Miracles Of Recovery

**A Reimagined Model: Miracles Of Recovery (The 5 Basic Aspects)**

To provide a safe nonjudgmental comprehensive environment of recovery, breaking the current cycle of relapse, while providing resources for all who suffer and their loved ones, utilizing all the recovery tools, technology, and assets available today, embracing all avenues of recovery with an eye to the future. **The approach multipronged**: **(1st Aspect)** An updated design for living, **(2nd Aspect**) reinvigorating “old school” methods which have a long proven record of accomplishment (there are 200,000+ AA/NA meetings **weekly** worldwide) but has stagnated due to inviolate Traditions and members openly denigrating professional treatment and alternate paths, in turn alienating many, but particularly young people (avg. age in AA is 50 and 74% are 41 and over, only 12% under 30\*) introduced to recovery professionally. **Incorporating all current recovery modalities** in a format bridging to past generations, those 40 and over, with real world gatherings and hard back books to this and coming generations (**3rd Aspect**) reliance on instantaneous communication, social media, and a preference for electronic commerce and professional engagement. Building and establishing links (**4th Aspect**) between professional recovery and an outside inclusive recovery community and (**5th Aspect**) income streams.

 **First Aspect: A New Beginning**

* A reimagining of the design for living from the original blueprint, the book Alcoholics Anonymous. This new work will borrow freely from the original (the first edition is in the public domain), maintaining the basic format (for ease in transition), Chapters 1-6 reworked, focusing less on specific intoxicants or behavior, though the differences will be discussed, the paths of recovery clearly defined from a perspective with and without (God centric) spirituality.
* Though this “new” book will build on what has proved effective in the past it will incorporate today’s new reality throughout. *The Doctors Opinion* updated (portions of Dr. Silkworth’s original folded in) with sections on professional recovery, medications (including MAT) and explanations of other treatment/recovery modalities. The chapters *To Employers* updated, *To Wives* and *The* *Family Afterward* completely rewritten employing a combination of professional insights and real-world experience of **Al-Anon’s** (who love and care about someone with a drinking problem), **Nar-Anon’s** (who love and care about someone with a drug problem), **CODA’s** (Co-Dependents Anonymous) and **ACOA’s** (Adult Children Of Alcoholics). The chapters *Working With Others* and how the recovery message is carried repurposed and *A Vision For You* will focus on the gifts of living free of addiction with a short synopsis of resources and paths available. Additionally, some recovery stories will be included as in the original, but significantly more material added in the appendices on all current recovery modalities and resources.

