

# The Recovery Book

THE ROAD MAP TO  
LIFELONG SOBRIETY

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# Foreword

As anyone in recovery from alcohol or other drug abuse knows, the recovery community is comprised of a huge group of incredibly diverse people from all walks of life who live in all corners of the world. The only things most of us have in common are our addiction, our recovery, and our desire to keep the latter. This alone makes us, as large and varied as we are, one of the most tight-knit groups of people known to mankind. When we find something good—such as the *Big Book of Alcoholics Anonymous*—something that speaks to us, something we “get,” we don’t tend to keep it a secret. Step Twelve tells us that if we want to keep what we have, we need to give it away. And so we share. We share our best recovery resources with our fellow travelers, with other “friends of Bill,” and with anyone who will listen. This leads to the fact that many of us in the recovery community rely on the same trusted resources to pull us out of a recovery rut by inspiring, motivating, educating, illuminating, or doing whatever it takes to keep us on the recovery path. And this, my friend, is how recovery classics—literature no person in recovery would want to be without—are born.

*The Recovery Book* falls into the “recovery classic” category. First published in 1992, this useful book gradually wound its way through recovery circles, including mine. When I was in early recovery, I bought *The Recovery Book* on a friend’s advice. At the time, I read whatever recovery material I could get my hands on. I needed to absorb what people like me—those who had gone before me—went through, what they did to stay in recovery, what they understood recovery to be. I absorbed this

information until it became mine—until I could define my unique needs and shape my own recovery. All of this information is based on a universal code, a universal Twelve Step message that works for each of us individually, despite how different each of us is.

As much as I was reading at the time, *The Recovery Book* stood out. First, it answered most of my questions as a newcomer, but it also showed me there was a way out of addiction, which gave me something even more important than

answers to all my questions. It gave me hope.

The second edition of *The Recovery Book* holds all of its original charm and substance with some new and exciting updates. Dr. Al's Recovery Zone System in particular is worth mentioning for how it uses color to categorize three "zones" of recovery. Readers, especially those who are visual learners, will quickly learn an important and often underestimated fact: Recovery is a process. I don't know of anyone who stops drinking or using and finds that life is suddenly a bowl of cherries. It takes work, and we build on our progress until we reach the next "zone," or higher level of being. Dr. Al's Recovery Zone System spells out what needs to happen before we reach the next zone—and makes it crystal clear that we sometimes take two steps back before going forward. He doesn't predict our path for us, but, by showing us the process, he takes our hand and guides us through it, giving us an indication of what to expect and, all the while, ensuring us that we are not alone—millions of other have experienced the same ups and downs on the road called recovery.

I have enormous respect for my dear friend Dr. Al Mooney. I first met Dr. Al at a conference, years after I

first read his book. We exchanged pleasantries, and I told him what his book had meant to me. Now, Dr. Al and I are good friends, and to this day, I find Dr. Al's book to be an invaluable resource for myself and my patients at the Betty Ford Center in Rancho Mirage, California. Dr. Al's engaging mind and traditional yet creative approach to Twelve-Step abstinence-based recovery is exemplary, and I feel honored to be part of the second edition of this recovery classic, which promises newcomers and old-timers alike a wealth of solid information about recovery, as well as new information based on recent science regarding the disease of addiction and changing technologies.

If you've read this far, *The Recovery Book* is already in your hands. Don't put it aside. Read it. Use it. It can help to guide you step by step out of the gloom of addiction hell into the bright light of the world of recovery.

#### HARRY HAROUTUNIAN, MD

Physician Director, Professional and Residential Programs, the Betty Ford Center  
Author, *Being Sober: A Step-by-Step Guide to Getting to, Getting Through, and Staying in Recovery*

# The Mooney Family Story

My name is Al Mooney, and I'm not an alcoholic or addict, but many others in my family are—my parents; my brothers, Jimmy and Bobby; and our sister, Carol Lind. Drinking and using drugs are more than just a challenging medical problem to me. They're personal. Very personal.

When I was growing up in Statesboro, Georgia, alcohol and drugs were in charge of our family. My father, John Mooney, was a wonderful physician—who drank at night and used pills during the day. My mother, Dot Mooney, was doing her best to be a good mom, but she popped codeine for her hangover headaches, tranquilizers for depression, and barbiturates so she could sleep.

One night in our living room, my father went into a convulsion from an overdose. That started him on a series of visits to psychiatric hospitals to "dry out." Each time my mother tried to cover up his absence by telling us kids—and his patients—that he was at a medical conference. Meanwhile, she was doing her best to cover up her own drinking and drug use. She would drive us to Sunday school every week, and then hide in the back of the room so no one could smell the liquor on her breath.

Like so many first-born children of alcoholic/addict parents, I felt I had no choice but to do what I could to keep the family going—getting the kids up for school in the morning, alerting Mom when the car she was driving was drifting off the road, covering up for Dad's absences. At the age of ten, I should have been just a kid playing in the backyard, but that wasn't the way my family worked.

It all finally turned around when my father, who had written himself hundreds of phony prescriptions, was sent to prison for six months. It was a big wake-up call for him, as well as a blessing. With the help of an AA member who visited him there, by the time he was released from prison, he was finally ready for sobriety.

Back home, after a few months of solid sobriety, an interesting thing happened. Dad's doctor friends started asking him to care for their

alcoholic patients. It turned out he was pretty good at it. Mom, who by then had also sworn off anything stronger than coffee, helped out. As their reputations grew, people began coming to them for help from all over the Southeast. Several hundred people were treated at our big old house on Lee Street; the dining room was set aside for detox.

Eventually, however, their good works outgrew the house (and the patience of our neighbors). So, Mom and Dad built an addiction treatment hospital in Statesboro. My mother named it Willingway. Today it is a successful, fully accredited, 40-bed treatment facility. My parents worked there for the rest of their lives, helping countless people. Despite our family's difficult early years, I'll always remember them not as hopeless addicts but as wise teachers and wonderful parents.

As a young adult, I always knew I wanted to be a doctor like my dad, but I wasn't at all sure I wanted to work with addicts and alcoholics. I'd seen far too much of that world already—I was set on being a surgeon. Ironically, it was my surgical rotation in medical school that changed my mind. While stitching up trauma patients, I realized that it didn't matter whether the person on the table was there because of a stabbing, a car accident, or family violence. In nearly every case, the root cause was alcoholism or addiction. I realized I could do more good helping people to turn their lives

around *before* they ended up in surgery. I returned to Statesboro and eventually served as the medical director of Willingway.

