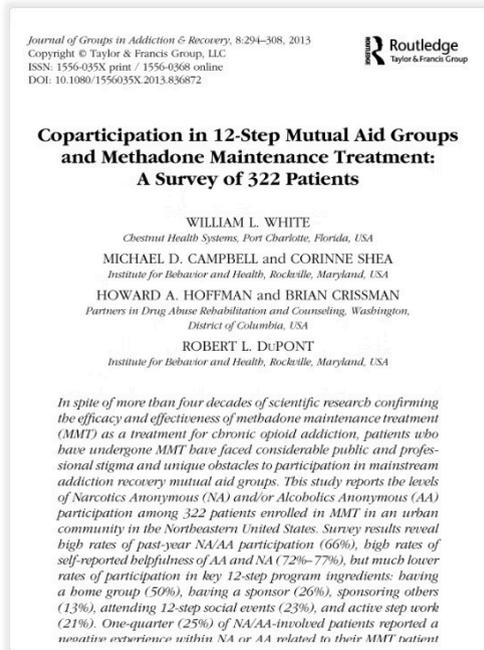
- **Sample Size:** 253 Moderate/Severe OUD
- **Length of Stay:** Avg. 39.7 days
- **Completion Rate:** 92% successfully completed treatment
- **Continued Medication:** High adherence rates

Klein & Seppala (2019).



MOUD & Mutual Aid: Coparticipation Research

Research on patients using medications for OUD who also attend 12-step meetings:

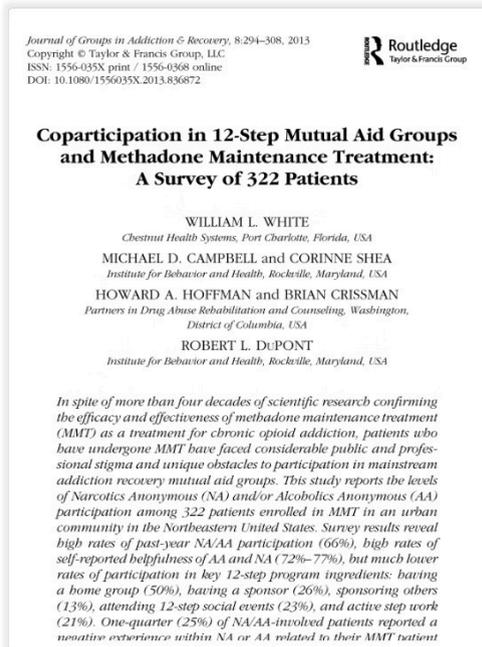


- This data reveals the hesitancy many patients feel about disclosing their medication use in 12-step settings, reflecting the stigma they anticipate or have experienced.
- Many patients report receiving negative feedback when disclosing MOUD use, **ranging from subtle exclusion to outright rejection/hostility.**

White, W. L., Campbell, M. D., Shea, C., Hoffman, H. A., Crissman, B., & DuPont, R. L. (2013). Co-participation in 12-step mutual aid groups and methadone maintenance treatment: A survey of 322 patients. *Journal of Groups in Addiction & Recovery*, 8(4), 294–308.



