

A. Thomas Horvath, PhD, President

Emmett Velten, PhD, Editor



President's Letter

Substitute Addictions

In the process of overcoming addiction, the use of substitute addictions is common. This column will present perspectives on how to use substitute addictions to best advantage. Examples of substitute addictions include a repetitive pattern of eating celery or carrots when you really want dessert, smoking pot when you really want coke, or working out instead of going to happy hour. The immediate concern about substitute addictions is whether they are harmful in themselves. That means doing a cost-benefit analysis to compare the original and the substitute. Celery is probably less harmful than the dessert. Pot may be less harmful than the coke. Running is probably less harmful than happy hour. Only careful analysis or experience will determine whether

these statements are true in the individual case. A “substitute” that is just as costly as or worse than the original is just another addiction!

The less obvious concern about substitute addictions is that the addictive process stays alive. Some argue that one needs to stop “all” addictions completely and immediately. However, many who say this then exempt their use of caffeine, cigarettes, and food. Thus, we find individuals “in recovery” who guzzle coffee, chain smoke, and eat excessively. One could call this a form of denial!

I suggest that it is more accurate to view the coffee, cigarettes, and excess food as substitute addictions. The addictive process remains alive with these substances, but with luck a little less alive. Ironically, tobacco use has been the leading cause of preventable premature death, and soon being overweight and underactive will likely overtake it. Coffee is significant in that it is arguably provided by the largest (though legal) network of drug dealers, coffee shops. Caffeine, nicotine, and excess eating are significant addictions!

However, if caffeine, nicotine, food, or other substances or activities are substitutes, then 1) they can be temporary, and 2) they can

reduce the process of change to one of smaller, more manageable, steps. From the perspective of harm reduction (the idea that any move in the direction of recovery is a good move), substitute addictions are a classic step. Let's consider in reverse order these two reasons to use substitutes.

For most of us, the notion of abstaining from an addictive behavior (before we have

(Continued on page 2)

Inside:

President's Letter	
Substitute Addictions	1
4-Point Program SM	1
SMART Progress	
American Correctional Association Conference	2
Internet Activities: SOL	3
Book Review	
Overcoming Your Alcohol, Drug and Recovery Habits: An Empowering Alternative to AA and 12-Step Treatment	4
SMART Ideas	
True Explanations and Effective Actions	5
Research Notes: What is Recovery?	7
Pub Hours in Great Britain, and Deactivating Reactance	8
America Makes the Grade: Regrettably, It's a D	8
Law Change on Student Financial Aid Benefits Those with Prior Convictions	9
People Power	
Member Story	9
Prison Outreach	
Iron Bars Do Not a Prison Make: The Value of Perspective and Choice	11
News From the Courts	11
3-Minute REBT	
Are You A Loser?	12

The SMART Recovery® 4-Point ProgramSM

The SMART Recovery® (Self-Management And Recovery Training) program helps individuals gain independence from addictive behavior.

Our efforts are based on scientific knowledge and evolve as scientific knowledge evolves.

The program offers specific tools and techniques for each of the program points:

- Point #1:** Enhancing and maintaining motivation to abstain
- Point #2:** Coping with urges
- Point #3:** Managing thoughts, feelings and behavior (problem-solving)
- Point #4:** Balancing momentary and enduring satisfactions (lifestyle balance)

actually done so) is simply terrifying. "How will I cope? How will I relax? How will I socialize? How will I have fun? How will I have sex? What will I do with my time?" Afterward we may be tempted to say, "No big deal," but if it hadn't been a big deal we would have done it sooner! By using a meaningful substitute addiction, we can reduce our terror somewhat.

To end the addictive process, we need to have confidence that when craving arrives we do not have to act on it. Regardless of whether someone believes he or she is "powerless" over the addiction, I am confident we all have perceived ourselves to be powerless, at least at times. If we can use a good substitute, we can act on the craving (to use the original addiction), but experience less harm (because we are using the substitute). What happens next is crucial, and fortunately universal because of how our nervous systems operate: Over time, the craving for the original substance or experience will reduce, because we are not actually using it.

It is possible that the substitute addiction will grow to the strength of the original addiction. However, if one understands that this is indeed a substitute addiction, it does not typically become as strong as the original. If you are in denial about this as a substitute addiction, you are at risk to guzzle coffee, chain smoke, and become overweight! Once the original cravings are weaker, it usually a smaller task to deal with cravings for the substitute addiction. In time the addictive process (craving = action) can be eliminated. We no longer need to live in fear of craving. Indeed, in time craving will likely go away altogether.

It is also possible that the substitute addiction (e.g., running) is actually a positive habit, or can be transformed into one (e.g., transforming obsessive, excessive running into a healthy level of exercise).

Substitute addictions may seem like just a continuation of the original problem. However, they can be used to break the original problem into manageable steps. This allows for the

eventual elimination of the original problem. I suggest that the original addiction problem has not been dealt with until 1) cravings are gone, or easily coped with, and 2) substitute addictions are gone. Although it is possible to overcome addiction without substitutes, they are widely used. Even if substitutes are not the "best" solution they can be a useful step in a process that can be very difficult, and which otherwise might not be successful.

Tom Howath



American Correctional Association Conference

by Fraser Ross

For the first time, SMART Recovery® had a presence at the ACA Conference from January 28 to February 1, in Nashville, Tennessee. We were invited to hold a workshop on the afternoon of 28th and exhibited in the main hall. It was thanks to Steve Formanski that we got this opportunity, and he was moderator for the workshop. He kept the rest of us in line and on time. Steve had been away from home for some time and delayed his return to allow us this opportunity.