Given my family's history, all my life I have done everything I could to avoid alcohol and mood-altering drugs. Addiction is a disease that runs in families, for both genetic and environmental reasons. I kept to the only sure way I knew of to prevent it from taking control of me—total abstinence. You might think that, seeing the mess alcohol and drugs had made of our parents' lives, my siblings would have done the same. No such luck. All of them spent a few years in active addiction. Eventually, however, each one found recovery—and a way to help others find recovery, carrying on the legacy of our parents.

For many years, whenever I discharged a patient from Willingway, I longed to send them home with a guide to everything they could expect while living in recovery. I wanted a book that would help the whole family to stay afloat and avoid relapse when our staff was no longer around to hug, love, and counsel them. I wanted a book that would answer all of their questions about practical things that often aren't covered in treatment or fellowship meetings, such as medical crises, going back to work, and fixing relationships. I wanted a book that would also help folks who didn't have the means, or perhaps the need, for inpatient treatment at a place like Willingway. I believe

that the first edition of *The Recovery Book*, published in 1992, accomplished those things.

My coauthors and I hope that this second edition will carry on that tradition and help even more people who are struggling with addiction and alcoholism, including the millions who are now misusing prescription painkillers. We've included some entirely new elements, such as the Recovery Zone System that gives people an easy-to-follow, three-stage blueprint for getting into recovery, preventing relapse, rebuilding your life, and staying sober for a lifetime. It is a framework that works well with *all* of today's routes to recovery, including mutual support fellowships, medication-assisted treatment, faith-based support, and others. I

believe it will help people to incorporate whatever route works best for them—at the right time. We've also included exciting new information on neuroplasticity—the brain's ability to change and heal after addiction.

For decades, ever since my parents got sober and I began treating people with the disease of addiction, I've known that living in recovery can make for a content and purposeful life. I've seen many wonderful people get into recovery and find that life. I hope the new edition of *The Recovery Book* will help many others to find that peace.

**AL J. MOONEY, M.D.**

Director of Addiction Medicine  
and Recovery, Willingway

# 1 CHAPTER

## Welcome to Recovery

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**W**e're glad you're here. If you're new to the world of recovery, you might be feeling overwhelmed right now. Maybe you've finally accepted that you have a problem with alcohol or drugs and you need to do something about it. Maybe you're not quite sure you have a problem, but you're worried—or everyone around you is worried. In any event, you're probably confused about where to go from here. We can help.

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*The Recovery Book* is your guide to restoring sanity and living the rest of your life as a sober person. We'll help you explore everything you need to do to immerse yourself in the culture of recovery, turn your life around, and live a long, healthy, and fulfilled existence. We don't promise it will be easy. It takes time, and you will have to do the work. But with our guidance, support from your local recovery community, and perhaps professional treatment, you *can* do it. One day at a time.

In these pages you'll find lots of straight-up information detailing how addiction is a disease of the brain (and how that makes it hard to stay sober at first), your many options for treatment, and how getting involved in a 12-step fellowship or other support group can help.

You'll learn ways to handle cravings and compulsions. You'll find out how you can rebuild your relationships, your career, your very life. You'll also learn about some revolutionary new brain science, and how you can harness the amazing power of your brain to heal yourself and live in sobriety—serenely. Without being a slave to alcohol or drugs.

Sound impossible? It's not. Dr. Al Mooney has been helping alcoholics and addicts get their lives back for more than thirty years. He has helped thousands of people find recovery in his private practice; at his family's treatment center, Willingway; and through the first edition of *The Recovery Book*. (He's actually been living in the world of recovery ever since he was a teenager, when his newly sober parents, Dr. John

and Dot Mooney, started treating fellow alcoholics and addicts in the family home.) Over the years, Dr. Al has learned what works, what doesn't, and where the biggest risks of relapse lie. We've packed as much of it into this book as we could.

Turning your life around sounds like a lot of work (especially when you feel rotten and all you can think about is your next drink or fix). We understand. But the good news is *you don't have to do it all at once*. Dr. Al's Recovery Zone System, new to this edition, breaks the recovery process into three distinct zones. We'll give you clear guidance on what you need to do and when—in regard to treatment, joining a fellowship, healing your brain, step work, avoiding relapse, restoring relationships and your health, and much more. First up is the Red Zone, where you focus on saving your life to the exclusion of nearly everything else. Next is the Yellow Zone, where you start to rebuild your life. Last is the Green Zone, where life is really sweet. Follow this system (which works hand-in-hand with the 12-step philosophy) and you can build a strong recovery with minimal risk of relapse.

Right now you might feel like you're the only person in the world with this problem. You're not. Addiction and alcoholism are huge health issues, and far too many people continue to suffer. Fortunately, these diseases *can* be treated and managed. You *can* avoid more years of suffering and the risk of an early

death. You *can* join the millions of people who have turned their lives around and found recovery. In fact, you've already started. Just by picking up this book, you've told your brain to start focusing on recovery.

So take a deep breath and keep reading. The first days are the hardest, but we promise it gets better. Much better. There's a beautiful life ahead, just waiting for you.

## Who Needs Recovery?

### WHAT IS ADDICTION?

### WHAT IS ALCOHOLISM?

**A**ddiction is a disease of the brain. It is not due to a moral failure or a lack of willpower. It doesn't happen because you are a "bad" person. It is a chronic disease, just like diabetes or high blood pressure.

The first time you took drugs—cocaine, oxycodone, meth, heroin, whatever—it was a choice. Maybe it was just part of an evening with friends. But over time, as you continued to use drugs, your brain changed, affecting your ability to make good choices and control your actions. Eventually you were addicted: you had strong cravings for drugs and you compulsively sought out more, even when you knew that the end result could be devastating—going to jail, losing your family, even dying. Those fun party nights were but a distant memory.

The picture is similar if you have an "alcohol use disorder," which is just another form of addiction. In the early days, alcohol use was optional. But over time, it became more and more important, and you had stronger cravings for a drink. Then you probably couldn't stop drinking once you started, and you might have had withdrawal symptoms when you ran out. You might have also found you needed ever greater amounts of alcohol to get the same buzz. As happens with drugs, alcohol became all-important, pushing aside and doing great harm to other parts of your life, such as relationships, work, school, and health.

### ARE YOU AN ALCOHOLIC OR ADDICT?

**T**here is no blood test to diagnose drug addiction or alcoholism. Your doctor won't necessarily pick up on it, though he may notice some telltale signs, like liver damage. Your family and friends might have noticed problems, but you've probably brushed off their concerns (maybe for years).

