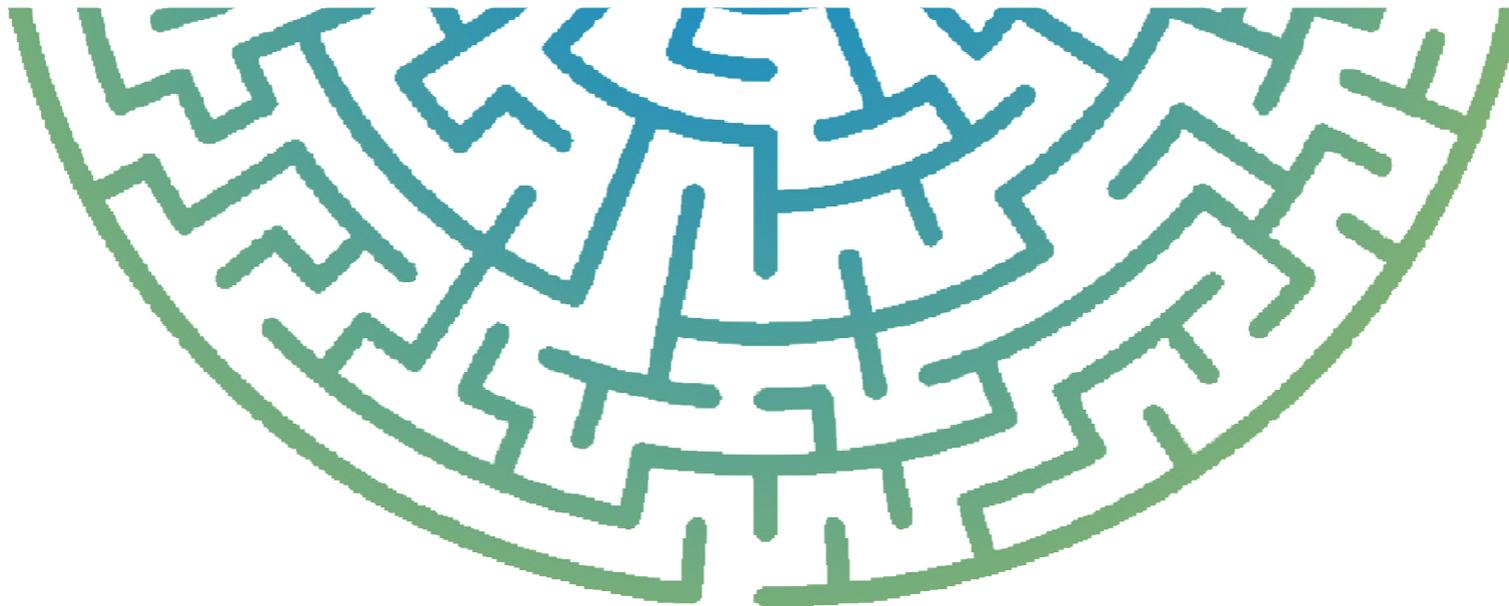




THE
FREEDOM
MODEL for Addictions



Abridged E-Book

The Freedom Model

Abridged E-Book

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The Freedom Model Abridged E-Book

The Freedom Model is not a program, nor a process of recovery, nor a moderation advocate of any kind. It is definitely not treatment, counseling or therapy. Rather, it is a way of thinking about the choices you can and will make in your own life. It is an approach about a confused idea called addiction and recovery, and it seeks to clear the air on these constructs. The Freedom Model debunks all of the addiction and recovery myths so you can happily choose one of three options: to continue to use heavily, use moderately (whatever that means to you) or to abstain, and to freely choose your options based on facts and confidence, not fiction and fear.

Beliefs are Powerful

Yes, you read that first paragraph right. The Freedom Model does allow for all possible outcomes as a great many people do successfully moderate their substance use. To not include this factual information would be to do our readers a disservice. It would be an attempt by us to withhold information for the sole purpose of trying to make up your mind for you. This is exactly what treatment and the recovery culture does and it doesn't work, and causes a great many more problems for substance users as you will learn in this book.

With that being said, we want to make the following point absolutely crystal clear: once you are a believer in addiction and recovery, you should never attempt to moderate or use at all. That, of course, makes sense considering your adherence to the belief in powerlessness. If you believe there is a class of people called addicts that cannot stop taking drugs and/or alcohol once they start, then any level of use is a bad and potentially fatal idea for you. As a believer, any attempt to adjust your substance use will surely fail because you do not truly believe in free will.

Free will is an absolute; either you have it, or you don't. If you believe drugs can enslave you, then abstain. If you believe in loss of control, abstain. If you believe in recovery, abstain. If you believe in addiction, abstain. Of course, even with a sound rejection of addiction and recovery, you might still determine that abstinence is best for you. Many do. What substance use option you choose for yourself is completely and totally your choice. But either way, we recommend that you proceed with your eyes open to the inherent costs of active use and factor that into your decisions. This is vital.

Here's the truth; drugs don't inherently contain "addictiveness", people have free will and can choose for themselves. The fact is over 90% of people who have had a serious drug or alcohol problem moderate or quit on their own. This statistic is well known and consistent throughout addiction research but is rarely admitted or talked about by treatment providers for obvious reasons. Addiction and recovery are made-up constructs that promote our cul-

ture's preoccupation with controlling others' behaviors, not with actually helping individuals navigate through their chosen habits. Just like all those who have changed their substance use on their own, you are free to choose what's best for you and your life.

There are those who will read this short e-book and understand completely, make adjustments to their substance use and move on with their lives. For others who struggle with some level of belief in the addiction/recovery tenets we strongly recommend that prior to making your determination of whether you will attempt to moderate or abstain completely, you read through the full Freedom Model text either through enrolling in the Freedom Model Private Instruction or doing the course at one of our residential retreats.

As you read on in this e-book, make sure you understand the following: the Freedom Model does not ignore the inherent dangers of substance use, and should you choose to use in any fashion those risks are still there. Furthermore, if after reading this e-book, you still want to hang onto all or part of the addiction/recovery myths, abstinence is the only route that you should consider. But should you gain an understanding and embrace your free will and your inherent abilities to choose your thoughts, desires and behaviors, you will have opened the door for yourself to a world of infinite possibilities. You will be able to change and overcome your addiction(s) with ease, and you will become truly free.

The Freedom Model

Whereas recovery ideology says heavy substance users are enslaved and involuntarily using substances, The Freedom Model explanation of substance use is the exact opposite. It says that people are actively and freely choosing each time they take a dose of drugs or alcohol, and that one simple thing motivates this: the pursuit of happiness. There can be all sorts of reasons for substance use held in the mind of the individual (pleasure, stress relief, a desire for a social lubricant), but it all boils down to the substance user seeing the next dose as their best available option for feeling good in some way. Some will say that heavy substance users find the conditions of their life intolerable while sober, and so they use substances as an escape. But this is just another way of saying that they see intoxication as the happier option.

In the Freedom Model, we recognize the fact that heavy substance users are fully free to change at any given time, and they need not look forward to a lifelong struggle "in recovery." Although the brain disease model of addiction is convincing at first glance, it doesn't hold up to scrutiny, and neither do the other major claims about addiction, such as loss of control, inability to stop without treatment, and more (some of these topics will be addressed in this e-book and all are addressed in greater detail in The Freedom Model Course.) "Addicts" truly are free to choose differently. When they become fully convinced that some lesser amount of substance use is the happier option, they decrease their substance use accordingly. With this

change in perspective, they find that there is no struggle needed to abstain or decrease use. They find that it is easily initiated and sustained.

Yes, we said it will be “easy.” We know this word will hit some readers as dismissive of the struggle, pain, and suffering they’ve experienced. **To feel addicted is genuinely frustrating and painful.** The authors of this book have been through it. We struggled for years, and in the depths of it and at times we each seriously contemplated suicide. However, that was a long time ago, and we’re here to write this today because we found our way out of it. When we finally got over our problems, what we discovered is that it was far easier to overcome than we thought it would be. Once we really “got it” there were no more struggles to stay sober and drug free. We do nothing to “maintain recovery” or to keep us from using substances “addictively.” We’ve had thousands of guests at our retreats over the past three decades that have had this same experience of ease moving on from “addiction.” It will be easy for you too. So although the word “easy” may be unsettling to some, it is the truth and we’d be doing you a disservice if we didn’t say it now. You will eventually realize it is easy, and that is a blessing.

A Positive Approach

The approach you have in front of you now is a culmination of nearly 30 years of continuous research, testing, and experience helping people. At Baldwin Research Institute we’ve never stopped evolving our method and it’s provided great success all along. It has changed many times, sometimes drastically. From the beginning we actually used and recommended many elements of the 12 steps; in fact, we were members of AA. Our initial goal was to find what parts of AA worked, and over the years we weeded out elements one by one that we discovered were counterproductive, limiting, or unnecessary. Eventually it became clear that there were no elements of the disease concept and 12 step methodologies that were helpful and we subsequently discarded all of it. Through all of this, there is one thing that has remained constant since the beginning: we have always presented a positive vision of self initiated, self propelled change.

You’ve already gotten some of this same positive message when we told you that you can and will get over your problems without a lifetime of treatment and support. Know this: you can make changes, and **you’re going to be alright.** 9 out of 10 people get over these problems. Most don’t get treatment, and of those that do only a tiny fraction actually follow the treatment protocol to continue in lifelong support. The majority of those who are most successful simply move on with their lives. You can too.

Do You Want “Recovery”?

One of the most important discoveries we’ve made over the years is that shedding the identity of addict or alcoholic and focusing on creating whatever life you want for yourself is far

better than focusing on “recovery.” We know this puzzles some of you. You think you want recovery, and we’re putting it down. You will need to gain an understanding of what “recovery” really means in the realm of substance use problems. Once you do you’ll probably decide it’s not what you really want.

