



NARCOTICS ANONYMOUS

WSC Literature Committee • 890 Atlanta Road, Marietta, Georgia 30060 • 404/427-2086

CHAPTER I - REVIEW FORM

TRUSTED SERVANT'S NAME

AREA REPRESENTED

Please review the material in Chapter I carefully, then check either 1. or 2. below:

1. ----- We find the material in Chapter I complete and satisfactory in the form it was sent to us.
2. ----- In order that Chapter I be complete and satisfactory we would make the following changes.

If you have checked 2. please list the changes you would make. Be sure to include page number and paragraph number for reference purposes. Please list these changes in the space below and use additional pages to list changes if necessary. If possible include pages to be changed (or photocopies of these pages) with your list.

Please send us your response by April 15.



NARCOTICS ANONYMOUS

WSC Literature Committee • 890 Atlanta Road, Marietta, Georgia 30060 • 404/427-2086

January 21, 1981

Dear Fellow Members:

The material contained in this folder is sent to you in trust as an NA member. While we expect you to show it around, do not make copies or allow the material to be held by another person. A great deal of work has gone into this material, and it is dedicated to recovering addicts everywhere, but to them through the program of Narcotics Anonymous only.

The reason for our sending you this material is so you can let us know if it is consistent with NA as practiced in your area. We have a large Fellowship and the material to be contained in the book will have to serve the needs of members all over the world. Some words have different meanings in different areas. We expect most of the material contained in Chapter I to be totally in accord with the usual practices in your area NA, but if it is not please let us know. Right now it can be easily changed. Just give us the word by completing the Review Form.

More material will be sent out after the Memphis Conference in a few weeks. If you don't let us hear from you we will assume that you are pleased with the material in Chapter I as is. For purposes of our review, however, we would appreciate a letter stating your feelings about the material in the chapter and any suggestions you have to offer within a few weeks of receiving your package. Please respond one way or the other.

In Loving Service,

Bo Sewell, Chairman
WSC Literature Committee

CHAPTER ONE WHO IS AN ADDICT?

OUTLINE TOPICS

1. Recognition: Rather vague awareness that problems exist severe problems in living. Addict still practicing. May or may not connect problems to drug usage. Still much denial and recognition may be only temporary.
2. Self-diagnosis: Connection made between drugs and problems Addict may continue to practice but may stop. Self-diagnosis may have been helped by attendance of Narcotics Anonymous meetings following recognition. Self-diagnosis does not necessarily lead to abstinence.
3. What is an Addict?: From the perspective of Narcotics Anonymous. From the perspective of recovering drugs addicts looking back at our histories. A much clearer perspective than we had when we made our initial self-diagnoses.
4. The Disease Concept: Addiction viewed as a disease, an illness instead of a crime or moral deficiency, a disease which can be arrested but not cured. A disease that responds predictably to the NA program of care thus making recovery possible. The disease of addiction has its own symptomatology, its own program of care (NA) and through that program of care recovery is possible. A total disease.
5. Progression: If self-diagnosis fails or is repressed, if one is an addict but continues to use the disease, being progressive, will progress ending in jails, institutions, or death, directly or indirectly.

CHAPTER ONE

WHO IS AN ADDICT?

1. Recognition

"Most of us do not have to think twice about this question. WE KNOW. Our whole life and thinking was centered around drugs in one form or another, the getting and using and finding ways and means to get more. We use to live and live to use. Very simply an addict is a man or woman whose life is controlled by drugs. We are people in the grip of a continuing and progressive illness whose ends are always the same: jails, institutions, and death."

We have all felt pain. As addicts we have a common bond. We have all felt numbness, the aching loneliness, the separation from our fellows, gnawing inadequacy and feelings of uselessness and self-pity. We of all people have surely had enough of self-destruction. Many of us, as addicts, tried to transcend our egos and to grow through the use of drugs. We were seeking a means of escape, but all we found was frustration in our inability to develop and grow spiritually. In our addiction many of us lost the ability to think and feel on our own. We based our thoughts and feelings on what others felt. We became incapable of responsive or meaningful understanding. We felt an aching need for something we could not feel. We experienced it as a physical sensation, the need for something outside of ourselves that we could not find. It was this need, this yawning chasm in our soul that drove us to drugs, and to involve ourselves in destructive relationships and behavior.