The only way to be sure you need help is to take an honest look at your life. Read through the questions below. If you answer yes to two or three of them, you might have a problem. If you have even more yes answers, you should seek help now.

- Have you been drunk or high more than four times in the past year?

- Do you ever drink more than you meant to, or for a longer period of time? Do you sometimes stay drunk for days at a time?
- Are you taking any illegal drugs, such as cocaine or heroin?
- Are you taking any prescription drugs that were not prescribed for you, or using them more than was prescribed? Do you use them to change how you feel?
- Have you ever asked more than one doctor to prescribe a drug for you? Are you buying prescription drugs on the street?
- Have you ever gone to work or driven a car after drinking or getting high?
- Do you do things while under the influence that you wouldn't do otherwise? Do you regret them later?
- Do you ever wake up in the morning with no memory of the night before? Are these blackouts happening more often?
- Have you ever felt bad or guilty about your drinking or drug use?
- Have you ever felt you should cut down on your drinking or drug use, or have you ever tried to control it?
- Do you find you need more alcohol or drugs to get the feeling you're looking for?
- Can you handle more than before? More than most people?

Or do you suddenly find you can't handle as much?

- Do you get anxious if you have to go someplace where there won't be any alcohol or drugs? Do you feel uneasy when your supply of pills gets low?
- Do you scrounge for extra drinks at parties because you feel you aren't getting enough? Do you keep going when everyone else has had enough?
- Do you sometimes carry booze or drugs around with you? Do you create situations where you can drink—like arranging a work meeting at a bar?
- Have you ever kept on drinking even though it was making you anxious or depressed, or making another health issue worse?
- Do you tell yourself you can stop drinking or using drugs any time you want to, but find you keep going back to them?
- Have you ever switched from one kind of drink to another, hoping it would keep you from getting drunk? Or from one drug to another to prove you're not addicted?
- When you don't get alcohol or drugs, do you have withdrawal symptoms, such as shakiness, sweating, nausea, a racing heart, or trouble sleeping?
- Do you ever take a morning eye-opener to steady your nerves or

get rid of a hangover?

- Do you ever need chemical help to do something (such as start the day, have sex, or socialize) or to change how you feel (sad, scared, anxious, depressed, or angry)? Do you use chemicals to banish shyness or bolster your confidence?
- Do the people you spend most of your time with drink a lot or take drugs? Do you tend to avoid other friends and family when you're drinking?
- Are alcohol or drugs sometimes more important than other things in your life—your family, your job, your school work, your values? For example, is smoking pot every evening more important than taking that last night course you need to get your degree?
- Do you find yourself lying to your partner, your kids, your friends, or your boss to cover up your drinking or drug use?
- Has your substance use caused trouble at home or work? Are those around you annoyed by it or concerned about it? Are you annoyed by their concern? Do you get defensive about it?
- Have you had other problems related to your drinking or drug use in the past year (a DUI, missed work days, failed exams, financial problems, car accidents)?

- Has a doctor found signs of alcohol damage and warned you to stop drinking or cut down?
- Have you ever thought your life might be better if you didn't drink or take drugs?
- Have you ever thought that maybe life just isn't worth living? If so, pick up the phone right now and call the suicide prevention hotline at 1-800-273-8255.
- (For precise medical definitions of addiction and alcoholism, see Appendix 1.)

### IS DRINKING DAMAGING YOUR BODY ALREADY?

Even if you're not yet addicted to alcohol, you might be inflicting major damage on your body. Alcohol affects every cell in your body, and there is virtually no part of you that won't suffer. In fact, more than 350 illnesses have been linked to alcohol.

Drinking can damage your liver, nervous system, brain, reproductive system, muscles, heart, and blood pressure. Heavy drinking is related to several types of cancers. And the wreckage doesn't stop there. Heavy drinking also puts you at higher risk of depression, stroke, and sleep problems. It can cause you to have trouble managing other chronic conditions, such as diabetes and high blood pressure, adding on all the complications that those conditions can cause.

Bottom line? If you're a man, you risk damaging your health if you

have more than two drinks a day. If you're a female, you can start to damage your body with more than one drink daily.

Alcohol also raises your risk of being killed or injured. It's a factor in far too many tragic events: 60 percent of drownings and fatal burns, 50 percent of severe trauma injuries and sexual assaults, and 40 percent of all fatal car crashes, suicides, and falls. It's also often a factor in homicides. Globally, alcohol is the cause of nearly 4 percent of all deaths, or 2.5 million people per year. That's more than the number of deaths due to AIDS, tuberculosis, or violence.

And by the way, you can't fudge on the definition of a drink. It's anything that contains about 0.5 ounce of alcohol. That includes a 5-ounce glass of wine, 12 ounces of beer, or a 1.5 ounce shot of 80-proof spirits (such as vodka or whiskey).

### WHY DO SOME PEOPLE BECOME ADDICTS AND NOT OTHERS?

Addiction can happen to just about anyone: you, your spouse, your adored big brother who was the star of the football team, your best friend who planned to go to medical school, your favorite teacher. There is no single factor that can pinpoint who will become addicted to drugs or alcohol. There are, however, some risk factors that can indicate who is more likely to have a problem.

**Family genetics.** Some genes you inherit from your biological parents



can put you at higher risk of alcoholism. But it's not as simple as having "the gene" for alcoholism. More than one gene is involved, and some can actually lower your risk. Furthermore, sometimes these genes are activated, or turned on, and sometimes they're not; they can be influenced by your environment. Scientists say that overall, genes are responsible for about half your total risk for alcoholism and about three-quarters of your risk for addiction to drugs. That means they are pretty strong factors in the overall picture. (If a biological parent is an alcoholic, however, you're about four times more likely than others to have a problem.)

**Environment.** Many factors relating to where you grew up and the experiences you've had can affect your risk. These include your family life, friends, relationships, socioeconomic status, quality of life, peer pressure, stress, and more.

**Trauma.** People who have experienced trauma in their lives are at increased risk for addiction. Many events can be traumatic, including sexual, physical, or emotional abuse, domestic violence, seeing combat, being bullied, childhood neglect, the death of a parent, having an incarcerated parent, or living with a parent who is mentally ill or an addict. And those who have experienced more than one type of trauma in childhood are even more likely to develop addiction.

**Other mental health disorders.** If you have a disorder such as depression, anxiety, bipolar disorder, post-traumatic stress disorder (PTSD), or attention deficit hyperactivity disorder (ADHD), you are at greater risk of addiction.