If you’ve never been involved with the recovery society, its groups or treatment programs, you probably think recovery is a good thing. You probably define it as getting over a substance use problem. But if you’ve been in the recovery society, you know this isn’t what’s meant by the term. As we described above, “recovery” is a lifestyle built around an addict self-image and is focused on fighting the disease of addiction. Recovery has no end; it’s a state of limbo in which you constantly fear relapse. It sustains a self-image of fragility that keeps you in self-doubt and it fosters permanent victimhood. This is official policy too, codified in language suggested by the White House in which they now propose no longer referring to anyone as a “former/reformed addict” and instead calling them a “person in recovery”, and “not actively using.” Of course, in this model “not actively using” means you are still a “person with substance use disorder.” Recovery keeps the boogeyman of addiction alive and well in your mind and your life. This is all a tragic mistake.

“Recovery” is both a specific set of ideas (the self-image of “addict/alcoholic” or “person with substance use disorder” according to new language guidelines), and a set of actions (work to battle the disease of addiction.) Both the ideas and the actions miss the point at the core of personal change.

Research has shown that belief in the disease model of addiction leads to “relapse” into problematic substance use (Miller, 1996). Research also shows that belief in the disease model multiplies binge use at an alarming rate (Brandsma, 1980). As soon as people enter addiction treatment and learn these ideas, their risk of fatal overdose goes up, and it peaks right after they discontinue addiction treatment (Pierce et al., 2016). The self-image of the struggling helpless addict taught by the recovery society encourages anything but getting over a substance use problem. It increases substance use problems and leads people to struggle longer. The conclusion is treatment creates addicts and alcoholics!

Cornered Into Perpetual Recovery

Learning recovery ideology doesn’t reduce people’s desire for substance use. What it does is engender fear and make people feel cornered into abstinence. Sometimes substance users sit in that corner for a long time, dying to use substances, feeling miserable and deprived. Every now and then while nobody is looking, they sneak out of the corner and get as high as they can until they get put back in the corner again. While in the corner they’re told to walk through a particular set of actions that define recovery. Unfortunately those actions don’t decrease their desires either, and instead they often increase the desire for substances. Many

people who attend support group meetings like AA and NA report their desire to use substances is greatest right after leaving a meeting.

There is no disease of addiction, so ironically, when you focus on taking actions meant to fight it, you can only hurt yourself. Recovery ideology tells people that at best, they can become perpetually “recovering,” which means constantly battling addiction with a constant threat of relapse. In our early days, we told people they could be recovered (in the past tense), as in being confident that you’re done with problematic substance use and no longer needing to fight anything. This idea was a definite step in the right direction offering the possibility of a better self-image than the recovery ideology offers.

Are You Denying that Addiction Exists?

This is one of the most common questions asked by our callers, our readers and guests in our retreats. As we said earlier, the essential component of any definition or explanation of addiction is the assertion that people’s substance use becomes an involuntary behavior. This notion that it is involuntary has been explained by the recovery society and its proponents in many ways, and yet none of their explanations has ever been proven or even supported by research. In fact the research always indicates that elements of choice are involved in all substance use, and that it is a voluntary, freely chosen behavior.

So yes, we are denying the general idea of addiction; specifically that it is involuntary behavior. **However, we are not denying that people use substances in troubling and costly ways; nor are we denying that some substance users feel as if they are compelled to use substances and can’t stop. We are definitely not denying that people struggle; they do and we did. The idea that substance use becomes involuntary is at the root of what makes people feel as if they can’t stop.** Here we’re going to quickly refute the three most popular explanations that have been used to convince people they are “addicted”.

1) First, it’s said that addiction includes a “loss of control” whereby an addict will not be able to stop drinking or drugging once they start. Several laboratory experiments over the past 50 years have shown this to be false. None have confirmed the existence of such a weakness in people labeled as addicts or alcoholics. What studies have shown is that when those diagnosed to be “addicted” are given a substance without their knowledge they don’t proceed to seek out and keep taking more of it. These studies have also shown that self-described addicts will moderate and save up several doses for a binge when the supply of a substance is tightly controlled; and that when faced with offers of money or more substance, most “addicts” have their price and will turn down the next dose they’re offered in favor of the other reward. What’s more, data shows that most former “alcoholics” become moderate drinkers. These facts all demonstrate that cognition and choice are the factors ruling addicts’ behavior,

rather than a mysterious “loss of control,” “phenomenon of craving,” or weakness of some kind.

2) Next, it’s said that repeated usage of substances causes neural changes that force addicts to crave and use substances perpetually; that their brains are hijacked by substances. Again, extensive research disproves this claim. The vast majority of addicts quits or reduces their substance use despite such neural adaptation (commonly called “brain changes.”) Moreover, the probability of addicts quitting or reducing their usage remains constant, whether they have been “dependent” on substances for less than 1 year or more than 40 years. This fact flies in the face of the theory that more exposure to substances leads to more brain hijacking, which leads to more involuntary craving and substance use. Brain changes be damned, people still quit and moderate despite this physical state. As one esteemed researcher put it after reviewing this line of research:

“There are no published studies that establish a causal link between drug-induced neural adaptations and compulsive drug use or even a correlation between drug-induced neural changes and an increase in preference for an addictive drug.” (Heyman, 2013)

The available evidence completely refutes the brain disease model of addiction. The brain changes that are said to cause addiction are a completely normal phenomenon. They occur with the learning of any highly practiced skill or habit, yet they don’t compel anyone to use their skill or continue their habit. Do you think that piano players, taxi drivers, or jugglers are compelled to carry out these activities once they become skilled at them? Of course they don’t, yet all of these activities lead to significant brain changes, just like repetitious substance use does. Such brain changes are the result of habit, not the cause of habit. They only serve to facilitate efficient continuation of the habit, but they do not rob the individual of free will. You might think of this in the same way that lifting weights alters your muscle tissue, yet this physical change doesn’t cause you to punch people.

3) Finally, much is made of the role of physical dependency and withdrawal syndrome that occurs when people stop using some drugs such as opiates, benzodiazepines, and alcohol. Surely, people who suffer from this must be true addicts enslaved to their drug of choice? Once again this is not the case. Throughout history the vast majority of people who have had withdrawal syndrome simply experienced this as a sickness rather than as a compulsion to seek and use more drugs. It’s true that some do require medical help to safely weather this condition, but it is not true that withdrawal compels people to use substances. Furthermore, withdrawal symptoms don’t need to be present for people to feel addicted. This can be seen in users of drugs that cause little or no withdrawal such as marijuana and cocaine, and all of the non-drug activities people feel addicted to as well, such as gambling, shopping, or watching pornography.

What is The Freedom Model, and How Can It Help Me?

Most people enter into treatment dreading that they “will never be able to drink/drug again.” With this as a starting point, treatment’s primary objective is to teach methods of resisting the desires for substance use that they say you must fight for the rest of your life. Thus the goal of treatment is to prepare you to construct and exist in a limited world that will attempt to support you in painful resistance of your desire, and will also attempt to protect you from exposure to substance use and so-called “triggers.” Essentially, the recovery society is trying to help you to not do what you really want to do, (which is to use substances heavily). This is exactly why treatment programs fail.

The Freedom Model completely upends this approach. We do not assume that you will be stuck with your current level of desire for substance(s) for the rest of your life; nor do we assume that your goal must be lifelong abstinence from all substance use; and we know that your behavior is voluntary. Furthermore, we ask you to become fully informed of your abilities and alternative ideas about substance use and addiction before you make any decisions about whether you will abstain or decrease your substance use moving forward in your life.

The decision-making process and your ability to choose is everything in the Freedom Model; whereas the decision of abstinence is already made for you in the recovery society and treatment whether you like it or not. When people are scared or shamed into abstinence or otherwise made to feel that it is their only option, they rarely become truly invested in and motivated to continue to abstain. This motivation is essential to human behavior. So again, the Freedom Model abandons this practice, and focuses on allowing you to arrive at a decision yourself in a thorough and fully informed way.

You can get excited about quitting or reducing substance use. You can like it and truly want it, instead of feeling like you have to do it. You can become truly motivated to make a change, because you can change your preferences for substance use.

The Freedom Model provides factual information that removes the obstacles to change, then provides insight and information that can help you to effectively make new choices, and leaves those choices in your hands, for you to self-determine. It does this all by providing information. With new information, new perspectives, and new thoughts, you may develop new desires, do away with the painful task of fighting your desires, and easily make new choices.

How Do I Quit Drinking or Drugging?

You quit by ceasing to continue using substances. That is to say, quitting is almost a zero step process. It isn’t difficult. We know this sounds dismissive of the difficulties you’ve felt in trying to quit, and again, that’s why we’ve written this detailed, well-researched and cited e-book (and full text of The Freedom Model) to help you understand why it truly is this simple.

Quitting isn’t difficult when you really want to do it. As you think critically about your past attempts to quit in which it felt difficult, you might want to ask yourself whether you truly wanted to quit. You most likely felt like you had to quit; like you were obligated to quit; like you were cornered into quitting; like you had to quit in order to avoid disaster. In those difficult attempts, you didn’t see a life without substance use as the happier, more attractive option than a life with substance use. This is another way of saying you didn’t really want to quit. When you move forward on a quit attempt without really wanting it, then it becomes a painful struggle to resist what you really want.

So the “how” of quitting is figuring out that a life without substance use is actually the happier, more attractive option. It’s an internal mental change of wanting abstinence. The same goes for reducing your level of use. It’s only hard to reduce your substance use when you view a reduction as less enjoyable than heavy/frequent use. The key is seeing a reduction in usage as the happier, more satisfying, more attractive option. Once you do, it takes no special technique to moderate. It is also almost a zero step process. It’s easy.

If you are using substances in a way that poses immediate danger to your health, then the right time to at least take a break from it and regroup is always now, whether you’re jazzed about the prospect of quitting at this moment or not. However, we’re not encouraging anyone to jump the gun and attempt to make long-term changes in the same short-sighted and frustrating way that never works. Whether you’ve quit already, think you need to right now, or plan to do so sometime after finishing this e-book, the key ingredient that will make your changes last is finding a way to see quitting or reducing your substance use as the happier and more attractive option – in both the long term (e.g. I’ll be happy to not get cirrhosis and feel healthier) and in the short term (e.g. I can enjoy my life more today without any or with less substances.)