**Second Aspect: Terrestrial Application (Old School)**

* A new Fellowship will emerge from those who have been through professional recovery in the last decade and feel uncomfortable with many “oldtimers” rigidity in the current Fellowships (and lack an alternative) while attracting those just coming out of the professional setting where the paths and modalities they have been exposed to will be welcomed, thus addressing the source of much of the underlying friction that exists today within the current 12 Step Fellowships.
* Though the chapter Working With Others dealing with introducing people to recovery offers many insights, individuals going to someone’s home, bringing them the message face to face, which was the staple up until the 1980’s, has become rare. Today, first contacts are typically an Internet search or media ad leading to either a treatment center, Interventionist or, hopefully, a reputable call center which then works with them to find suitable options for treatment. So, unlike the past, most have spoken with professionals and may even have begun a treatment plan before setting foot in the outside recovery communities. Since Miracles Of Recovery general meetings will be open to all, it will become the responsibility of members, this will be incorporated as one of the foundational principles, to “12 Step” newcomers. When a new person identifies: addict, alcoholic, gambler, Al-Anon etc., members who identify with them will speak with them, if they are willing, outside the meeting, paying a 12 Step call on them, thus putting a real face and connection to recovery, embracing the *foundation stone* of recovery: helping others, applied evenly to all without bias, which has been extremely successful in the past though largely missing today, especially in cyberspace.
* Miracles Of Recovery Terrestrial will mirror AA/NA in many respects: local central offices, meeting sites, area councils etc. Where it will differ is in the presentation. Miracles Of Recovery will provide suggested Guidelines For Group and Individual Conduct (i.e. Traditions, Singleness Of Purpose in AA/NA speak), principle among them being all are welcome, the vehicle (intoxicant/behavior) which brought the individual to recovery or to seek help of secondary importance, the primary focus being they are here now and there are ways out that work. Since the basic template already exists, with guidance and financial support in the beginning, much of this will happen organically.
* Individuals introduced to **CBT**, **DBT**, **EMDR**, etc. professionally will be encouraged to identify so others who have had similar experiences can build a network of support, which is missing today. To be clear**:** **Miracles Of Recovery will not encourage individuals to share on the therapeutic nature of their recovery in open groups** but to identify the path they are on so they can meet with others of a like mind and experience, starting specific focused satellite groups. This will hold for those as well who are atheists, agnostics, hold strong religious beliefs, LGBTQ, Al-Anon, etc. Thus, avoiding some of the major pitfalls in the current Fellowships as well as truly acknowledging, embracing, and connecting with the professional recovery community.
* **Members will be encouraged to employ a mix of general (open) meetings to work with those new to recovery (12 Stepping) and specific topic meetings where they get down to the causes and conditions of their recovery, establishing new communities in long term recovery.**
* Finally, and probably the most glaring and controversial (at least among the current Fellowships) difference is **Miracles Of Recovery will not, as a whole, be anonymous**. The reasons for anonymity so eloquently explained by the founders of AA were appropriate for the time, but the world has changed, and **the stigma of addiction must be erased** which can only happen by standing in the light**, proud and loud in recovery**. *Will there be individuals, some notable, who will stumble and relapse? Of course, and though relapse is no more a part of recovery any more than head on collisions are a part of driving, it happens and just as with collisions, is often fatal. The current ready acceptance by many of the inevitability of relapse must be smashed, without shaming or stigmatizing those who have.* Individual groups, at their discretion, of course can be closed (invitation only) or anonymous (AA, NA, Al-Anon, etc. members will be welcomed to start groups under the Miracles Of Recovery umbrella) if they choose but as a general principle, openness and personal accountability will be stressed.

**Third Aspect: Online Presence (The Sea Change)**

* Moderated online groups (**E-rooms**: live video format (ZOOM) and eventually, Virtual Reality: Groups will follow the same basic format and variety as terrestrial groups: general discussion, study, speaker, etc. Main difference being paid moderators (contract employees working from home) to intercede if a group goes off the rails i.e. becomes high jacked by someone disruptive or only interested in rhetorical gamesmanship, abusive to other participants, etc. Additionally, moderators will “12 Step” newcomers, suggesting resources, helping them to feel welcome, answering questions and encouraging them to connect with others. The guidelines for conduct will be clearly delineated and general meetings group size will be limited to encourage participation.
* Additionally, appropriately moderated groups will be available to cover all aspects of recovery as well as recovery modalities begun in treatment conducted and moderated by compensated professionals. Online groups will principally **appeal to those under 40**, but also those struggling in the beginning, perhaps wishing to remain anonymous or just wanting to explore other paths of recovery, isolated individuals, or those just fearful of attending terrestrial meetings will now have a chance to find real help, resources and readily connect with a community embracing recovery.
* Provide a video library with related materials on: Step Studies, Telecourses, testimonials, professionals speaking on CBT, DBT, EMDR, therapy, Spiritual Recovery, Smart Recovery, Celebrate Recovery, Al-Anon, archived speaker meetings, etc.
* Podcasts and terrestrial/satellite radio programs for members/public to call/text into with questions addressed by notable members from all aspects of the recovery community.
* Employ/create **encryption consistent with HIPPA** guidelines for online treatment professionals.

Some of what is described in this aspect already exists in one form or another, but the application is often haphazard or inconsistent, and as the current death and relapse rates attest, not working. What is proposed is a concise and easily navigable moderated safe presence.

**Fourth Aspect:** **Bridging the Gap**

**Miracles Of Recovery establishes the first truly concrete steps for continued care and professional involvement beyond treatment, since** **experience demonstrates that** **without continued engagement with likeminded individuals, long term healthy recovery is problematic.** Today treatment facilities send clients to existing recovery Fellowships because they understand the power and need of community in long term recovery but lack any alternatives, while continuing professional engagement is limited by the dictates of Insurance Providers. By providing access to professionals online the processes begun in **treatment becomes** **scalable**, individuals mixing “real world” engagement with cyber, the best of both worlds is accessed, addressing the major hurdles which currently exist. The new approaches created and applied through these platforms will change the paradigm, saving uncounted lives.

**Fifth Aspect: Income Streams**

* The current Fellowships have employed their 7th Tradition effectively, *groups being self-supporting through their own contributions*, for decades. On the “old school” side (**2nd Aspect**) this translates in much the same way as they currently operate. So, for the sake of the Terrestrial Program, this model is firmly established.
* Physical (in groups, central offices, etc.) and Online book sales, e-books as well as recovery related merchandise: recovery medallions, coffee mugs, clothing, recovery jewelry, etc.
* Online Groups (**E-rooms/ZOOM**): Currently there are thousands of online sites and pages directed at and populated by people in recovery. Miracles Of Recovery, offering moderated quality online meetings 24/7 to the millions currently in recovery taps into this readymade base. **At only $2 per person per hour,** **a daily hourly engagement rate averaging just 3000 individuals, translates to over 52 million a year in revenue** from just this stream alone, considering currently only **12%** of the **21 million** needing help are receiving any, as well as the dissatisfied young people coming out of treatment, the potential for substantial engagement is evident.
* It is believed every sufferer in active addiction directly effects or has affected the lives of 10 others. Miracles Of Recovery will provide moderated E-rooms for Al-Anon’s, Nar-Anon’s, CODA’s and ACOA’s of the world as well. This virtually untapped audience is in the **10’s of millions**.
* **Veterans only E-rooms**, monitored by compensated veterans. The VA estimates more than **2 of 10 Veterans with PTSD (PTSS) also has SUD**. There would be a natural crossover with EMDR professionals as well as possible government subsidization.
* Ideally anyone needing professional help would be able to sit down, face to face, with those who can provide it. The reasons why this doesn’t happen are many, but mainly it comes down to **cost and availability of services**. To address this Miracles Of Recovery will provide E-rooms professionally monitored (by independent contractors for both the small group setting and one-on-one engagement) with **services provided on sliding scales** (cost and time engagement) making them available and affordable for those seeking help as well as seeking to continue modalities begun in professional treatment. Thus, providing supplemental income for some, while **creating alliances with the new generation of professional who has grown up in today’s technological environment**, able to make a real living working mostly if not exclusively online, erasing many of the barriers existing today between professional and outside recovery communities, truly connecting with those **40 and under**, and setting the stage for the future.
* Ideally, Miracles Of Recovery would be running its own servers and IT as well as a proprietary encrypted financial interface. The platform additionally providing truly comprehensive quantifiable **for fee metrics, statistics, and predictive analytics** on recovery to the Addiction Treatment Industry and government.
* Monthly/Yearly discount subscriptions to the site at varying levels of service/access.
* Advertising: Addiction related only with links to **vetted ethical providers** nationwide for those seeking help for themselves or others and other addiction related resources and services.
* Packages of group time available with blocks of E-room hours purchased at discounted rates or purchased and donated to someone the buyer thinks need them. Being inexpensive, facilities could “gift” time to clients upon discharge. Discount packages could be offered, say 150 hours for $250 as well as pre-booked hours with professionals at negotiated rates. Considering professional recovery can cost 100 thousand dollars or more, the cost/benefit ratio on this would make it a “no brainer” as part of an aftercare package. Additionally, E-rooms for alumni from each facility could be offered at a negotiated rate at various levels of service/cost. With currently over **13,000 treatment facilities** nationwide treating over **2 million individuals** annually (just in the United States), an additional engagement rate of only **10% of just this 2 million** a year, of **gifted time alone** at the above rate, translates to **$50 million per year** in additional revenue while establishing a regular stream of new and continuing members.
* Special live events (cost TBD) where members can participate/stream concerts, notable speakers, etc.

Individuals **40 and under** make up the bulk of the online gaming world generating over **152 Billion** 2019. (Twitch alone has 15 million daily active users, 55% of which are 18-34.) Miracles Of Recovery online will appeal to this demographic as well as those coming of age. They are comfortable with E-commerce and have grown up in the online environment. Participating in recovery from Smart Phones, tablets, Smart Screen TV’s, computers, and **Virtual Reality** as that platform evolves is the future, some may say sadly so, but this is the world we live in, and to save lives, needs to be embraced.

According to statistics from the National Institute on Drug Abuse: over **64 Billion** is spent per year for **addiction health care** while another **520 Billion** a year is lost to addiction related crime, missed work and productivity. What isn’t included in those numbers is the pain and suffering the **70,630** families across America felt in 2019 when someone they loved **died of an overdose** or the **100’s of thousands** of other families **who lost someone to other addiction related causes and illnesses**.

COVID-19, for all the havoc it has brought, showed the world ZOOM/E-rooms have arrived. For 60 minutes of inexpensive, focused, moderated in purpose interaction and discussion on all recovery topics/modalities; large and small groups, one on one engagement with professionals, and a potential worldwide audience numbering in the **hundreds of millions**, coupled with cost-effective real aftercare, and the new opportunities for professionals; the potential is evident.

Additional Thoughts and Comments:

General Group Moderators will oversee multiple groups, I would think probably 5 at a time with a senior Moderator overseeing 5-10 Moderators. Beta testing in this area will determine the right mix.

Professionally Moderated Groups would have a higher per hour attendance rate. Say, $7 per hour per participant for 10-person groups with the moderator receiving $50. One on one sessions could be time managed to control costs, say $25 for 20 minutes for example with the Professional receiving $20. Members would be able to schedule time as needed, mixing groups with Professionals and members only on the same path to maximize the experience, adding hopefully some real-world groups to round out their recovery experience. At the above rates, online only Professionals could easily earn $60-75,000 per year with little overhead.

The first chapter in the Big Book is Bill’s Story. My current thinking is this chapter would become a brief history of recovery, from the days of the prohibitionists like The Washingtonians which lead to the 18th Amendment, to the Oxford Group which in turn lead to the foundation of AA, then NA to the current state of recovery today.

Bill Wilson, for all his flaws, which he readily admitted to, was a visionary. When members in AA started thinking about how to address Drug Addicts in the late 40’s, early 50’s, he wrote: *"There seems to be no reason why several A.A.’s cannot join, if they wish, with a group of addicts to solve the alcohol AND drug problem together. But, obviously, such a dual-purpose group should not be called A.A., nor should it use the A.A. name"*

Later, in the 60’s he wrote: *“*[*Nothing matters more to AA's future welfare than the manner in which we use the colossus of modern communication. Used unselfishly and well, it can produce results surpassing our present imagination.*](http://www.azquotes.com/quote/732561)*”* Considering he died in 1971, the above is prophetic.

The path of “better or more education” when addressing addiction to the rational makes obvious sense, as it should. Yet decades worth of **Just Say No**, **Scared Straight** and **D.A.R.E** educational programs **costing Billions**, have been, **as** **climbing** **death and relapse rates** **demonstrate,** by most accounts **ineffectual**. Additionally, the Straight Edge clean and sober lifestyle movement and Wilderness Challenge Programs have had precious little effect in altering the current trajectory. The individuals behind these attempts are not at fault since the irrational nature of addiction, to the rational, is genuinely incomprehensible. How someone can rationalize repeatedly using intoxicants, aware of the possible deadly consequences or incessantly engage in behavior (sexual, gambling, DUI, etc.) that places everything in their life at risk, to the rational individual, is truly baffling. Those addicted to Heroin will lament how they “hate” kicking (detoxing), never wanting to do it again since the experience is so unbearable and painful (think of the worst case of the flu with severe body aches you have ever had and multiply by 2 or more and you have a rough approximation of the experience) but when asked how many times they have detoxed, the answer, typically, is “I don’t know, too many.” Being fully aware of the consequences, would someone rational purposely subject themselves to an experience they “hate” repeatedly, say like volunteering for a needless root canal or IRS audit? Let alone something potentially deadly? Of course not, that would be irrational.

Yet this is the mindset of individuals who suffer from addiction. ***Repeating the same action expecting a different result demonstrates a base form of insanity.*** Yes, it is strong language but how else would you describe someone who after being repeatedly arrested for driving under the influence, incurring large financial and personal consequences, continues to drink and drive? The Opioid addict who was literally just brought back to life by a timely dose of NARCAN ® (Naloxone HCl), their first action to make sure no one used the rest of their drugs or if they came to in a hospital take the first opportunity to leave AMA (Against Medical Advice) to return to using the same drug which put them there in the first place as fast as they can! Or the individual who completes **a professional treatment program**, frequently **costing over 100,000 dollars**, after a 90 day (depending on their insurance) stay **relapses** often **within days** after “graduating.” From experience, having worked with thousands of individuals over the past 35+ years both as someone in recovery and a recovery professional, the above examples are unfortunately typical.

For rational individuals, these examples defy logic, yet it is the sad reality of addiction. To borrow from Wayne Dyer: ***When you change the way you look at things, the things you look at change.***Education, though important, has proven not to be the overriding answer, while **CBT** (Cognitive Behavioral Therapy), **DBT** (Dialectical Behavior Therapy), **EMDR** (Eye Movement Desensitization and Reprocessing) are effective professional treatment modalities along with **Psychotherapy**, as currently employed have **all largely failed**, principally **because they are** **not scalable,** i.e. **Healthcare Providers do not cover them beyond the end of the professional treatment cycle**. Another contributing factor is the gulf existing between the professional treatment community and the outside recovery communities of AA, NA, etc. Due to built-in limitations and restrictions inherent in both, as well as some cooked in institutional prejudice coupled with a culture-based unwillingness to change or adapt, strikingly prevalent in the outside recovery communities, no genuine path exists to bridge between them. While the professional community’s hands are tied due to the constraints of Insurance Providers and HIPPA (Health Insurance Portability and Accountability Act) guidelines, many in the outside recovery communities remain fixated on a single path, disparaging other paths or modalities, even going as far as labeling professional treatment **“psychobabble”** and a rip off, in turn often making individuals who come to the Fellowships from treatment feel unwelcome, running truly contrary to the dictum all should hold dear: “**first, do no harm.**” Mix in the brokers and treatment centers on the professional side whose only interests are financial, with little or no regard for suffers or recovery, tainting all in the professional sector, providing fodder for the negative narrative in the outside recovery communities and **the reasons for** **today’s abysmal long-term recovery rate (20% according to the National Institute on Drug Abuse, though many believe it closer to 10%)** **and the high chronic relapse rate comes into focus.**

Addiction is as old as humanity, as early as 3500 B.C. the Egyptians wrote about alcoholism, and stories of intoxication through the ages are legion. In the last century the United States added the 18th Amendment to the Constitution leading to the failed “Noble Experiment”, prohibition 1920-1933. Additionally, since 1971 over a **Trillion dollars** has been spent on a **war on drugs**. Yet according to the **Center for Disease Control** deaths from drug overdoses continue to climb. In 2019 **70**,**630** died of an overdose, **185** **per day, nearly 1 every 8 minutes** on average, **and this** **does not reflect** **the 100’s of thousands** **dying** **of** **other** **addiction related causes and illness**. These are the latest complete statistics. Anecdotal evidence suggests that the overdose **deathrate has skyrocketed during the pandemic**, easily **surpassing 100,000 lives lost from overdoses alone**.

The latest **National Survey on Drug Use and Health** statistics reported **2.5 million** people sought help for addiction in America in 2018 (this number drastically reduced during the pandemic) out of the nearly **21 million** (1 in 13 above the age of 12) who meet the criterion for **Substance Use Disorder** (SUD). Utilizing these numbers roughly 12% (down from 18% in 2016) of those needing help received any. Today in America the **#1 killer of adults under 50**, according to the Department of Justice, **is addiction**. **More are dying and suffering today than ever before despite billions spent on education, the failed trillion dollar+ war on drugs, the Fellowships of Alcoholics Anonymous and Narcotics Anonymous and all non-12 Step recovery modalities *as currently practiced*.**

***Freedom from addiction is not one size fits all, and today, more paths of recovery are available than ever before. Decades of experience clearly demonstrates though that without immersion in an open-minded and inclusive community of individuals intimately familiar with recovery, who personally understand the realities of addiction, are dealing with life’s inevitable difficulties, challenges, and successes free of intoxicants and/or addictive behaviors, openly and honestly sharing their triumphs and struggles, sustainable healthy long-term recovery, as the current death and relapse rates attest, is elusive.***

The world of recovery, just as the world in general has changed a great deal since the first “100” in what became Alcoholics Anonymous, the first real sea-change in recovery thinking, gathered to write the book Alcoholics Anonymous (Big Book) in 1938.

* In 1938 the average cost of a new home was $3900.
* Average wages per year were $1,700.
* Average price of a new car was $763.
* The opening act of World War II began with the bloodless invasion of Austria.
* Minimum wage was 25 cents an hour, and 25 cents could buy as many as 2 packs of cigarettes.
* The first issue of the comic Superman was published.
* **Newspapers, magazines, books, radio broadcasts, telephone directories and the US Postal Service were the primary methods of communication and dissemination of information.**
* Unless you resided in a town or city you probably lived without indoor plumbing or electricity.
* **And if you had a phone, it was likely a “party line” shared with neighbors going through a switchboard manned by an operator connecting calls.**

While those suffering from addiction, if labeled incorrigible by society, could be sentenced to sanitariums or insane asylums and unless someone would take legal responsibility for them could spend the rest of their lives locked away in what were essentially warehouses for those society had deemed beyond redemption, out of sight, often in appalling conditions or even possibly “cured” with a prefrontal lobotomy (preformed from 1935-1960). While those in recovery lived in **fear of the stigma**, their lives possibly ruined if it became known by their employer or the public they had had a “problem.” Another sea-change is desperately needed, and it begins with embracing the world as it is, not as it was.

My journey in recovery began in 1985. Though the world had changed in many respects between 1938 and 1985 the **transmission of information** **and the world of recovery** fundamentally had not. In **1985**:

* The Internet existed but was almost exclusively the domain of governments and universities.
* TV had supplanted radio, but magazines, newspapers, telephone directories, libraries, books and posted mail still ruled the day.
* Cell phones as constituted today did not exist. There were “portable” phones varying in size from a small loaf of bread to a briefcase, were expensive to use, and only made phone calls unlike the pocket computers of today which happen to have a phone app.
* Many had radio pagers, but you still needed a “real” phone.
* Dell released their first computer, along with the introduction of the Commodore Amiga 1000 and the original Apple Macintosh.
* Windows version 1.0 was released.
* Nintendo introduced the NES gaming platform.
* AA and NA were steadily growing and expanding, as they had since their respective inceptions.
* Though professional recovery had existed since the earliest days of AA (Dr. Silkworth, author of the Doctor’s Opinion in the Big Book, opened “Duffy’s Tavern” at Knickerbocker State Hospital in NY for detox and then sent patients to the “farm” for 28 days of continued treatment) 12 Step calls were two members of either Alcoholics Anonymous or Narcotics Anonymous (founded in 1953) carrying the message, face to face for free, to suffers was the norm. A call to a local AA or NA Central Office would start the process or Doctors and the Clergy who knew members in the recovery community would routinely send suffers their way as first points of contact.

**But critically in 1985 acquiring deeper knowledge and information happened through encyclopedias, libraries, magazines, newspapers, and telephone directories, just as it had for generations. Cable TV was in 44% of American homes; CNN 5 years old, still the basic transmission and assimilation of information and knowledge had changed remarkably little, and though professional treatment was available, the world of recovery was still principally 12 Step calls, hard backed books, and real world, face to face gatherings.**