**Age.** Those who start taking drugs early in life are much more likely to become addicted. In fact, the vast majority of addicts started using before age twenty-one.

Remember, though, none of these risk factors mean you or anyone else absolutely *will* become an addict. They do raise your risk, but a person can have every single one of these factors and not become an addict or alcoholic.

## Moving into Recovery

### WHAT IS RECOVERY?

"Okay," you say. "I admit it. I accept it. I've got a problem. I could be an addict. I might be an alcoholic."

Now the question is, do you have an honest and ongoing desire to be clean and sober? Do you have a true yearning to stop using all mood-altering chemical substances and change your life?

If so, congratulations. You have taken your first step toward a life in recovery.

Getting to that point is not easy, as many people can tell you.

A sincere desire to finally get sober often comes only after years of denying that you have a problem and many attempts to get things "under control." You might be afraid of what's coming, of what sobriety might feel like, both physically and emotionally. Getting ready for a major overhaul of your life is a tough place to be in, but it's also the first step toward a better life.

As you'll see in the coming pages, there are many paths you can take to move into a life of sobriety. Some people can quit drinking and using on their own. Many need to detox (get all drugs out of the body) under a doctor's care. Many also need some professional treatment to help them get through those tough first days and weeks. Most people also find that getting support from others in a 12-step fellowship such as Alcoholics Anonymous or Narcotics Anonymous (NA) is crucial.

Here are some basic truths about living in recovery.

**Recovery is a way of life.** Recovery is about building and *enjoying* a better life for yourself in sobriety. It's about finding and developing loving relationships, solid friendships, strong community ties, satisfying work, and invigorating play. It's about spending your life in good health and good spirits. It's about living a good life steeped in the culture of recovery.

**Recovery is about healing.** Over time you'll notice that your body is healing. Even better, your brain

will be healing as well. Addiction hijacked your brain, making it very hard for you to make good choices. As you focus your thoughts and actions on sobriety and recovery, your cravings will disappear and your thoughts will no longer focus solely on getting your next fix. Thinking about recovery, and building your life around it, will be your new normal.

**Recovery is a process.** It takes time. You can't expect it all to happen overnight. You need to build your new life one day at a time, on top of a rock-solid foundation. That means following the Recovery Zone System, where you focus first on saving your life and then on rebuilding it. Eventually, you'll reach the point where you can celebrate your life and share the gift of recovery with others.

For many people, the process also means sticking with a 12-step support fellowship like AA or NA. In fact, these two pathways—the Recovery Zone System and the 12-step philosophy—work hand in hand.

**Recovery is one of the biggest clubs on the planet.** And that means that you don't have to do it alone. Millions of once "hopeless" alcoholics and addicts have gone down this road before you. Instead of dying of alcohol poisoning, or a car accident, or a drug overdose, they are now living happy, productive, sober lives. Many of them live in your area and are more than

willing to help. They're just waiting to welcome you.

### WHAT'S REALLY IN IT FOR ME?

It takes time, patience, and hard work to fully engage in the healing processes of recovery. But you *will* get to live a life that is better than you've ever imagined. You might be skeptical right now, but we have seen it happen again and again.

Here are some of the rewards, partially adapted from *Alcoholics Anonymous*, aka the *Big Book*, pages 83—84, that you can look forward to in sobriety. You'll

- regain a sense of joy, happiness, and serenity;
- rediscover peace of mind—or find it for the first time;
- find a healthy new attitude and view of life;
- feel a new sense of freedom;
- regain the freedom to make choices;
- start caring about others and benefit from a new honesty in your relationships;
- find pleasure again in friends, family, nature, art, music, work, and hobbies;
- escape from your fears—of people, experiences, financial turmoil;
- shed your feelings of uselessness and self-pity;

- feel comfortable with yourself and with others;
- feel loving and lovable;
- lose your need to control people, events, and other things in your life;
- learn to solve your problems with thoughtful actions instead of covering them up with dishonest behaviors and chemicals;
- find meaning in what you have experienced so far;
- understand how your past experiences can help others and learn what you can do to improve the lives of others;
- and break the cycle of addictive behavior so your children will not have to suffer as you have.

## How Did This Happen to My Brain?

### HOW DID YOU GET HERE?

You might be wondering how you got to this place in your life. You surely weren't born an alcoholic or an addict—though, like many people, you might have been born with a genetic tendency to become one. And maybe for a while you didn't have a problem with alcohol or drugs. You honestly believed you could indulge only on weekends or special occasions. Your chemical of choice seemed like a good

friend who helped you wind down after a hard day—until you started needing it every day. You trusted that the pain pills your doctor prescribed were only a temporary fix—until you started buying them on the street. So how did you get to the point where those chemicals seem to be running your life? And why is it so hard to change that? It's all about the brain.

In the last few years, scientists have discovered that repeated use of alcohol and drugs can actually *change the structure of your brain and how it works*. Your brain “molded itself” around and adapted itself to your drug or alcohol use—a complex process of change known as neuroplasticity. The end result: your ability to exert self-control and make good decisions was severely weakened. That means that your addiction is *not* due to a lack of willpower or a moral failing, despite what an angry relative or friend might have told you. Your addiction is a chronic disease of your brain. No wonder it's so hard to stop.

The good news is that many addiction experts now believe that the same process also happens in recovery. Just as your brain molded itself around addiction, it can, with time, be molded and heal around recovery. If you commit to and follow a recovery plan, your brain *will* change. And in time, staying sober will be as normal for you as drinking or using drugs once was.

### YOUR BRAIN IN ADDICTION

Your brain is made up of billions of nerve cells, or neurons. Working with nerves throughout your body, these neurons direct everything you do—thinking, breathing, enjoying a bowl of ice cream, everything. Touch a hot stove, and the nerves in your fingers zip a message up to your brain and you think, “Ouch, hot!” Catch a whiff of a burger on the grill and you think, “Time to eat!”

Your brain does all this by passing around messages in the form of electrical impulses. An impulse travels the length of one neuron, leaps across a gap to a nearby neuron, travels the length of that neuron, and so on. Brain chemicals called neurotransmitters help the electrical impulses move across the gaps (which are called synapses). When an impulse arrives at a synapse, the neuron releases a particular neurotransmitter, depending on the type of message. The neurotransmitter flows across the synapse and then, like a key in a lock, docks at a particular type of receptor on the next neuron, delivering the message and activating the impulse anew. This happens billions of times every second.