How Do I Deal With Withdrawal?

If withdrawal is an issue for you, as it can be with alcohol, benzodiazepines, and opiates/opioids (and possibly some other classes of drugs), then you should seek medical help for that when you decide to quit. This problem is easily addressed in a matter of 3 to 14 days (depending on what and how much you have been using) under the care of qualified physicians.

Withdrawal from opiates/opioids is almost never life threatening, although it may be dangerous for a very small portion of people who have other health issues that add complications to it. In most cases, it can be tolerated without medical help, but there is still no shame in seeking such help if you feel you need it. The help is out there and it is effective, and for this class of drugs detoxification is a shorter process, usually taking from 3 to 7 days. Just a word of caution here: we recommend that you don't get duped into the long term opiate replacement regimens that are so popular. That's the same dead end road that ends in great frustration. You can let your detox provider know that you want to detox completely. Millions do every year and they move on with their lives, you can too.

Withdrawal from alcohol and benzodiazepines can be life threatening. This is rare but significant enough that it's better to seek help and be safe rather than sorry. Again, medical help is available, and it works. There is no excuse for not getting this help, as it is available in hospitals in every major city, and certainly somewhere in every state, and it is usually covered by medical insurance or by the state. Your local emergency room must help you with this, especially if it is determined that your withdrawal symptoms are life threatening.

It is important to understand that withdrawal syndrome doesn't compel anyone to want or to use substances. This is yet another myth propagated by the recovery society. It is covered in great detail later in this e-book and in even greater detail in the full Freedom Model text. Withdrawal syndrome is a medical issue that can be successfully medically treated, and to that degree it's an easily solved non-issue in the bigger picture of changing your substance use habits.

How Do I Resist Cravings?

When people think of cravings, they think that it is something that happens to them. But the truth is you don't get cravings; you actively crave, so no resistance is needed since it is something you choose or decide not to choose for yourself.

Recovery ideology has renamed wanting substances as "getting powerful cravings." This language distorts what's actually happening when a person wants to use a substance, or even thinks about a substance. It leads people to believe that there is an objective force called a craving that they "get" or that otherwise happens to them. This mythical craving then becomes something to fight, resist, or prevent by some complicated means. Seen this way, it becomes something that requires strength and support or a special coping technique to overcome or resist.

The truth is that craving isn't a thing or a force; it's an activity that you choose to do. You actively engage in craving, by thinking "a drink/drug would feel good right now." It feels "stronger" when your thought amounts to "I need a drink/drug right now." And there are vari-

ous shades of wanting in between these extremes. To crave is to actively think that using is the preferable option. So, like quitting, "dealing with cravings" is essentially a zero step process once you know what you want. When you change your perception of substance use, and see using less or none at all as your preferred option, craving will no longer be an issue because you won't be thinking "I really need a drink/drug right now."

Until you've changed your perception of substance use, you may find yourself revisiting the thought that you "want or need a drink/drug right now." All you need to know at this point is that there is no powerful craving that's forcing you to use, and that when you think you need to use, you are free to challenge that thought. You are free to ask yourself "do I really need a drink/drug right now?"

Habit will play a role, as you will be more apt to think these thoughts in the situations in which you've always thought this way. If you recognize that thinking about substances in certain situations is just habit rather than a "powerful craving" thrust upon you by the disease of addiction, then you will realize there is nothing to battle or resist, and the habit of ideating about substance use will quite naturally die.

In short, know that craving is just thinking favorable thoughts about substance use, and you are free to think differently. It isn't something that happens to you, it's something you actively do.

Isn't Addiction Genetic?

Many of our readers, as well as their family members are convinced that addiction "runs in their family" and that there is some genetic abnormality that forces them to use substances. They point to family members who've had substance use problems as proof that they're genetically fated to repeatedly use substances problematically.

This is a case where you will find exactly what you're looking for; as of this writing, the most recent data (NESARC III, 2016) shows that 68.5 million Americans, or 30% of the adult population, have fit the diagnostic criteria for Alcohol Use Disorder at some point in their lives. That's nearly 1 in 3 people. If we include drugs other than alcohol, 44% have had an addiction at some point in life. This means the odds of having relatives who've struggled with substance use problems, even in your immediate family, are extremely high. If you have at least 3 adults in your family, chances are that one of them will have had an "addiction" at some point. Given this, the odds are that *addiction runs in everyone's family*.

Thus far, science hasn't verified a single "addiction gene," nor has it explained how such a gene would cause people to want substances. Genetic determinists have now moved toward saying there's probably a "cluster of genes" that somehow converge perfectly to make people

addicts. But again, they don't know exactly how this would work, or whether it's really the case. As such the question of whether genes are involved in heavy substance use is a very murky issue. Even if genes are involved, more than 9 out of 10 people get over their substance use issues anyway. Our position is that looking for this and other "causes" of addiction is a fruitless quest, and what's even worse is it gets in the way of people making changes because these proposed causes end up functioning as an excuse for people to give up trying to change.

Another popular "cause of addiction" that fits this pattern is an emotionally turbulent childhood. Adolescence is a highly stressful period of life; a roller coaster ride of negative emotions for most people, whether addicted or not. So the chances are that if you look for this in your past you, too, will find it. Since it doesn't really stand out as something unique to "addicts," then it's not logical to blame it as a "cause of addiction." And so again, focusing on this as a cause serves only to block you from addressing your problems and initiating change now. Substance use, at all levels, is an activity chosen in pursuit of happiness; that is, it's caused by the personal view that substance use will provide you what you feel you need emotionally. The way to move on from a pattern of substance use that you're constantly regretting is to change your perspective on whether it's the best option to get you what you feel you need emotionally.

Can I Actually Moderate?

Since there is no such thing as "loss of control" of substance use, **anyone** can modify their substance use levels and patterns – from the successful executive who drinks a little too much now and then, to the homeless man at your local bus station begging for money to get more crack. Nobody lacks the ability to use substances moderately. However, not everyone really wants to moderate their substance use. Successful moderation is just a matter of finding your way to preferring moderate use more than heavy use. If you set out to moderate when you truly want to use heavily, you'll probably end up using heavily. This topic is so bogged down in misinformation that a quick answer will not be enough; so just as we asked that you make no rash decisions about lifelong abstinence yet, we'll also ask you to hold off on the decision to moderate until you've educated yourself fully through the rest of the e-book. If, after reading through this e-book, you still have reservations and concerns that you do lose control and do not have the ability to change your current level of substance use, then we recommend considering enrolling in the at-home Freedom Model private instruction or taking the Freedom Model course at one of our retreats.

Some of you will be afraid of the very mention of moderation and will not want to discuss or even consider it. Beware that this position probably means that you're holding onto a strategy of being scared into abstinence. You want someone to tell you that you must be abstinent and are unable to moderate. You want to feel as if you "have to" abstain because you think that is

needed for you to have some success. However, that isn't the case. You don't have to do anything. We don't discuss moderation to promote it; we discuss it because it is an option, and some people will choose it whether or not we discuss it. So our position is that it's better to be open and informative about the topic, than to promote ignorance and engender fear by withholding information. What's more, openly considering all options is a better way to become fully invested in the one that you want, as opposed to feeling cornered into something you don't really want.

To be clear, we are not recommending any substance use whatsoever, and we aren't giving anyone permission to moderate. We have no authority whatsoever to grant or deny anyone permission to do anything. We respect the fact that you make your own choices in life, and will do so based on your own judgment, regardless of what we say. To deny the possibility of moderation or withhold information about it would be an attempt to manipulate and choose your goals for you. It would mean that we're not telling you the whole truth based on fear and in an attempt to steer you in a specific direction. That's what the recovery society and treatment do. They say that heavy substance users can't moderate, and instead will fall immediately back into uncontrolled heavy substance use after their first hit or drink. And we've found that's what some people who are afraid to discuss this topic want to be told, that they can't moderate. This allows them to be able to avoid the responsibility of making their own decisions. The goal of the Freedom Model is for you to learn the whole truth, so you can make an informed decision. Even if you know you want lifelong abstinence now and don't plan on changing that decision, we challenge you to become fully informed. That way, when you make your decision, you will have done so for reasons of finding your happiest option rather than feeling fearful and deprived and believing that abstinence is your lifelong punishment.

These Were Quick Answers

These have been the briefest of answers to the most pressing questions people have when addressing a substance use problem and learning The Freedom Model. The authors know how frustrating and sometimes painful it is to feel addicted, and we also know that with a new mindset, it can be extremely easy to change. As you learn more about The Freedom Model, you will gain a full understanding of these issues and the deep conviction that you are absolutely free to change your substance use. As you expand your knowledge, you'll eventually see that it can be an easy and enjoyable change to make.

The 3 Building Blocks of Freedom

To further your understanding of yourself as a freely choosing being, and bring clarity to how and why you choose as you do, we will be examining the building blocks of freedom, three uniquely human attributes:

- ✓ **The Positive Drive Principle (PDP)** – provides motivation to act. It is readily observed that everyone is pursuing happiness at every moment. This motivation gets channeled into whatever we see as our best option at any given moment.
- ✓ **Free Will** – is our ability to choose our own actions, which we do according to our perspective of our available options.
- ✓ **Mental Autonomy** – is our mind’s separation from circumstances, other people, and any outside force. It is the fact that thinking takes effort that comes from within, and is an independent activity.

With deeper understanding of these attributes, you will increase your problem solving abilities and swiftly deal with your substance use issues. They make up the backbone of The Freedom Model, and point the way out of the recovery society trap.

The Positive Drive Principle

We consider the following observation to be self-evident: every single person, in everything they do, is trying to achieve/maintain a happy existence.

As simple as that statement is, it’s turned out to be the most important insight we’ve had over the past three decades of running our retreats. It’s important for understanding heavy substance use habits, and it’s important for making changes in substance use habits. We call it the Positive Drive Principle or PDP for short, and define it as a drive to pursue happiness. We definitely aren’t the first to make this observation; great thinkers over the ages have noted it frequently.

