

Q&A with Al. J. Mooney, M.D.

Author of **THE RECOVERY BOOK**

Q. How big of a problem is addiction today?

A. According to the most recent statistics, about 22.2 million people in the U.S. age 12 or older (8.5 percent) were abusing or dependent on drugs or alcohol in 2012.* The largest subgroup, 14.9 million, misused alcohol only.

Most of those 22 million people needed treatment for their addiction. But sadly, very few get it. Only about 2.5 million got treatment at a specialized facility that year. That leaves more than 20 million people who needed treatment but didn't get it.

Q. It seems there has been an increase in the number of heroin users. Why?

A. Heroin use is indeed on the rise. Between 2002 and 2012, the number of people who abused or were dependent on heroin more than doubled, from 214,000 to 467,000 (another 202,000 had used heroin at least once in that year). It's a complex issue, but in large part it goes back to the misuse of prescription painkillers in recent years. These drugs became so much easier to get—legally and illegally—and many people were getting hooked on them. Between 2004 and 2012, the number of people abusing or dependent on painkillers rose from 1.4 to 2.1 million.

Many people then found that prescription painkillers were too expensive to buy on the street, or found that their supply dried up, and turned to heroin, which is cheaper and easy to find. We've been left with a full-blown heroin epidemic in the U.S.

Far too many people are now dying of overdoses of heroin or prescription painkillers.

Q. Do people with addiction really need to “live in recovery”? Can’t they just get sober and go on with their lives? Can’t they just go to treatment and get cured and move on?

A. Sobriety is just the first step in recovery. Treatment, too, is just the beginning. Recovery is really a lifelong process; like dealing with diabetes or another chronic disease, it is something that needs to be tended to every day.

Once a person gets sober, there is much more work to be done. They need to learn about their own personal triggers for relapse, and how to live their life in recovery while minimizing the risk of relapse. They need to restore their relationships and health; indeed, many need to rebuild their entire lives.

People in recovery also need to focus on different issues at different times. You can’t do everything at once in the first week that you get sober. For example, when you are in the fragile days of early sobriety, it is not the time to try to fix all of your relationships or go back to school. At that time, it’s best to focus solely on staying sober and learning about the cues and triggers that could lead you to a relapse.

Taking on all of these tasks and issues is part of “living in recovery.”

Q. What is new in the second edition of THE RECOVERY BOOK?

A. THE RECOVERY BOOK is now structured around the Recovery Zone System, an easy-to-follow, three-stage blueprint for getting into recovery, rebuilding a life, and staying sober for a lifetime. I developed this system over the last 20 years because I saw that too many people were relapsing—they either took on too much early in recovery, or they lost their focus a few years into sobriety. This new system helps to ensure that a person new to sobriety does not take on too much at once, takes the time to build a rock-solid foundation for a lifetime of recovery, and keeps a focus on recovery throughout his or her life.

In this system, a life in recovery is divided into three chronological zones: the Red Zone: Stop. Activate Your Recovery; the Yellow Zone: Proceed with Caution. Build Your Life; and the Green Zone: Go. Celebrate Your Life. Within each zone, the person new to recovery finds clear guidance on what to focus on and when, in regard to treatment, fellowship work, spirituality, relapse prevention, relationship repair, recreation, sober socializing, education and career, finances, health, diet, and exercise. The Recovery Zone System also outlines clear objectives that should be achieved before moving on to the next recovery zone.

We have also updated all of the information in the first edition, and included an extensive list of online resources for recovery. An expanded list of recovery resources can be found at TheRecoveryBook.com/addiction-and-recovery-resources.

Q. Do you have any new guidance on relapse prevention?

A. Yes. Another part of the Recovery Zone System is the Recovery Zone ReCheck, a very simple relapse prevention tool. We encourage people to take an inventory of their lives regularly, and whenever they see any disruptions or events coming up, to make a plan for dealing with those events by answering a few simple questions, and perhaps moving to an earlier recovery zone. Taking these precautionary steps, as I've seen in my work with people in recovery, can really help someone to avoid a relapse.