Attitudes Around MOUD in Mutual Aid Groups



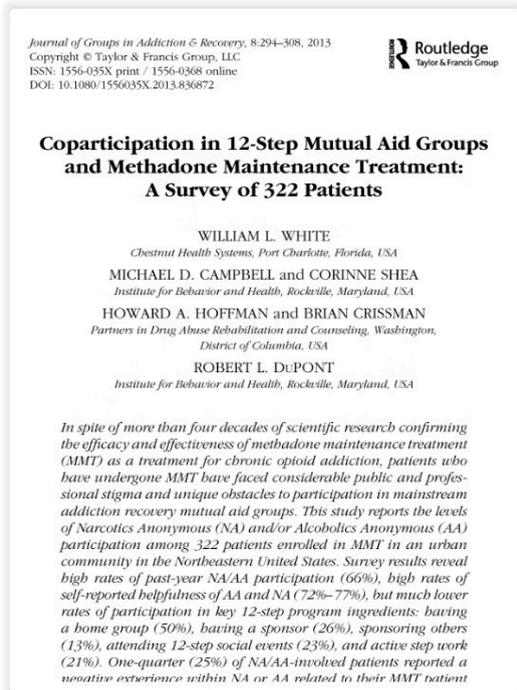
Key Takeaways

- **Refrained from sharing with group or sponsor: 40.5%**
- **Shared with sponsor but not the group: 25.6%**
- **Shared status with sponsor and group: 33.9%**
- **Rates of past year NA/AA participation: 66%**
- **Reported helpfulness of AA/NA: 88%-89%**

White, W. L., Campbell, M. D., Shea, C., Hoffman, H. A., Crissman, B., & DuPont, R. L. (2013). Co-participation in 12-step mutual aid groups and methadone maintenance treatment: A survey of 322 patients. *Journal of Groups in Addiction & Recovery*, 8(4), 294-308.



Engagement Levels in NA/AA for People on MOUD



Key Participation Metrics:

- Home group membership: 50%
- Having a sponsor: 26%
- Sponsoring others: 13%
- Attending social events: 23%
- Active step work: 21%

White, W. L., Campbell, M. D., Shea, C., Hoffman, H. A., Crissman, B., & DuPont, R. L. (2013). Co-participation in 12-step mutual aid groups and methadone maintenance treatment: A survey of 322 patients. *Journal of Groups in Addiction & Recovery*, 8(4), 294-308.





Narcotics Anonymous
WORLD SERVICES



FOR THE PUBLIC



PERIODICALS



EVENTS



FOR OUR MEMBERS



[Home](#) > [For the public](#) > Bulletin #29

Bulletin #29

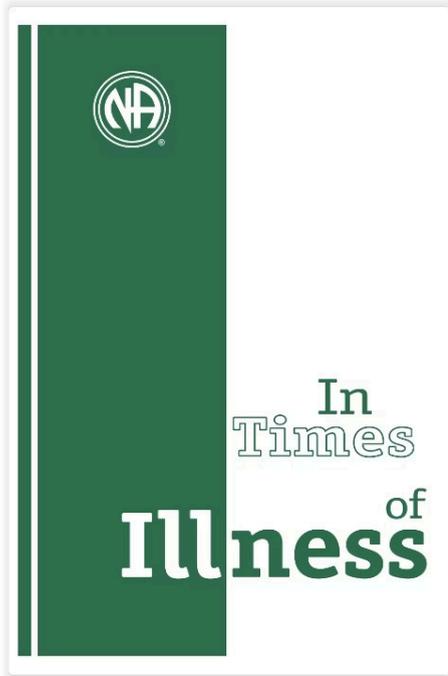
WORLD SERVICE BOARD OF TRUSTEES BULLETIN #29

Regarding Methadone and Other
Drug Replacement Programs

We make a distinction between drugs used by drug replacement programs and other prescribed drugs because such drugs are prescribed specifically as addiction treatment. Our program approaches recovery from addiction through abstinence, cautioning against the substitution of one drug for another. That's our program; it's what we offer the addict who still suffers. However, we have absolutely no opinion on methadone maintenance or any other program aimed at treating addiction. Our only purpose in addressing drug replacement and its use by our members is to define abstinence for ourselves. Our fellowship must be mindful of what kind of message we are carrying if a still-using addict leads a meeting, or becomes a trusted servant. We believe that under these circumstances we would not be carrying the Narcotics Anonymous message of recovery. Permissiveness in this area is not consistent with our traditions. We believe our position on this issue reinforces our recovery, protects our meetings, and supports addicts in striving for total abstinence.

World Service Bulletin #29: Narcotics Anonymous. Regarding methadone and other drug replacement programs (1996).