"All men seek happiness. This is without exception. Whatever different means they employ, they all tend to this end. The cause of some going to war, and of others avoiding it, is the same desire in both, attended with different views. The will never takes the least step but to this object. This is the motive of every action of every man, even of those who hang themselves."

–Blaise Pascal, 1669 - French mathematician, physicist, and philosopher

"Man aspires to happiness, and he cannot help aspiring to it."

–Jacques-Bénigne Bossuet, 17th century French Bishop and theologian

"Man comes into the world having implanted in him ineradicably the desire of happiness and aversion from pain. Seeing that he acts in obedience to this impulse, we cannot deny that personal interest is the moving spring of the individual."

–Frederic Bastiat, Economist

"The object of rational wish is the end, i.e. the good or the apparent good."

–Aristotle, The Nicomachean Ethics, 350 BC

The PDP is what motivates every person into any action of any kind. You may be thinking, ‘why are they talking about this principle here and now?’ Frankly put, the recovery ideology that is entrenched in our culture has convinced too many people that there is no rhyme or reason to their substance use habits. About half of our retreat guests (often those older than 35 years old who have tried to stop in the past) tell us “I don’t know why I do this, I don’t even like it.” Incidentally, the more exposure an individual has had to recovery ideology and treatment programs, the more likely they say and believe such things. They then go on to list all the negative consequences of heavy substance use, saying “why would I do this when it costs me my...” marriage, freedom, license to drive, health, job, etc. All of the “help” they’ve received has led them to become hyper-focused on the costs, the apparent irrationality of their behavior, and the shame of it all. They live in complete bewilderment as to why they continue to drink/drug; and they’ve accepted it as the de facto thing they’ll just keep doing because they believe it to be driven by sickness, disease, or mental disorder of some kind. They think they are engaging in behavior they don’t really want to do and this is very confusing and renders them virtually helpless to change it. This confusion keeps people from seeing their way out of these problems and moving forward.

Yet if you ask a substance user why they originally began using a substance, the answer in nearly every case reveals a pursuit of happiness – for the high, to loosen up in social situations, to blow off steam, to feel good and more. Even when the answer is “to fit in” this can clearly be traced back to a pursuit of happiness. People want to fit in so that others will like them, so they’ll be invited to parties and socialize with others; all enjoyable elements of life. Most young people readily admit that these happiness based reasons are why they use substances.

But again, some portion of people with more long term heavy substance use habits have become so bogged down in the costs of substance use and the shameful identity of being an “addict” or “alcoholic” that they’ve become blinded to the fact that they’re still pursuing happi-

ness with this activity. They've been taught (through interactions with people who negatively judge their habits) that they're not supposed to like using substances the way that they do. They've been taught that they should express nothing but shame, remorse, regret, self-pity, and all manner of negative feelings about substance use. They've been taught that they should show that they hate it, and wish they weren't doing it.

So when we ask these people why they do it and the answer is "I don't know why I do it; I don't like it," we move to another question: then why don't you just stop? The answers we hear to this question tend to be more revealing and fruitful. These long time substance users say they have too much stress, anxiety, or depression. They say they can't imagine being the only one at a party not drinking. Or they say they'd be just plain miserable without it. The thing is both questions – why do you do it, versus, why don't you stop – are asking the same thing. So, the answers to the second question are essentially the answers to the first. That is to say that you don't stop because you're afraid you won't fit in is the same as saying that you use so that you'll fit in. To say that you don't stop because you'll be too miserable without it is the same as saying that you use because you think you need it to be happy; and so on.

All choices are made in pursuit of happiness.

It's important to recognize that all choices are made in the pursuit of happiness, and that there are no exceptions to this rule. The Positive Drive Principle (PDP) is easy to see in choices that our culture generally sees as positive, or at least benign. If someone follows a dream career, we know they are pursuing happiness. They may struggle at achieving success in a career in which the odds are against them, such as becoming a politician, entrepreneur, or artist, yet we know they dream of happily succeeding one day, and that this pursuit of happiness drives them to toil, struggle, and keep going in the face of rejection and failure. It's obvious that when someone scrimps and saves to buy a home, take an extravagant vacation, or get a fancy car, they are pursuing happiness. If they endeavor to succeed in a sport, or study a difficult topic, or strive to achieve straight A's in high school, it's clear that they enjoy the challenge and are pursuing happiness in it.

Then there are the benign daily activities like buying that four dollar cup of gourmet coffee; i.e. your Triple Venti, Half Sweet, Non-Fat, Caramel Macchiato. Some would ask why waste the money on that when you can get cup of coffee for a dollar at McDonald's with the same amount of caffeine? You spend the extra money because you see some benefit; it's likely you believe the gourmet cup tastes better so you enjoy it more, thus it makes you happy. The same could be said of those who cook gourmet meals instead of getting by on some easier to make, equally nutritious food. It can be seen when you choose to watch one television show instead of another; you prefer one more than the other, and think it will be more entertaining to you, thus making you happier. You can even see it when people do small favors for each other. They do it to see a smile on someone else's face, knowing that they helped that person,

and of course, finding happiness in the self-image of being a helpful, loving, generous person. The PDP is behind every one of these choices.

You can also see the PDP at work in many behaviors that people think they "have to" do, such as going to work. You don't truly have to go to work. You could abstain from that and couch surf or go homeless. Many people do. However, those who go to work see benefits in working, most obviously the benefit of getting paid for their efforts, and then using that money to trade for all the things they think they need to live a happy life.

Costly Behaviors Are A Pursuit of Happiness Too.

When it comes to choices that aren't seen as good or benign - the choices that are seen as too costly, irrational, or risky, – many people have a hard time seeing happiness as the motive. They think the person making those choices must be sick, dysfunctional, or inherently immoral in some way. The prime example here is heavy substance use. As you saw above and earlier in the text, there are plenty of reasons people prefer substance use, and they all boil down to a pursuit of happiness. But then there's that nasty issue of the costs and consequences. And indeed, many people often don't prefer their heavy substance use in hindsight. The outcomes can be quite costly monetarily, legally, mentally, emotionally, socially, and physically. With experience these costs become completely predictable and are often known and thought about when choosing that next drink or hit. The prevailing school of thought is 'Nobody would freely choose such destructive behaviors.' This is the argument we hear most often in favor of the idea that there is a state of involuntary behavior called addiction.

It's time that we break down that argument and challenge it thoroughly. What it's really saying is the fact that a particular behavior or choice is extremely costly proves that it is involuntary. Or another way of understanding this is that irrational choices are impossible, and so if a behavior turns out to be irrational in the final analysis, then it must have been compelled rather than freely chosen. When stated clearly this way, you can see how absurd it is.

First, to be rational; that is, to think through your potential options logically and figure out which one is truly best and will bring about the best results takes effort. In some cases it can take an enormous amount of effort. All people, "addicts" and "non-addicts" alike, fail at this task multiple times a day! Plants and animals have it easy. They don't have to think things through to survive and thrive, but people do. Life is full of irrational decisions, and the challenge is to continually gain knowledge and wisdom to hopefully make increasingly better and more "rational" decisions throughout life. When people cite irrationality as proof that a behavior is involuntary, are they really saying that it's impossible for humans to freely make irrational choices? The truth is irrationality isn't proof of disease, it is proof of humanity.

Second, and more importantly, it's not odd for people to pay a high price for the things and activities they believe will make them happy. You don't need to look far for examples of this in everyday life. Just consider the costs of owning a big house. Most obviously bigger houses have a higher monetary price, but the higher costs don't stop there. They have higher property taxes and cost more to heat/air condition. The time, physical, and mental energy costs to maintain a larger home are massive. It takes enormous effort to keep up extra rooms such as a den, media room, finished basement, extra bedroom, home office, laundry room, and so on.

Contrast this with a modest apartment. Instead of a big 30-year mortgage, you could pay a small monthly rent, and pay it to one person since the property taxes are figured into that payment. There is no lawn and landscaping for you to maintain, no gutters to be cleaned, no extra rooms to decorate, furnish, and keep clean. If something goes wrong structurally, or with the plumbing or HVAC system, or the paint starts to peel, you either don't have to worry about these things, or you have one person (a landlord or superintendent) that you call to get it fixed. You don't have to make any decisions about hiring help, contractors, or repairmen. Your landlord handles all of these issues and the costs are already figured into your monthly rent. You needn't spend much time, effort, or mental energy on these things. Furthermore, you have no insurance or liability to worry about if someone slips on your steps and decides to sue, or some other unforeseen event happens on the periphery of the property, because you don't own it. What's more, you don't have to worry about property values decreasing or the housing market softening and having your home become worth less than you paid for it. You take no such risks by renting. It's simply much easier being an apartment dweller, as one comedian put it:

"I went to the Home Depot yesterday, which was unnecessary; I need to go to the Apartment Depot. It's just a bunch of guys standing around going "Hey, we ain't gotta fix shit."

-Mitch Hedberg (1968-2005)

Now, given the fact that modest apartments are so less costly, require so much less attention, and have virtually none of the risks of big houses, why does anyone buy those big homes? Are they sick and diseased? After all, their decision looks quite irrational once you consider all the risks and costs they're taking on by making it. They're locking themselves into 30 years of paying for a home, and also limiting their ability to move somewhere else should they feel a desire to do so. They don't have to take on all these negative consequences of home ownership. What causes them to continue homeownership "despite experiencing negative consequences?" Why do they take the risks involved in homeownership when they could choose the less risky "healthier option" of renting an apartment?

If society looked at the homeownership versus renting a modest apartment situation in the same way it views heavy substance use, then they would say the homeowner is sick, diseased, disordered, or dysfunctional. They would say that homeowners must've been traumatized,

and so they're now self-destructive and self-sabotaging. They would say they must have underlying issues of stress, anxiety, and depression that cause them to seek comfort in the immediate gratifications of living in a big home.

