**Access to Recovery: No Addict Left Behind**

There is a huge problem in this country, given that drug and alcohol addiction is a multi-billion dollar a year healthcare issue and that most people who need help are unable to get it. There is hope that healthcare reform will have a positive impact on this issue, but no one really knows what the effect will be. Yet, we do have free help in the form of 12-step programs (AA, NA, CA, etc.) in nearly every community and often at multiple times a day. Call me crazy, but shouldn’t we be showing people how to use these free resources so they can get started in recovery?

According to the National Intelligence Center (2010), drug and alcohol addiction costs our country $600 billion a year (see the table below.) This total takes into account crime, loss of production at work, and healthcare. Even if the #1 killer, tobacco, is taken out, it still costs us over $400 billion annually.

Over $600 billion annually in costs related to crime, lost work productivity and healthcare nationally.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Healthcare</th>
<th>Overall</th>
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<tbody>
<tr>
<td>Tobacco</td>
<td>96 billion</td>
<td>193 billion</td>
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<tr>
<td>Alcohol</td>
<td>30 billion</td>
<td>235 billion</td>
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<tr>
<td>Illicit drugs</td>
<td>11 billion</td>
<td>193 billion</td>
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Additionally, according to the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) National Survey on Drug Use and Health (2009), 23.5 million people needed treatment for an illicit drug or alcohol abuse problem in 2009 – 9.3 percent of persons aged 12 or older. Of these, only 2.6 million - 11.2 percent of those who needed treatment - received it at a specialty facility.

What is especially troubling about these numbers is that we know as treatment professionals that many folks who seek help are actually turned away due to lack of ability to pay. Therefore, it becomes apparent that we need to take a look at all possible resources to give the addicted every chance to get sober.

Until a couple of months ago, when I decided to dedicate my career to helping people who can’t afford rehab, I worked at a private, for-profit, agency. When someone finally got enough courage to call us, if they didn’t have insurance or the ability to pay for treatment, we needed to refer them to county-funded programs – most of which (in California and in many parts of the country) have a minimum of one month long waiting lists. I knew in my heart that few, if any, of those people we referred were getting into these programs because the cunning part of this disease will tell them, “Well, at least you
tried,” and they return to use. So, after years of use and contemplation, someone finally makes perhaps the most important call of their lives, and the best we can do is to send them into recovery “limbo” somewhere? Given that I take great pride in helping people turn their lives around, this horrifies me. I don’t believe it is that much of a reach to view this practice of our profession as discriminatory against people who lack resources. Ironically, many of us have been fighting such discrimination against addicts for years.

Another option for those of us receiving such calls is to provide referrals to community self-help, such as: 12-step programs. On the surface, this appears to be a great idea because it is a place to rub elbows with those who are successfully dealing with the same problem and it is very accessible. Such meetings are available in most areas of the country, however, I suspect this type of referral is about as “empty” as providing referrals to county-funded programs which lack availability. Let me briefly share with you my first experience attending such a meeting:

In 1986, which was two years before I got sober, I went to my first Cocaine Anonymous (CA) meeting and left thinking, “This is all well and good, but this couldn’t possibly help me – I need much more that this.” Now, had someone taken me aside and told me to get a meeting directory at that first meeting, to go to meetings every day in the beginning, to get a sponsor and explained to me what that means, along with some of the other intricacies of the program, I might have had a chance. Unfortunately, I had to do two more years of painful research before my life got bad enough to get desperate about recovery.

I was fortunate enough to have insurance and, since this was prior to insurance managed care, I was able to go into an inpatient program for 30 days. I received a lot of great education, a head start in recovery, and learned a lot about myself. But what was the most valuable information I received? How to treat the chronic nature of my disease utilizing the free 12-step community resources!

The Two-Minute Drill is a football term describing the undertaking of the team with the ball attempting to win the game in the final two minutes. What happens in this final two minutes is crucial to the outcome of the game. The urgency and importance of what we do with a call for help from someone with this life-threatening disease transcends that of any football game. Here is how it works:

The Two-Minute Drill: After providing the usual referrals to county-funded programs, the following specific instructions provided to callers will take only a couple of minutes. This small investment of time can literally save a life! Instruct the caller to: 1) Grab a pen and piece of paper so they can write down some additional instructions; and 2) Ask if they are willing to go to a meeting tonight or tomorrow and provide them a referral to a particular meeting (all personnel who answer the phones should have a 12-step meeting directory handy.) Following are the additional instructions for the caller to write down:
• Go to the meeting
• Get a meeting directory at the meeting
• Use the directory to plan the meetings they will go to next (*go to meetings every day - or to at least 4 to 5 weekly.*)
• Make at least one phone call daily (*get a phone list at the first meeting and also phone numbers of people you meet at the meetings*)
• Purchase a "Big Book" - the basic text of the meeting you attend (*read a little every night.*)
• Get a "welcome chip" at the meeting when they offer it
• Share at a meeting as soon as possible (*introduce yourself to the meeting stating you are new and need help staying sober.*)

