

We Are All Addicts

But Some of Us Are More Addicted Than Others

Prologue

Back to bed for the last time today. This, after drinking five liters of white wine in my very organised and patterned way: liter one – sleep, wake up, go get the next one at the store; liter two – sleep, wake up, go get the next one at the store...you get the idea. Always one bottle at a time, as if I could convince myself at any time during this madness not to go get the next one.

A few weeks ago, I went to a different spot every time, but I just stopped the practice of changing dépanneurs, which are the corner stores in Québec, a practice that was very important for me. I wanted to avoid detection from the staff, who might think that I am a problem drinker, God forbid. I was pursuing that delusion while I am smelling like the bottom of a rubbish bin, unshaved, dirty, and shaking so hard (especially in the morning) that I have trouble entering my nip and must ask for help (while claiming a medical condition). It was a constant effort at reducing shame. Denial was helping, but now I don't care anymore, really.

I finish that last one at around 11:00, right after they stop serving in the stores, go to bed hating myself (although that, too, is quieter as I am almost completely numb), reflecting for a moment that this is so atrocious and promising that tomorrow is going to be different and that I

will find the strength to stop this. The next morning arrives after a few episodes of throwing up bile during the night and I am on my way to the dépanneur for the 8:00 regular time when you can start to buy booze in Québec. As I make my way, I feel the automatic pilot, compulsion, that is operating. I used to resist in my head, telling myself that this is ridiculous. *I don't want to do this*. But no more. There might have been a few seconds of resistance, a brief battle with my brain which won easily by repeating: *go drink, go drink, go drink*. I am not going for pleasure but to stop that torturous brain assault and the shaking that started to get worse, and because this is what I do now and have been doing for the last year. I am so sick from throwing up bile that I know that retaining that liter of wine that I desperately want in my body is not going to be easy. It goes down easy, though – typically within two minutes, the bottle is down, and I am briefly relieved.

I come back home, fall asleep, and wake up to my family knocking on the door. They have come to rescue me once again and get me into residential treatment. My dad picks up all my bills to pay my debts, as I have survived on the last of my settlement for getting fired as CEO of a large social service agency, and all the room that I had on my credit cards. My mom talks to the landlord and makes a deal to finish the lease. My eldest son is living with me and not doing any better, so he ends up in a shelter for a while. I have been in detoxification centres, hospitals, treatment centres, AA and NA, psychiatric wards. This is nothing new at this point. I am at my worst ever, I think at the time, an empty shell. I would later call myself “un squelette ambulante,” which translates as a walking skeleton. I thought it was my worst, but there is always another “rock bottom” to be found.

I enter a place that becomes my home and family for the next six months. I have been there once before, two years ago. I wake up early to a residence in imposed silence, go back to my room where three other men are sleeping in bunk beds; we shuffle around to clean and wait for room inspections. Then we head downstairs for oatmeal and toast. We set up the chairs for the first meeting of the day: “Bonjour la famille.”

Side by side with drug dealers and prostitutes, criminals, debt enforcers, the street-involved heroine junky, the gambler who lost all his family’s money, the schizophrenics, those with personality disorders and ADHD, and others that I have forgotten. And I loved them, because I discovered their beautiful humanity, and they loved me back when I learned to drop the mask and show them the real me. They all, like me, had plans and dreams for their lives and for their loved ones. They all had deep regrets, remorse, trauma, mental health impacts of having lived difficult lives, often as abused children. And there was us – those of us who were born with opportunities but still having the same challenges on many levels: severe addiction and mental health challenges.

We were a fair mix of people from different socioeconomic backgrounds. It was a more vulgar and violent place than what I had known previously. There was overt racism and homophobia, but we worked it out together. Black men showed up, and their simple human presence changed the white men and women with racist attitudes; the gays and lesbians came to confront homophobia. And we worked on forgiveness, we redefined our values, we attempted to create new directions for ourselves, hope. We managed to forgive ourselves in the process because we recognised ourselves as flawed human beings – like all human beings. They were not prostitutes and thieves and racists and drug dealers; they were people who did these things for

survival, not knowing another way, growing up in it, not knowing what else to do or where to go. And as we grew together, we tackled the heart of things with courage and determination because we wanted to change, because we wanted to be better human beings. And many of us succeeded. This is what is happening inside the treatment centres of our nation and in addiction support networks and meetings.

This time around, I am mostly mute, and the staff will worry about me for the first three months. But the flame lit up again; being around people will do that. And that flame will carry me through a long period of abstinence.

Two years later, I start working as an addiction treatment therapist. I am good at it, and I get better with every battle alongside my clients. I am big on use of self; I get close and personal, and it works. I work with families and groups. I develop programs. I also lose clients who are dear to me; some disappear forever, some come back three or four times (or more) over the course of my nine years working there; some die and we receive word. I still mourn them, especially the young men and women who were the age of my children.

I worked in the agency for almost ten years facilitating treatment in a residential setting. I am not an expert on the medical or scientific basis of addiction. I am an expert psychotherapist – the treatment – helping people change. I help people change. I also work on building a community-based mutual support group program in French: Smart Recovery, or Rétablissement Smart.