Of course, this analysis would be absurd. Some people like to rent a small apartment, some people like to own big luxurious mansions, and there's a whole range of options that people prefer in between those two extremes. Each individual sees benefits in these various options that make one look better than the rest and then result in the desire for such a home and willingness to pay the associated costs. They see things they believe they need to make them happy in a home, and then they pursue the home that they think meets their needs. They may wish the costs were lower to get the benefits they want, but nevertheless, they freely, and willingly, pay the price to get what they prefer.

A person's preference for substance use is no different. Each person has their own perspective on substance use's benefits, and they will pay whatever the price is to get those benefits as long as they think it is the option that best serves them. The PDP (Positive Drive Principle) is how we sum up this fact. People take actions to achieve happiness, and they do so according to their own unique perspective. If you are putting effort into something, it is because you see it as the best available and viable option to achieve/sustain a happy existence. If you truly didn't want to do something, then you wouldn't do it. You are driven to pursue happiness at all times; everyone is.

Happier options...

We've used the term "happiness" here, and we know that many people's reaction to this will be "You think I'm happy doing this? I'm not happy - I'm miserable drinking/drugging like this!" Happiness is relative and the term as it is used here doesn't just refer to states of pleasure, bliss, and joy. Happiness comes in different degrees. It refers to minor satisfactions as well as elation. Jail is a miserable place to be and when I was there I found happiness in the tiny weekly delivery of low quality snacks we were allowed to order from the commissary. Overall, I hated my situation in innumerable ways; as you can imagine there are considerable downsides to being imprisoned. I wanted to be free. But when I got those snacks, it was better than not getting those snacks. Getting a steak dinner would've been even better, but that wasn't available to me, so I found happiness in some cookies and candies which would've been the cheapest things on the shelf at an inner-city bodega.

Some other guys preferred to order ramen soups with their commissary budget which they didn't eat, but instead used as currency for other things. They were happy enough with the food served in the mess hall at the prison. I generally starved because I was so disgusted with the food served there. It often contained fish, mushrooms, white sauces, or other things I don't eat. I was so hungry and so repulsed by the meals I was given that I once fished a piece of cake out of the trash that another prisoner had thrown out with his tray. I was extremely

happy to get that cake, even while hating myself and being embarrassed at having taken it out of the trash in front of everyone.

One example that might illuminate the fact that people are choosing what they see as their happiest option is voting. Many people regularly complain that they hate both candidates in presidential elections. “They’re all crooks,” they say. But then they get in that booth and vote for one of them. Who would freely choose to vote for a crook? They see this as a choice between the lesser of two evils, and they “hold their nose” while pulling the lever. Yet in seeing one as less evil, they essentially see that candidate as the better one. We can’t overlook that this person could also completely abstain from voting as many people do. That they cast a vote at all shows that they think there’s some personal value to be gained by taking part in the process. We can only assume that they think they would’ve missed out on sufficient benefits by abstaining, and that this was the available choice that they believed would make them feel best – even if they can list off 50 things they hate about the candidate they chose.

People choose what they see as the happier option, and the key to understanding this is in the ier tagged onto happy. It doesn’t mean that every choice you make is fantastic; it doesn’t mean these choices don’t come with high costs that you wish you didn’t have to pay; it doesn’t mean you won’t regret these choices later; and it doesn’t mean that these are your ideal choices. It simply means that among what you see as your available options in the moment when you choose, those choices are seen as the better ones. They are the happier options.

I met with a friend’s daughter recently who is in her early twenties, and she was basically going nowhere fast. She had been kicked out of her home, was using lots of drugs, dealing them, and spending the bulk of her time with people who regularly get into trouble with the law. As we talked it became clear that she had no ambition, didn’t think she was capable of achieving much, was regretful and ashamed that she hadn’t gone to college, and felt as if this opportunity had already passed her by. She had no vision whatsoever of any other lifestyle that could make her happier than the one that she was currently living, and that she clearly knew was fraught with risks and costs that would eventually catch up to her. Even when her parents took her on a vacation with them to a luxurious ski resort, she was miserable the whole time because she didn’t have any drugs with her. Being high on drugs, every day, had become her entire definition of happiness. Being without drugs became her definition of misery.

I know her situation well and saw myself in her. The truth is she has a family that would support her in chasing any goal. They would invest in her and support her endeavors. She has plenty of opportunities to live differently; she just doesn’t see it that way. Her perspective is based on reasons that are pitiable, like a low self-esteem and a limited perspective on happiness because she hasn’t achieved much yet; and in spite of her relatively normal upper middle class upbringing, she believes that she needs drugs to deal with pain from her childhood. I

know how painful and stuck it feels to believe those things, and if I could snap my fingers to make her change those beliefs and move forward, or give her a pill that achieved the same, I would do it in a heartbeat. But I can’t, because it’s a matter of personal perspective. The power of the mind is such that even when she’s on vacation in the midst of plenty of other enjoyable activities that most others would love to do, in her mind they don’t compare to drugs, which she sees as the happier option. She spent a good amount of time on that vacation seeking out a drug dealer, spending all of her money on very weak drugs, using them quickly, and then existed in misery for the remainder of the trip.

The desire for any given choice doesn’t exist in a vacuum. It exists in relation to our view of other options. It’s important to realize that the people who feel most extremely attached (i.e. “addicted”) to a habit, also see the option of changing the habit as a miserable state. They see it as one of loss and deprivation. They see it as missing out on benefits that are essential to their happiness. In the case above, any time not under the influence of drugs is seen as absolute misery. With this perspective of their options, people happily pay a high price to continue the habit whenever possible, and will go to great lengths for it. We’ve all seen this in the desperate behaviors of some substance users.

We realize that not every reader will feel this attached to substance use. Many don’t feel like they must have substances all day every day. Some will feel they “need it” after a hard day’s work while others will feel like they can take it or leave it every day throughout the week, but see a Saturday without a 12 pack as misery. Some will feel they need it when they are upset, stressed, or sad, and view going without it in these situations as a serious loss. Each individual’s perspective is unique. ***The greater the differential between the benefits they see in substance use, and the benefits they see in going without it or with less of it, the more desperate they will feel and behave.*** What is normally called an addiction, that is the desperate and costly behavior and mixed emotions over substance use, isn’t an entity unto itself. It isn’t a disease, a brain state, or any other “thing.” It is simply a perspective on one’s available options; it is the belief that heavy substance use is the happier option; it is a matter of the mind.

Outcomes Don’t Reverse Motives

They say hindsight is 20/20, meaning that after our decisions are made and have fully played out, we can see things clearly. What you thought was a good decision 10 years ago, 10 months ago, 10 days ago, or even 10 hours ago may look like a horrible decision right now. When everything comes crashing down from your substance use choices, it’s easy to look back and say “Why would I have done that?” as if the motive for the substance use is some kind of mystery. Many think something sinister is going on, and that they couldn’t possibly

freely have made such a choice. Or they hold up the bad outcome as proof that they clearly can't be pursuing happiness. "After all," they say, "I'm not happy now." The reasoning boils down to this:

- I would never choose for things to end badly.
- This choice ended badly.
- Therefore I didn't really make this choice voluntarily, and it wasn't driven by happiness.

This would be like saying after a sports loss that the team didn't want to win the game, or after some giant marketing failure that the greedy corporation didn't want to make money. Need we hammer this point home any further; bad things happen, even when you intend for the best. Just because you don't like the consequences of your substance use now doesn't mean you weren't pursuing happiness when you chose to do it.

Some may also conclude that they are "self-destructive" by virtue of the fact that they've repeatedly made choices that turn out badly, as if they intended a bad outcome. Well if you're truly self-destructive, then why are you regretful now? Shouldn't you be happy that it all blew up in your face if your intention really was to self-destruct? The logic falls apart quickly. Don't get stuck in these traps, all they do is keep you from realizing the truth, that you're trying to achieve happiness with your substance use.

There's One Direction of Motivation: Toward Happiness

What about using substances as an escape? Many people think that substance users are running from pain, and that this is far different than pursuing happiness. They say substance users "aren't using for any sort of pleasure, they're using to deal with depression or feel normal." The word "pleasure" (with a hedonistic connotation) is being used to represent all of happiness here, while it is only one specific type of happiness. What's more, averting pain is a form of happiness. Aren't you happier without pain than you are with the pain? Better is better and moving forward is moving forward. If you think of emotions as being on a continuum with horrific pain on one end and blissful happiness on the other, then any decrease in pain, even if it's a move toward "just feeling normal" is a movement toward happiness.



Now in reality, there is no middle state devoid of feelings. We always feel something, and if you move rapidly from intense pain to no pain, or from intense pain to mild pain, you will absolutely experience some happiness. How could you not? Feeling better is feeling better. For example, many people say heroin users don't do it to be happy; they just do it to feel normal. As a former heroin user, I'll say that when I woke up in withdrawal, then begged, scrounged, and stole to get a hit, and then finally got a reprieve from my dope-sickness when I shot up, I was happy as hell. Did I like the overall state of my life? Absolutely not; I hated it. Did I like coming out of painful withdrawal? Of course I did.

To feel "normal," whatever that means when people use it in reference to their motivation to drink/drug, is a happier state than the pain, discomfort, sadness, or whatever abnormality it is from which people feel they need to escape.

While discussing outcomes here, do not fall back into the trap of thinking that outcomes determine the motive. If after hustling up enough money to get a hit, I end up getting ripped off with an inert substance that turns out not to be heroin, and I remain in the exact same painful state of withdrawal, the PDP still applies. Even though my disappointment at getting ripped off immediately moves me in the direction of greater misery my motive was still the pursuit of happiness. I wanted to feel better even though that wasn't the outcome. The same goes for if I had bought a tainted bag of heroin and then died of an overdose. The motive was to move toward greater happiness, although the result was the exact opposite.

Happiness Is Subjective and A Mixed Bag

We should not need to mention it, but different things make different people happy, depending on their perspective of the benefits. Our 'house versus apartment' example made that clear enough. However, to add some more depth to this let's look back at our last example of being in heroin withdrawal.

We have seen people, in the midst of heroin withdrawal, experience happiness. How can this be? Well, they were proud to be enduring the pain and not turning back to heroin for a quick fix. They had it set in their minds that there was a greater goal being achieved by enduring this pain. They looked forward to "getting over the hump" and being free of the withdrawal cycle.