More than 40 delegates attended the workshop, and it seemed very well received. Joe Gerstein got the ball rolling for us by providing an overview of our program. Next, Tom Litwicky presented some excellent information

from the SMART Recovery® groups in the prisons in Arizona. Barry Grant went third, and he shared with the delegates his experiences from both sides of the walls. As expected, Barry's wonderful, charismatic style held the audience from the start to the end of his talk. I went last and passed on my experience of SMART Recovery® in the Scottish Prison Service.

It was interesting to see that my experience of a low recidivism rate was also reflected in Tom's talk. We allowed about 45 minutes for questions and they were very constructive and interesting. We had no adverse comments and found that many of the delegates wanted to take SMART Recovery® on board where they worked.

One coincidence is worth mentioning. When Barry Grant spoke at a conference in Scotland late last year, it was his 48th birthday. At this conference, here we were again, and it was my 48th birthday! I know what those of you who know me are saying, "No way is Fraser as old as Barry! Fraser looks far younger!" As I said to my sons, "Inside this body is an athlete waiting to come out!" They said, "Just one athlete?"

Putting up our booth in the exhibition hall was an experience. Our anger management skills and high frustration tolerance were put to test. Joe academically explained the theory behind putting it up; Tom and I wanted to beat it into submission; Barry calmly talked us into looking at the instructions.

The booth looked good and we proudly took our place awaiting the rush of inquires. The doors opened, and it was as if someone had announced that Macy's was giving everything away! Sixteen hundred people came rushing in and ran around grabbing all the free pens, etc. that they could. We, of course, being from SMART Recovery®, were clever and had already filled our bags before the rush.

When the initial hysteria had ebbed, we began to get a steady stream of visitors complimenting us on the workshop and wanting more information. We put a hat on the table for the cards of folk who visited, and we will be contacting them to follow up on their interest.

Published by the Alcohol & Drug Abuse Self-Help Network, Inc. D.B.A. SMART Recovery®

7537 Mentor Avenue, Suite #306, Mentor, OH 44060 • Phone: 440/951-5357 • Fax: 440/951-5358 • E-mail: info@smartrecovery.org • www.smartrecovery.org

I managed to track down a visitor from Jamaica and brought him to our stand to undergo the “Gerstein experience” and learn about SMART Recovery®. I had every confidence that Joe would talk the program into their prison system. We shall see.

The important thing about this conference was that most of the delegates were decision-makers in their correctional systems. We had no adverse comments, and everyone seemed responsive. This surprised me. I

had expected some 12 step folk to come along and have a go at us. Probably when they saw the size of Tom and Barry, they got scared!

It was a very tiring few days, especially for me. I flew home to Scotland and went back to work the next day. Nevertheless, I believe this was a worthwhile experience and we hope to have introduced SMART Recovery® to some new prisons. We all thought that the tide is starting to change and folk are much more accepting of programs like SMART Recovery. To become known, we need to keep being seen where it counts to become known.

Taking down the booth and repacking it was another fun time. Our friendships, built up over the conference, were severely tested as we tried to agree about what went in which box. We sent back one box less than we had when we arrived; this must have confused the poor mail man who searched his van for a box that was not there.

On a final note, I have to admit to a relapse while at the conference. One of the stands was giving away samples of pickled sausage. My old

addiction was back and I walked past his stand 30 times to get sausages to take home. Barry commented on the amount of sausage I was taking home, and I offered him one, but he declined. Oh, to have his self control! My poor family thought that they were getting a nice big

present home, only to find lots of red pickled sausages.

Editor's Note: About ten years ago at the ASAM national conference in Los Angeles, Joe, Marc Kern, and I spoke to about four people, crowded into our

room, along with about 500 empty chairs. They sat as far from us as they could. Two of them left during our presentation; one seemed to be asleep; and the other stared daggers at us. The times they are a-changin'!

Internet Activities: SOL

by Jonathan von Breton

Two months ago, there was a major restructuring of SMART Recovery® On-line (SOL). SMART Recovery® President Tom Horvath appointed Jonathan von Breton as the Director of SOL. This brought SOL under the direct control of the SMART Recovery® Board of Directors. Although there was some initial unhappiness, most members and volunteers adjusted quickly to the change.

Following the January restructuring, SMART Recovery® On-Line continues to move onward and upward. SOL is strengthening its cohesiveness and direction, and looking towards the future. SOL

Membership is steadily on the up, and now sits at over 6000 members. At any given time, there are likely to be up to two dozen people posting on the message board, between twelve and twenty-five members in a meeting, and people in the chat rooms around the clock.

International participation is increasing, and SOL now boasts active members from the US, Canada, United Kingdom, Spain, Italy, Australia, New Zealand, Malaysia, and Thailand.

The on-line meetings are holding strong, with early morning meetings ranging between ten and twenty participants, and later meetings comfortably accommodate up to twenty-five attendees. A Sunday night topic-focused meeting has been introduced, which is proving immensely popular and thought provoking. Recent topics include unconditional self-acceptance, low frustration tolerance, and expectations. In the past two months, three new facilitators-in-training and one new co-host have begun to participate. A new, once per week, Friends and Family meeting has started. Three very early meetings per week accommodate time zones outside of North America.

The message boards remain very popular for learning and applying the tools and for moral support. Each newcomer who posts in the “Greeting Cafe” tends to get five to seven responses within a day from Welcoming Committee members, other SOL volunteers and facilitators, and enthusiastic new folk. The combination of various new, medium, and veteran SOL folk has great cohesiveness. Buddy groups provide a sustained atmosphere of support in both substance-specific and goal-specific threads. One recent development here, participant rather than volunteer-led, is an early sobriety check-in thread. The Friends and Family Forum is also particularly active at



Featured left to right (after finally successfully setting up the booth): Fraser Ross, Joe Gerstein, Barry Grant, Tom Litwick

present. Message Board Volunteers meet monthly to discuss issues of note. One new administrative moderator has been added to the boards, and a new liaison to the director has just been voted in.