Narcotics Anonymous World Services. (2010). In Times of Illness - NA.





T OF Illness

“When I was about a year and a half clean, I suffered my first bout of a recurrent illness. My sponsor told me not to be a martyr and to go to my doctor, who knows that I am a recovering addict. I didn’t listen, and as a result I was hospitalized for five days, in traction and on strong medication. If I had followed my sponsor’s suggestion, I would have been on a milder medication for a much shorter period of time.”

Narcotics Anonymous World Services. (2010). In Times of Illness - NA.





Mental Health Issues

“We recommend turning our legal problems over to lawyers and our financial or medical problems to professionals. Part of learning how to live successfully is learning when we need help.”

BASIC TEXT

Illness^{of}

Narcotics Anonymous World Services. (2010). In Times of Illness - NA.



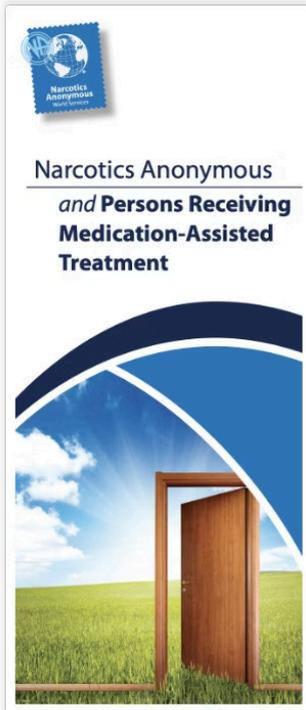


Sometimes, with sustained chronic pain in recovery, healthcare providers will prescribe certain medications for pain that are also used as drug replacement medications. It is important to remind ourselves that we are taking this medication as prescribed for physical pain. In this medical situation, these medications are not being taken to treat addiction.

Illness

Narcotics Anonymous World Services. (2010). In Times of Illness - NA.





NA and People on Medically Assisted Treatment

As we stated previously, NA has no opinion on the practices of any organizations or practitioners outside NA. However, within the context of NA and its meetings, we have generally accepted principles, and one is that NA is a program of complete abstinence. By definition, medically assisted therapy indicates that medication is being given to people to treat addiction. In NA, addiction is treated by abstinence and through application of the spiritual principles contained in the Twelve Steps of Narcotics Anonymous.

Narcotics Anonymous World Services. (2016). Narcotics Anonymous and persons receiving medication-assisted treatment. Narcotics Anonymous and persons receiving medication-assisted treatment. Chatsworth, CA.



Informed Consent

Patient Experiences in Mutual Aid Groups

“

"I was told I wasn't 'really clean' when I mentioned my buprenorphine prescription. After that, I just stopped sharing about my medication."

”

“

"My sponsor said I needed to get off methadone to work a real program. I felt like I had to choose between my medication and my recovery community."

”

“

"I found a meeting where the secretary specifically welcomes people on medication. It makes all the difference to feel accepted."

”

Patients report widely varying experiences, often dependent on local meeting culture and individual members' attitudes.

Narcotics Anonymous World Services (2010, In Times of Illness); Monico et al. (2015). Buprenorphine Treatment and 12-Step Meeting Attendance.



Mutual Aid Meetings – Informed Consent

Key Concerns for Clinicians to Address:

- **Triggering content:** Graphic stories, people under the influence, drugs present
- **Interpersonal exploitation:** "13th stepping" (sexual/romantic predation)
- **Religious language:** Christian-centric terminology may alienate some
- **Anti-medication bias:** Patients may face stigma for MOUD use

Mutual Aid & Informed Consent, National Association of Social Workers, ATOD Specialty Practice Section, Spring/Summer (2021)



Informed Consent – Risks

Critical Issues for Patient Safety

- Participants may receive unqualified medical advice from peers
- Patients may face pressure to discontinue MOUD or psychiatric medications
- Some may experience shame about medication use that leads to secretive behaviors
- Patriarchal origins may create challenging dynamics, especially for women

Clinicians should prepare patients for these potential challenges and maintain open communication about their experiences in mutual aid settings.