There are plenty of cases where people happily endure physical pain, and in a sense, enjoy it. Distance runners regularly experience this. It's not just when they finish the race that they feel happiness; they feel it while struggling to keep running. The same goes for mountain climbers. Graduate students experience it while in complete mental exhaustion burning the midnight oil to complete their master's thesis.

Happiness isn't all-or-nothing either; it is a mixed bag. You often see people in the midst of battling a serious life threatening illness experiencing happiness. You see people on their deathbeds, happy to be able to tell their visiting relatives how much they love them. You see it in the worst conditions on earth; in prisons, concentration camps, refugee camps, after natural disasters. You see people working towards happiness in these situations, trying to find a scrap of progress amidst utter devastation.

People even work towards happiness in depression and this case might be more illuminating than anything. Depression, as researcher Martin Seligman discovered, is caused by "the belief that your actions will be futile." The depressed individual believes that they are powerless to change their circumstances. They believe their efforts will not make anything better. As they believe this more and more, they withdraw from life more and more, until they get to a point where the most severely depressed people won't even get out of bed. Since they believe that making efforts to improve their life will fail, then making these efforts is viewed as the less happy option; to them such efforts are all cost with no benefit.

The severely depressed individual's inaction – *literally not leaving their bed* – is a choice made to make sure that they don't sink any lower than they are now. It's a choice made to avoid beating themselves up later for trying and failing. And in this stagnant avoidance of deeper suffering, there is a pursuit of happiness. In this hanging-on, there is a pursuit of happiness. It is as above, the avoidance of pain is an attempt to remain as close to happiness as possible. The happiness is found in not sinking lower, and in hanging on in stasis waiting for the day when things will by chance get better, and where it seems that some kind of effort and action will be worth trying.

Why Is Recognizing the Pursuit of Happiness So Important?

You must be scratching your head right now wondering just why we would spend so much time talking about the pursuit of happiness. If the pursuit of happiness is behind everything, then what significance can it have here? The answer is far more important than you realize.

Recovery ideology and its proponents have portrayed addiction as a disease for one major reason: to short circuit any decision-making process and scare heavy substance users into stopping. In their opinion, you are incapable of arriving at the conclusion that it is worth making a change. In their opinion, you are immoral and spiritually bankrupt (if you don't believe it,

read through the bible of addiction that serves as the basis for every major concept of and approach to addiction, The "Big Book" of Alcoholics Anonymous). So, in the same way that a preacher tries to scare people into behaving in ways that are moral and righteous with tales of fire and brimstone, the treatment professionals, sponsors, and the like try to scare people into abstinence with tales of the ravages of the disease of addiction and what will happen if you commit their version of a sin which is having a single drink or hit of a drug.

Heavy substance use is extremely different from diseases in an important way. **Diseases are all bad.** That is, there is not an ounce of good in a disease. People may suffer diseases, and come out with good experiences. They may value life more, be more grateful, learn patience, overcome fears, build character, and find other silver linings in the experience of fighting a disease. But these benefits aren't inherent in the diseases or the inevitable result of diseases; these good things are the result of human beings' natural capacity for optimism and learning. People actively generate the good things as a way to make their experiences worthwhile. It is a case of life giving you lemons, and you choosing to make lemonade.

Heavy substance use, on the other hand, is not a case of life giving you lemons. Heavy substance users see benefits in substance use, and so they desire it and actively seek to use substances to acquire the perceived benefits. Cancer sufferers do not see a high in having cancer (or stress relief, or lowered inhibitions, etc), thus they do not desire cancer, and they most certainly do not actively set out to acquire cancer by furiously ingesting carcinogens. This distinction is massive.

While people certainly can and do make choices that inadvertently lead to disease, nobody is ever motivated to acquire diseases (except for perhaps a tiny handful of people with some extremely strange ideas.) They don't get sick so that they can learn to be more grateful, patient, and appreciative of health and other blessings. They get sick by accident not by direct choice. Diseases are by definition all bad, and completely unwanted, with no perceived direct benefits.

As soon as you know you have a disease, you know you want the disease gone. Most people diligently follow their doctor's orders and readily undergo procedures and surgeries meant to remove the disease from their body or ease their suffering in some way. The recovery society tries to engender this same readiness to change and follow doctors' orders by portraying addiction as a disease. They try to convince you that you must stop using substances, but it doesn't work. People continue to desire substances and so they white knuckle it, trying to resist their desires with willpower, until they crumble and go back to heavy substance use again because that's what they truly want to do.

This choice to use substances then gets called a "relapse" into the disease. This terminology is dangerously misleading because again, it overlooks the real issue that you want to use substances because you see sufficient benefits in it. In distracting you from the real issue, the dis-

ease model keeps you from working through whether heavy substance use really is your happiest option or not. Essentially, those who push the disease model are like a parent who tells their child the answers to long-division problems without ever walking the child through the steps needed to discover the answer himself. When the day of the big test comes, he's helpless to come up with the answers and sits there puzzled. So while you may accept someone else's conclusion that you should stop using substances, this isn't the same as reaching that conclusion yourself.

The Positive Drive Principle says that all human behavior is driven by the pursuit of happiness, and that when you choose to do something, it is because you see it as your best available option. This is vitally important because the only way that you will stop desiring heavy substances and change your behavior is by seeing more happiness in the change. You must reach that conclusion yourself, because, as Aristotle said:

"We desire in accordance with our deliberation."

Nobody can deliberate for you. They can give you an answer – that you should never touch a substance again – but it empowers you no more than the answer your father gave you to the long-division problem. You have your own answer. That conclusion that you came to at some point in your life – that heavy substance use is what you need to do to be happy – is sitting there in your mind, untouched, unaltered, creating a desire to use substances. It is a strong conviction and as Bastiat said:

"No conviction makes so lasting an impression on the mind as that which it works out for itself."

Here's what usually happens if you're a true believer that you've got a disease and agree that you just need to comply with the treatment and accept the lifelong battle of your disease. You go to all the meetings, all the counseling, all the sober parties. You change people, places, and things. You avoid triggers. You run off to a meeting or call a sponsor at the slightest thought of using substances. You spend every waking moment "working on recovery", but something keeps nagging at you. The desire to use keeps popping up in your mind. You feel deprived. It's a daily struggle. You get "overpowering cravings" and you crumble diving headlong into heavy substance use again. The thing that has been nagging at you is your own fore drawn conclusion that heavy substance use is what you need to be happy. It's the preference that you built, and that you haven't examined and changed, because you skipped right over it and started fighting a non-existent disease.

But I Know Addiction Isn't A Disease; That's Why I'm Reading This...

Perhaps you are one of the many struggling substance users that don't believe addiction is a disease. We get many guests who come into our retreats that agree that it is not a disease. Maybe you believe one of the alternative yet equivalent models of addiction where it's not a disease, but there is still a distinct lack of control. No matter, your results are the same. If you think trauma is causing your substance use and you set out to battle your trauma, the principle is the same – your conclusion that heavy substance use is what you need to be happy still goes unchanged. It nags at you while you focus on the red herring of trauma. Dealing with your "underlying causes" and co-occurring disorders plays out the same way. Trying to "increase self-control," or solve the problem through nutritional supplements and macrobiotic diets, yoga, meditation, exercise, and alternative support groups are all methods that equally miss the point.

All of those theories focus on battling some sort of imagined cause of substance use. In fact there are no causes to be battled, there are only reasons held within the mind that underlie your preferences and choices. By ignoring reasons, these methods never allow you to address the conclusion you came to that heavy substance use is what you need to be happy, thus leaving your desire intact. They leave you preferring heavy substance use by distracting you from re-assessing its relative perceived benefits. While it is true that some people stumble into figuring out that they no longer prefer heavy substance use while undergoing these approaches, this is an accident. These people figured it out in spite of the "help" they received.

Figuring out whether your current substance use makes you happy enough and whether or not you'd be happier with some level of change is everything. It is the entirety of change in this issue because once you arrive at the conclusion that your former style of substance use is not your happiest option, the desire to continue it will literally melt away. That's why understanding the PDP is so important. Once you accept that your behavior is a pursuit of happiness, you can get on with discovering your happiest options. Substance use becomes a choice like any other choice when seen this way. It might be an emotion-laden choice, it might be a complicated choice that takes some serious unpacking and re-examination, but it is a choice nonetheless.

Everything Changes Once You See Yourself As Addicted

It's hard to quantify in data exactly what changes when people see themselves as addicted, but it's like a general sense of defeat and dependency washes over them. Their spirit seems to wither and fade as they accept their fate. The authors have experienced this firsthand. Mark had quit drinking for over a year, but was trapped in the recovery society due to court mandates. He was in outpatient programs where counselors worked daily to get him to conform

to the disease view, and to see himself as being in for a lifelong struggle with addiction, even while he had already happily and willingly quit on his own. As he thought of this lifelong struggle, it brought him to the point of hopelessness.

Michelle took on this identity before even taking her first drink or drug. She was told at a young age that she had inherited the “alcoholic gene.” Her father and both his parents were diagnosed “alcoholics”, and several other relatives had severe alcohol and drug problems. When she was 10 years old after her father was mandated to attend AA meetings, she was told by a well-meaning AA member that she held her mug of hot chocolate in a way that indicated that drinking would be a problem for her and she should stay away from it. She took her first drink at 12 years old, and she liked it but she already felt the sting of shame and guilt. Her fear of the immense, supernatural powers of alcohol and her supposed genetic predisposition to alcoholism were engrained and reinforced throughout her adolescence, so when she began “partying” in high school, she drank seemingly uncontrollably. Once in college she progressed rapidly from the weekend warrior to a daily heavy drinker and drug user and predictably, her life became a mess.