We must admit that we used drugs, but many of us did not think we had a problem. We thought we could take them or leave them alone. We realized that our record had not been good, but that was due to being in the wrong place at the wrong time, or so we thought. We were yet to realize that our "bad luck" over the years was caused by situations we had placed ourselves in due to the use of drugs.

The user may be unaware that a problem exists until, for example, the prescription runs out and he begins to feel the early stages of withdrawal, or he keeps on using and starts to notice a downward trend in his daily accomplishments.

As practicing drugs addicts we were keenly aware of the difference between right and wrong--many of us were convinced that we were right and the world was wrong, and used this belief to justify our self-destructive behavior. Many of us developed a loser's point-of-view which enabled us to pursue our addiction without the restraints of concern with our own well-being. Simply put the loser's point-of-view focuses on the negative in all things. Abuse in government, graft, corrupt law enforcement, corporate rip-off, and thoughts of revolution provide an excellent backdrop for our ingratitude.

Our diagnosis--it was all someone else's fault; we were in the wrong place at the wrong time and things never went as

we had planned!

The mystique of the drug subculture gave us an illusory feeling of being someone special. As our departure from the normal ways of living grew, so did our craving for apologetic living. Operating we could really get down. When we experienced a periodic jolt of self-awareness it would seem as if we were two people instead of one, like Dr. Jekyll and Mr. Hyde. Operating, we became capable of depravity--of betrayal to ourselves and others. Temporarily clean we would run around trying to get it all squared away before our next spree. Sometimes we could do this very well, but later it seemed less important, and at the same time, more impossible. Through years of trying to make ourselves happy with cars, sex and dope we were more unhappy and less satisfied than when it all started.

Some of us first see the effects of the disease of addiction in the people we are close to. We become very dependent on people to carry us emotionally through life, which always left us disappointed and hurt when they had other interests, other friends and loved ones.

We feared the past; we feared the future. We were constantly searching for "the answer"--searching for meaning and purpose to our lives, and finding only meaninglessness and purposelessness. We realized today, looking back, that while we were using drugs we did not have the sensibilities which guide normal people in their day-to-day affairs.

As our addiction caught up to us we found ourselves in and out of hospitals, jails, and institutions more and more often. Because of these experiences, we began to realize how unmanageable our lives really were. Drugs could no longer hide the pain. We just wanted an easy way out. By this time suicide was on many of our minds. But our suicidal attempts were often feeble, and only helped to contribute to our feelings of worthlessness.

One part of ourselves could see what was happening; the other would not accept it. We were caught in an illusion of "what if's," "if only," and "just one more try."

We remember going through a lot of pain and despair before considering the possible connection between our drugs and our misery. We had used all sorts of drugs over the years and experienced all sorts of living problems as the results of our using and yet did not consider ourselves to be addicted. The problem was that most of the information available to us before coming to the program of Narcotics Anonymous came to us from television or other people who also used drugs heavily but did not consider themselves to be addicted. As long as we could stop using periodically for a day, a week, or even a month or more, we did not see ourselves as being addicted. We looked at the stopping, not the using. Of course, as our addiction progressed we thought of stopping less and less. By the time we asked ourselves the question, "Could it be the dope?," many of us had reached the point where we saw ourselves picking out of garbage cans for the rest of our

lives.

2. Self-Diagnosis

For some of us, however, things did not get so bad, at least on the outside. Although some of us have used, misused, and abused medications for hands of our lives or more, we never considered ourselves to be addicts. The term "drug addiction" conjured up visions of street crime, fear of the law, and needles. As far as some of us chose to believe, the drug addict lived in a sordid row environment; because we could not fit into the picture we had imagined, we could not be drug addicts.