In parachat (our text-based chat room), we have a steady stream of newcomers and a solid presence of longtime members. Even in the middle of the night or early in the morning, there are people in the rooms more often than not. The paragreeters (chat room volunteers) frequent the space to offer a welcome, an ear, and information about SMART Recovery® and its program, if requested. Chat room volunteers currently meet every other week to discuss relevant issues, and a new liaison to the director has started a six-month term.

SMART Recovery® On-Line is committed to the role of the on-line community in fighting maladaptive behavior and to using SMART Recovery® principles to aid in doing so. We remain proud of our internet community and excited about improving our on-line presence. We also want to thank all of our on-line volunteers, and a special thanks to our new technical guru Richard.

Book Review



Overcoming Your Alcohol, Drug and Recovery Habits: An Empowering Alternative to AA and 12-Step Treatment

by James DeSena

Introduction as published by Joseph Gerstein, M.D., FACP, Harvard Medical School, Member, SMART Recovery® Board of Directors.

I am a physician.

If a patient of mine turned out to have a cancerous breast lump of a certain common type, I would sit with her and discuss in detail her options for treatment. The options would, naturally, be based on an up-to-date assessment of the information available in the medical literature and would include modified radical mastectomy (surgical removal of the breast

and lumpectomy (removal of the lump with a modest amount of normal tissue around it), followed by radiation therapy. Medical research has demonstrated that either approach would have the same outcome, in terms of survival. A middle-aged woman with severe emphysema or a frail elderly woman with multiple, severe medical problems might receive the added option of doing nothing, on the presumption that either treatment might be more likely to be detrimental than doing nothing.

Any deviation from this general scenario would likely result in a disciplinary action by the state Board of Medical Licensure. If a physician offered only one of the above options, this would be considered so heinous a deviation from ethical medical behavior that the physician would probably have his or her license summarily suspended pending a hearing on more severe sanctions.

Yet, this very scenario will be enacted a thousand times daily, all over America, as people with severe alcohol problems seek, or are coerced to seek, advice about treatment in offices, clinics, emergency units, and detoxification units.

We have a situation in which both licensed professionals and lay people (relying only on their personal experience and informal training), either through ignorance, fanatic

zeal, stubbornness, or misinformation received in training, offer only one treatment option to their clients despite prodigious amounts of scientific evidence that many other reasonable (and, often, more effective) alternatives exist, and which might be more congruent with their clients' religious beliefs (or non-beliefs) and/or temperamental peculiarities or preferences.

I should know. For the first 20 years of my medical-practice career,

SMART Recovery® Program Tools & Techniques

The SMART Recovery® 4-Point ProgramSM employs a variety of tools and techniques to help individuals gain independence from addictive behavior.

These tools include:

- Change Plan Worksheet
- Cost/Benefit Analysis
- ABCs of REBT (Rational Emotive Behavior Therapy) for Urge Coping
- ABCs of REBT for Emotional Upsets
- DISARM (Destructive Images Self-talk Awareness and Refusal Method)
- Brainstorming
- Role-playing and Rehearsing

Participants are encouraged to learn how to use each tool and to practice the tools and techniques as they progress toward Point 4 of the program—achieving lifestyle balance and leading a fulfilling and healthy life.

Published by the Alcohol & Drug Abuse Self-Help Network, Inc. D.B.A. SMART Recovery®

7537 Mentor Avenue, Suite #306, Mentor, OH 44060 • Phone: 440/951-5357 • Fax: 440/951-5358 • E-mail: info@smartrecovery.org • www.smartrecovery.org

that is exactly what I did. That's how I was trained. That's what I was told. And that's what I did—out of ignorance, not out of malice. I was told that there was only one effective approach to alcohol abuse/dependence (the 12-step approach), and that's what I prescribed for my patients.

Now I know better. Jim DeSena, in this volume, delineates clearly and in detail that this “one size fits all” approach to alcohol abuse and dependence is as archaic as leech application. It is time for the healing professionals to get over their “Berlin Wall” mentality and open themselves to the bright light of thousands of outcome studies (including the huge MATCH study), which amply demonstrate that there is more than one way to skin a cat—the “cat” in this case being alcohol abuse or dependence.

In addition, as Jim DeSena demonstrates, the fundamental Hippocratic precept “First, Do No Harm!” is also abrogated on a daily basis. There are those who are harmed by the inappropriate referral to (or coercion into) 12-step treatment, because they lose precious time, during which their lives continue to unravel, perhaps permanently. There are those who decide to resist the prescribed treatment, which they perceive as alien, and therefore they get no appropriate treatment.

And, there are those who are convinced to accept inappropriate beliefs, which lead them to believe they are incorrigible, “powerless,” beliefs which will permanently prevent them from recovering because of this factor alone. This is most obvious in the case of the many teenagers who, after as little as one drinking episode or smoking a single joint, are forced into 12-step treatment, where they are indoctrinated into believing that they are “diseased,” that they are “addicts” or “alcoholics,” and must remain “in recovery” for the rest of their lives.

This is clearly perverse. Just because a treatment may be proper and effective for some

people does not mean that it must be good for everyone. And, in fact, the vast preponderance of scientific evidence indicates that the 12-step approach is not good for everyone.

Medical studies usually require a “control” group because it is recognized that practically all treatments have a propensity for negative results as well as positive, and that failure of a treatment is not automatically attributable to the bad intentions or incompetence of the patient. Twelve-step ideology places *all* blame for treatment failures directly upon the participants, by the implication that they are not “letting go and letting God” or that they are not “working the program.” Alternatively, some participants take a different implication: that because they have a permanent defect or disease, they bear no responsibility at all for failures in recovery.