Now add alcohol or drugs to the system. The first time you indulged in your drug of choice, you probably felt a rush of pleasure, a surge of confidence. That was due to a neurotransmitter known as dopamine, one of the body's “feel-good”

chemicals. The drug you took launched a message in your brain. The message then traveled through particular regions of the brain—known as the reward system—with the help of dopamine at each synapse. And the flush of dopamine felt good to you. Your brain said, “Wow! I like that!”

But dopamine isn’t there just to make you happy. The reward system’s goal is to teach you to do good-for-you, life-sustaining things by rewarding you with those pleasurable feelings. Eat good food, feel a nice dopamine high, and you’ll want to do it again; you learn to fuel your body with nutrients. Have a drink, get a nice buzz; you learn to seek out alcohol. With the reward system, your brain is simply telling you, “Yeah! That was good. Do it again. And again.” It’s a very powerful teaching system.

Here’s the problem: In some people, alcohol and drugs hijack the reward system. They overstimulate it in a number of ways, causing the release of very large amounts of dopamine and other chemicals, making you feel *really* good, even euphoric. And so you want another drink, another hit. Right now.

For a while, you were probably a social user: the alcohol- and drug-seeking behavior you learned didn’t disrupt your life too much. But repeated social use reinforced what you learned, reinforced the reward. And over time, your brain underwent some complex and profound changes in the reward system

and other areas—changes that stuck around long after the high had faded.

For example, depending on the drug you used, your natural neurotransmitter levels were increased or decreased (your brain throttled back its own production of dopamine, for example), and the ability of some neurons to interact with neurotransmitters was damaged. Some neurons were physically altered, neural pathways were strengthened or damaged, and some of the genes that control activity in your brain got more active. Part of this damage, unfortunately, occurred in the frontal lobe area of your brain—the “executive brain” that’s responsible for high-level thinking and decision making. At first, these brain changes were reversible, but as your usage continued, some of them became permanent.

As your brain’s structure and functioning changed, so did your behavior. The drug-seeking urges got stronger, and soon they started crowding out other things in your life—important things like family, friends, and work. Eventually, the reward, learning, motivation, and self-control systems in your brain were so altered that you found it impossible to resist those urges. It was also impossible to *stop* drinking or using once you started. At that point, seeking out alcohol or drugs was no longer a conscious decision. It had become a compulsion that could not be ignored, as ingrained in your brain as breathing

or looking for food when you’re hungry. You were powerless over your need to get more—and you did it even though you knew there could be very serious consequences. You had no desire to change your ways, either (in fact, you probably thought everything was just fine). You might have also found that you weren’t even getting much of a high anymore—your neurotransmitters were so messed up that you needed drugs to jack them up just so you could feel *normal*.

The end result was that rational thoughts were no longer steering you to make good decisions, and you had lost the “brakes” of impulse control that might have stopped your bad moves. Your brain had molded itself around an intense need for drugs, and you had the disease known as addiction.

Scientists have only recently figured out how addiction happens in the brain, but the early members of AA nailed it decades ago, when they described it as a “physical allergy coupled with a mental obsession.”

“Unfortunately, many of these changes to your brain are likely to be permanent—they stick around long after you’ve stopped using alcohol or drugs. Those permanently altered neural pathways, in fact, may account for why some people relapse even after decades of sobriety—one trigger, one cue, can make those long-dormant circuits come roaring back to life.”

## YOUR BRAIN IN RECOVERY

**A**lcohol and drugs changed your brain, but you can use these same brain processes to stay sober. As we’ve noted before, *you can remold your brain around recovery*.

It won’t happen overnight. It will take some time and effort. But if you commit to and follow a good recovery plan, your brain *will* change. Your brain *will* heal. Eventually, staying sober will become your routine way of life, and you won’t feel like you are constantly fighting off urges to use alcohol or drugs.

How do you do that? You use the power of your brain to focus your thoughts and actions. You focus on the principles and activities of recovery, and on the sweet rewards coming your way, such as the return of your loving family and better health. You do all you can to avoid stress as well as cues and triggers, which can reactivate the drug-seeking pathways. And you do everything you can to think positive thoughts and banish negative thinking. Over time, you’ll develop *new* neural pathways—ones that are not focused on addiction—to guide your life and your decisions and actions. Slowly but surely, rather than thinking about your next drink all the time, your brain will change and you’ll more naturally focus on recovery. You will have fewer negative thoughts and more positive ones. Your cravings and anxiety will subside, and sobriety will become your way of life.

Now you're thinking, "That sounds crazy. Just by thinking a certain way I can heal my brain?" Exactly. And there's nothing crazy about it. The scientists who study neuroplasticity point to many instances where people have created new pathways in their brains in this manner. For example, people who have had a stroke, which damages parts of the brain, have developed new pathways that allow them to use an arm, or to speak. The damaged part of the brain was not repaired. Rather, with lots of practice, they formed new routes to send the messages that carry out various tasks. Likewise, psychotherapy—which of course involves a lot of thinking and talking—has been shown to help people develop new pathways in the brain.

Our current understanding of this new brain science, based on scores of recent studies, is that over time, by directing your thoughts, actions, and experiences, challenging your mind, and taking good care of your body, you can

- Spur the growth of new neurons
- Create new connections between neurons and prune away old connections
- Substitute new areas of neural connections for older or lost areas
- Strengthen or sensitize some neural connections and desensitize others

- Restore normal production of neurotransmitters
- Restore the ability of neurons to work with neurotransmitters
- Restore a strong relationship between the high-level thinking part of your brain (the frontal lobe) and more primitive, emotional part (the limbic brain), restoring your ability to use good judgment, make good decisions, tame your cravings, control impulses, and control your behavior
- Strengthen and expand your emotional capacity, keeping emotions and desires under control

In sum, you can rewire your brain.

This ability of the brain to change in response to thoughts and actions may, in fact, help explain why 12-step programs like AA work so well. The founders of AA, Bill W. and Dr. Bob, surely never heard the word neuroplasticity, but changing their thoughts and actions is exactly what they did more than seventy years ago. They talked about their problems with their peers, they focused their minds on staying sober, and they tried to help others find sobriety. In so doing, they molded their brains around recovery. They healed their brains. They called it the "psychic change."

## HEAL YOUR BRAIN WITH TAMERS

If you're stuck in the endless cycles of addiction, you might find it hard to believe that just thinking positive thoughts and focusing on sobriety can help in your recovery. But we promise it can. You just need to stick with it. It's like going to the gym. Keep going, week after week, keep challenging your body, push through some discomfort, and pretty soon your body is in great shape. You can do the same for your brain.