NASW ATOD Specialty Practice Section (2021).

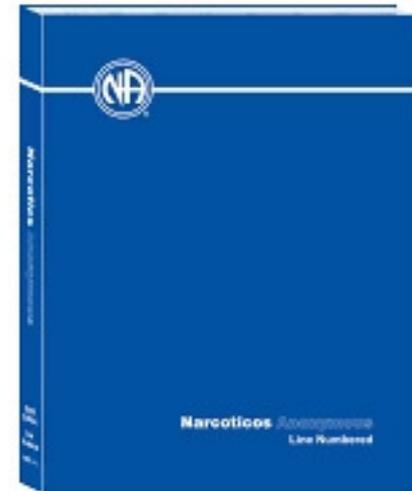


Official Narcotics Anonymous Stance on MOUD

Key NA Positions:

- NA focuses on resolution of all drug use, including alcohol
- Bulletin #29 (1996): "Drug replacement therapy is not clean"
- NA PR Pamphlet (2016): MOUD not considered abstinent by NA definitions
- Individual groups may interpret these positions differently
- Local meeting culture often matters more than official positions

Despite these official stances, many individual NA members and some groups have evolved more accepting attitudes toward MOUD.



Alcoholics Anonymous Stance on Drug Addiction

"Sobriety — freedom from alcohol — through the Twelve Steps is the sole purpose of an A.A. group. I see no way of making nonalcoholic addicts into A.A. members."

— From AA pamphlet P-35 "Problems Other Than Alcohol" (1958)

While AA's primary focus is alcohol, **many AA groups welcome people with other substance use disorders**, especially when drug use co-occurred with alcohol use. **Attitudes toward MOUD vary widely among AA groups.**



Cochrane Review: Effectiveness of 12-Step Approaches

Key Findings:

- AA/12-step facilitation comparable to clinical treatments in the short term
- Often outperforms other approaches for longer-term outcomes
- Demonstrates significant healthcare cost savings
- **Important note:** Providers should consider alternatives if patients refuse or have negative experiences with AA/NA

The evidence supports 12-step approaches as effective for many people, but not as a one-size-fits-all solution.

Kelly, J. F., Humphreys, K., & Ferri, M. (2020). Alcoholics Anonymous (AA) and other 12-step programs for alcohol use disorder. Cochrane Database of Systematic Reviews



Evolution of MOUD-Specific Mutual Aid

Key Insights (Chris Budnick):

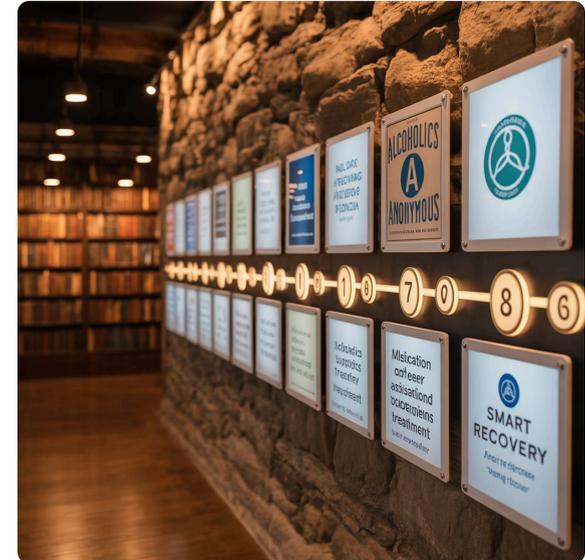
Several factors have limited the growth of MOUD-friendly mutual aid:

Disconnect between treatment providers and recovery communities

Lack of centralized structure for newer models

Inconsistent outreach and resource development

Limited literature development compared to established groups



NA Historical Growth Perspective



Development Timeline (Budnick):

- Near dissolution in late 1950s
- Very slow growth until 1980s
- Rapid expansion after Basic Text publication
- **30 years** to reach 33,000 weekly meetings
- **4.5x growth** over next 35 years (70,000+ meetings)

This historical perspective suggests that new mutual aid models may need significant time and infrastructure development to achieve similar reach.