Q. What is new in brain science, and how does it tie in with recovery?

A. We know so much more now about the brain and how addiction affects it—and about how we can help it to heal. Addiction doesn't happen because someone is lazy or is a "bad person." It's a brain disease, pure and simple. In some people, repeated use of alcohol or other drugs causes profound structural and functional changes to the brain. The need for drugs becomes a compulsion that can't be ignored; it is as ingrained in the brain as breathing or looking for food. Plus, the frontal lobe, the executive brain, is damaged and is no longer able to override those impulses with rational thoughts.

We used to think that the brain was set in stone once a person was grown. We now know that's not true. In fact, the brain can grow and change at all ages, a concept known as neuroplasticity. When the brain changes for the worse in addiction, we refer to it as "negative neuroplasticity."

We can use the same concept to help a person in recovery. In THE RECOVERY BOOK we show them how to focus their brains on recovery, how they can use their daily thoughts and actions to "re-mold" their brain around recovery. In this case, it's "positive neuroplasticity." It all boils down to the acronym TAMERS:

- **T**hink about recovery and **T**alk about recovery
- **A**ct on recovery, connect with others
- **M**editate and **M**inimize stress
- **E**xercise and **E**at well
- **R**elax
- **S**leep

Q. There is a lot of information about Alcoholics Anonymous and Narcotics Anonymous in your book. Is THE RECOVERY BOOK only for people who do 12-step programs?

A. No, not at all. I am a strong believer in the 12-step philosophy. It works. But of course, some people do find that they prefer other methods. If it works to keep you sober, great. We do have a lot of information on the 12 steps in THE RECOVERY BOOK, but readers don't have to embrace that road to recovery if they don't want. The ideas discussed in the book—the Recovery Zone System, finding treatment, how to avoid relapse, fix relationships, address health and exercise issues, how to go back to work and school, and much more—help

people no matter how they choose to get into recovery, whether they are working the 12 steps, following a faith-based program, using medication-assisted treatment, or another method.

Family members and friends of people in recovery will also find a lot of good information just for them. We cover how and when you should do an intervention, what your role is when your family member comes home from treatment, how parents can talk with their kids about drugs, and much more.

Q. What is your position on medication-assisted treatment?

A. There are a few prescription medications now approved by the U.S. Food and Drug Administration for treating addiction. Most act on brain receptors and other pathways to produce results such as reduced cravings or withdrawal symptoms. Many people are now interested in buprenorphine (brand names Subutex, Suboxone, Zubsolv), which is used for opioid addiction. These drugs can be helpful early on, when someone needs help getting engaged in recovery. They can help a person taper off narcotics legally, detox, and then be ready to move into a treatment program.

But I am wary about them. They can be misused, and they can cause side effects. And so far none has shown long-term effectiveness in promoting recovery.

More importantly, for most people, treating drug addiction with another drug is not a good long-term solution. A maintenance plan that relies on one of these drugs can lock you into physical dependence for years while postponing the start of a recovery that is based on abstinence. Plus, these drugs can be very expensive.

In my experience, abstinence from all mood-altering chemicals is still the best foundation for successful treatment and life in recovery.

Q. What do you think about the new recovery advocacy movement?

A. I think it's great. So many people are coming out and proudly declaring that they are living in recovery. Addiction is a disease, and no one should be ashamed of that or feel that they have to hide their disease. The more people who "come out" the better it will be for everyone. People who are still dealing with active addiction will feel more comfortable asking for help (and they will have many role models to turn to), employers will understand that people who are in recovery can make very good employees, and everyone will understand that addiction is a disease, not a moral failing. I have proudly participated in recovery walks, and I've been thrilled to see how many people are embracing this new movement.

* All usage statistics from: Substance Abuse and Mental Health Services Administration, *Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013. samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.htm