Yet things we had in common put us all in the same dimension, the dimension of addiction. Did we want to stop using and could we do it alone? What did we use and how did we use it? Did we "con" doctors for legal drugs, telling ourselves that it was O.K. to use these drugs because they were legal? Did we have more than one prescription being filled at the same time by different doctors? Did we need something to help us get going in the morning, or something to slow us down at night? Were we using illegal drugs and thinking there was nothing that could be done to kick the habit? Were we in trouble with friends, family, and/or the law because of drug-related incidents?

In a rare moment of clarity we were able to look at the whole scene in all its insanity. We stopped fighting and something inside said, "No more." We had begun to have silent thoughts that maybe the dope was killing us. We realized that drugs were enslaving us instead of setting us free.

The point was that until we got some real information on what addiction was and what recovery could mean to us, we were in a poor position to judge whether we were addicts or not. Each one of us has faced this question.

As addicts we were prisoners in our own mind, condemned to slow execution by our own sense of guilt. We learned we were not responsible for our addictions but we are responsible for our recovery. We must always remember that the first faltering effort is to be watched for and treasured as a tiny flame in a snowstorm.

At times many addicts had all but given up on ever getting help, but there was a faint hope that God, as we hoped God existed, might do something. In withdrawal and despair, some of us called on members of Narcotics Anonymous for help. Just listening to the voice on the other end of the phone gave hope that it was possible to learn to live without drugs.

Our previous attempts to stay clean always failed. Looking back over the past we find that these failures have caused us to spend many years in pain and misery. At this point anyone looking at our futures would have said that they were hopeless. We actually felt and believed this to be true; and until we found Narcotics Anonymous it was true. We found that there is something intangible in the meetings that brings us

back night after night.

We broke through many emotional barriers in Narcotics Anonymous and learned a lot about ourselves by identifying with other addicts who were also willing to talk in depth. One of the things we learned about addiction is that it is a disease and not a moral problem. Recovery begins with the first admission that we need help. Denial of the fact that we need help is what most often keeps us sick. The honesty of surrender to the fact of our addiction makes possible our desire to quit using drugs. The desire to quit using, even for the wrong reasons, is the only requirement for membership in the program of Narcotics Anonymous.

Recovery begins with that first admission and that first sign of submission. From that point forward each addict is reminded that a day clean is a day won and any failure is only a temporary set-back rather than a link in an unbreakable chain.

If you question whether you have a drug problem or not then you are probably like us. Most of us never thought of ourselves as addicts, but after coming to N. A. we learned more about the disease of addiction and its symptom, and were able to identify.

In many cases newcomers to the program of Narcotics Anonymous allow their tendency to find fault, complain and criticize, to help them avoid our simple program of recovery and identification with the problem of addiction. It is easy (and very dangerous) for them to put "personalities before principles." If they don't make a lot of meetings, they may never learn enough about the disease to really open up and ask for help. They may never realize that one way or another we have all faced the same terror and desperation, yet found new hope through N. A.

Many of those who slip back into their "old ways" make it back to N.A. finally free of reservations that kept them feeling "apart from" before. Others die or wind up in jails or hospitals.

We feel from our experience that each member has to answer the question, "Am I an addict?" for themselves. In Narcotics Anonymous we begin by making the statement that we are addicts. In the process of moving from the statement, "I am an addict" to "I am a recovering addict" it is necessary for us to spend a great deal of time with other recovering addicts. These recovering addicts take great pleasure in helping others. They have great insight and many useful suggestions to offer when help is asked for. Yet the true source of recovery to be found in Narcotics Anonymous must come from within. None of us get clean and stay clean for anyone other than ourselves.

3. What is an Addict?

Recognition that we had problems, rather than continual denial of our problems was a major step for us. Making the connection between our drug usage and our problems was the second major step, making possible our diagnosis as drug addicts. Looking back at our histories we see many differences between us, but more importantly we see many similarities that all drug addicts' histories seem to have in common.

Yet there are probably as many definitions of addiction as there are ways of thinking. These definitions can be based on both research and personal experience. It is not surprising to hear that there are many areas of honest disagreement in the definitions we have come across. Some seem to fit the observed and known facts better than others. If we accept this fact, then perhaps another viewpoint ought to be examined in the hope that we may discover a way more basic in understanding addiction and the addict, and more valid in establishing communication among us all.

In Narcotics Anonymous we understand now that once a person has crossed the "invisible line" from heavy drug using to compulsive, obsessive using he will always remain an addict. So far as we know, there can never be any going back to "normal" using. "Once an addict, always an addict," is a simple fact we have to live with.

Addiction is a state of mind which relies on convincing ourselves that an outside agency (Drugs) is necessary to maintain our sense of well-being. The personal contact, along with the Twelve Steps of Narcotics Anonymous deal with the disease of addiction in a unique and effective way. For us, an addict is a person who uses drugs, in any form, to the extent that the individual cannot live normally with or without them. They have passed the point of no return, and must have outside help if they are to regain any sort of normal life.

Personal growth is creative effort and purposeful behavior: it consists of choice, change and the capacity to face life on its own terms. Addiction is a contradiction to living. On one hand, we see feelings of superiority and on the other hand we accept the most intolerable existence on earth. Some of the drug-induced states felt great, especially in the beginning, but the things we had to tolerate to support our habits reflected our desperation. Strangely we were compelled to live and use drugs although we knew we were committing suicide. Rip-offs, prostitution, burglary, cheating friends, forgetting completely the responsibilities normal people feel toward themselves and others--these were the depths that some of us sank to. Somehow we accepted all these things as part of our addictions, whether we faced up to them or not.

We sought to manipulate people and conditions and control all of our actions, thus destroying spontaneity, an important part of freedom. We failed to realize that the need

for control sprang from the fear of losing control. This fear, based in part on past failures and disappointments in solving life's difficulties, prevented us from making meaningful choices which if acted upon might have removed the very fear that blocked us.

Addiction involves more than drug use. It aggravates character defects and reinforces personality disorders. It stunts emotional, social, and other forms of personal growth. As addiction progresses failure and fear of failure begins to invade every area of the addict's life. The addict in the grip of compulsion is often forced to survive any way he or she can.

All through our usage we kept telling ourselves, "I can handle it." Maybe this seemed true at the beginning but not now. We avoided people and places that did not condone our using. We spent our money first on drugs, and if there was none left, we simply would not eat. We assumed everyone else was crazy, and that we were the only sane ones. We could not understand why some people did not want to use twenty-four hours a day. The thought of running out of drugs left us with a sense of impending doom. Peace of mind was non-existent. The only relief was a comparatively short-lived "high."

We mean that we had a distinct physical desire to consume drugs beyond our capacity to control them, and, in defiance of all rules of common sense. We not only had an abnormal craving for drugs, but we frequently yielded to it at the worst possible times. We did not seem to have the sense enough to know when not to begin.

We have gone through stages of dark despair when we were sure that there was something wrong with us mentally. We were under the illusion that we had things under control. We came to hate ourselves for wasting the talents with which we had been endowed and for the trouble we were causing our families and others. Frequently we indulged in self-pity and proclaimed that nothing could help us. As long as our drug-of-choice was available to us we had no concern for the rest of the world.

The psychological aspect of addiction comes with our inability to deal with life on its own terms. We tried drugs and combinations of drugs in efforts to cope with a seemingly hostile world. We dreamed of finding the right medication or mix, the magic elixir that would solve our ultimate problem--ourselves.

Psychological dependence on drugs does emotional harm to the addict. The fact for us is that we cannot handle any mind-changing or mood-altering substance. We addicts who only smoked pot or did non-narcotic drugs are in as much danger as the hard-core junkie. Our thrills turned out to be a habit which eventually turned on us, almost killing us. We no longer had an addiction; our addiction had us.

Eventually chemicals ceased to make us feel good. We could not get the fantastic euphoria we craved anymore. When we did seek recovery we sought the absence of pain.

If you think you might be an addict, you probably are. Few of us have set out to become addicted. When we start using the drug or drugs-of-our-choice to get from Point A to Point B emotionally, predictably we are addicted. At the outset of our addiction we sought euphoria, the highest state of pleasure. In the final stages of our disease we used to keep from getting sick. We used drugs to survive because it was the only way of life that we knew.

Many of us slip into remembering only the "good" drug experiences--the fact that drugs could make us feel great. Such selective remembering can destroy our lives and our capacity to live.

In our time, many of those physically addicted have a well-entrenched criminal association. New drugs and media attention have created a social anti-hero of the addict. The fact that those of us who have become addicted come from all levels of society is no guarantee that we will not end our addiction in jail or the graveyard.

Since many of us were street addicts, we dealt in illicit drugs and lived criminally. This could have something to do with our being different. Many of us have participated in sub-cultural or bizarre behaviors that may have given us a different experience than that of the non-addict.

When newcomers come into the program we of Narcotics Anonymous want to find out what they want to do about their problem and how we can help. We try to help them to help themselves. We can not do it for them. We try to help him "get real" by being real." We try to raise the newcomer's "bottom" by being living examples of a new way of life without drugs, street games, jails, institutions and death.

Miracles are performed every day. A miracle occurs when the laws of nature are suspended. The most natural thing for a drug addict to do is to use drugs. Every time an addict does not use, a miracle happens.

Yet an active drug addict's prognosis is poor; we are not supposed to make it. But, we feel, by the grace of God, more and more of us are making it.

Ironically, drugs can also drive addicts past normal human limits, often winning them great fame or recognition, until their obsession burns them out. The drug-induced states can allow a person to exclude all the normal background awareness and focus entirely on a single point. At first this can be like a handy magnifying-glass used at will. Later it can become a horrible sequence of all-consuming bits and pieces that rush up continually and we find ourselves powerless to control what is happening to us. "Speed" is definitely obsessive. "Downs" can relieve some of the pain of obsessions only to become the ultimate obsession.

Obsessions are like mental spasms. The mind draws up like a spastic muscle. It "shorts out" and ceases to function normally. The subconscious mind is free to act as it will.

Thus, some of us were kings and the world was our kingdom until we were "Caught by reality." Looking back, we can smile at those recollections now, but at the time they were grim, unpleasant experiences.

Prescription addicts are usually the last to find out. Legal doses of prescribed medication can addict a person because of unknown side-effects, combinations with other drugs or an inborn susceptibility to becoming addicted. We would get high to relieve the pain of living, through the use of prescriptions, at school or at work. We found it difficult to face the day so we used drugs as a means to escape self.

Except for getting, using, and finding ways and means to get more, addiction isolated us from people. Hostile, resentful, self-centered and self-seeking, we cut off all outside interests from our lives. Anything not completely familiar became alien and dangerous. Our world shrank and isolation became our life's goal.

Often non-addicts have great trouble understanding our dilemma. It is often nearly impossible to make sense of our random behaviors and the consuming drive to use even after repeated and prolonged efforts to stay clean.

Yet since we can see a little of ourselves in every addict, such identity can guide us in our recovery. Before the program of Narcotics Anonymous we thought addiction was hopeless, having cut all the real ties with others.

Our program is one of total abstinence from all drugs. A day at a time, we are freed from the anxiety and despair, the self-hate and frustration that accompany drug addiction.

4. The Disease Concept

After coming to the fellowship of N.A. we found that we suffer from a disease like alcoholism, diabetes, or tuberculosis; this disease is called addiction. It is a physical, mental, and spiritual state of illness. It has to be realized, faced, and dealt with severely. This is why we are different and cannot use drugs like other people.

As addicts we learned that willpower was not enough. We have tried quitting for specified periods, taken solemn pledges and tried switching drugs. None of our plans worked. We always would wind up getting "loaded" when not only did we urgently want to stay clean, but had every rational reason for doing so.

If an addict takes any mood-affecting chemical into his system something occurs--physically, mentally, and spiritually--which destroys, almost completely, his ability to decide

to stop.

Proof that addiction is a disease lies in the fact that as soon as we begin to treat addiction as a disease with a formula that has worked repeatedly, we experience very positive results. When we treat it as a crime or moral deficiency we get a rebellious response from the addict whom we drive deeper into his or her addiction.

Very often addicts who would otherwise waste away in institutions respond in like-kind to the love and fellowship offered in N.A. This a proven program of recovery and not an effort to make money from a "cure" for drug addiction. We have no choice but to help one another. The assurance of our own recovery, the strength of that recovery, lies in helping the still-suffering addict.

The disease of addiction can also be seen in its social aspects. Addiction in its broadest sense is a disease of our times. It embraces all of our social ills.

Drug manufacture and the innovation of new drugs in modern times has created an availability of potentially addictive drugs never before known in the history of man..

One of the ancient dreams of man seems to be coming true; the ability of modern drug technology to combat disease and alleviate human suffering is a great blessing. Hidden in this blessing, however, is a cruel reversal of effect which is our addiction to drugs. The innate susceptibility to our disease through genetic factors and complete knowledge of the sources of our behavioral inclinations is not of great concern to our recovery through N.A. The "why?" is not so important; the "what to do?" is our chief question.

We feel it is important to share the experience of our addiction and recovery with others who may suffer from our disease, and may or may not realize it, letting them know what they can do, if they so desire, to recover.

Another social aspect of the disease involves those whose disease has involved them with the law at some point. Those who have broken the law yet wind up in the program are very fortunate, as many drug addicts never do. It is our hope that those persons who are in the position of dispensing judgement will

consider drug addiction a disease, offering them treatment as an alternative to jail.

It is known that many offenders were "on dope" at the time of the offense.

Let this not be taken to mean that criminals should be freed and allowed to continue their crimes. We are simply saying that involvement with N.A. following detoxification could help a percentage of criminals return to society and live normal lives. But the addict must want help.

Often addicts are only pawns in the game of drug laws enacted in the past and subject to the misconceptions of the past. We look forward to the day when addiction is recognized as a disease throughout society.

Although many of us have not been street addicts, many of us have, and we want to consider the street addict because they are the most conspicuous and the most vulnerable to the more severe abuses resulting from the stigma with which drug addiction is branded. In many locations such addicts are processed as habitual offenders when treatment of their disease could restore them to productive lives if they want to be restored.

That addiction is a disease is evident from the symptoms of withdrawal that many of us experience: anxiety, restlessness, insomnia, tremors, diaphoresis, nausea, abdominal cramping, diarrhea, muscle spasms, tics, asthenia, vertigo, confusion, depression, disorganized thinking, racing thoughts, loss of concentration, poor comprehension, bizarre dreams, hallucinations, paranoia, agitation, violence, mood swings, poor judgement, memory deficit and grand mal seizure.

Although some of us are doctors, N.A. as such holds no medical opinions. We in the program of Narcotics Anonymous are recovering addicts. We have learned an alternate way of life that demands complete abstinence.

Sometimes, however, we must take a medication to live or get through an illness. Our bodies know no difference between a life saving remedy and a relapse when an allergic reaction is triggered. Once we take a drug our thinking becomes drug oriented. Therefore, go to meetings, keep up daily contact with NA members who know about your medical problems and do not make any major decisions for ninety days. These simple suggestions have saved our lives.

Addiction, like some other illnesses, can be arrested. We agree that there is nothing shameful about having an illness provided we face the problem honestly and try to do something about it. We are willing to admit without reservation that we are allergic to drugs. Simple common sense tells us that it would be insane to go back to the source of our allergy.

Any addict will tell you that medicine alone will not "cure" his illness. He may regain good physical health only to relapse. Many addicts report that they got in good shape to better enjoy their next binge.

Psychological insight, if it were the only required remedy, would enable addicts to resume their drug use. The record shows that it is impossible for an addict to indulge with control, no matter how enlightened he may be about his emotional troubles and no matter how well he may appear to control his feelings.

Social adjustments similarly fail to bring about recovery, if it is thought that a suitable job and harmonious social relations alone are the answer to the drug habit. And in its progression, drug addiction makes such accomplish-

ments impossible. In the end we are consumed with terror and fear.

"Higher" mental and emotional functions, such as consciousness, the ability to love, and so forth are sharply affected by our use of drugs. Left are the abilities to seek security, food, possessions of value. In short, we are reduced to the animal level, if we have suffered our disease long enough. The person within is submerged and the capacity to be human is lost. This is an extreme state but most of us have been there.

Learning to live without drugs is complicated by the fact that it is so hard for many of us to accept our disease. Again susceptibility and availability have combined in the addict to form dependency.

Even many of the doctors among us came into the program with an undetected addiction. We have found that in the course of our addictions that we have been devastated by the disease, with it eventually progressing to the point where denial is futile.

Part of the risk run by society in keeping the lid on our addiction is the social stigma that keeps the addict who might seek help from seeking it because of a fear of never being able to live it down.

Drug addiction is the disease and Narcotics Anonymous is a proven path of recovery. Our experience shows that those who keep coming to meetings regularly, stay clean. We continue our recovery until we die, but we die happy and free.

In our addiction we practiced dying; in our recovery we practice living. We can feel, care, love and be loved. We no longer have to be isolated, and with time can feel free to go anywhere and do almost anything except use. We do not use because we do not want to; today we have a choice.

Many of us sought answers but failed to find any we could use until we found each other.

Most of us have become very grateful in the course of our recovery that we have a disease that we can recover from in the sense that our lives can return to being normal in the course of our abstinence and the working of the Twelve Steps of N.A., explained in Chapter 3. Drug use or any sort of self-medication will lead us back to active addiction. We caution our members strongly against seeking treatment from any doctor not totally acquainted with our disease. We strongly suggest to our members that they break their anonymity to the person administering drugs to them. We trust that our medical records will be kept confidential. This is one of the danger zones in our recovery.

All too many times doctors who mean well but did not know of our disease enabled our addictions. We cannot recover overnight and we cannot expect sincere physicians to

review their options or methods of treatment overnight. Our place is to help the addict who still suffers, particularly those who are asking for help.

All of the psychological and social commentary ever written on this subject has failed to answer this question thoroughly. Rather than enter the hazy area of theory and politics, we feel that it is more worthwhile to discuss the answers we have found. Instead of concentrating on the problem, let us look at the solution.

From the start the theme of the meetings was recovery. We all knew how to use drugs; we knew the effect they had on us. The primary thing we were all interested in was how to stay clean, how to cope with life without the use of drugs, how to handle unpleasant feelings and emotions--in other words, how to get better. It was conceivable in our addictive thinking, that something would work for us without any work on our part. That was how the drugs worked. How wrong we were. It has been our experience that the program works as long as we work it, one day at a time, to the best of our ability.

As the grip of drugs on the old way of thinking and doing begins to relax, the mind begins to accept new ideas which lead to a new life. In this new life we find ourselves no longer pressed between those who use drugs and those who don't! Our world constantly expands to include new members and eventually members of society-at-large. Problems that had no solutions became transparent and unreal in the light of our new understanding. Old grudges and resentments fade as we loosen our sick point-of-view. A warm feeling of belonging replaces the old hole in the gut left by our addictions. It is no accident--it's the way the program works!

When the drugs are washed from our bodies by daily abstinence and our minds begin to clear from the effects of our drug of choice, a miracle takes place. We come to understand that our recoveries are a gift from a power greater than ourselves. We are made aware of this gift in a thousand ways. This power wants only that we realize ourselves as such as possible. The longer we stay clean and sober, the more we will want to clear away the sham and falseness from our lives. It is a great gift to be a human being!

5. Progression

What we have just been describing are some of the benefits involved in recovery. There is only one alternative to recovery and that is the progression of the disease. The progression of addiction has been compared to an elevator that is always going down. We have found that we can get clean at any level we want to. Unfortunately the nature of our disease makes us abnormally susceptible to rationalizing our addiction instead of dealing with the fact. If you are an addict, you can find a new life through the program that would not be possible otherwise. As a practicing addict you are reduced to the basics of mere survival.

Most drugs, especially the harder ones, require no period of usage to trigger allergic reaction, although physical and mental tolerance can play a role. It is not how much we use that makes us addicts, but what it does to us. As usage continues, certain things follow. Setting aside the physical effects of addiction, as the regularity of usage increases, we become accustomed to the state of mind common to addicts; we forget what it was like before we started using. We forgot the social graces, acquired wierd habits and mannerisms. We forgot how to work, forgot how to express ourselves and show concern for others and we forgot how to feel. As recovering addicts, we have to relearn things forgotten and learn what we have missed.

As our disease progressed, we started loosing jobs, got divorced, lost friends and found ourselves unable to account for these changes. Generally our use of drugs increased with all these changes or during intervals between changes. We can continue in this condition indefinitely, or as our dosage increases, progress rapidly in our addiction. If at any point we make the basic connection between our use of drugs and the way things have been going for us, we can recover by admitting our need for help.

We addicts value personal freedom highly. Perhaps because we want it so much and experience it so seldom in the progression of our illness. Even in periods of abstinence freedom is curtailed. We are never quite sure that our choice of action is based on a conscious desire for continued sobriety, or an unconscious wish to return to using.

Some of us that socially escaped attention are the prescription addicts. We followed a path of quite desperation. Some of us are students, some are housewives, others are businessmen who have the problem of being able to conceal our addiction from the non-using public with ease. By the time our disease had reached the stages where it became obvious, our addiction pattern may have been reinforced by years or decades of undetected using. Valium addicts, for instance, often never guessed that they had a drug problem. All we knew was that we had a prescription from a competent professional to take a certain medication as prescribed.

Our addiction developed in us an emotional instability. We became very sluggish or glum without the drugs of our choice. Some of us felt we had to have our drugs of choice to deal with suicidal feelings. We felt as if our world was hollow, dull, meaningless; that there was no purpose to life but to do our dope. Some of us eventually landed in the mental hospitals, fearing for our sanity. What we learned behind the walls of the various institutions was that the most sincere and constructive efforts of medicine and psychiatry had few answers for us in achieving ongoing recovery.

In the later stages, the addict is usually the very last to admit their need for help. When they do, who can help them to understand the hopeless confusion they experience. The principle of one addict helping another pyramids and the solution has begun.

We have also learned that there are few alternatives for the addict. If he or she continues to use, the problem will become progressively worse; they are on the path that leads to skid row, hospitals, jails or other institutions or to an early grave.

Incarceration and institutionalisation sometimes led us to the realization that drugs were letting us down. Where these drugs once had given us the feeling that we could handle whatever situation that might come down, we became aware that these same drugs were largely responsible for our having gotten into our very worst predicaments.

Some of us hit many institutions and few or no jails. Some of us spend the rest of our lives in jail for a drug related crime or a crime committed under the influence. But the most common pattern is

many jails, many institutions, because we are presumed crazy and finally, we die. But before we die the disease takes from us our pride, our self-esteem, our families and loved ones. And finally, it takes our very will to live.

Sudden withdrawal from amphetamines produced a profound depression in some of us, while it produced physical pain in others. Some of us faced this pain and tried substituting tranquilizers and other dope not of our primary choice. Eventually the depression and the pain took over our whole existence. Everything went black. We screamed, cried and begged anyone and anything to believe us of our misery. Reality was too harsh, and chemicals would not allow us to transcend ourselves anymore. We knew for sure that we were dying and many of our friends are already dead. No one can explain the incredible fact that addicts confirmed beyond hope in their addiction can and do reach for and receive help in Narcotics Anonymous. Even though we are seemingly enveloped with insolvable difficulties, we can be encouraged that by staying clean anything is possible. It changes all our outcomes. A great tool for encouraging recovery is a day at a time or a time at a time. Each time we are able to help another, we should. Imagined commitments and responsibilities to the past shouldn't keep us from doing what we can today.

We of NA raised ourselves up from hell to find that the program is a way of life. That a new life was laid out for us every day if we wanted it and didn't use. ONE DAY AT A TIME. New places awaited us in that society that had held for us only misgivings in our using, a new day in our abstinence, We came to know success and it's secret of independence on a power greater than ourselves, a group of people and spiritual principles.

N.A. WSC-LC
WORK IN PROGRESS
NOT FOR DISTRIBUTION