Friendly Meeting Models

Alternative Mutual Aid Meeting Models

SMART Recovery

Science-based, self-empowerment approach using cognitive-behavioral techniques

LifeRing

Secular approach focusing on personal empowerment and peer support

Women For Sobriety

Program addressing women's unique recovery needs through positive reinforcement

Refuge Recovery

Buddhist-inspired approach using mindfulness practices

Kelly et al. (2018). Research shows comparable outcomes possible outside traditional 12-step groups.



Online Recovery Support in the Digital Age



Benefits of Virtual Meetings:

- Mitigates public health risks (especially during pandemic)
- Increases accessibility for those with mobility issues
- Provides anonymity for those concerned about privacy
- Offers 24/7 availability across time zones
- Connects people in rural or underserved areas

Research shows online meetings mobilize the same therapeutic mechanisms as in-person meetings.

Addictive Behaviors (2021).



"All Recovery Meetings:" Embracing Inclusivity

Definition: Meetings open to anyone affected by addiction that embrace all pathways to recovery.

Core Principles

- Non-denominational
- No specific pathway required
- MOUD explicitly welcomed

Meeting Format

- Structured check-ins
- Shared leadership
- Cross-talk permitted

Community Focus

- Connection over method
- Emphasis on strengths
- Recovery-oriented systems

Faces & Voices of Recovery (All Recovery Meeting format).



Harm Reduction Works Meetings

A Radically Inclusive Approach

These meetings explicitly welcome:

- People on medications for opioid use disorder
- Those practicing moderation management
- Individuals still questioning their relationship with substances
- People in any stage of change or recovery

"We believe people deserve support at every stage of their journey, without judgment or requirements."



Medication-Assisted Recovery Anonymous (MARA)

Created specifically for people on MOUD

MARA was founded to provide a supportive community for people who:

- Are taking medications as part of their recovery
- Have felt unwelcome in traditional recovery meetings
- Believe recovery means reclaiming a safe and healthy lifestyle
- Support the use of medications to achieve and maintain recovery

MARA adapts 12-step principles while explicitly affirming medication use as compatible with recovery.

Bauer-Reese (2018). Slate; MARA.org



In The Rooms: Virtual Recovery Community

InTheRooms.com provides a comprehensive online platform for recovery support:

Meeting Variety

- Traditional 12-Step
- SMART Recovery
- Refuge Recovery
- MARA meetings

Resources

- Video meetings
- Discussion forums
- Meditation groups
- Recovery blogs

Accessibility

- 24/7 availability
- No geographic barriers
- Private participation
- Free membership



SMART Recovery: A Science-Based Alternative

Founded: 1994

Principles:

- Science-based approach
- Self-empowerment philosophy
- Evidence-based techniques
- Explicitly welcoming to people on MOUD

4-Point Program:

1. Build & maintain motivation
2. Cope with urges
3. Manage thoughts, feelings & behaviors
4. Lead a balanced life

SMART Recovery Fast Facts; Ruth (n.d.)



Secular Organizations for Sobriety & LifeRing



LifeRing Founded: 2001

Core Principles:

- Positive social reinforcement approach
- Welcoming regardless of substance used
- Supportive attitudes toward MOUD
- Secular, science-based framework
- Online and email-based peer groups
- Focus on building a "Personal Recovery Program"

LifeRing.org



Building a Complete Recovery Culture

"If we haven't built a recovery culture surrounding our medication, linked people to communities, and helped them build meaningful lives — we don't have recovery."

William White

Medication alone is rarely sufficient. True recovery encompasses connection, purpose, and meaning alongside biological stabilization.