Before losing complete control of my addiction, my career had been an amazing journey in a youth service agency where I worked as an outreach worker, coordinator, clinical supervisor, and director. I started several projects that had significant impacts on the community of care for

children and youth. These were amazing years in my professional development. When I successfully found my first bout of abstinence, I decided that I had not suffered in vain, that my loved ones had not suffered in vain, and that I was going to give meaning to my suffering by helping as many as I could: people with the same affliction. This has sustained me in the past ten years and is the source of my motivation for this book and for my conferences. I want to die saying: *Look guys, there was a purpose behind all that mess; I heard the call and did my best to answer it.*

We, as a community and a country, need to take good care of the severely addicted. We need to help them patiently because recovery is a long-term process. We need to protect them from harm as much as possible while we work with them to create the motivation needed to engage in recovery. There are incredible efforts being made, and I visited some very promising programs. I am convinced that if we do what it takes to succeed with the “more addict than others,” we will also improve the response to a whole range of addictions and mental health problems. We can learn from working where it is hurting us the most. A correct understanding is the key. Solutions built on miscomprehension of what is really going on are failing. The solutions I saw working are pragmatic and involve housing, employment, and a range of supports and programs that allow a gradual movement out of poverty and the street involvement and into more normal neighbourhood environments. Those solutions are proving to be less costly than keeping someone on the street or in shelter environments. They also reduce crime, hospital visits, and pressures on first responders.

This is what we need to acknowledge if we are going to get out of this crisis: that this problem will never go away unless we learn to understand and support (and I mean really

support) the people who are “more addict than others.” And at the core, recognise that we all must struggle with some level of addiction in our lives and learn to manage our formed habits and obsessions. This is key to fighting stigma – to recognise that addictive behaviour affects all of us, that we all struggle with it because it is part of our way as a human being. A pattern of behaviour (eating junk food, watching too many sports, buying too many clothes, or even going fishing all the time, for example) can interfere with a healthy life and relationships. And we need to pattern behaviours to organise ourselves as human beings – pattern interaction with our loved ones. When the patterns are not functioning well for us, we find ourselves challenged to change. Addiction affects all of us.

We are all addicts, and all of us must deal with formed habits that are difficult to change. I believe that this is true for every human being; this is the way we organise our lives to have some sense of stability. We form habits and once they are practiced, and practiced over a long period of time, it is going to be difficult to get motivated to change, even when we are confronted by consequences associated with the behaviour. This describes all of us, and it describes a person who is living with a severe addiction: formed and practiced behaviour that is difficult to change.

Let's embrace our humanity and engage in compassion and understanding of each other. Our shared beliefs of what addiction is, of what leads to the development of severe addictions, and of what we need to do to be better at preventing and treating it needs to evolve further if we are going to succeed.

People who develop severe addictions often live with mental health problems; and people with mental health problems will often develop addictions. There is more poverty, history

of violence, crime, and trauma, especially for women. On one occasion, three of the women in our residential program had been prostituted at a young age by their mothers, who were prostitutes themselves. The cycle is difficult to interrupt and certainly impossible to interrupt if we don't see and do things differently. I see the hurt, the desperation, the person who is doing their best and often acting against their better judgment because of the addiction. Let us adjust our lenses, work harder at universal access to a good education in loving and protected environments for our children. There are good signs of progress, but stigma is still out there and powerful. I know. I experienced stigma as a clinical supervisor in an addiction treatment centre from the centre staff. That tells us something about how much change is needed.

The orientation from which I write this book comes from years of working in addiction and with adolescents and their families and finding ways to help the clients as well as parents who were struggling and confused as to how to raise their teenager. I had gradually discovered that if I took the time to explain adolescence, give real meanings to the things that the parents observed, and help them adjust their lenses, they could, with those new lenses, find the solutions themselves and gain confidence as parents. It is the foundation of many models of change: if you cannot resolve the problem by looking at it a certain way, change the way you look at it and you might have a chance. Successful parents change their ways if what they are doing is not working, and unsuccessful ones persist with their initial view of the problem and solution and do "more of the same." Put all your parenting books in the garbage, I would say. We are going to understand adolescence together, look at what is going on, and I promise you that you will be a lot clearer about what to do.

Project that to people with severe addiction, their families, and the system of care that surrounds them. There are new lenses that are being offered now as agencies and governments engage more seriously in the fight against stigma. Let's not keep doing "more of the same" when that is not really working. I hope to contribute to an increased understanding of the most severely addicted, the programs and systems that surround them, and offer what I believe are valuable teachings. Enforcement and prohibition have not worked. Fighting stigma while creating housing and job opportunities with the support needed is showing to be the way out of the crisis. More resources in solution building.

This book is a collection of my thoughts about addiction, addiction treatment, and recovery. I reflect on my own experiences. I provide some analysis of programs and highlight thinking errors and doing errors. I will attempt to dissect formal themes surrounding addiction with fluidity and share my story in the hope that it will inspire others. I want people to see the person, not the diagnosis or the addictive behaviour. I want people to understand the suffering of the person who is addicted and their loved ones, and I want people to know how to manage addiction or manage themselves when a loved one is addicted. I am an expert on change. That is what I have been doing for the past thirty-five years: facilitating change in individuals, couples, families, communities, and systems of care.