Steven experienced it too. He’d been a multi-drug user and used heroin on and off nasally for a few years before treatment. He hadn’t behaved in the desperate ways of an addict yet, and knew he would never inject drugs. But within a week following his stay at an inpatient treatment program (a program that featured seven 12-step based sessions a day) he began injecting heroin, stealing from his family to support his drug use, and became the desperate junkie stereotype that the addiction treatment providers taught him to become. He remembers vividly being told in rehab, “You’re not done yet. You’ll be shooting up soon. They all do.” And that’s exactly what he did. Prior to this treatment, the idea of shooting up was foreign and he never considered it an option. That point is important for you to know. Consequently, once crossing that learned line, his spirit was crushed. This was the beginning of 5 years of hell for him, as the fatalism of his new addict self-image ate away at his life.

We see people with crushed spirits like this every day. One of the worst symptoms of this is that they go from simply wanting or liking intoxication to needing it. Again, they don’t actually need it; they’ve learned that they need it through the “help” and “awareness” offered by the recovery society. They go from thinking substance use is something they like right now, to feeling like it’s a compulsion they’ll be stuck with for the rest of their lives. This is no mistake and they usually don’t independently come up with this new way of seeing their preference for substance use, the recovery society teaches it to them.

These teachings directly affect the plight of people with substance use problems. Research has shown that belief in the disease model of addiction increases binges and “relapses.” After treatment, people come to interpret all sorts of things as dangerous “triggers” that can cause

them to use, and they walk around paranoid that they’ll be triggered to fall off the wagon at any given moment. A common story heard in support meetings goes like this:

You have to be on the lookout for triggers at all times. I was sober for 10 years, and then I went to a wedding. I stayed away from the bar, and everything was fine. But then dessert was served. I ate it, but it tasted weird, then I found out it was Tiramisu, a cake that contains alcohol. I started craving and couldn’t control myself. I went right over to that open bar and started drinking. That cake kicked off a relapse that lasted almost two years before I got back into recovery.

These stories tell the tale of an expectancy response (placebo effect) learned from the recovery ideology. That person was taught that they have an “allergy to alcohol” that works to cause them to crave and drink uncontrollably once they’ve had so much as a drop of alcohol enter their system. The result is that when a person who believes in this ingests some alcohol, the belief kicks in, causes them to feel weak and compelled, and they act out what they’ve been taught. The cake is blamed, but really it’s the ideas that are to blame.

The same sorts of expectancies are being set up now with opioid painkillers:

I was never really a drug user other than a joint once in a while at a party. But then I injured my back loading a truck at work, and the doctor put me on painkillers. I was afraid, and I even asked if they were addictive. I had friends who got hooked on those pills. But the doctor told me I’d be fine. Then I started to feel weird when I didn’t have my prescription for a day, and I realized I was addicted. I started using more and more of them, going to different doctors to get them, and then I started buying heroin when I couldn’t get more pills. It’s been five years of this hell.

This man learned and believed the ongoing media hype about painkillers, and as a result, he was effectively “addicted” to them before the doctor even prescribed them; and before he took a single pill. That is to say, he had a set of beliefs similar to our drinker above. He thought these pills had the power to enslave him into continuous use. So when he took them, and felt a little odd, panic set in as he thought, ‘they got me; I’m addicted!’ and the addict self-image was cemented.

There is no such thing as an addictive drug, although there are drugs that can lead to withdrawal syndrome. Recovery society ideas such as “addictiveness” matter, even in the case of withdrawal syndrome, which many think is a fully physical phenomenon that produces irresistible cravings. In fact it’s not; there is a massive cognitive component to it as well which is ruled by belief. Mountains of evidence demonstrate that opiate withdrawal is quite easily tolerable, doesn’t produce cravings, and doesn’t compel further opiate use in most people. But some people learn to think of themselves as “hooked” or addicted, and then opiate withdrawal is felt as a compulsion to use more opiates. A simple change in perspective turns a sickness that

normally feels like the flu into an otherworldly force that makes you want, need, and pursue opiates at all costs.

Self-Image matters

The way you see yourself, that is, your self-image, has powerful implications. Some of you may not have directly experienced addiction treatment and recovery ideology, but the addict/alcoholic identity they've fostered is deeply entrenched throughout our culture. So we now ask you, have you come to see yourself this way?

Recovery ideology compounds the problems of people with strong preferences for intoxication by teaching them to identify as helplessly addicted. This self-image is damaging, and so we're going to show you how to make sure you avoid taking it on, or to change it if you already have it.

The quickest route to changing starts with realizing that you aren't really addicted, and that your use is just a preference. You can reject the recovery society belief that you are helpless and need to be coddled. From there, you can re-assess substance use and thereby change your preference for it. With the power of the PDP (Positive Drive Principle), you don't have to struggle to change and fight an addiction; you just need to see that you can be happier by making an adjustment to your substance use.

Addiction is a matter of perspective, not a state of being compelling you to drink or drug. **Remember, you don't have addiction. Nobody does. What you have is a strong preference for substance use that you've learned to interpret as a compulsion.** As real and as strong as the feelings of being addicted, powerless, hopeless, and unable to change are, they are merely the product of your thoughts and desires and not a reflection of some objective state of involuntary substance use.

Leaving the Cage of Recovery

The Freedom Model makes intuitive sense to so many people, yet they remain chained to the idea that they'll have to keep working on "recovery." Even with all of this new information and knowledge you have learned, you may still be clinging to recovery like Victoria:

"I agree with everything you guys are saying here, and I've already stopped using. It's awesome. Astounding really, considering how bad I was this past year with the pills. But now I need a plan to maintain my recovery or I'm afraid I'll end up doing the same things again. I need goals, support, coping methods, and tools."

-Victoria, a 34 year old who struggled with opiates

Victoria's request makes the assumption that there is some special set of behaviors or tools that will save her from consuming pills in the future. Of course we could respond with the obvious, "Don't ingest pills," but that, although certainly logical, wouldn't adequately address the core of her issue.

You see, Victoria is not confused about stopping use. She has already proven to herself that she has the capability to do just that. She isn't a person who wants to be "sick forever." She isn't confused about whether or not pills have power. She fully understands that she is in control and has always been the one responsible for her use. She understands the myths of the recovery society and she quit her drug habit quite easily once she knew the truth about her inherent power and the truth behind substances having no inherent power over her. She gets it.

Victoria is very confused about the future and what the future holds for her now that she has quit. She doesn't realize that what she is asking for (in her quote above) has nothing to do with drugs, or use, or "addiction", or any of the above. It's just that she is so used to identifying her life by the constraints of substance use that she is now unknowingly keeping recovery alive in her future (thus she is also unknowingly keeping addiction alive as well.) It's not that she wants to use, it's that she finds it hard to fully internalize what to do next without the influence of some addiction concepts being involved. These personalized addiction concepts are a mental habit for her. She is standing there, a free woman, but is unsure of herself in her new free state, so she has a tendency to habitually bring some addiction/recovery ideals back into play.

When Victoria came to our retreat we provided her the truth about the addiction myths. She accepted the logic and research and it made real sense to her. She then set herself free. Without a disease, without the concepts of powerlessness or hopelessness, or "powerful substances" there was nothing left to fight.

But now that there is nothing for her to fight, she feels emotionally unsure of herself. This fight with addiction defined her for years and now it's gone. She is free of that now, and is not used to this new sensation of freedom. Consequently she now feels the need to seek out "tools to remain sober." Frankly, she is afraid that she will somehow fail at this new life she has found. This is new ground to her, a new experience. But the question is does she really need to focus her life on a plan of recovery? Will she fall apart without constant work to fight addiction?

Living Like a Caged Lion

Victoria is like a lion that has been caged its whole life. When the cage door is finally left open for the cat to roam free, it takes days, sometimes weeks for the lion to leave the cage. And,

when he finally leaves the confines of his previous “home” he usually stays close by the enclosure for a period of time, because every part of his new and expanded environment causes the big cat a certain level of anxiety, fear and uncertainty. This is where Victoria is. If she were a believer in the disease theory, or still believed in “powerful substances” or any of that propaganda, she would still be lying in the cage with the door shut tight. But the truth has opened that door. Like the lion that left his enclosure, Victoria is exploring her new world, but is unsure how to navigate it. In this respect humans aren’t all that different from the big cat.

In reality Victoria is not asking to go to support meetings, or therapy, or outpatient clinics; she’s not really even asking for “tools”. She knows deep down that her request does not make much sense. She intuitively knows that most other people don’t live connected to therapy or support networks or the like, and now thanks to The Freedom Model, she knows it’s a lie that former “addicts” need to be obsessed with recovery. She also knows to a certain level that all of those tools and techniques of recovery are all parts of still being “in the cage.” She has outgrown all of that. What she really wants to know is how to navigate a new lifestyle that is defined by limitless potential and possibilities and she is unsure of how to ask that question. This new lifestyle is so new to her and utterly unlimited in its potential that she doesn’t even understand how to ask the right questions – so she simply says, “But now I need a recovery plan or I will end up doing the same thing again.”

So what do lions do after they distance themselves from their enclosure for good? Well, research has shown that these large felines come to grips with their new landscape fairly quickly once they commit to leaving the enclosure. They rely on instinct, and with little cognitive ability to complicate matters, they adjust to their expanded world very adequately. In a matter of months they hunt, mate, and cohabitate as if they had done it their entire lives and they do it with little to no coaching. They, like humans, allow the internal drives to motivate their lives. We are not that much different from lions in this respect.

When Victoria stated her need for tools to remain sober, she had to be reminded that she, like the lion, has certain inherent “instincts”. Her tools already exist inside of her! They are the three human attributes: free will, autonomy and the PDP. In a free state of mind, Victoria simply needs to plan out her future on her own terms. The Freedom Model is recognition of what we all possess inside already, and the application of these abilities to personal problems. The tools she was seeking were inside of her all along! We, like the lion, already have the necessary drive to get far away from the cage of the recovery society. People already can choose how to build their lives; they already are autonomous individuals with individual tastes, and likes and dislikes; they already are flexible in their preferences. They are driven to be free because that is their nature. So while Victoria is asking for a plan of action and tools, what she is really saying is this:

“I have not been free of the recovery society chains for very long. I am unpracticed at being free. I am not used to having so much time to think and act, because in my not too distant past I was completely absorbed in a drug culture. That culture demanded so much of me that I was forced to react and adapt. Like the cat in the cage, I did not have to proactively think. I just needed to survive and exist and concentrate on the distraction of the fight against addiction. So now, although I feel that I need a plan, support, and tools, what I really need to do is live and move on! And, because I have not lived outside the cage, I am unaware of how to do that effectively.”