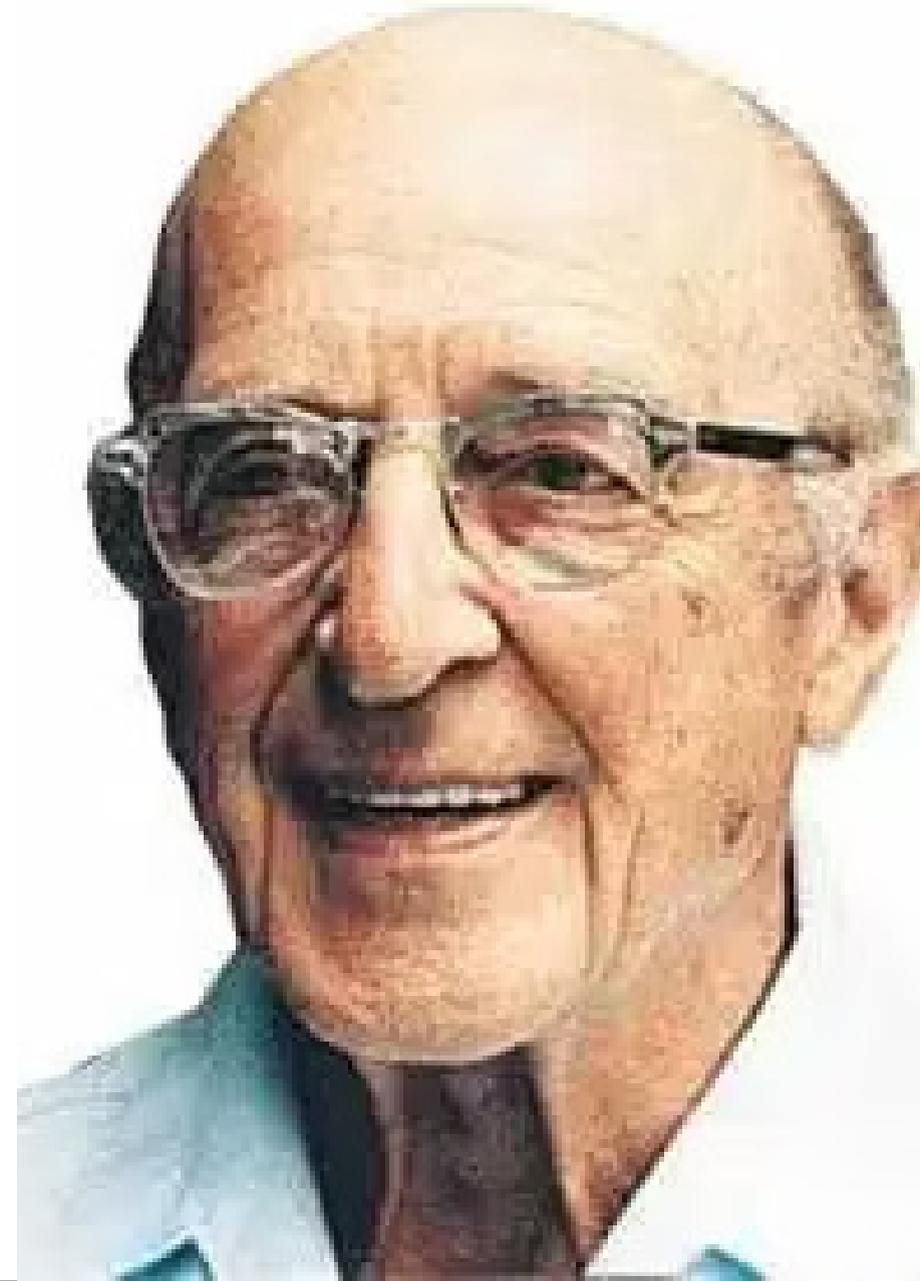
White & Torres (2010). Recovery-Oriented Methadone Maintenance.



