

William Cope Moyers

*Author of the New York Times best seller **BROKEN***

Now

What?

An Insider's Guide to
Addiction and Recovery

Foreword by **Judith** and **Bill Moyers**

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An Insider's Guide to
Addiction and Recovery

William Cope Moyers

HAZELDEN®

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*To people ready to change,
and those ready to help them*

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Thank you, Brad Martin, for allowing me to write a key chapter or two at your nurturing home at Blackberry Farm in Tennessee. I should write more books more often there.

When I doubted my staying power to move through these chapters while keeping pace with the rest of my life, Nell Hurley stuck with me and cheered me on. She still does, whether I waver or not.

My parents have been with me every step of the way and still are. I'm a fortunate son.

Thomas, Nancy, and Henry, my three children, encourage their father to be a writer too, even when it happens at home at my desk at night and on weekends. Their support is priceless. I relish their unrelenting love. I'm a blessed father.

FOREWORD

ur son says he dedicated his first book, *Broken*, to his parents because we were with him “every step of the way.”

Ha!

He was too drunk and drugged to see how many times his father, in particular, stumbled. It seemed to me that every other time I put my foot down, I stumbled.

Or fell into quicksand.

I was ignorant, and even in the light, ignorance trips you up. When a giant hole opened in our lives, and he tumbled headfirst toward the bottom, we were sucked down with him. And in the darkness, ignorance almost devoured me.

What did I know about addiction? I was in my fifties and had never indulged in a joint (I’m seventy-eight now and still the oldest square on the block).

And alcoholism? I knew my grandfather died a drunk. And I had an uncle whose drinking made him such a malcontent that after he struck my father in a woozy state of belligerence, I had him arrested. But every town in East Texas had a handful like him, and the good folk passing just shook their heads and said, “What a shame.”

I thought of alcoholism as too many drinks, not as a disease. I thought it was for other people’s kin.

Our son, an alcoholic and addict? Disappearing at age thirty—without a word to his wife, not even a note to his parents, a tip-off to his brother and sister, a call to his boss? It couldn’t be.

But it was. And we fell through the gates of hell and were swallowed up.

I do not exaggerate. That's how I remember it all these years later: swallowed up in frantic searches, detox, primary care, halfway houses, reassurances, consultations, lies, relapses, tears, sleepless nights, spasms of anger, pangs of fear, hallucinations, dreams of a lifeless body sprawled on a crack house floor. I hated what he was doing to himself. Hated what he was doing to us. Once—no, twice, or was it three times?—I screamed aloud, alone in my car, “E-n-o-u-g-h! I’m giving up!”

But *he* didn't give up—how could I? He hung in there, clawed his way back from the bottom, prayed, confessed, read, listened, learned, plumbed the depths of his soul, found fresh pools of courage, gained discipline, garnered wisdom, and grounded his recovery in sharing his story, unashamedly, with others.

And one day he was back. A leader in the field. An inspiration to others. A father to his children. A stalwart in his community. And the embodiment of a journey with no end and no destination and measured one day at a time.

Yes, I stumbled and fell and, at times on my knees, I was uncertain I could get up. But in the midst of his own struggle, he reached out for help—to his wife, friends, fellow travelers on the road back, kindred spirits, and yes, to his parents—and recovery became more than a solo flight; it became a mutual affair.

You will find the reasons in this book. You will see what can be learned from other parents experiencing a hell of their

own and seeking the road back. I will never forget the first day at the family program when he was in treatment and a family of five from a Southern city—the father a successful banker and leader in the community—trooped in like bedraggled creatures who had been caught in a rainstorm: their oldest child had just arrived in treatment, too, and they were just as bewildered as I was. I never felt alone after that and slowly came to see addiction as a disease from which no family is immune.

William Cope has written this book for you—for those of you fighting back against a cunning disease, but he has also written it for those who love you and won't give up. It is their journey too. And like these pages, it is marked with hope.

— *Bill Moyers*

Caught completely off guard when my son crashed in 1989, I floundered in misery and anxiety.

In spite of the reality of the terrible August day when I, with the help of a friend, tracked him down in a Harlem apartment and confronted him in that doorway, I found it impossible to believe that my thirty-year-old son was a drug addict. He was one of the “golden boys” of our community, a college graduate who had a lovely wife and a great job. How could he be one of “them,” the down-and-out and degraded people I saw daily on the streets of New York?

Frightened almost to death, knowing that he was in a life-or-death situation, I still found it difficult to face any friend

or professional associate to get the urgent information we so desperately needed. What on earth were we to do to help him?

After a few days, my husband and I began to realize that we must have help, and we reached out and began the long journey toward recovery. Very soon I realized that I could not do this alone and fortunately was guided toward a Twelve Step group in which I found immediate relief from the terrible anxiety that was affecting me day and night.

Here was support from others who also had beloved family, friends, or colleagues suffering the pain and struggle of addiction. Only these people could possibly know what I was experiencing, and I learned from them the three C's: I did not *cause* my son's addiction, I could not *control* it, and I could not *cure* it. We signed up for the family program at Hazelden and became immersed in learning the facts about addiction—and also about the possibilities of recovery.