**Today**:

* Newspapers and magazines are all but dead, once central sources of information, they have become basically irrelevant for those under 40, while the internet has effectively replaced phone books and encyclopedias as well as posted personal mail.
* There are more mobile devices in circulation than the population of the Earth. These “phones” though are in reality palm sized personal computers those under 40 use almost exclusively for communication, entertainment, banking, shopping, and information gathering.
* People entering recovery under 40 have in most cases not picked up a “real” book or visited a library since leaving school but are “hooked” on their mobile devices.
* AA ceased growing in 1992, stabilizing at the current 2 million members (AAWS GSO statistics). And though NA does not publish estimated membership statistics, its growth is minimal at best, clearly not reflecting or addressing the surge in Crystal Meth and Opioid addiction.
* There are thousands of online recovery groups (ZOOM and the like) as well as social media pages often containing questionable content. And for those seeking help the **first point of contact typically originates from an Internet search,** or aradio or television ad for a treatment center.

AA and NA’s 12 Traditions, principally Traditions of Anonymity (12th), Attraction, not promotion (11th), and (No)Professionalism (8th) \*\* though relevant at the time of adoption (early 1950’s), today handicap them from adapting to an evolving world. Additionally, many “oldtimers” in these Fellowships have become the self-appointed guardians of recovery deriding people they feel do not “identify” correctly or arrived at “their” meeting in a van (sarcastically referred to as druggy buggies) from a professional treatment center, openly criticizing any mention of CBT, DBT, EMDR, etc. often making them feel unwelcome. Many as well reject any other path of recovery, often even deriding other fellowships, but a particular animus exists directed at those begun in the professional setting; clearly points to why AA’s and NA’s growth, though still dynamic paths **as originally intended**, have stagnated. Coupled with the current prevailing attitude of many that relapse is too be expected, even sadly, inevitable with the reality of today’s professional recovery which is, again, typically at best a 90-day process where treatment modalities and access to professionals end upon completion and you have the perfect confluence resulting in the **current abysmal long-term recovery rate and chronically high relapse rate** despite increased initial availability of services and heightened overall general awareness.

**In Closing:**

Building on this foundation new pathways will develop, including protocols of first contact, for introducing people in recovery back into the workforce, trade school or college, working with Insurance Providers and Government to maximize resources available, providing help and resources for those who lost someone to addiction, assisting veterans, housing resources, the Judicial system and Law Enforcement to help identify those who need help from those hiding behind addiction to avoid the consequences of their criminal actions and go a long way in identifying and putting out of business the bad actors in the Addiction Treatment Industry who prey on the suffering for profit.

***I don’t want to do much; I just want to change the world of recovery.***

Clearly, this is but a start, a beginning requiring those with vision and resources to help shape it and make it a reality. With the steady increase of young people seeking help who are no longer being well served by the current recovery communities, treatment modalities which abruptly stop when Healthcare coverage ends, the current appallingly low long term sustained recovery rate, an unacceptably high relapse rate, deaths from overdose, and the increasing incidences of serious mental illness brought on from the use of **Synthetic Marijuana**, **Spice**, **Bath Salts** and all manner of poisonous concoctions labeled **Crystal Meth**, it is time to act, to change the current recovery paradigm, to help all who suffer as well as those who love and care about them, to make sustainable long term healthy recovery real and available for the millions longing to become:

 **Miracles Of Recovery®**

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\*According to the GSO (General Service Office) of Alcoholics Anonymous, though no official attendance records are kept of meeting attendance, they estimate the membership of AA peaked at nearly 2.5 million in 1992, after a consistent growth rate of 7 to 20% per year since inception, that then dropped and leveled off to approximately the 2 million were it has remained for over 20 years. Additionally, in the latest GSO pamphlet on membership published in 2014: only 12% of the current membership is under 30 with the average age being 50, with 74% 41 and over.

\*\*12 Traditions Of Alcoholics Anonymous (NA employs them as well with slight wording changes)

1. Our common welfare should come first; personal recovery depends upon AA unity.
2. For our group purpose there is but one ultimate authority - a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for AA membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or AA as a whole.
5. Each group has but one primary purpose-to carry its message to the alcoholic who still suffers.
6. An AA group ought never endorse, finance or lend the AA name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.
7. Every AA group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever nonprofessional, but our service centers may employ special workers.
9. AA, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the AA name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.
12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

Adopted 1951

 Miracles

Of

Recovery