Embracing Learning & Change

"The only person who is educated is the one who has learned how to learn and change."

Carl Rogers



Strategies for Engaging Mutual Aid Communities

Build Relationships

Establish personal connections with local meeting leaders and members who are supportive of MOUD.

Attend Open Meetings

Participate in open meetings as a professional to better understand the local recovery culture.

Educate with Compassion

Share information about MOUD in non-confrontational ways that acknowledge traditional recovery values.

Support All Pathways

Help create spaces where multiple recovery approaches are welcomed and celebrated.



Preparing Patients for Mutual Aid Participation

Best Practices for Clinicians:

- Provide realistic expectations about potential experiences
- Suggest "meeting shopping" to find supportive groups
- Role-play responses to challenging situations
- Offer a decision-making framework about medication disclosure
- Maintain open communication about meeting experiences
- Validate that leaving uncomfortable groups is appropriate

Many patients benefit tremendously from mutual aid participation, but preparation and ongoing support from clinicians can be crucial for navigating these spaces successfully.



Building Recovery Ecosystems

The most effective approach to supporting long-term recovery involves creating comprehensive ecosystems of support:

Medical Treatment

MOUD, mental health care, primary care integration



Peer Support

Multiple mutual aid options, recovery coaching



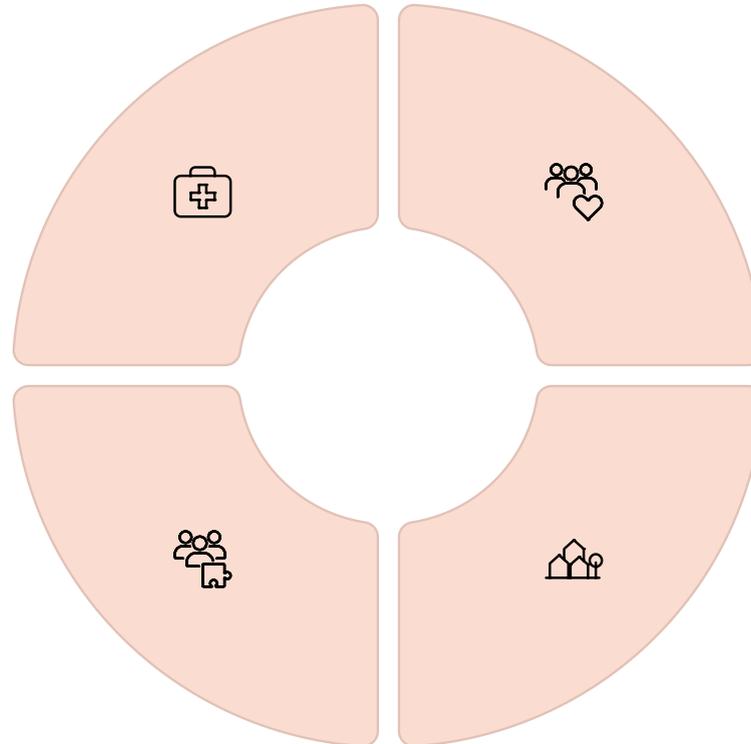
Community Connection

Family reconciliation, meaningful activities, sense of purpose



Social Determinants

Housing, employment, education, legal assistance



Key Takeaways

Evidence-Based Care

MOUD is the gold standard for OUD treatment, significantly reducing mortality and improving outcomes

Mutual Aid Value

Peer support through mutual aid groups offers important benefits that complement medical treatment

Addressing Stigma

Historical attitudes against medications persist but are gradually evolving in many recovery communities

Diverse Options

Multiple pathways including MOUD-friendly mutual aid groups provide more inclusive support options

Patient Preparation

Clinicians should prepare patients for potential challenges in mutual aid settings while supporting participation

Holistic Approach

The most effective recovery support combines medication, behavioral interventions, and community connection



Thank You

Questions & Discussion

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