Be sure to provide a detox warning: “If you have decided to get sober and are planning on discontinuing your use of alcohol and/or other drugs, the first thing that must be considered is whether or not you need a medically supervised detoxification from whatever you’re abusing. If you are addicted to alcohol, barbiturates, sedatives such as benzodiazepines, GHB, and some of the newer designer drugs, withdrawal from these can be life threatening. Be sure to contact a physician if you have any questions regarding the level of risk involved in discontinuing your drug of choice.” <End of Two-Minute Drill>

(A one-page Two Minute Drill can be obtained at www.bobtyler.net that can be copied and distributed to all staff at your agency who takes inquiry calls.)

If the call receiver wants to go a little over the top in this effort, they could invite the caller to call the next day after they have gone to the meeting to share their experience. Who knows, maybe a rapport develops that results in the caller actually figuring out how to pay for treatment they might have otherwise resisted considering.

Another resource that can be used for those who cannot afford treatment is the “Sobriety Checklist.” The one I put together is easy to follow and allows the newly recovering person to check a box every time they complete even the simplest activities. For example: Called AA, NA, or CA to identify 1st meeting to attend; Went to 1st meeting; Got “Welcome Chip;” Got phone list; Got meeting directory; Planned weekly meeting schedule using the directory; Got basic text (“Big Book”) of program of your choice; Made 1st phone call; Went to meeting #2; Shared at meeting; and Started looking for a sponsor…

Part of what makes this Sobriety Checklist so simple is the information included on the reverse side of this one-page document of how to complete each task. I have included much of that information here as I believe this is what needs to be taught to new people in recovery regarding how to work a 12-step program.
12 Step Meetings: Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous (CA), Marijuana Anonymous (MA), Crystal Meth Anonymous (CMA), and similar organizations are all examples of 12-Step programs. Such programs use the 12 Steps, which were originally written for the AA program. These steps have been the key to a life without drugs and alcohol for millions of people around the world.

For now, you need to get started with meeting attendance as soon as possible. Meetings can be found by simply calling the central office of the program of your choice and asking where and when the local meetings are held. The local telephone numbers for Alcoholics Anonymous and Narcotics Anonymous can typically be found in the telephone book. You can also get the phone numbers by calling your local alcohol and drug treatment center, which can also be found in the telephone book. You should schedule and attend a meeting as soon as possible. At the meetings, you will hear what others have done to achieve successful recovery. This is also where you will begin to “develop your sober support system”.

At the first meeting, pick up a meeting directory so you can plan which meetings you will attend next. The most common suggestion regarding the number of meetings a newcomer should attend is 90 meetings in your first 90 days. If you have recently made the decision to begin a recovery program, such a commitment might seem overwhelming to you. It was helpful for me to apply the commonly used phrase in AA, “One Day at a Time.” Using this principle, instead of “90 in 90,” it becomes just a meeting today. So all you have to do to keep this commitment is to go to a meeting today! Worry about tomorrow’s meeting tomorrow. If you really think about it, an hour and a half out of your day for something so important should not be asking too much of yourself.

Developing a 12-Step sober support system of peers is very important in recovery and attending the same meetings every week (same Monday meeting, same Tuesday meeting, etc.) will enable you to do that. One of the essential components of my early sobriety was meeting and hanging out with people in the program with whom I could relate.

Sponsorship: A sponsor is a mentor or guide in the program who will help you along in your sobriety. A sponsor makes suggestions regarding how to work a good program based on his or her own experience. He or she will also provide support during difficult times in sobriety, take you through the basic text of your 12-Step program of choice, and help to guide you through the 12 Steps. I recommend getting a sponsor within your first 30 days of recovery. You want to find a sponsor whose brand of sobriety looks good to you, has at least two years sober, has worked the steps, and is of the same sex.

Phone calls to your sponsor and other members of your sober support system are vitally important. You must have others involved in your sobriety to succeed. The more phone calls you make, the better your chances are at continued sobriety. You especially need to call someone when you are feeling as if you want to use, or are feeling particularly stressed or bothered about something. Phone calls that aid in sobriety must be made to
other recovering people. Non-recovering people cannot fully understand what you go through as a recovering addict.