Best of all, you don't need to learn all about brain science to heal your own brain. Just remember TAMERS:

**T**hink about recovery & **T**alk about recovery

**A**ct on recovery, connect with others

**M**editate & **M**inimize stress

**E**xercise & **E**at well

**R**elax

**S**leep

That's pretty much it. Include TAMERS as part of your complete recovery program, and your brain will heal.

So every single day, think about recovery, talk about recovery, read about recovery. Meditate on recovery. Focus your actions on recovery. For the next several months, make

recovery the foundation of everything you do. Follow your treatment plan. Join a mutual-support fellowship and spend lots of time with others in recovery. Also be sure to follow the Recovery Zone System, which is laid out in the next chapter. It will help you to see what you need to focus on now to build a strong recovery, and what you can put off until later.

Soon, staying sober will be much easier and will feel completely natural to you. Soon, as the book *Alcoholics Anonymous* promises, you will "know a new freedom and a new happiness."

## A DRUG IS A DRUG

It doesn't matter whether your drug of choice is alcohol, cocaine, oxycodone, methamphetamine, or another mood-altering substance. The problems you face in recovery will be the same as those everyone else faces, for the most part. Likewise, most of the solutions raised in this book, even when they refer to a specific drug, are relevant to everyone.

To bring this fact home, we use the terms alcoholism and addiction almost interchangeably. Likewise, when we talk about alcohol, drugs, mood-altering chemicals, or chemical substances, we mean all drugs that exert an effect on the brain, including alcohol. When we mention AA or NA or another group, we mean it to represent all the 12-step fellowships and most non-12-step mutual-support fellowships, unless otherwise noted.

We also discuss many different types of drugs. Most fall into one of a few broad categories, with similar effects: alcohol; other central nervous system depressants; stimulants (such as cocaine, crack, and methamphetamine); opiates/narcotics (morphine, heroin, fentanyl, oxycodone, and other pain relievers); marijuana and other hallucinogens; dissociative drugs (ketamine, PCP); inhalants; and antidepressants and antipsychotic drugs. Appendix 3 has more details about all of these drugs.

# 2

CHAPTER

## Your Recovery Plan

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**T**o build a good recovery you need a plan. This chapter outlines the key elements of what it means to truly embrace recovery, and also explains how you can use the Recovery Zone System to develop your own recovery plan and rebuild your life.

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You'll also learn how you can use this system to stay sober for the rest of your life, even when your world gets rocked by major events, such as divorce, the death of a loved one, loss of a job, or surgery.

### The Key Elements of Your Recovery Plan

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**Y**our life in recovery can be full of serenity, honesty, and peace. It can be a meaningful and happy existence—without alcohol and drugs.

But you can't get to this happy state by waving a magic wand or popping a pill. It will take time. If you're used to immediate payback, the slow process may be hard at

first. But you didn't get into trouble with alcohol or drugs overnight, and you can't put your life and your health back together that fast either.

But one step at a time, one day at a time, you can make it happen. Do the work and your brain *will* heal. You *will* move forward in your life, to a more stable, stronger state of recovery.

Many people think there is nothing more to recovery than not drinking and not taking drugs. Sobriety is crucial, of course, but there is so much more to building a strong recovery. The foundation of your journey will be the four Key Elements of your Recovery Plan:

- Commit to sobriety
- Get active in a mutual-support fellowship

- Be patient and let your body and brain heal
- Follow the Recovery Zone System, your step-by-step guide to life in recovery

Embracing these Key Elements will help you build a strong, rock-solid recovery and enjoy a lifetime of health.

### Commit to Sobriety

Your first task is to get sober. When you do quit drinking or using, you may go through detoxification, or “detox,” and experience withdrawal symptoms. This phase is sometimes best done under a doctor’s care.

Along with detox, you may need some professional treatment, such as a stay in a rehab facility or meetings with a therapist. Some people can make the commitment to sobriety without treatment. Many others, however, need some help.

Once you have gotten through detox and initial treatment, you’ll need to learn how to *continue* to live sober—how to recognize the temptations and triggers that could lead you to relapse and how to avoid those traps.

### Get Active in a Mutual-support Fellowship

We are big advocates of the 12-step methods embraced by Alcoholics Anonymous and other fellowships. For most people, taking part in one of these groups is a major factor in how they stay sober.

There are many 12-step groups in addition to AA: Narcotics

Anonymous, Cocaine Anonymous, and others. We strongly suggest you find a group near you and start going to meetings and working on the steps. Reach out to the people there, find a sponsor, and let people help you.

Millions of alcoholics and addicts around the world can tell you from experience that getting involved in a 12-step fellowship really works. Indeed, these fellowships are known to be the most effective life-long “treatment” available today for people with drug and alcohol problems.

Some people, however, find that other groups that don’t use the 12-step approach work better for them.

### Be Patient and Let Your Body and Brain Heal

You probably won’t feel better physically or mentally overnight. Alcohol and drugs may have caused a lot of damage to your body, but fortunately, your body can repair a lot of that damage over time. You also need to give your brain time to rebuild strong neural connections and lay down those new pathways that are focused on recovery.

Remember, even when it feels like you are not moving forward, if you do the work and stay abstinent, your body and your brain *will* be healing.

### Follow the Recovery Zone System

Living in recovery can entail a complete overhaul of your life, including

many things besides sobriety: relationships, family, friends, career, finances, hobbies, health, and other lifestyle choices. Trying to stay sober while dealing with all of these areas at once would be overwhelming. That’s where the Recovery Zone System comes in. It is a blueprint for rebuilding your life and living in recovery. It gives you a step-by-step plan for addressing each of these “life domains” at the right time without risking your sobriety.

In this system, your life is divided into three phases: the Red Zone: Activate Your Recovery; the Yellow Zone: Build Your Life; and the Green Zone: Celebrate Your Life.

You will use the Recovery Zone System to move forward in recovery, moving from Red to Yellow to Green as your sobriety grows more solid. You can also use it throughout your life to take stock of where you are in recovery on any given day—even after years of sobriety—and avoid relapse.

## The Recovery Zone System

### HOW THE RECOVERY ZONE SYSTEM WORKS

Over many years of treating alcoholics and addicts, Dr. Al saw that two issues were jeopardizing recovery for many people.

**1.** People in early sobriety often had no idea how much time and

energy they needed to focus on recovery activities. Some tried to do too much—such as beginning a rigorous grad school program after only two weeks of sobriety. Others failed to address crucial areas, such as rebuilding ties with their kids or repairing their health. Far too many people who truly wanted to be sober ended up feeling overwhelmed by it all, or they built a shaky recovery that was full of holes.

**2.** People with many years of recovery sometimes lost their focus on these activities as the years passed. They stopped living in the culture of recovery.

All too often, both of these situations led people into a downward spiral and put them at high risk of relapse. So Dr. Al developed an easy-to-follow guide for rebuilding your life slowly but surely while reducing risk of relapse.

His Recovery Zone System (Figure 1) gives you clear guidance on when to address the various areas of your life—treatment, fellowship activities, relationships, socializing, education, career, finances, hobbies, recreation, and health—now that you are putting your life back together. It helps you to identify how and when you are ready to move forward in each of those areas. And it helps you to see when you might need to move *backward* for a bit, to avoid a relapse. (In this case moving backward is not a negative thing—it could save your life.)

The Recovery Zone System strengthens and simplifies the concept of “living in recovery.” Here’s how it works.

Your life in recovery is divided into three distinct zones:

**THE RED ZONE: Stop. Activate your recovery.**

For the first eighteen months or more of recovery, you focus on saving your life. Nothing else is as important. Nothing.

**THE YELLOW ZONE: Proceed with caution. Build your life.**

Once you have a solid foundation of sobriety, you can move into the Yellow Zone, where you put your energy into building (or rebuilding) the life you want.

**THE GREEN ZONE: Go. Celebrate your life.**

After you have a few solid years of sobriety behind you and have gone a long way to rebuild your life, you’ll move into the Green Zone. Then it will be time to celebrate. You will focus on what you can do to live a long, fulfilled, and happy life, and also on how you can help others find the gift of recovery.\*

When you are in early recovery, in the Red Zone, you’ll focus almost exclusively on the activities that will save your life: detox, inpatient or outpatient treatment, getting involved in a 12-step fellowship. It is not the time to worry about going back to college or lobbying for a promotion at work. You’ll need

to do only minimal work on fixing relationships. When you think you are ready to move on from the Red Zone, Zone ReCap questions will help you assess whether you have truly done the work needed to move forward. (You can also use these questions to check your progress along the way.)

When you do move into the Yellow Zone, you’ll focus on building the life you desire, really repairing relationships, and making your existence more fulfilling for yourself, as well as for those close to you. In the Yellow Zone, you can find a new job, start a new relationship, become the expert fly fisherman you always wanted to be, or finally get that degree. Again, Zone ReCap questions will help you to chart your progress and see when it’s time to move forward.

By the time you get to the Green Zone (usually after four to six years of sobriety), life can be pretty great. That’s where you’ll find that wonderful life of serenity, honesty, and peace that we promised you.

**RECOVERY ZONE RECHECK**

**T**here is no “cure” for addiction. You can live in recovery, but you will be at some risk of relapse for the rest of your life. And relapses can be devastating: you can end up right back in the hole of active addiction and not get out of there for *years*—if ever.

Once you have a few years of sobriety behind you, your risk should be pretty small. But sometimes, out of

the blue, you may find yourself in a situation that leaves you at a very high risk of relapse: perhaps a “critical life event,” such as having surgery or starting a new job. Or you might find yourself feeling overwhelmed by stress, the blues, or just a really long to-do list.

To grab control of those situations long *before* they can drag you down, take stock of your life regularly with the Recovery Zone ReCheck. To do a ReCheck, at least once a month take a good look at where you are and how your life is going. This will help you to recognize when changes in your life are coming up—in relationships, work, finances, health, and other areas—that could put added stress on you and upset your recovery. These changes can be anything from a simple dental procedure to the death of a spouse. Good events, too, can rock your world, like getting a raise or moving to a new town. Or rather than one big event, it might be just an accumulation of smaller events or emotional upsets that is threatening to upend your progress.

When you see such road blocks ahead, what do you do? You move *back* a zone or two, and you stay there for a while. You brush up on the guidelines of that earlier zone, recommit to sobriety, and refocus your thoughts and actions on the basics of recovery. You revert to your earlier recovery practices, such as going to meetings daily instead of once a week, or reworking some steps. You wave a flag asking for help

and get your sponsor more involved in all your actions and decisions. And you think about what else you can do to avoid a relapse, given the upcoming event or whatever is upsetting you. All this will help you to refocus your mind on everything that you know about recovery and how you can avoid a relapse—long before you head to the bar or pop a pill.

Here are the steps to doing a Recovery Zone ReCheck:

- 1.** Take stock of your life regularly by using a personal inventory (see How the Twelve Steps Can Help You, chapter 8), answering Zone ReCap questions (see the Red, Yellow, and Green Zone guides, chapters 3, 16, and 21), talking with your sponsor, writing in your journal, or using another method that works for you. Choose a regular day to do this every month.
- 2.** Look for current and upcoming events—good and bad—that could upset your stable life and threaten your recovery.
- 3.** When an event arises, ask yourself (and your sponsor) these ReCheck questions:
  - A.** How might this event affect my sobriety?
  - B.** What Recovery Zone should I go back to in order to avoid a relapse (and for how long)? What recovery activities should I resume or increase in frequency?
  - C.** What else can I do to avoid a relapse?

For example, imagine that after many years of sobriety, you need to have elective surgery. You've been cruising through life and going to fellowship meetings regularly, but you feel your recovery is solid and you don't think about it as much as you once did. You go in for a checkup, expecting everything will be fine. But your doctor says you need surgery to fix something (a knee, a hip, whatever). When you get that news, you might not be focused enough on recovery activities to realize that this could put you at high risk of relapse.

If you are regularly taking stock of your life with Recovery Zone ReChecks and watching out for such events, however, you will quickly recognize that surgery, even something elective, poses a real danger to your sobriety. You'll get in touch with your sponsor or other advisors and talk about the situation.

Here's how you might answer the above ReCheck questions:

**A.** You've talked with your doctor and know that you are likely to have some pain after the surgery. You know that taking any mood-altering drug for pain control, even under a doctor's supervision, could put you at risk of relapse. Being in an unfamiliar environment, vulnerable, and isolated from your usual recovery resources also poses threats.

**B.** You decide that a week or more before your surgery, you'll return to the Red Zone to focus more

intensely on recovery activities. You plan to go to three meetings a week, meet with your sponsor twice a week, and run all important decisions by him. You plan to renew some step work to recommit to recovery. You plan to keep up this schedule for at least a month after the surgery. You also schedule a few bedside fellowship meetings for the first days after surgery.

**C.** You realize that you need to investigate options for other drugs that won't put you at high risk of relapse. You make plans to talk with the anesthesiologist and your doctor about what drugs you might be given during and after the procedure, and find out if you have any other options. If you must take any risky drugs, you and your doctor will devise a plan to strictly limit your drug usage and have someone else control access to the pills.

Likewise, if you sense that you and your partner are heading for a split, taking stock with a Recovery Zone ReCheck will help you recognize, long before you break up, that stirred-up emotions could trigger an urge to drink, and that you need to start going to more meetings now. Or if you are planning a business trip, you'll recall that being alone in a new city could trigger a sense of vulnerability or anonymity and that you need to move back a zone and also find some meetings to go to as soon as you arrive.

You and your sponsor will need to assess each situation, think

about how threatening it might be, and develop a plan. In less risky situations, you might need to only go back to the Yellow Zone.

Some people might resist "going backward" in their recovery. "I've done all this work to get here! I don't want to go backward now," they protest. But it's perfectly fine. The Recovery Zone System is not a one-way street. It's absolutely acceptable to move back and forth among the Zones as needed. Most moves to an earlier Zone are only temporary, and they are the best thing you can do to protect your long-term recovery. If you are to the point where you are sponsoring other people, you might even ask one of them to do a temporary role reversal—let others get a little practice sponsoring you.

By keeping the Recovery Zone System and Recovery Zone ReChecks as part of your life forever, you won't be caught unawares by life events. You will be able to *anticipate* times when you'll be at higher risk of relapse and take steps to avoid it.

A word of caution before you jump into the Recovery Zone System: don't rush. Moving from one zone to another is a big step. Don't move forward until you are really ready. Take plenty of time to work on your program in each zone and think about the issues raised and about your life. Talk about everything with your sponsor and others you trust. Go over the Zone ReCap questions with their help. If you discover at any time that you have unresolved issues, go back and review the related chapters. You can also use the Zone ReCap questions at any time to assess your progress in a zone.

If you've been sober for a while and think maybe you should jump straight to the Yellow Zone or Green Zone, go to those guides (chapters 16 and 21) and read about what life is like then. Then answer the Are You Ready? questions. If you are not ready, go back to an earlier Zone guide and start there.



# The Recovery Zone System

	RED ZONE	YELLOW ZONE	GREEN ZONE
FOCUS	<b>Stop. Activate your recovery.</b> Stop everything you are doing and save your life. Focus entirely on survival and your recovery.	<b>Proceed with caution. Build your life.</b> Maintain your foundation of sobriety and strong recovery. Build your new life.	<b>Go. Celebrate your life.</b> Live a long, healthy, sober life. Help others find recovery.
TIMELINE	From first commitment to 1.5-3 years in recovery.	From 1.5-3 years in recovery to 4-6 years.	From 4-6 years in recovery to the end of your life.
ARE YOU READY?	Do you: <ul style="list-style-type: none"> <li>• Have an honest and ongoing desire to stop drinking or using drugs</li> <li>• Want to focus exclusively on recovery in order to save your life</li> </ul>	Do you: <ul style="list-style-type: none"> <li>• Have a stable recovery</li> <li>• Have a commitment to a fellowship and have done steps 1-9</li> <li>• See the promises of the Big Book in your life</li> </ul>	Do you: <ul style="list-style-type: none"> <li>• Have a strong and stable recovery</li> <li>• Continue to attend a fellowship, and practice all 12 steps</li> <li>• Have restored health</li> <li>• Have a desire to help others in recovery</li> </ul>
RECOVERY TREATMENT	Start professional treatment, if needed with <ul style="list-style-type: none"> <li>• Detox</li> <li>• Treatment</li> <li>• Guidance to address issues such as trauma</li> </ul>	Professional treatment, if any, should focus on growth in relationships, career, and emotions, and healthy living practices.	Maintain a relationship with a professional for help as needed.
MUTUAL SUPPORT FELLOWSHIP	Start intensive participation in mutual-support activities. Complete steps 1-3 (decision steps) and 4-9 (action steps).	Continue mutual-support activities. If you want to cut back, talk to your sponsor. Welcome leadership and service opportunities. Start steps 10-12 (maintenance).	With your mentor, find your best level of participation. Continue to practice step 12. Make sponsoring, service, and leadership priorities.
SPIRITUALITY	Your brain is too foggy for much spiritual growth. Focus on acceptance, preparation.	Develop and practice spiritual attitudes and activities.	Be ready to guide others.
LIVING SOBER AND PREVENTING RELAPSE	Learn about cues and triggers that can lead to relapse. Develop a plan to deal with cravings.	Continue to be watchful of cues and triggers. Review your plan for cravings often. Do Recovery Zone ReChecks regularly.	Continue to be watchful of cues and triggers. Review your plan to deal with cravings often. Do Recovery Zone ReChecks regularly.
HOUSING	Make your living environment structured enough to keep your focus on recovery.	Your living environment should be supportive of your personal goals.	You are strong enough to live wherever you want.
RELATIONSHIPS	Put relationships on hold and work on yourself. Lay the groundwork for later repairs.	Rebuild or start new relationships.	Relationships should be healed, content and growing. Address and prevent addiction in your extended family.
RECREATION AND SOBER SOCIALIZING	Recreation and socializing are low priorities. Learn how to socialize sober.	Explore recreational and social activities.	Participate regularly in recreational and social activities.
EDUCATION, CAREER, FINANCES	Put education, career and finances on hold as much as possible. Learn how to handle work stress.	Build or rebuild your education, career, and finances.	Career and finances should be stable.
PHYSICAL HEALTH	Focus on survival. Take care of immediate needs. Learn about the risks of drugs in healthcare.	Stabilize your health. Find a primary care provider. Avoid all mood-altering prescription medication.	Achieve your best health. Focus on preventive care. Avoid all mood-altering drugs.
DIET	Eat to avoid relapse and relieve cravings.	Learn about nutrition.	Establish good dietary habits.
EXERCISE	Do some exercise, but be sure it is not goal-oriented or isolating.	Find forms of exercise you enjoy.	Set and meet exercise goals.
MENTAL HEALTH	Symptoms may be due to addiction. Usually the best approach is continue your focus on recovery activities.	Focus on quality of life issues.	Focus on quality of life issues.