But I had so much more to learn. Although my counselor at Hazelden warned me that relapse following treatment was not uncommon and that I should be prepared for anything in the roller coaster of his recovery journey and mine, I convinced myself that such statistics surely did not apply to my son. Within months I had to confront the fact that relapse was a reality, an ever-present threat.

And with that growing understanding of the nature of addiction as a chronic illness, I began a deeper kind of recovery for myself. I introduced myself at Twelve Step meetings as "I'm Judith, and I am a fixer." When I admitted to myself that I had been a fixer all my life and that I had to recover from that, I began a new journey. So many of my lifelong

commitments to positions of leadership and responsibility had paid off in both my professional and my personal life. My challenge now was to step back, to practice knowing the difference between fixing things and fixing people. It isn't easy.

As a start, I had to “let go” of my son's recovery. I never let go of my deep and abiding love for him, but I needed to be sure boundaries were understood and that my own health and well-being must be my first responsibility. Today I can say that I accept the challenge of “one day at a time” living. And I am so grateful that there is always hope and help.

— *Judith Moyers*

INTRODUCTION



“Help, My Son Is Dying!”

Since you’ve picked up this book, you probably already know the helplessness, desperation, and fear of someone doing too much drinking or drugging. You know someone deeply hurt from this experience—someone you love, someone who loves you, a member of your family, a friend, co-worker, neighbor, or an elder where you worship. Perhaps that someone is you. It’s me too.

I am not a doctor or a psychologist or a researcher. I am not a therapist or a clinical expert. But every day people reach out to me for advice about an incurable illness that leads to

shame, confusion, and isolation. Why? Because I have never been shy about sharing my story of a long-term love affair with alcohol and other drugs—a selfish relationship. Initially that relationship was all about me, but in the end, it became only about the substances that drove me insane and almost killed me, more than once. My story is about what happens when substances hijack the vulnerable brain and steal the restless soul. It's a story I know you understand something about or you wouldn't be reading this book. It is your story or the story of somebody you know who needs help right now. There are millions of people just like us, millions of families like ours. You are not alone.

I share my story because I can; I survived the insidious spiral downward. I survived despite several devastating relapses, each worse than the one before. Not everyone has to hit bottom or go to treatment more than once. But I did. It took four treatments over five years before I finally learned to listen to what others told me and to follow their leads. So mine is not only a story of my struggle to survive, but also one of hope and rebirth. I am now in long-term recovery from alcoholism and drug dependence. My last relapse was in a crack house in Atlanta on October 12, 1994. Since then, I have been clean and sober through some very difficult years, one day at a time.

The first time I revealed my recovery from alcoholism to the public was as the featured speaker at a Rotary Club luncheon in my hometown of St. Paul, Minnesota, in 1997, and then only by accident. I was supposed to talk about drug policy and the impact of addiction in communities, but my

fact-filled, antiseptic speech fell on deaf ears. Midway through, I abandoned it, instead telling my personal story. That day the audience was shocked that the son of prominent and successful parents, a community leader in my own right, a homeowner, a taxpayer, a father, and (except for a speeding ticket or two) a law-abiding citizen was also an alcoholic and addict. In their eyes I certainly didn't look like one. Yet as the people in the audience that day learned, and as I want you readers to know as well, addiction does not discriminate. Thus began my vocation to carry the message about addiction, its treatment, and how people can recover from it to everyone willing to listen to my story. I do this not just in my role at Hazelden, where I work to change public attitudes and public policy, but from a sense of personal vocation that came from the belief deep within me that giving voice to my story was necessary for my own recovery. Other people need help to overcome the same illness I had, and I am in a unique position to provide such help. That need was confirmed after I spoke at that Rotary meeting, when people began to seek me out, looking for advice for people they knew, or for themselves.

They wrote letters, sent e-mails, or called me in the middle of the night. They stopped me on the street. Sometimes strangers knocked on my front door unannounced. I believe that what drew them to contact me was that my experiences were a lot like theirs; the common denominator of our stories is the crisis of addiction and the urgency to overcome it. And since I wasn't famous or didn't have an unlisted phone number or live within a gated community, what I knew was

accessible to them directly through me. It helped, too, that the institution I represented has been treating people like me since 1949.

I was primed but always surprised when, in ones or twos, people from my community reached out to me each week. I recognized that here was my opportunity to reinvest some of what my family and I had been freely given years before: practical information from real people whose own experiences bridged the span between the confusion of a life-threatening problem and the clarity of a solution. For me the added bonus was—and still is—that in giving away information and help, I get back as much as or more than the people who seek me out receive.

Yet I was totally unprepared for what happened in 1998, when my parents and I appeared on Oprah Winfrey's show to promote the *Moyers on Addiction: Close to Home* documentary television series on PBS. When she asked me, "William, what should people do when they need to get help?" I offered Hazelden's 24-hour help line phone number (now 1-800-257-7810). I didn't realize how many desperate people were watching. In the first hour after *The Oprah Winfrey Show* aired that day, Hazelden received 2,000 phone calls, which temporarily shut down the resource center that is the heart and soul of Hazelden's connection to the outside world. I will never forget hearing one of those calls forwarded to me; it was from a man in Pittsburgh who said, "Mr. Moyers, I am sitting in my living room with a loaded gun in my mouth, and if you don't help me stop drinking right now, I am going to kill myself."

From standing at the podium of a small city's Rotary Club to a year later being in the national spotlight of *Oprah*, *Larry King Live*, National Public Radio, and the *New York Times*, I realized my story had become a beacon for people lost in the darkness of their illness. My memoir, *Broken: My Story of Addiction and Redemption*, published eight years later, became a way for me to extend even further the light of recovery to others like me and to families like mine.

One of them is Marcy S., from Ohio. Her letter became a catalyst for this book:

Dear Mr. Moyers,

Help, my son is dying. I read your book that says to hate this disease, not the person. But so help me God, I hate him more than I love him right now. . . .

She went on to tell me the story of her son, Scott, and her struggle with his addiction. She signed off with this:

. . . I am begging you, if there is any way my son can be helped, please help me to find it. Please help Scott to save himself, Mr. Moyers. You are my last hope.

This book, *Now What?*, is intended as a straightforward guide based on my insights in helping people like Marcy and Scott and the countless others who turn to me as their “last hope.” It’s not a retelling of my story, although my experiences illustrate certain points. I draw a lot from other resources and people who know more than I do, including experts in the science of addiction, data about the effectiveness of treatment, and the well-tested pathways of recovery that have worked for millions of people through the years.

Some information—people’s common questions and stories—also comes from my column, *Beyond Addiction*, syndicated by Creators. Rick Newcombe, the president and CEO, gave me the opportunity to write a weekly column for his website beginning in 2007.

Most of all, I hope that in these pages you’ll find practical guidance with straightforward answers to what are often perplexing questions. Those questions and responses come from the experiences of insiders who were once where you are right now.

We know that addiction is a cunning and baffling illness that isn’t easy to overcome. What makes it uniquely different from other chronic and often fatal diseases, such as diabetes or hypertension, is the flood of emotions—hate, anger, fear, frustration, shame, and grief—that almost always propel us into behaviors and decisions that get in the way of finding help or of accepting the help that’s offered. And centuries of public misperception and public intolerance have also made it difficult for people to seek help in the first place.

My goal is to silence the noise and dilute the confusion. In *Now What?* you will find insights into the mind of the

alcoholic and addict and explanations as to why addiction is a family illness. You will learn what to do to help yourself if you're the one with a problem with alcohol or other drugs, or what to do to help the person you love if you're a family member, spouse or partner, or significant other. You'll find information about why addiction is a disease and why people with this disease need treatment. You'll also learn about treatment and what to do when you leave treatment to ensure ongoing sobriety. You'll gain insight into why it is easier to stop using than to stay stopped—and how “remission” from the disease of addiction is a lifelong process.

And finally, you will learn to value the importance of standing up and speaking out about addiction and recovery to the next generation—your own children and grandchildren.

The journey you're about to embark on is never easy, but it is essential. Thank you for letting me be your guide.





Swiss Cheese: The Addict's Brain on Drugs

“**W**hat’s really happening inside the addict’s brain?” probably isn’t the first question that crosses somebody’s mind when a spouse is caught driving drunk in a blackout or when a daughter sells her body on the street for a \$20 rock of cocaine. It’s more likely the person would ask in desperation, “*Why* would you *do* that?” But the question is never about what actually causes people to keep drinking or taking drugs to the detriment of everything that matters in their life, including life itself. The “Why?” is almost always a response to the bad things done by good people. Their immoral

behavior when they know what's right and what's wrong. The complete disregard for the pain they're causing everyone they love.

"I mean, it's like the kitchen sink when she's drinking; she throws out everything that matters," an exasperated mother tells me, her metaphors as jumbled as her emotions. "I just don't get it."

Neither does the fiancée of a crack addict. "There are so many times that I don't understand him, so many times I want to just shake him and say, '*Don't you know what you're doing?*'"

Addicts looking for the next high almost always know what they're doing. But like their loved ones, they can't understand or explain *why* either. About as close as they come to even questioning their actions is when they desperately wonder why they do the same things over and over again, expecting different results.

"I'm having an out-of-body experience. I see it happening, I feel it happening, I wonder how it can be happening to me, but what's so odd is I still can't believe it's really me it's happening to," recalls a twenty-eight-year-old civil engineer and father of two children. "I say to myself, 'Come on, man, you should know better. What the hell are you thinking?'"

TRYING TO MAKE SENSE OF ADDICTION

Making sense of addiction is far from easy. In 2011, the American Society of Addiction Medicine (ASAM) updated its definition of addiction. On its website, its 3,000-word footnoted definition begins this way:

Addiction is a primary, chronic disease of the brain reward, motivation, memory and related circuitry. Addiction affects neurotransmission and interactions within reward structures of the brain, including the nucleus accumbens, anterior cingulate cortex, basal forebrain, and amygdala, such that motivational hierarchies are altered and addictive behaviors, which may or may not include alcohol and other drug use, supplant healthy, self-care related behaviors. Addiction also affects neurotransmission and interactions between cortical and hippocampal circuits and brain reward structures, such that the memory of previous exposures to rewards (such as food, sex, alcohol and other drugs) leads to a biological and behavioral response to external cues, in turn triggering cravings and/or engagement in addictive behaviors.

Wow. Even I don't really get it, and that's my brain they're describing.

No wonder society still struggles to comprehend why addicts and alcoholics chase the dragon despite the merry-go-round consequences and to the detriment of all else that really matters in life.

No wonder those of us who have fought addiction in our own lives know it as "cunning, baffling, and powerful."

And no wonder that, after years of sobriety, relapse can inexplicably, suddenly erupt like a long-dormant volcano.

“My hope is that this definition will be very helpful for professionals and bring even more legitimacy to this misunderstood disease,” said Dr. Marvin Seppala, a former ASAM board member and the chief medical officer at Hazelden, who knows firsthand about addiction, treatment, and recovery, both professionally and personally. “It helps those familiar with addiction and those who suffer with addiction come to an understanding that addictive behaviors and addictive thinking are the result of distinct alterations of brain functioning. Such recognition can relieve some of the shame and guilt that plagues those with addiction.”

In 1987 the Partnership for a Drug-Free America launched a public service campaign to warn us about the dangerous effects of drugs on our bodies. Its public service announcement featured a close-up of a sizzling skillet on a stove. “This is drugs,” the announcer said. An egg is cracked open into the skillet. “This is your brain on drugs,” the announcer intoned. The twelve-second spot ended with the sound of the egg frying and a provocative, almost dismissive line: “Any questions?” *TV Guide* named it one of the top 100 commercials of all time. Decades later people still remember it, and last time I checked, almost a million people had viewed the campaign’s PSAs as YouTube videos.

But the ad leaves the wrong impression that drugs fry the brain. They don’t, any more than they stew, bake, broil, or steam it. To the contrary, what the ASAM definition tells us is that drugs baste and bathe the brain in its own pleasure-causing juices that are and have always been at the core of our cortexes.

CHASING DOPAMINE

In his voluminous history book *The Pursuit of Oblivion*, Richard Davenport-Hines chronicles 3,000 years of human-kind's love affair with mood- and mind-altering substances. Ancient Egyptians had a cookbook with recipes for 700 opium concoctions. In the state of Georgia in the 1840s, "ether frolics" were popular. (When a doctor observed that people who injured themselves during these wild parties didn't seem to mind their pain, he experimented with the drug as a medical anesthetic.) Blot out the pain, alter reality, highlight the pleasure—the list is endless of ways our human species has pursued oblivion for good or ill by getting stoned or drunk or both.

"Intoxication is not unnatural or deviant," Davenport-Hines writes. Instead, he explains, we chase the high for all the right reasons, including "human perfectibility, the yearning for a perfect moment, the peace that comes from oblivion." He reports that F. Scott Fitzgerald, Marcel Proust, Edgar Allen Poe, and many other literary giants believed they did their best work under the influence of their drugs of choice. Even Bill Wilson, the cofounder of Alcoholics Anonymous (AA), spent the rest of his life looking for a way to re-create the powerful spiritual experience he had following the frightening aftereffects of his nearly fatal final drunk. The case can be made that the innate urge to feel better or just feel different never ends until we die.

It doesn't matter whether you're Bill Wilson, an Egyptian pharaoh, or a writer working on the great American novel, we humans habitually seek out what makes us feel loved,

happy, and satisfied. All of us know pleasure when we have it and desire it when we don't. And although our hearts may flutter or beat faster with satisfaction, our brains tell us what feels good and remind us to come back for more. The most intricate of organs, the brain is where the body's "reward system" operates 24/7, releasing a naturally produced chemical called "dopamine" that is responsible for the pleasing, often euphoric effects of food, sex, and exercise. At one time or another, all of us have been under the influence of something that is highly pleasing. We get "high" when we eat something delicious, make love, run a marathon, or garner a bonus at work. Within a few hours, the dopamine level returns to a balanced or normal level and the brain goes on thinking and doing other things, until the next time. "Typically any reward that exceeds expectations releases dopamine," said Dr. Omar Manejwala, an addiction psychiatrist.

THE HIJACKED BRAIN

Alcohol and other drugs generate pleasingly copious levels of dopamine too. That's why we get loose and feel relaxed when we drink at the end of a hard day at work or after the kids are finally put to bed. Why we feel creatively energized by a line of cocaine. Why Vicodin makes a root canal worth it, and Valium loosens the grip of restless anxiety, stoking contentment. Dopamine does the job exactly as nature designed.

But when we drink enough alcohol or take enough of another mood-altering chemical, the amount of dopamine released is greater and unnaturally intense. Repeated intense exposure overloads the brain and eventually can burn out its

delicately structured reward pathways, making the nerve cells' receptors less and less responsive to activities that would otherwise be a natural source of pleasure and joy. As the dopamine levels drop in the brains of addicts and alcoholics when they come down, they are propelled to keep taking more of the substances to increase their dopamine levels sufficiently to maintain the elusive euphoria. Robbed of free will, they find that getting high is no longer an optional pleasure: in the mind of the addict, it has become a matter of survival. The brain has been hijacked.

The brain is the organ we depend on for decision making, but a hijacked brain isn't going to make sound or rational choices. If we addicts make decisions based on the irrational belief that getting high is a matter of survival, then we'll do anything to keep experiencing the effect, whether it makes sense to the rest of the world or not. Alcoholics can find a cold beer in the desert. Addicts can find dry cocaine at the bottom of the ocean. A pill head can find one more Percocet in somebody else's medicine cabinet.