Sharing at meetings is another very important suggestion because it is a good way for people to get to know you so you can build a sober support system. Don’t worry if you feel you don’t have anything to share. A very acceptable share is as follows: “Hi. My name is “Bob” and I’m an alcoholic. I have “x” days of sobriety. I don’t really have anything to share, but someone suggested that I share at meetings so that’s what I’m doing. Thank you for letting me share.” You will be amazed at the results of such a simple share. People will introduce themselves to you after the meeting and likely provide support and maybe even their phone number.

Reading 12-Step literature is another essential tool for recovery. Along with learning how to utilize 12-step programs to help you get and stay sober, such reading also keeps you in a recovery state of mind and steers you toward new recovery behavior. You can purchase the “basic text” of your program of choice which typically bears the title of the name of that program, i.e. Alcoholics Anonymous, Narcotics Anonymous, etc. Many groups simply use Alcoholics Anonymous - the text of the original 12-step program, commonly referred to as the “Big Book.” In the first 164 pages, you will find the entire AA program. Another valued book in the fellowship is Twelve Steps and Twelve Traditions (1981), commonly known as the “12 and 12.” In this book, the 12 Steps are broken down to give a better understanding of how they work and how to work them.

Morning routine: Many people in recovery start their days by reading a morning meditation book like: 24 Hours a Day, A Day at a Time, or Daily Reflections. For each day of the year, these books provide a brief passage about a given aspect of recovery, a meditation topic, and a prayer. This is a great way to start your day on a spiritual and positive note. It reminds you that your most important task for that particular day is to stay sober.

Working the 12 Steps will result in the peace and serenity necessary for long-term recovery. It will allow you to become comfortable in your own skin. The 12 Steps are a systematic way of developing a spiritual program and a manner of living that holds up to any problem you may be confronted with. The “promises” in the Big Book found on pages 83 and 84 will be fulfilled through working these steps (Alcoholics Anonymous, 2001, pp. 83-84). Specific instructions about how to work the steps can be found in the Big Book, but they have been done in various ways. I recommend following your sponsor’s direction in working them so you can attain the same gifts that attracted you to your sponsor.

Journal writing is a valuable tool in recovery because it allows you to process your feelings on paper. When in your addiction, chemicals are used to repress your feelings. When getting sober, you are flooded by such repressed feelings and this can be very overwhelming. Without appropriate outlets for such feelings, you will eventually become so consumed by them that returning to the use of chemicals will feel like your only
alternative. So, along with sharing your feelings with your sponsor, sober peers, and at meetings, you can also process them on paper.

Exercise is also a valuable tool for recovery. When doing cardiovascular exercise, your brain releases natural opiate-like substances called endorphins that give you a natural sense of well-being. You also tend to feel better psychologically when you feel good physically. When you feel good physically and psychologically, there is a tendency to feel less stress. And the less stress you have, the less likely it is that you will relapse. Along with other tools of recovery, it is also helpful to exercise when a craving hits. Be sure to consult a physician regarding any physical limitations you might have that would limit your ability to safely engage in an exercise program.

Professional counseling is a very good adjunct to working a 12-Step program and I highly recommend it if you can afford it. It is preferable that you select a counselor that has experience in working with alcoholics and addicts and one who will be supportive of your 12-Step program. For most of the first year of my sobriety, it really helped to receive some direct feedback from a knowledgeable counselor.

Having fun is an often overlooked, but crucial element of recovery. If you don’t take the time to have fun in sobriety, your addicted mind will tell you, “Heck, at least when I was using I had a little fun.” This leads to resentment about your recovery and eventually to relapse. Asking people with time in sobriety what they do for fun will be helpful.

In addition to the checklist which includes the above items, additional checklists to track 90 meetings attended, 20 phone numbers attained, 90 phone calls made, sobriety “chips” earned, step work completed with sponsor, and recovery readings are also included. I am now successfully utilizing the Sobriety Checklist with clients in a private practice setting. This checklist and instructions are printed on front and back of an 8.5” x 14” sheet of paper that can be tri-folded (z-folded.) Free copies of the checklist are available at www.bobtyler.net to print out and use with your clients.

In closing, I hope you will join me in my passion of helping those addicted to drugs and alcohol who cannot afford formal rehab. If we embrace all those that are addicted, and provide meaningful resources, they will at least have a fighting chance to get sober if they want it bad enough. The Two-Minute Drill and the Sobriety Checklist are my modest attempts at contributing to such an inclusive mentality for our profession and, again, I am making them available for anyone who thinks they might be helpful. It is an absolute honor to walk alongside you in our wonderful profession!

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References:


