



SafeHouse
safe and sound at last

You can listen to all SafeHouse Podcasts at:

<https://safehouserehab.com/safehouse-podcasts/>



Season 01. Episode 04

Podcast Title: What we've learned so far

This is episode 4, where we catch up on what we've learned so far, and bust a few more myths.

Why do we title our podcast *Busting Addiction and its Myths*?

Our goal, for the families and loved ones of an addict and/or alcoholic, is to get you into a position to bust the addiction, i.e. to help the addict see the light or - better yet – to feel the heat so that they can come to grips with their progressive and potentially fatal disease, and to arrest it before it can do further damage.

And while you're working toward that goal, we want to help you get some peace of mind, and gain a realistic understanding of what is possible and what's a pipe dream.

In order to get there, you'll have to abandon some cherished myths, to bust your own addiction to an opinion that hasn't served you well so far – and perhaps has caused you needless heartache to boot.

Hence the part where we say we not only want to help you bust addiction, we need to help you bust the myths that surround this cunning, baffling and powerful disease.

If you're tuning into this episode, #4, and you think you've missed a whole lot, not to worry. Just like those real life crime shows where they recap the plot after every commercial break, we'll recap the plot here by way of summarizing the key points that showed up at the end of episodes one, two and three.

So what have we learned so far that can best help the family and loved one of an addict or alcoholic understand what is really going on?

1. Relapses are almost to be expected, which is kind of cruel but true. The fact is that 95% of addicts that finally "make it" to long term sobriety have done so after several tries. If your loved one relapses, join the club. You are not alone, and that should be of some comfort, at least.
2. It is understandable if you get bummed out, or discouraged, enraged and resentful if your loved one addict relapses. On the other hand, at least he gave it a shot, and that alone should encourage you to try again, sooner rather than later, knowing that there are typically several tries before the addict "gets it right".
3. Addicts play the deflection game, which means he attacks you for any silly reason, blaming you for something that doesn't make sense, and when you start to defend yourself, he makes his getaway, so do not fall for it. Call him on his bluff and let him know that *you* know what he's doing, without flying into a rage yourself.
4. Very important, critical to your peace of mind is to embrace this fundamental idea: you didn't cause the addiction, you can't really control it, even when you think you can, and you sure as heck can't cure it. Those are essential words on the wall of almost every Alanon recovery meeting that families of alcoholics attend to support each other. Surrender to that truth with all your heart. You will find freedom in surrender, trust me.
5. The addict doesn't see addiction as the problem, he sees *you* as the problem, and drugs and alcohol as the solution – you only get in the way; that's why you are the problem. So his perception of you as the problem

- is disguised as anger attached some made-up issue, perhaps just to cause a fight so he can stomp off and get drunk or use, or both. Crazy but true.
6. The idea that an addict will only accept help when he hits bottom is a terrible idea and has you standing by while the addiction runs through your family like a freight train. The real question is: what will it take to get them ready? It's not about the addict seeing the light, it's about the addict feeling the heat. If you are ready to address intervention, then read *Love First* by Jeff and Debra Jay, a family's guide to intervention – and read all of it, please. There is a whole lot more to it than you realize right now.
 7. In order for addiction to be treated successfully, it must be treated as the primary disorder, as the cause of mental and behavioral problems, and not as the result. Loved ones who believe the reverse, that is treat the so-called cause (depression, trauma, anxiety) first, have got the cart before the horse.
 8. Addicts/alcoholics, when they aren't ready to quit, are very slick and will do anything to protect their ability to use or drink, including lie to professionals. Although they may admit to some drug use or to some drinking, they will rarely, if ever, tell the truth, the whole truth and nothing but the truth. In this case DENIAL stands for Don't Even Notice I Am Lying.
 9. If you decide to seek professional help for your loved one, find a professional who is trained in addictive disorder...someone who is an AODA (Alcohol or Drug Addiction) psychiatrist or counselor. At least that way, the professional will ask the right questions and is way less likely to be fooled by any rope a dope.
 10. You'll no longer be puzzled by the irrational, unpredictable and irresponsible behavior of your addict when you realize that he or she is operating with a damaged brain which is simply incapable of making good decisions. The addict is not suffering from a moral failing, he is suffering from a progressive disorder which only ever gets worse unless arrested in its tracks.
 11. The family and loved one of an addict needs to radically change the way they think about addiction before they get ready to intervene in a way that has any chance of success. That's why we at SafeHouse Rehab Thailand are committed to helping you make an informed decision at this

critical crossroads in your life. That's the basic purpose driving this podcast, which is why we call it Busting Addiction AND Its Myths.

It's amazing what people will believe when they're desperate. We've all heard about parents going to visit a medicine man in a far-away village high in the mountains in order to cure their child's cancer with magical chants and exotic herbs.

Or they subject their loved one to unproven, even dangerous treatments with new drugs not approved, or even disproved, by the authorities in their home countries.

The same is true of the attitude many take when they are confronted with addictive disorder under their own roofs.

Surely there has to be an easier softer, magical way to not only arrest addiction, but to actually cure it. It is amazing how much disinformation there is out there about what to do about addiction or alcoholism. People want the easy answer, and we don't blame them.

So they might believe that a new diet guru will do the trick, or that it's just a lifestyle choice, or that it's caused by stress and the addict just needs to change his environment.

Because the answers are tough to face, and because families are desperate, never having seen anything like this in their lives before and because an addicted loved one brings shame unto their family (yes, even today), they are willing at times to believe the most errant nonsense conveyed by people who have no genuine insight into the disease.

Alcoholism and drug addiction are not problems you or society can hide from, and quite honestly, the societal problem is way out in the open. The opioid crisis, fueled now by fentanyl, 100 times more powerful than heroin, is in the news daily, responsible for taking 130 lives in the US every day, while drunken drivers killed the majority of the 36,000 people who died on the streets and highways of the USA last year.

So while society at large is well aware of the problem, families still live with the notion that it just can't be so in my family, or they are at the other end in a complete

panic about the chaos and desperate turn their lives have taken...or they're somewhere in between.

It doesn't have to be that way. Not at all. Not on your life.

I hope that this podcast helps you understand that we know a lot about addictive disease, because that's what we do: we help families of addicts and alcoholics make informed decisions on what they should and shouldn't do to help the addict – ultimately- recover. We're here to answer any question, we mean ANY question you may have about you can or should do at this critical time in your life. Just email us at info@safehouserehab.com or visit us at safehouserehab.com, or call the number that's listed on our web site, based on the country from which you are calling. We are here for you 24/7.

Most of what people need to know about addiction and alcoholism is already researched and published by the best and most respected experts.

Although they cannot tell you what to do in your specific case – that is for you to decide - they can tell us everything we need to know about the disease state and treatments, based on hundreds of studies and thousands of subjects.

These official definitions come from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Addiction (NIDA); both bodies are part of the NIH, the National Institutes of Health which houses and funds these two and 25 other separate research institutes.

This may sound a little boring to you, but we might as well get the straight dope about both diseases from people who know more about this topic than anyone anywhere. Fair enough?

ADDICTION is defined by the NIDA as a chronic, relapsing disorder, characterized by compulsive drug seeking, continued use despite harmful consequences, and long-lasting changes in the brain.

Here is the clincher: It is considered BOTH a complex brain disorder AND a mental illness. Case closed.

The NIAAA defines alcoholism this way: Problem drinking that becomes severe is given the medical term Alcohol Use Disorder or AUD, or ALCOHOLISM. It is a

chronic, relapsing brain disease characterized by compulsive alcohol use, loss of control over alcohol intake, and a negative emotional state when not using.

So what do these *independently-arrived at* definitions have in common?

They are both *diseases of the brain*.

They are both chronic...that means having a LONG duration when speaking medically

They are both relapsing...that means “return of a disease after apparent recovery”

They are both compulsive... a compulsion is defined by an “irresistible impulse to perform an act, especially one that is irrational or *contrary to one’s will*. “

I’ve saved the best for last here.

Compulsive is the killer.

That means that even when I don’t think I should, or don’t really want to, the disorder is so powerful that I will perform an act – over and over and over – that is irrational, contrary to my will and harmful in the extreme.

That kind of blows up the Just Say No theory to hell.

That destroys the myth of willpower...

Helps explain why addicts won’t listen to reason.

Helps explain why alcoholics drive drunk over and over, heedless to their menace to society.

Tells you why women sell themselves while their children are taken from them.

And why you suffer the direct and indirect consequences of addiction and shake your head why is this so in my family? We had a great future, didn’t we?

It’s such a vicious, heartbreaking disease...but IT IS a DISEASE, and there is no other explanation.

Addicts and alcoholics wake up and get clean a variety of ways. I do not think there is hard data on this, but there may be.

Here are many of the ways addicts and/or alcoholics do wake up, at least the first time.

The spouse throws the addict/alkie out of the house and/or threatens to leave unless the addict “gets help”. His spouse/family gets him into treatment OR pushes him into a 12-step meeting.

The addict is fired or is threatened to be fired from his job – sometimes even an executive position - and he is encouraged to get treatment, and is provided information on how to get it. This is what happened to me.

The addict/alcoholic is arrested for his NTH impaired driving offense and is court ordered into treatment or 12 step meetings. They have to get signed proof of each 12-step meeting and group therapy session they attend by an “officer” of the meeting or group. I have signed many of these in my time.

I remember sponsoring a guy who had committed his 6th impaired driving offense and I visited him in the Milwaukee County Correctional Facility almost every Thursday for nine months. Best treatment FOR ME that I could think of. There but for the grace of God go I...was my thought every time saws good old Billy. But he is still sober 7 years later. Because he needed that as a reminder of next time, you will do even more time, if you survive.

Another scenario:

The addict is arrested for another crime related to drug abuse...possession, dealing, robbery or other violent crime, and it is suggested he better get help or he will do even more time, next time. I have found that police and judges actually have a sympathetic view of addiction, and they are more than likely to want to help as oppose to punish.

Finally, the family conducts a formal intervention, with or without the help of a professional. But that takes education, preparation, teamwork, rehearsal and a commitment to follow through all the way, including consequences if the addict does not take up the family on the offer of treatment right now. I will discuss intervention in detail in an upcoming episode.

I think it is worth mentioning that even the medical profession, as represented by the major Association, still insists that the primary care physician can treat

addiction as he or she would treat any disease...and I am not buying that if the physician has no training in alcohol or drug addiction. I made that point in a previous episode of this podcast.

Let's bust another myth: that treatment doesn't work, or that recovery 12-step programs don't work.

That's like blaming the gym if you're out of shape.

If you make the personal commitment to do the work required, and continue to do the work required, the odds are very very good that you will achieve a clean and sober life over the long term.

The problem is that since relapses are characteristic of addictive disorder, it means that addicts have to try and fail and try and fail before they get it right,

And that is quote "typical". Therefore treatment and 12 step programs are seen as not working.

Here is what we have found at SafeHouse Rehab Thailand:

The core client is a mid-30's or 40's male professional who has been in treatment before but has relapsed more than once.

His challenge is what he does after treatment, not necessarily what he does IN treatment. If treatment gets him to become honest with himself, and he starts to correct his self-defeating thinking and behavior, his focus then must be what we must do once he leaves to re-enter the real world with all the usual stresses and triggers.

If he creates and enacts the right plan for a STRUCTURED recovery that includes other recovering people, a support system that includes – yes – 12 step meetings (highly recommended) and a sponsor and does the reading and the usual healthy rituals...fitness etc., + reintegration into society as a good citizen, his odds are really really good. If he doesn't, well, good luck and we may see you back for another try. Or sadly not.

So, what did we cover in this episode #4?

1. Addiction and alcoholism are recognized by the leading scientists in the USA (and we imagine other countries as well) as chronic, relapsing diseases of the

brain, causing compulsive using behavior and loss of control over intake, despite harmful long-term consequences. Addiction is considered a mental illness while alcoholism results in a negative emotional state when not using. Sidebar:

Other authorities do see alcoholism as a mental illness if they consider alcohol as a drug...it is a depressant as a class of drug.

2. The main take-away for me is the idea that addiction is compulsive so that when my addiction is activated, I have completely lost the power of choice, that I will perform a harmful act over and over, that is irrational and contrary to my own will...there go all the theories of it being a moral failing or the power of will. Just say no is false promise.
3. There are many different ways that addicts decide that they need to throw in the towel...and every one of them is not about the addict seeing the light, but rather about the addict feeling the heat.
4. Saying that treatment or 12 –step programs don't work is like blaming the gym if you're out of shape. We say "You have to make the commitment and do the work for you to have any chance of a long term success."
5. Long term success in recovery is more about what the addict does AFTER he leaves treatment than the fact that he went into treatment, which may last up to 90 days. Recovery is a lifetime commitment. It requires daily maintenance of one's mental and emotional condition. We recommend highly – becoming part of a 12 step recovery fellowship.

You can listen to all SafeHouse Podcasts at:

<https://safehouserehab.com/safehouse-podcasts/>