"The effect of such a powerful reward strongly motivates people to take drugs again and again," said Dr. Nora Volkow, the head of the National Institute on Drug Abuse, in a 2008 speech. "This is why scientists say that drug abuse is something we learn to do very, very well."

Yet every day millions of people drink responsibly. And millions of others occasionally use illegal drugs without major consequences. Many of them use substances to the point that they incur "teachable moments," incidents as serious as an arrest for driving under the influence, as minor as a

misdeemeanor charge for marijuana possession, or as simple as one too many hangovers. If so, they are apt to consciously modify their consumption, or quit altogether, to make sure those incidents don't happen again.

In college, my buddies partied like me, using the same types of drugs with the same frequency and even with some of the same negative outcomes. They all learned from these experiences, grew up, and moved on to focus on more important things, such as finding work, getting married, and starting a family. Only one of us—me—got hooked. Why, then, do such a small percentage of people who use substances develop a baffling inability to “just say no” and an addiction?

It turns out there's more to it than chasing dopamine. Ruben Baler, health scientist administrator at the National Institute on Drug Abuse, puts it this way:

The influences that impact our brains can be seen as a stack of Swiss cheese slices. Each slice represents a different aspect of your life, with one slice standing for genetics, the adjacent one for brain development, and the next ones for early childhood experiences, family dynamics, the human-made environment, socioeconomic status, and so on. And, because this is Swiss cheese, each slice has different holes that correspond to specific risks—whether biological or environmental—that the “arrow” of substance abuse must traverse to become an addiction. Luckily, each slice also has many areas without holes (protective factors)

with the ability to stop that arrow at any point in its trajectory.

No wonder people used to tell me I had a hole in my head! Long before we alcoholics and addicts ever took that first drink or drug, our brains were highly susceptible to all sorts of influences that make up the stack of Swiss cheese slices. Some slices we're born with, like the genetic entanglement of the deep roots of our family tree. Some are the microscopically intricate misfiring neurotransmitters we can't see. Others are the dominating monsters of sexual, emotional, and physical abuse that too many of us experienced. And even the environment we're living in right now has a role.

How the holes in these layers line up, or don't, is the deciding factor once our "arrow of substance abuse" enters the brain through that first high and onward. That's why intelligence is no more a bulwark against addiction than is brawn; it doesn't matter if you run a Fortune 500 company or pour concrete or are a stay-at-home parent. Nor is faith a protection: the most religious people can be just as vulnerable as atheists. Rich or poor, single or married, brilliant or average. These factors all come together in a dynamic that addiction professionals and neuroscientists understand now more than ever, but probably will never fully figure out.

Are some of us destined to become addicts from the get-go? There is compelling evidence for this outcome from pioneering studies involving twins.

Identical twins have identical genes. Twins born of addicted parents but raised in separate families—one in an alcoholic

family, the other in a nonalcoholic family—both tend to become alcoholics themselves. But if the twins come from nonaddicted parents and one grows up in an alcoholic family while the other doesn't, neither twin typically develops addiction. In other words, genes matter when it comes to vulnerability to dependence on alcohol or other drugs.

“Essentially it comes down to nature *and* nurture,” says Dr. Manejwala, echoing what many scientists and doctors now know about the internal and external dynamics of addiction. Both factors play significant roles.

So it's safe to say that it is all but impossible, short of solitary confinement or exile on a distant island, to completely shield somebody from the dynamics that can result in a full-blown addiction—some of us are just built and wired for it. Add to this societal and environmental factors, such as peer pressure, the social norms of alcohol and other drug use, and the overprescription of medications for what ails us, and the odds are stacked against a small percentage of people who are susceptible to the “perfect storm” of addiction. Public service campaigns, such as the fried egg in the skillet, or school programs like D.A.R.E. (Drug Abuse Resistance Education) aren't effective with those of us who are alcoholics and addicts, because simply scaring us or sheltering us from stoking our dopamine receptors is counter to our makeup. We use substances exactly because they do what we want. What we like. What we *need*. Right away. Now.

As she later told me, Marcy S. knew the odds:

I have lived with this all of my life. My beloved grandmother, my dad who died from ulcers

because of his drinking, my beautiful mother who used to dance me around the living room to *The Lawrence Welk Show* when I was little, my husband who had a heart of gold but no desire to stop drinking to take care of his sons, and now my son Scott, my beautiful son that I have tried so hard to protect. We have gained and lost everything over and over again.

Marcy's family heritage is rife with alcoholism. Her grandmother, mother, and husband all died as a result of their drinking. When she wrote to me "Help, my son is dying," she feared Scott was next.

"I'm a walking book on alcoholism and alcoholics," she said. "But knowing it and warning Scott about the risks weren't enough, I've realized. Children learn what they live."

I once met a woman who, precisely because of what she knew about her family's past, told me she had never taken a drink or a drug in her thirty-five years. Her motive was simple: "I feared the family tree. Everyone in my family is an alcoholic. The risk is just not worth it. I don't want to be one either." She was an exception until two years ago when she broke her leg while skiing. In the hospital, she was given a generous supply of pain medication by doctors who did not know her family history. "I discovered all the joys of a freedom like nothing I'd ever known, a purity of self and satisfaction beyond anything I had ever achieved of my own effort," she said. "Pandora's box was unlocked; out of it I floated above the old me to that blissful place, heaven." After

a few weeks on the mend, it was time for her to come off the pain meds. “It was hell; I fought like hell for more, just one more,” she said. “That’s when I came face-to-face with the realization of what my family members themselves must have faced in their own addictions. Damn, I’d become just like them.” No matter how hard she had tried, the odds were against her. The holes in her Swiss cheese lined up, too, and the arrow of prescription drugs pierced her core and exploded into addiction.

FILLING THE HOLE IN THE SOUL

If addiction were simply about the effect of dopamine on an oddly wired brain plus the holes in the layers of our own personal “cheese stacks,” then brain surgeons and pharmaceutical companies probably would have cured it by now by filling in some of the holes. But there is another opening in the body of an addict that’s got nothing to do with the head. I call it the “hole in the soul.”

Everybody’s got one. It is deep within each of us, where we yearn for fulfillment. And although dopamine doesn’t go there, filling that void in the soul can have the same effect as dopamine on the brain’s receptors. It feels good—not just the same “good” as sensual pleasure, but a deeper, longer-lasting “good” that nourishes the deeper part of ourselves. How do we “fill” that hole? Filling this hole is about finding our place in life and understanding what gives life meaning. We seek out all kinds of experiences essential to life’s journey, such as our ever-evolving relationship with a Higher Power, a power greater than the small self of sense gratification that taking

drugs fulfills. That power can be awakened any number of ways, from spiritual practices paying homage to the God of our understanding, to contemplating the glory of the changing seasons, to writing in a journal as a discipline to gain more self-awareness.

The hole in the addict's soul, in contrast, percolates with a throbbing sense of unhappiness, a restlessness, irritability, and discontent with life defined by feelings of inadequacy, of not fitting in. There's a feeling of not being good enough, of never being satisfied with who we are, usually based on our own impossible standards more than the expectations of others. A hole that is all about the pervasive sense of not measuring up, of imperfection stemming from our inability to come to grips with being flawed human beings like everybody else. "Do you know the impossible dilemma of having to be perfect in the body of a human being?" I often ask addicts. And they nod, because they know exactly what I mean.

These feelings are not unique to alcoholics. All humans suffer from varying degrees of not having enough of whatever satisfies the human spirit. What separates alcoholics from everyone else is how, unconsciously at first, they relieve this ache. Substances such as marijuana, opiates, or alcohol are our elixirs. And we usually discover this by accident, for although we may start out using them for the same reasons everybody else does, we soon discover that these substances medicate the pain in our soul and magically fill the void. Getting high is so easy—and it works! We don't have to try so hard anymore to be better or feel better. We become more tolerant of our own shortcomings. We don't itch so much

anymore while living in our own skin. We become less sensitive to the people, places, and things that taunt us, especially those voices in our own heads.

That's why, even decades later, many alcoholics and addicts recall the epiphany of their first drink or drug.

An eighty-eight-year-old combat veteran of World War II, a man who had tasted bootlegger's home brew for the first time when he was thirteen, told me this:

In my long life, I've seen plenty and experienced it all, just about, but today [one of] my most vivid memories remains of that moment. Recalling it even now I get that same warm, flooding sensation of peace and utter joy that flooded into my belly and rose like the high tide to my head that night. It was like a magic potion. Everything was okay with me. I was okay with me.

I, too, remember my first high. An older co-worker offered me his joint, and I accepted it mostly because I wanted to be part of the crowd. I really had no idea what to expect; I had never been buzzed before. But in the moments after the smoke filled my lungs, suddenly I became the teenager I wanted to be. I had arrived. And it had barely taken any effort. Dopamine pleasure flooded my entire body with a sensation I had never felt before. For as long as the buzz lingered, that pit in my stomach no longer ached. The rapture of the moment was so intense that I chased it for two decades and never forgot it.

Cheryl M. doesn't remember her first drink. She was only three years old. Her father was a successful brewmeister in St. Louis, and in their German family, a little beer at bedtime was not only a good sedative but was accepted as the proper way to say good night. Her father also was an alcoholic, and her mother suffered from tuberculosis. "As a child in an alcoholic family, I had lots of opportunities to experience depression and disempowerment—parents who were physically, mentally, and emotionally absent," she explained. "I was unhappy and desperate." Rather than filling a hole in her soul, booze replaced her soul as it faded away altogether.

"Alcohol gave me hope, it made me feel good, made me competent. I saw it as a solution, not the problem, because this is what made it possible to live life," she said. Yet she, like many alcoholics, discovered the impossibility of a life under the influence. Eventually, she ended up homeless and living in a shelter. It took eight treatments in four years before she finally stopped drinking. That was twenty-nine years ago. She's been sober since.

Cheryl's experiences and those of millions like her show that addiction is as much a suffering of the troubled spirit as it is a problem of flawed circuitry in the complicated layers of the brain. Yes, positron emission tomography (PET) scans clearly show the impact of substances on the brain. And studies on twins, as well as the commonality of stories of families like Marcy's, prove the genetic dynamic too. But what cannot be tangibly captured with the high-tech instruments of science or quantified with research using control groups is this soul-sickness endemic to everyone who

becomes consumed by what they consume. The perpetual shifting between intense shame and the camouflage of delusional grandiosity common among addicts is grounded in perspectives that are inaccurate, incomplete, and, therefore, out of touch with reality. Addicts typically believe they deserve more than they have and, at the same time, think they don't deserve what they get. All along, addicts are convinced that life is essentially unfair or should be fairer. They get high because they're unhappy, and they get high when they're happy because they can never be happy enough.

SLIDING OFF COURSE

A friend of mine has a sister whose twenty-year addiction to marijuana and alcohol has all but exhausted the family. Like so many other loved ones who don't understand, my friend finds himself delving deeper in hopes of looking beyond his sister's behavior to what torments her inside. "I kind of get it about the brain's chemistry . . . but what is it that's screwed up her feelings about herself, about the world around her, and caused her intrepid restlessness?" He asks what anyone who loves an addict asks: "How do substances 'consume the soul,' and why?"

There are a million ways and no way to simply explain it, although many people have tried. But for me, Jim Nelson comes the closest. He's a renowned Christian ethicist and the author of *Thirst*, which reveals his journey from addiction into recovery in the context of his own spiritual upbringing and formal education. Jim said all of us are created with a deep "thirst" for a spiritual power or presence to give our

lives meaning and worth. But only for addicts and alcoholics are substances quite effective in appearing to satisfy this craving for a Higher Power. Here's how he explained it:

Beyond its genetic and biological components, addiction is a profoundly spiritual disease, but the spirituality of addiction is idolatry, the substitution of a lesser god (in this case a substance) for the Infinite One. Idolatry always gives false promises but never delivers authentic meaning and wholeness. Just the opposite. Addictive idolatries not only disappoint but deeply damage the person and all of his or her relationships. The seductive power of alcohol for the alcoholic—"cunning, baffling, powerful"—is the craving for a false god, a thirst that cannot be satisfied by the substance.

Mood-altering substances hijack the brain not only by short-circuiting this natural process of thirsting and searching, but by relentlessly and recklessly driving it forward and over the edge. They eventually steal the soul, tilting a person's moral compass away from society's fundamental expectations, rules, and values passed on from generation to generation. The feelings, thoughts, and actions of the addict collide with the "norms" of the rest of the world.

People start out using drugs to feel better. Some use them to the point that it hurts, so they cut back or quit. About one in ten users crosses the chasm where it is no longer about *liking* to use substances: it is about loving them blindly, sometimes

to death. The cravings of the hurting soul's unsatisfied needs meld with the brain's cravings for more of what feels good. From this cataclysm emerges the addict.

When this happens, everyone but the addict is blindsided, because to them the person's addiction seems to come out of nowhere. Yet long before the crisis comes to a head and finally exposes the raw truth, most addicts have already developed a gnawing, slow-motion sense that their lives are sliding off course. We know things "aren't right." We feel "dis-eased." What's actually going wrong, though, perplexes us. To protect our right to continue to drink and use, we instinctively assume a defensive stance that pushes back against the truth or deflects the focus onto other people and circumstances. That way, we don't have to take responsibility for the problems our drinking and drug use are causing. We ignore and defiantly refuse to accept the fundamental problem: alcohol and other drugs have mastered our lives and undermined our power of choice.

This is called denial. It is an insidious feature of addiction, because it skews addicts' perspective, convincing them that they don't need help or that they are capable of fixing themselves without the support and guidance of other people, whether professionals, friends, or family. For an addict, denial is all about justifications, excuses, and vows, which sound like some of these likely familiar phrases:

"Life is so unfair."

"If only my husband would stop haranguing me."

"I only use cocaine on weekends."

"If I stay away from gin and tonic and only drink lite beer, I'll be okay."

"I got that DUI because the stupid cops stopped me for a broken headlight."

"I'll quit tomorrow."

The repetitive frequency of such sentiments is in direct proportion to the addict's increasingly desperate condition. Usually this denial is as formidable as a fortress wall, even when help is close or the end is near.

The first time I ever consciously considered the impact that my use of drugs was having on me was in 1988, after a three-day streak on crack cocaine. Lying in bed, exhausted but wide awake, unable to eat even though I was emaciated, and in jeopardy of losing everything, I stared at the ceiling when suddenly it occurred to me: *"If* I have a drug problem, someday I might need help." The emphasis was on *"If."* Heck, I wasn't in denial about my drug use; I used drugs. I wasn't in denial that drugs caused problems. I had problems. My denial was my inability to grasp that I could no longer control my use to avoid the repeated consequences that were burying me alive. And so I kept hiding and using and denying every single day for another year—until I got help, which I did only reluctantly.

Does any of this justify the addict's behavior? No. Addiction is not an excuse. Denial is no defense. "You do the crime, you do the time, whether you're stone-cold sober or stoned out of your mind," I tell people, usually in talks to addicts who have ended up incarcerated. This is a fact: people voluntarily choose to use substances. But this is also a fact: I've never met anyone who chose to become addicted. Any more than any parent has ever aspired to raise a child

who is a heroin addict. Any more than somebody consciously sets out to marry an alcoholic.

Understanding these elements of the addict's mind, body, and spirit is crucial to what happens next, because the alternatives are simple: continuing to descend into the maelstrom of addiction or getting help. In the chapters ahead, we'll learn how addicted people who choose to get help can get better.





Bowling and Addiction

To understand addiction's impact, go to a bowling alley. Addiction is like bowling. The drug is the bowler. The addict is the ball. The lane is the addict's path. At the far end is a set of pins, which are all the elements that affect the addict's quality of life—physical health, mental health and emotional well-being, finances, employment, a role in the community, values and beliefs, and family. There goes the ball.

A wayward roll plunks the ball into the gutter. Once in the gutter, it stays there, the “chug-along” rumble building

momentum as the ball's energy propels it onward. In a few seconds, it swooshes past the neatly placed pins, perhaps swirling the air just enough to sway them. But everything is left upright as the ball itself runs out of room against the back wall with a jarring thud. Just as suddenly, the ball drops out of sight and quietly disappears. But not for long.

Again the drug takes over. Automatically the ball returns to the bowler's hands. It spins down the lane again, out of control, and swerves into the gutter. Again and again and again the process repeats itself, the seemingly resilient ball always ending with a noticeable thud. But not for long.

After a while, the bowler, addiction, has put so much momentum behind the ball that it stays out of the gutter long enough to reach the inert and exposed pins, which are no match for what happens next. In ones, twos, or clusters, the pins are struck down with a violent force, unleashing enough energy to ricochet against each other. A few may remain upright while the stricken pins are swept aside. Sometimes they're even gathered up and restored to their previous spots. But not for long, because with enough rolls, eventually the drug delivers the consummate strike. Every pin is scattered helter-skelter. None are left standing.

Addiction is an illness that knocks asunder and blows away all the pins that matter to the addict or the addict's family. At one point or another—very probably right now, since you're reading this book—addiction has rocked you to the core. So let's take a quick inventory of some of the consequences a person incurs with addiction.

ABOUT THE AUTHOR

William Cope Moyers, vice president of public affairs and community relations at Hazelden, “carries the message” about addiction and recovery into the public arena, especially to policy makers and civic groups across America. He uses his own personal experiences to highlight the power of addiction and the power of recovery. In 1998 his efforts were honored by the National Council on Alcoholism and Drug Dependence (NCADD), which awarded him and his family its highest achievement award, the Gold Key. He and his parents, Bill and Judith Moyers, also received the Arthur Liman Public Interest Award from the Legal Action Center. This award salutes families and individuals whose work has advanced public understanding of public policy issues related to addiction.

Moyers is the author of the best-selling memoir *Broken* and a journal and DVD set designed specifically for those in early recovery, *A New Day, A New Life*. Before joining Hazelden in 1996, he was an award-winning journalist for fifteen years. He has worked at CNN, *Newsday*, and various newspapers around the country. Moyers has appeared on *Larry King Live* (CNN), *The Today Show* (NBC), and *The Oprah Winfrey Show*. His work has been featured in the *New York Times*, *Chicago Tribune*, *Los Angeles Times*, and *Newsweek* magazine. He also writes a nationally syndicated column on addiction-related issues for Creators Syndicate.

Hazelden, a national nonprofit organization founded in 1949, helps people reclaim their lives from the disease of addiction. Built on decades of knowledge and experience, Hazelden offers a comprehensive approach to addiction that addresses the full range of patient, family, and professional needs, including treatment and continuing care for youth and adults, research, higher learning, public education and advocacy, and publishing.

A life of recovery is lived “one day at a time.” Hazelden publications, both educational and inspirational, support and strengthen lifelong recovery. In 1954, Hazelden published *Twenty-Four Hours a Day*, the first daily meditation book for recovering alcoholics, and Hazelden continues to publish works to inspire and guide individuals in treatment and recovery, and their loved ones. Professionals who work to prevent and treat addiction also turn to Hazelden for evidence-based curricula, informational materials, and videos for use in schools, treatment programs, and correctional programs.

Through published works, Hazelden extends the reach of hope, encouragement, help, and support to individuals, families, and communities affected by addiction and related issues.

For questions about Hazelden publications,
please call **800-328-9000**
or visit us online at **hazelden.org/bookstore**.

Addiction and recovery insider and expert William Cope Moyers answers the question "Now What?" for addicts and their loved ones, sharing every step of their journey from contemplation through intervention, treatment, and recovery.



As the survivor of multiple relapses and near-fatal experiences with his addiction to alcohol and other drugs, William Cope Moyers knows what it's like to desperately need, but not know how to find, a good treatment program. As Moyers was struggling, his parents—television journalist Bill Moyers and his wife, Judith—were also battling to understand what was happening to their son and what to do about it. Thanks to a successful intervention, intensive inpatient treatment, and a rigorous Twelve Step program, Moyers has been clean and sober since 1994 and has devoted his life to helping others.

In the course of his work as a recovery advocate and ambassador with Hazelden Foundation, Moyers has talked with thousands of alcoholics, addicts, and their families and has been a lifeline in helping them get the treatment they need. Drawing from both his own journey and the experiences of those he's helped, Moyers applies his passion and trademark down-to-earth style to lead readers through the following steps:

- recognizing when someone needs help
- finding a quality treatment program
- navigating the treatment process
- establishing a support system after treatment



William Cope Moyers is the vice president of public affairs and community relations at Hazelden Foundation and author of the *New York Times* best seller *Broken: My Story of Addiction and Redemption*.

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