And what about all those, probably the majority, who will recover spontaneously if left untreated? Must they, too, be condemned to a life of daily meetings and to carry the disparaging label “alcoholic” for the rest of their natural lives, even if they don't ever drink alcohol again?

Jim DeSena's excellent book is one more cogent and eloquent plaint for a rational, humane, and scientifically validated approach to proper matching of clients with addiction problems to treatment appropriate for them—including “treatment” solely in the form of self-help.

Editor's Note #1: This book is available via Amazon.com. If you order the book via Amazon, please visit www.smartrecovery.org, and click on the link to Amazon. A portion of the sale will then be provided to SMART Recovery®.

Editor's Note #2: This book review by Joe Gerstein pulls no punches. Nor should it. Telling the truth is not bashing. We have made noise for years about the need for consumers to have treatment choices and

informed consent, and then to let consumers can take it from there. An eye-opener for consumers is the table of cumulative evidence scores from Hester, R. K., & Miller, W. R. (2003). Handbook of alcoholism treatment approaches: Effective alternatives (3rd ed.). Boston: Allyn and Bacon.



SMART Ideas

True Explanations and Effective Actions

by Hank Robb, PhD, ABPP

An explanation is a kind of story about why things happen. Some are not very interesting even if they are true. “Well first I counted the holes in the ceiling, one, two, three, and that is why blah, blah, blah.” Some are very interesting, “Well a dragon came from outer space and injected me with a substance that made me glow in the dark, and that is why blah, blah, blah,” even if they are not true. Many of us have become deeply attached to “true” stories. Even when we are also deeply attached to a good novel or short story, we object when they are sold to us as “true” when they really aren't. The recent flap over *A Million Little Pieces* is an example.

However, from the point of view of participating in SMART Recovery® meetings, I'd like to recommend a slightly different approach to storytelling. I'd like to offer for consideration stories that help individuals do things that are

Published by the Alcohol & Drug Abuse Self-Help Network, Inc. D.B.A. SMART Recovery®

7537 Mentor Avenue, Suite #306, Mentor, OH 44060 • Phone: 440/951-5357 • Fax: 440/951-5358 • E-mail: info@smartrecovery.org • www.smartrecovery.org

important in their lives rather than stories that “explain” things. I make this recommendation even if the stories carry a lot of scientific evidence proving they are true.

Don't get me wrong. I didn't spend six years past a college degree because I'm not interested in explanations. Explanations are fine things. But, a car engine that turns over on a cold dark night is much more valuable than all the explanations of why it does or doesn't, and especially if there is someone important waiting for you at the other end of the drive.

I make this recommendation because our attachment to explanatory stories that are “true” often gets our focus on the true versus untrue distinction rather than helping us stay focused on what works and doesn't work when it comes to really making a difference in our actual lives. Let me show you what I mean.

When my car runs badly, or just needs maintenance so that it won't, I take it to a local shop. The mechanic there tells me very interesting stories about things that are going on under the hood of my car. As far as I know, the stories are “true” ones. Practically speaking, these stories don't really do anything for me, except make me feel a little better as I make yet another monetary sacrifice at the altar of the internal combustion engine.

But, as Albert Ellis for one has rather famously emphasized, an important point in life is not just to feel better but actually to get better. And, no matter how “true” my mechanic's stories are or how good they make me feel, they don't really help me get better about my car. Why? Because they don't help me DO anything about my car. They may help my mechanic, but they don't help ME. The kind of stories that do me some good about my car are as follows. “Pay this mechanic money and your car will run,” or “Pay this mechanic money and next week you'll be back here paying some more,” or, “When the book that came with the car tells you to take it in for

maintenance, then take it in.” These stories do me some good because they provide me some direction about things I can actually DO.

Philosophers have called this the distinction between “knowing how” and “knowing that.” All the “knowing that” in the world will not do you any good if you also don't “know how,” unless the “good” you want to do is show how “knowledgeable” you are. I have seen this many times over the last fifteen years in my role as evaluator for psychologists attempting to gain board certification in psychological specialties. Some of them have a lot of “knowing that” and can tell you very true explanatory stories for quite a long time. But, when you ask them to actually DO their psychological specialty, it becomes evident that they seriously lack “know how.”

Another good example is hearing from my physician exactly what is going on inside my skin and then learning that the physician has no idea how to make it do otherwise.

“You have X. However, while we know exactly how it operates, there is no known cure or treatment.”

“Thanks, Doc, but that really wasn't a lot of help.”

Suppose you have a perfect historical account of exactly how you got to this moment. What good will that account do in terms of helping you move in the direction of what is important in your life? If anyone knows where to pick up a new history, please drop me a line. I have a few things about mine I'd like to exchange!

Similarly, a perfect biochemical account of what is going on inside your skin is unlikely to help most of us move in the direction of what is important in our lives. Why? Because we don't know how to intervene directly in our biochemistry and are not likely to learn how to at a SMART Recovery® meeting. The most complete and accurate explanatory story of our

biochemistry doesn't put us in touch with anything we can actually control.

Fortunately, most of us already know something about controlling our hands and arms and feet and mouths. Talk at SMART Recovery® meetings can help us stay focused on exerting that control in ways that address what is really important to us. As well, we can learn some new ways of relating to our thoughts and images and sensations so that even if we can't control what occurs in any of these areas, we can control how we react.

Do we HAVE TO act on cravings when they show up? No, actually we don't. Do we HAVE TO have things go our way in order to avoid engaging in our favorite addictive behavior? No, actually we don't. Do we HAVE TO feel like doing what is important to us in order to actually do it? No, actually we don't. Do we HAVE TO stop feeling ambivalent about changing our behavior before we change it? No, actually we don't. Do we HAVE TO believe, “I can't do this,” no matter how often those words put in their appearance? No, actually we don't.

We don't need an explanation of cravings, or disappointments, or reluctance, or ambivalence, or where our thoughts “come from,” in order to get focused and stay focused on pursuing what is deeply important to us even as we experience cravings, disappointments, reluctance, ambivalence or thoughts of being incapable. So, rather than SMART Recovery® meeting time used by focusing on “true explanations,” I suggest that a better use is focusing on “effective action.”

Editor's Note: Do, don't stew? Win, don't whine? \$\$ walks, bullshit talks? All bark and no bite? And let's not forget the ancient Greeks, who were wise guys (and gals), and they used to say, “By Jove.” They didn't say, “By Jive.”

Second Note: Don't medications intervene directly in biochemistry?

Research Notes: What is Recovery?

by Don Phillips

I just received a copy of a Consensus Statement on Mental Health Recovery from the Substance Abuse and Mental Health Services Administration (SAMHSA). I have challenged them to develop one for addiction.

Its consensus statement outlines principles necessary to achieve mental health recovery. The consensus statement was developed through deliberations by over 110 expert panelists. They represented mental health consumers, families, providers, advocates, researchers, managed care organizations, state and local public officials, and others.

The 10 Fundamental Components of Recovery include:

Self-Direction: Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.

Individualized and Person-Centered:

There are multiple pathways to recovery, based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background. Individuals also identify recovery as being an ongoing journey and a result as well as an overall paradigm for achieving wellness and optimal mental health.

Empowerment: Consumers have the authority to choose from a range of options and to participate in all deci-

sions, including the allocation of resources that will affect their lives; and that they will have education and support in making decisions.

Consumers have the ability to join with other consumers collectively and effectively to speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.

Holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services (such as recreational services, libraries, museums, etc.), addictions treatment, spirituality, creativity, social networks, community participation, and family supports, as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.

Non-Linear: Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery.

Strengths-Based: Recovery focuses on valuing and building on the capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and

engage in new life roles (e.g., partner, caregiver, friend, student, and employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

Peer Support: Mutual support, including the sharing of experiential knowledge and skills and social learning-plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery, and provide each other with a sense of belonging, supportive relationships, valued roles, and community.

Respect: Community, systems, and societal acceptance and appreciation of consumers are important. This includes protecting their rights and eliminating discrimination and stigma. Self-acceptance and regaining belief in oneself are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.

Responsibility: Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

Hope: Recovery provides the essential and motivating message of a better future; that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process.

Editor's Note: The same consensus statement, preferably with less jargon, would do for addiction treatment.

2nd Note: See Book Review and SMI Grading System, this issue.

Pub Hours in Great Britain, and Deactivating Reactance

Most of you probably know, our correspondent, Don Phillips, writes, that Britain recently deregulated part of the laws governing the sale of alcoholic beverages, allowing all pubs, clubs, restaurants, off-license stores, and supermarkets to apply for new flexible licenses. A small fraction of the establishments applied to remain open round the clock, with a large majority opting for an extra hour or two at weekends.

Major forces in British society predicted the end of civilization as a result of this horrific government action. The catastrophizers included Americanized parts of the “recovering community,” the National Voluntary Health Agency on Alcoholism, and much of the traditional treatment industry. In the United States, it is unthinkable that we’d be able to debate the issue without being drawn and quartered.

The early results are in. The statistics galled and stunned the naysayers, who had warned that 24-hour drinking would lead to an upsurge in violence and antisocial behavior. The sober truth?

- Drink-fueled crime and violence slumped after new licensing laws took effect!
- Serious violent crime fell by more than a fifth, police figures show, and it fell by twice that much in some towns.
- Alcohol-fueled assaults and injuries fell by a sixth
- Leading brewers reported only a modest increase in profits, suggesting the widely forecast drinking free-for-all was a boogeyman.

James Purnell, the Licensing minister, said: “The predictions that licensing reform would lead to an immediate upsurge in crime haven’t been borne out ... It was always our argument that by getting rid of the 11pm closing time, you would also get rid of a number of flash-points.” For example, police said the staggered closing times meant that revelers were not converging on taxi ranks at the same time.

The British government is cautious about proclaiming that the country has taken the first step towards a Continental-style café culture. [Meaning: people control themselves and do not behave disinhibitedly and harmfully.] But it is delighted that the figures have confounded and disappointed critics, including judges, doctors, media columnists, and opposition MPs, who warned that a surge in violent crime was inevitable.

Editor’s Note: This result was predictable based on reactance theory, which is part of Motivational Interviewing, and it also constitutes yet another disconfirmation of the Disease Theory of Addiction’s “loss of control/out of control” hypothesis.

America Makes the Grade: Regrettably, It’s a D

Don Phillips informs us that the National Alliance for the Mentally Ill (NAMI), has graded each state and the nation as a whole on services for people diagnosed with severe mental illness (SMI). The result? Let’s put it this way: if you or your loved one needs such services, you may be close—very close—to SOL. And I’m not referring to SMART Recovery® On-Line.

But it could be worse. Much worse.

Which is a segue as good as any to the question Don asks: “Do we have such a grading system for addiction services?” Answer: No, of course not, and your beloved editor can think of several reasons:

- (1) If we had a grading system, the result would likely be F minuses to states whose addiction treatment “services” almost entirely comprised of what has been shown not to work, or even to cause harm. We are talking lawsuits here. (See, for instance, Book Review in this issue.)
- (2) To providers of publicly-funded addiction services, one of the most menacing and chilling aspects of the mental health world is the whole thing about considering the consumers’ opinions. If almost all your consumers are coerced, and if they are definitely known not to want your services, and if many of them even then dare to tempt fate by not showing up, what grade would you expect? D? Ha, ha, ha.

“The goal is to raise the level of awareness, dialogue and creative action”

NAMI’s 230-page report, including individual state narratives and scoring tables, and using 39 scoring criteria, is available online at www.nami.org/grades. The report calls on states to make smarter investment choices through proven, cost-effective practices, and to link taxpayer funding to performance and individual outcomes.

“Grades are more than report cards,” said NAMI executive director Michael J. Fitzpatrick. “They reflect standards that

help people recover, and choices being made by governors and legislatures every day. States doing well in the report have developed a common vision and political will to move their treatment systems forward.”

Only five states received grades in the B range: Connecticut, Maine, Ohio, South Carolina, and Wisconsin. There were no A's.

Eight states received F's: Iowa, Idaho, Illinois, Kansas, Kentucky, Montana, North Dakota, and South Dakota.

Fitzpatrick predicted the report will have policy consequences. “Consumer and family advocates will use it as a tool for change. Governors and legislators should use it as a check list. The goal is to raise the level of awareness, dialogue and creative action,” he said.

Don suggests that a report card would be a terrific idea for the world of alcohol/drug abuse and dependence. “Wouldn't it be great if we could gather a small group of researchers to study the NAMI system and then develop one for us? A University in each State could head up the information gathering.”

Editor's Note: Why don't we do it? We could spearhead such an effort. A superlative start is the table of cumulative evidence scores from Hester, R. K., & Miller, W. R. (2003). Handbook of alcoholism treatment approaches: Effective alternatives (3rd ed.). Boston: Allyn and Bacon. We could develop a score card, based on these features: (1) use of evidence-based, effective treatment methods; (2) existence of treatment choices; (3) informed consent; (4) demonstration of consumer choice.

Law Change on Student Financial Aid Benefits Those with Prior Convictions

Don Phillips writes that the Legal Action Center reported that Congress passed and the President signed legislation that modified the ban on student federal financial aid for people convicted of drug crimes. Under the new law, students who were convicted of drug crimes prior to their enrollment and their application for federal financial aid, will be eligible for aid. They will no longer be subject to a ban.

“Students who were convicted of drug crimes prior to their enrollment and their application for federal financial aid, will be eligible for aid.”

Paul N. Samuels, President/Director of the Legal Action Center, hailed the new law as a “an important first step toward ending discrimination against people with a history of drug problems who are now living productive and law-abiding lives.” Samuels praised Congress for increasing access to higher education, stating that, “education is key for young people to enter the mainstream of society, obtain a job, and contribute to our economy.”

The Legal Action Center is a public interest law and policy organization in the United States whose sole mission is to fight discrimination against and protect the privacy of individuals in recovery from alcoholism or drug dependence, individuals living with HIV/AIDS, and individuals with criminal records.

People Power



Member Story

by Stuart Anderson, Inverness, Scotland, UK

Addiction, Imprisonment, Violence, Hatred, Anger – These five things have had a huge impact on my life personally and of the lives of countless millions of people across the globe and through the ages. Negative by their very nature and meaning day by day they ruin and destroy people's lives, dreams, and ambitions.

Negative thoughts = negative feelings = negative behaviours, this I know very well but it took many years of solitary confinement in prison cells across Scotland full of anger and violence for me to find this conclusion inside myself. I'm lucky, I guess. I read a lot and have an open mind and somehow I always manage to be positive in the worst of situations. “*What doesn't kill us only makes us stronger,*” “*Shit happens,*” and “*Worse things happen to better people,*” are the three sayings that helped me through 17 years of madness and despair.

I am 32 years old now and have been out of prison for 3 months, I have been sober and straight now for 15 months and feel great for it – never has my life felt so good, so positive or have I been so happy with ME.

I started drinking alcohol at the age of fourteen to numb myself to all the built up pain and suffering inside myself from the physical abuse I had suffered at the hands of my violent stepfather but still I couldn't escape it. Because once I was drunk, it was I who became violent and hurt other

innocent people; and more often than not, I would end up being arrested.

By the age of fifteen, my friends were experimenting with cannabis and they thought that maybe getting me to smoke it would calm me down and stop me from getting arrested so often. Me, I thought, “Why not? Sounds reasonable enough to me,” so I tried it and liked it but it didn’t stop the drinking; I just did both and ended up in worse states than before, but then I was spending more and more time mixing with other drug users in order to “score” and drug use was becoming more and more “normalized” to me.

Before I knew it I was experimenting with L.S.D or “acid” as it’s known here; then on to “magic mushrooms” and also amphetamines or speed. When I was feeling rough or coming down, it would be temazepam or diazepam to get me to sleep.

By the age of 18 I was using various different drugs every day of my life from the moment I woke and then to get me to sleep at night. To fund this, I was selling drugs to all my friends and their friends but I didn’t think I had a drug problem! Every one seemed to be doing it; surely, this was “normal.”

Then ecstasy or MDMA came on the scene, all night “raves” and parties and before I knew it I was doing 5-10 ecstasy tablets every Thursday, Friday and Saturday night along with alcohol and speed in the clubs, then using cannabis and downers to get to sleep, with even a bit of cocaine thrown in now and then and sometimes freebasing it and smoking it—but still I didn’t have a “drug problem”!

Round about this time I had my first taste of imprisonment in a Young Offenders Institution. I was 18 years old and the prison was 170 miles away from

the area where I lived. It was a very violent place but I seemed to thrive in that environment after all I had grown up with violence, it was nothing new to me. Once I had served my time, I got out and came home only to get jailed again 11 days later. So off I was again to the Y.O.I.

I got out after the second term of imprisonment just before my 21st birthday and I really wanted something more for my life and future, but having no qualifications or real work experience, that just wasn’t really going to happen so I went and signed up for College and got accepted on a Social Sciences course as I was really interested in Sociology and Psychology. However, I had begun using, selling drugs again, and half way through completing the course I quit even though I was doing really well and getting good test results.

So on it went buying drugs, using drugs, taking drugs and partying non-stop along with the violence and crime that goes along with that kind of lifestyle until I hit 23. Then I got caught with a large amount of LSD and went back to jail for 6 years.

Never before in my life had I used or thought of using heroin, to me it was an anti-social, dirty drug. I took drugs as a social thing or so I believed and that had never been on the menu. Now I found myself in Perth prison, one of the more notorious jails in the Scottish prison system, and it was rife with heroin. In addition, the Scottish Prison Service in all their infinite wisdom had brought in a policy of mandatory drug testing for all prisoners. Because I wanted parole, so that I would only serve three years instead of four, I could not afford to be failing drug tests, particularly as my offence was drug related. Cannabis, which was formerly the drug of choice in prison can stay traceable in the human body for up to 28 days,

whereas heroin is gone from the system 48 hours after you stop using it—So, no prizes for guessing what happened next. Yes, you got it. I started using heroin!

Now whilst I was in prison I didn’t get addicted to heroin as I didn’t take it that often, maybe two or three times per month but when I got out after three years, that’s when the real “drug problem” began. I came back to Inverness after 3 years of imprisonment thinking, “Hey, everything’s going to be great, I am free again,” but it wasn’t true in reality. I began suffering from what’s known as “alienation” and “institutionalization,” I found that I couldn’t relate to the people I’d known all my life anymore, nor they to me, so I went on an alcohol binge to numb all the negative thoughts and feelings I had inside me. Slowly but surely I started to bump into others who had been in prison with me and they were all using heroin, so before long I was too, and before I knew, it I was addicted physically and mentally.

The next four years were just a hopeless, wasted mess. Before long all my veins were collapsing and I was injecting in my groin (very dangerous) and I was committing any crime I could in order to fund my habit, even robbing people in the street and stealing women’s handbags. I went to get treatment seven times and failed each time for various different reasons, but mostly I think because I just wasn’t ready.

Eventually it got to the stage where I just couldn’t cope no more and I attempted suicide. I took 1600mgs of dihydrocodiene and 720mgs of diazepam but somehow it just didn’t work. Obviously, I just wasn’t meant to die. Two months later and “bang!” the big steel door shut and I was in prison again, this time for two years and for the first time in my life I was relieved, glad and happy to be in prison as

I knew I couldn't sustain a £350 per day heroin habit inside prison, so therefore I knew it had to stop.

I did it the hard way, they gave me a pitiful amount of codeine for the first 18 days until I told them to keep it, I didn't sleep for 63 days but I haven't used drugs since. Inside the prison I came into contact with SMART Recovery®, and I found it to be a breath of fresh air. I always knew that change had to be self-motivated, and the tools I found in the SMART Recovery® workbook have helped me to maintain my path of abstinence within the prison and since release. Also, and just as important, when I discovered SMART Recovery®, I was struggling to come to terms with the crimes I had committed and was full of anger towards myself. However, SMART Recovery® taught me that I am not a bad person; my behaviours were bad, and I can and have changed my behaviours. They were the behaviours of a chronic heroin addict so now I have Unconditional Self-Acceptance. SMART Recovery® has helped me so much and I would recommend it to everyone who suffers from addictive or self-destructive behaviours.

SMART Recovery® gives you back the power, SMART Recovery® makes you feel positive about yourself and your recovery, and most importantly for me SMART Recovery® reinforces the fact that YOU and YOU alone are the master of your own destiny.

I am now back in education working towards gaining the qualifications I need for a career in the drug sector as an outreach worker as I feel very strongly that they need more people in this line of work with the real life experience, I am also hoping to train to be a SMART Recovery® facilitator so I can help other people by giving them the tools to use on themselves.

Addiction is not a “*disease*.” It is a series of bad choices—but we make them, and therefore we can choose to change it. SMART Recovery® gives you the tools, knowledge and self-empowerment to reprogram the mind to make the right choice, to know the difference and to recognize and tackle Irrational Beliefs and thoughts. Don't take my word for it; find out more and try it for yourself.



Iron Bars Do Not a Prison Make: The Value of Perspective and Choice

by Barry A. Grant

The question of violence and danger in society occupies a lot of time, breath, and printer's ink. The possibilities of peace and safety take up very little. It is usual for us to think of containing violence by greater violence: the violence of weapons, prisons, and riot squads. And yet those whose wisdom we often prize above all others, along with our own intuitive rational thinking, teach that one cannot answer force with force; that only peace and detachment can meet violence and draw out its poisons.

We're accustomed to thinking there are two sides to a subject: right/wrong, Democratic/Republican, walk/don't walk. This binary mode of thinking may lead to disregard of many possible solutions to our problems. Relationships, for

example, are an area where many of us fail to recognize that a question can have many right answers.

We may find ourselves locked into behavior patterns that guarantee we will be unhappy, for instance, by setting ourselves up as victims and fulfilling every bit of what we have promised ourselves: “Everything happens to me!” or as victimizers: “They all obey me, but no one likes me!”

If we look within, we often can see that had we behaved differently in a situation, the outcome might have been different. We often act as though we were programmed in a simple binary mode; yet we have the power to choose a new mode at any given moment. As Ellis often says, our worlds are both/and, not either/or.

All of this leads to my point that perspective is the most valuable gift we have when it comes to personal comfort and freedom from the illusion of irrational self-imprisonment. This knowledge is something that we can realize inside the walls as easily as “Beyond The Walls.”

Positively Speaking...

Every worthwhile accomplishment, big or little, has its stages of drudgery and triumph: a beginning, a struggle, and a victory.



