



Comparing Experiences of Stigma in Medication-Assisted Recovery Anonymous (MARA) vs 12-Step Groups (AA/NA): A Qualitative Study

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INTRODUCTION:

Though medications for opioid use disorder (MOUDs; e.g., methadone, buprenorphine, naltrexone) are the most effective treatments for opioid use disorder (OUD)¹, stigma remains a major barrier to their adoption². People taking MOUDs have experienced stigma during AA and NA meetings³⁻⁴, potentially affecting their recovery process⁵. Medication-Assisted Recovery Anonymous (MARA) is an alternative to AA/NA, which aims to provide a stigma-free, MOUD-supportive environment⁶.

AIMS:

- Determine how MARA meetings differ from AA/NA meetings

METHODS:

- **RECRUITMENT:** Online MARA meeting facilitators were asked to share a pre-screening survey with current MARA members (snowball sampling); those who had participated in AA or NA and MARA the past three years were invited to participate in an individual interview.

DATA COLLECTION

- **Screening Survey:** Aug '23 to Feb '24– Administered via Qualtrics, collected demographic information, and screened whether individuals experienced different types of MOUD-related stigma in AA and/or NA and MARA
- **Individual Interviews:** Aug '23 to Feb '24 - Semi-structured, on Zoom or over the phone, asked participants to explain survey responses; interviews were recorded and transcribed.
- **Observations:** May-Jul '24 - Ethnographic observation of convenience sample of MARA, AA, & NA online meetings (3 meetings each), with field notes taken

- **ANALYSIS:** Iterative Categorization Approach (mixed deductive-inductive)
 - 1) Created codebook in Dedoose based on preliminary review of transcripts/field notes and research questions
 - 2) Applied codebook to data, inductively identifying new codes as needed
 - 3) Exported coded excerpts into spreadsheets and summarized excerpts
 - 4) Created a summary of each code based on summarized excerpts
 - 5) Examined across code summaries to identify themes

References:

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RESULTS:

Screening Survey: Out of all 19 participants, most were White, female, had a mean age of 39.37, and had some college education; most came from the South. **All participants** experienced at least one type of MOUD stigma operationalization in AA or NA, and 95% (n=18) experienced no MOUD stigmatization in MARA (e.g., discomfort disclosing undergoing methadone/buprenorphine treatment; being treated negatively because of methadone/buprenorphine treatment)

Synthesised Themes from Interviews and Observations:

Theme 1: MOUD stigma is experienced in AA/NA but not MARA

- Interviewees heard or received negative comments about MOUDs in AA/NA meetings or were told not to discuss MOUD
- Mentions of MOUD in MARA were positive, with MOUD encouraged and barriers to treatment discussed

Theme 2: Differences in the definition of recovery

- AA/NA – use of any substances with mind-altering potential, even if prescribed or no history of misusing the substance
- MARA – return to problematic or chaotic substance use

Theme 3: MARA groups focus use a more individualized approach to recovery than AA/NA

- AA/NA groups posit that meeting attendance and 12-steps are key to recovery and members should “keep coming back” to avoid “relapse”
- MARA groups posit that meeting attendance and 12-steps are just one of several effective routes to recovery, with continued attendance only encouraged if the participant finds it helpful

Theme 4: Interviewees learned about AA/NA via treatment programs or the justice system, and MARA through online searches/social networks

- Interviewees were often mandated to participate in AA/NA, but voluntarily chose to participate in MARA

Theme 5: AA/NA had more accessible meetings/literature compared to MARA

- MARA meetings were not as accessible (limited in number, few meetings offered, online only)
- Lack of MARA literature and resources to do step-work was a barrier to engagement

Example Quotes:

Theme 1:

*“I had no problem sharing [about taking MOUDs] in the MARA meetings [because] I knew going into the meetings that **nobody would judge me**...I got some ‘good for you’s. You know, some ‘right on’s. ‘That’s awesome.’” – Participant 14*

Theme 2:

*“There’s a humility in MARA...people are like, I’m just grateful to be here... it’s so cool to have ... **people realize that relapse is a part of recovery**... Our [MARA] group was really like, it’s not the end of the world. You don’t lose your days necessarily. Like it can be a thing that you just navigate” – Participant 10*

Theme 3:

*“**MARA isn’t like the end-all be-all of recovery**, but instead it’s like a **tool in a toolbox** that people can use. And when they’re done, they, they can put the tool down and they’re good. They can, they can carry it with them on their own.” – Participant 11*

Theme 4:

*“So I come across a MARA meeting. ... As soon as I found out, you know, it was medication assisted therapy, I was like gung-ho.... So I got it just by scrolling, you know, just **Googling addiction meetings, overnight meetings**...” – Participant 7*

Theme 5:

*“With NA and AA at any time you can get on a meeting, where **in MARA there’s maybe I think three, four or five, maybe six per day**; with AA or NA, there’s any minute that you get on.” – Participant 4*

LIMITATIONS:

This study does not include current AA/NA member attitudes toward MOUDs; volunteer bias may have led to non-generalizable findings

CONCLUSIONS & IMPLICATIONS:

Healthcare providers could discuss MARA as alternative to AA/NA; MARA may be a helpful alternative to AA/NA but is not widely available