Steve McCullough, Certified Legal Assistant, did a significant amount of research on a number of pending court cases, but at present, no new rulings have been published. We expect to be able to report on pending cases in the next issue. As soon as new rulings are available, we will share them with you.

Published by the Alcohol & Drug Abuse Self-Help Network, Inc. D.B.A. SMART Recovery®

7537 Mentor Avenue, Suite #306, Mentor, OH 44060 • Phone: 440/951-5357 • Fax: 440/951-5358 • E-mail: info@smartrecovery.org • www.smartrecovery.org



3-Minute REBT

Are You A Loser?

by Philip Tate, PhD

Author of *Alcohol: How To Give It Up and Be Glad You Did*, 1996, See Sharp Press, Tucson, AZ.

People observe their behavior, and evaluate it in terms of how well they like it. If we did not do this, we would have no way of improving how we act.

When people seek help in therapy, in self-help groups, or by reading self-help books, they are not merely observing and thinking of their behaviors and deciding how to make adjustments. Typically, their thinking interferes with their ability to adjust and often they're mainly aware of their misery.

REBT attempts to show you that (1) events do not automatically create your thoughts, (2) events do not cause your emotions, and (3) by changing your thinking, you will see things differently, and then your thoughts and emotions will aid you instead of interfering with your actions.

Let's say you failed at something important to you. Compare the following two sets of thoughts regarding how they make you feel, how truthful they are, and how well they help you adjust.

1. I failed and that's bad. Maybe I didn't pay close enough attention to what was going on to prevent my failure. I regret that.
2. I *should not* have failed. It's *awful* to fail as I did. Because I did fail, I'm a loser; I *can't stand* myself.

In REBT, we call the second set of beliefs Irrational. They easily lead you to lose. When you find yourself having thoughts such as those, we recommend that you work at diminishing their strength.

Disputing Irrational Beliefs (DIBs)

The first exercise we recommend is Disputing Irrational Beliefs. Here's an example:

Irrational Belief: I *should not* have failed. It's *awful* to fail as I did. Because I did fail, I'm a loser; a real louse. I *can't stand* myself.

Disputing question: Is there any evidence that I'm a loser?

Sensible answer: No. I lost what I wanted, but losing doesn't make me a loser. It only shows that I can make a serious mistake. And, if I were a loser, why didn't I notice this before I failed?

Disputing question: Is there any evidence that I *should not* fail?

Sensible answer: No. I did fail. That shows that my belief can't be true. Surely I can fail.

Disputing question: Is there any evidence that it's *awful* to fail?

Sensible answer: No. It's bad to fail, but *awful* is beyond bad, and nothing is

beyond bad. (Bad is when you don't get what you want. Even the worst loss fits this definition, and in the case of the worst loss, it still is not beyond what you don't want.)

Disputing question: Is there any evidence that I *can't stand* myself?

Answer: You may not like the actions that led to your loss, but you can stand the thought of them and yourself for doing them.

Disputing question: Is there any evidence that I'm *no good*?

Sensible answer: No. I can prove that my performance wasn't good, but I can't prove that I'm *no good*.

Disputing question: What bad things can happen to me if I keep my belief?

Answer: I'll feel miserable a lot of the time. I may drink excessively merely to escape these feelings. I may think it's hopeless for me to ever do better. I may believe that since I'm a loser, I can't do any better.

Disputing question: What good things can happen to me if I give up my belief?

Answer: I may realize that many of the problems I'm having are simply due to the ordinary difficulties and have nothing to do with my being "a loser." I will stop berating myself. I can feel better and I can do better at getting on with my life. I can stop thinking that others think I'm a failure. I can feel more joy and happiness when good things happen in my life. I can create more joy in my life.

Disputing question: OK. If I'm not a loser, what am I?

Sensible answer: Human, which means fallible.

Disputing Irrational Beliefs (DIBs) asks you to look for evidence. Evidence requires that you find an event that reflects your belief. You can sense something bad, something you do not like, but you cannot sense something that is *awful*. Awful is merely an idea or belief that you hold. You can sense a loss, but not a person who is a loser.

To do the disputing exercise, get a blank sheet of paper and write at the top your Irrational Belief. Be sure to state it clearly and frankly. Next write the question, "Is there any evidence that my belief is true?" Then write your answer. Next, write, "What bad can happen to me if I keep that belief?" Then write your answer. Finally, write, "What good can happen to me if I keep my belief?"

Rational Emotive Imagery

Do the following exercise. It focuses more directly on your emotions.

Imagine an event in which you were certain you had lost something important. Picture the event as you did in real life or as you now recall it. When you do, allow yourself to feel disturbed as you now do when you think of it. Hold this feeling for about a minute. Next, while you still hold that image in your mind, change your emotions to an appropriate (helpful) emotion such as sadness. Don't change the image; just change the emotion. Do this change of emotions three times before you quit the exercise.

Do the disputing exercise followed by the imagery exercise once a day for three weeks, and you may help yourself far more than you would initially believe.

Dr. Tate is author of the book titled Alcohol: How to Give It Up and Be Glad You Did, which is included in SMART Recovery's reading list.

©2006 ADASHN, Inc., 7537 Mentor Avenue, Suite #306, Mentor, OH 44060, all rights reserved.

All statements regarding self-help in this newsletter are the views of the author and are not an official endorsement of the Alcohol & Drug Abuse Self-Help Network, Inc.

Published by the Alcohol & Drug Abuse Self-Help Network, Inc. D.B.A. SMART Recovery®

7537 Mentor Avenue, Suite #306, Mentor, OH 44060 • Phone: 440/951-5357 • Fax: 440/951-5358 • E-mail: info@smartrecovery.org • www.smartrecovery.org