So that brings us to a new topic: What does it mean to live free and how does one go about that?

Living Free

Obviously Victoria has vestiges of recovery ideology still holding her back. If she didn’t, she would leave her cage far behind immediately as so many people do. There would be no need for a “plan of recovery.” So what is it that is holding her back? She obviously has abandoned the disease and powerlessness rhetoric; so why the need to hold on to other parts of recovery’s empty promises? Why stay so close to the cage that imprisoned her for so many years?

Victoria will struggle to find full freedom as long as she continues to fear the future. When someone from the recovery society frees themselves from the cage, they can choose to stagnate just outside the cage in a form of an emotional and mental purgatory. For example, they want someone to tell them how to behave and tell them what to do, but they also see freedom’s benefits. They are not sure if they are ready or willing to let go of the comfort provided by their old prison. That mental state is a partial imprisonment. That partial imprisonment is recovery. Recovery is the half-state between the cage of addiction and the fruited plains of freedom. It is sitting outside the cage, but staring back at it, and then turning around to face the horizon, and then back to the cage, and so on. You’re still stuck because the allure of the cage is the promise of not having to take on the risks and responsibilities that are necessary when you leave it behind for good.

So what does someone in this purgatory do? Naturally, like Victoria, they ask for tools, coping techniques, plans of recovery, “healthy goals”, and support networks – they look for something outside of them to rely on and guide them. They ask for external means of change. In general, they want someone or something to tell them what to do next. When you live with a heavy substance use habit, most choices are severely limited and are made for you by the limiting circumstances of that narrow lifestyle. Having a singular focus like drug and alcohol use to organize your life around is simple, even if it is painful. The simplicity is one of addiction’s most attractive attributes. Because the drinking and drug taking lifestyle is so well worn and known to the individual, it takes no thought or creativity to continue down that road. But

once the door is opened, and once the substance user sees the ruse of the recovery society, that door to freedom cracks open. The lock is broken. Then it's just a choice of whether they will walk out that door and build a new life or not.

Essentially, leaving the cage means accepting some level of the unknown, the new and the risky. It means knowing that there will be ups and downs in life, that you will make good and bad decisions, that you will succeed and fail, and that all of it will be on you. You won't have addiction to lean on for your discomfort with responsibility, nor will you have recovery to lean on. The cage of recovery keeps that addiction alive. It's a limitation on your possibilities, and it keeps you from making your own decisions. It keeps you from the expansive passion and joy based decisions that could take you far beyond your current troubled state. Instead, it keeps you in the realm "of safe" decisions decided by others that infantilize you, and mentally hobble you. If you want to get unstuck and truly set yourself free, then go all the way and leave the cage of recovery fully behind.

Life is a series of choices; nothing more, nothing less. We make choices based on our internal drive to be happy and based on our beliefs and knowledge of how to provide ourselves that happiness. Victoria's first choice is a simple one: is she going to move past recovery's trap-pings (which continue to tie her to her addicted past) or is she going to live free? If she chooses freedom, she will need to let go of the idea that solutions to life's challenges rest somewhere outside of her, and realize that the only tools she needs to continue to be happy and free are the ones inside of her. Once that realization sinks in, she will know that both addiction and recovery are unnecessary options that can easily be rejected completely, and that life can now be both exciting and unlimited.

Success

"How do you quit a job?" Nobody asks such a question, because the answer is incredibly simple. You tell your boss "I quit," and then you don't return there to work. The real issue is whether or not you want to quit that job or keep working there. Do you see some kind of better alternative? Do you think it's worth leaving that job? Do you think you'll be happier if you do? The answers to such questions determine whether you'll want to quit or not, and then the actual nuts and bolts of quitting are simple; you just say "I quit", and then go on your merry way. You don't need to resist going back to that job every day.

"How do I quit drinking?" is the same sort of question. It is fully a matter of figuring out what you want. When you know what that is, you just do it. It doesn't take any strength or will-power to not do what you know you don't want to do. It doesn't take any special techniques or steps. There's no effort needed to maintain not drinking or drugging (or moderating those activities), just as there is no effort needed to not work at the job you quit. The effort is simply in figuring out what you really want and then naturally moving in that new direction.

Unfortunately, people don't realize how simple this truly is, because recovery ideology and its proponents have confused the issue so much with their misinformation. They've led everyone into believing they're not free to make their own choices about substance use. They make you think it's highly complicated, that it's an ongoing process, that some sort of treatment is needed, and that it requires a lifelong struggle. In short, they've taught you that you are not free to change by the normal powers of choice that you apply to other problems. These beliefs are the only thing that stands in the way of anyone making a change in their level of substance use.

Our society doesn't seem to have the patience or tolerance to let people be, to let them make these decisions for themselves. It often tries to coerce people into changing their substance use habits. The legal system is used to do this by threatening jail time and other sanctions. Families try to do this by means of "tough love." The treatment system tries to coerce you into agreeing to abstinence by equating heavy substance use with a disease. And from every corner, shame is heaped on substance users. You're told that your preferred mode of substance use is dysfunctional, disordered, diseased, and bad. Your substance use is negatively judged, and you're socially sanctioned for it in any number of ways. Then you're assigned the goal of abstinence from all substance use and adoption of the recovery lifestyle. With this goal comes a standard of "success"; if you don't adopt and fulfill complete abstinence and "recovery" as your goal, you're declared a failure. If you choose moderation, you're a failure. Even if you abstain fully or moderate to socially acceptable levels, but do so without also adopting the recovery lifestyle, you're considered a failure. This is a no win situation where "success" becomes nothing more than compliance with the demands of others. To the substance user caught in this coercive game, the idea of "success" loses its positive personal meaning.

Put all this coercion and the addiction myths together and you end up with a whole lot of people who do not feel free to make their own choices about substance use. Many try to quit due to shame and coercion, and then wonder why "the quit" doesn't last. It doesn't last because "the quit" didn't come from a sense of freely pursuing the happiest option; it came from feeling cornered into quitting. This is the source of most reversed attempts to quit or adjust substance use. People don't feel free to make their own choices. They make these failed attempts on the basis of doing what others think they should do or what they've been scared into doing, not on what they wholeheartedly believe will make them happiest.

The results are that while abstaining they are unhappy, and when returning to substance use they are also unhappy. This becomes a vicious cycle that can chew up people's lives for decades and spit them out feeling doomed to perpetual failure. We were stuck in this cycle ourselves, and didn't get out of it until we realized we were free to do so. We have now helped thousands of people take themselves out of this cycle over the years, by showing them that they are free, too. Thus, here is our definition of success in The Freedom Model...

Success is knowing that you are free and happily choosing what you see as best for you.

In The Freedom Model, our goal (we being The Freedom Model authors and our Private Instruction and Retreat Presenters) is to show you that you are completely free to choose and to change your use of substances in whatever way you see fit. If you feel this freedom after considering the ideas and information we've presented, then we will count that as a successful outcome, regardless of what choices you make regarding substance use.

There is no judgment on our end. Our goal is not to persuade you to abstain from substance use or to moderate your substance use. Everyone is different. We cannot say what level of substance use will make any particular person happiest. That will differ with each individual and can only be known by the individual himself. We don't judge substance use as being bad or immoral. We have no agenda against it whatsoever.

We've used the terms "problematic," "heavy," and "moderate/adjusted" to acknowledge various levels or patterns of substance use throughout the text, but you should notice that we haven't defined exact levels or frequencies of substance use that fit those descriptions. We haven't even laid out criteria for what particular problems and other costs qualify people's use of substances as "problematic." These are all subjective terms, the definitions of which will vary according to each individual's personal judgment. What counts as "heavy drinking" to one, may be "moderate drinking" to another. What's "problematic" to one, may not be to another. This is for each individual to gauge based on their own unique goals, hopes, life circumstances, experiences, and tastes.

Long story short, even if you proceed to use substances in a way that we would consider problematic in our own lives, we can't say whether or not it's problematic for you. If you see your level of substance use as worth it, and feel free in your choice to do it, then that's all that matters to us. If you see it as not worth it, yet still feel free to change it, then we consider that a win too. A returned sense of freedom is our measure of success, because when you see a change as worthwhile, you will freely change.

We truly advocate no particular path in regard to substance use. Some cynical readers may assume this position is a clever way to justify the fact that some may continue to choose heavy substance use after learning The Freedom Model. However, we know from much follow up research (carried out by us personally, as well as independent firms) that a majority of our course graduates have chosen and achieved stable, long-term abstinence. If this were our criterion of success, The Freedom Model would win in spades when compared to any help based on recovery ideology. We also know of many outcomes where our graduates have reduced their level of substance use as well. This means the rate of change is actually higher than our 62% long term abstinence rate indicates. We know our ideas and information have proven helpful; what's more, it's proven helpful with many of the most tragic and hopeless

cases who have attended treatment programs for years with no success. These people were finally able to make a positive change with The Freedom Model where nothing else had worked.

We understand some will learn The Freedom Model and will continue to choose heavy substance. We have seen this throughout our history. Certainly we can't force those people to choose differently; we can't make their decisions for them, nor can we force them to believe they will be happier using less or abstaining altogether. And most importantly, we know that we can't know better than them what will make them happy. We are at peace with the fact that we can't force anyone to abstain from substance use. We discovered the best way that we can help is by showing people they are free.

Because of the difficulty of discerning tone from text, some may think our non-judgment and definition of success is a passive aggressive tactic. To some, it reads as if we're saying, "Go ahead and get high all you want; you might die, but hey that's no skin off our backs." Make no mistake, we hold no such attitude. As researchers who have lived through similar issues as our readers, we empathize and know firsthand the pain involved in the hobbled beliefs recovery ideology wields. And of course, we surely don't want anyone to face an untimely death, but we also hold the deep conviction that acting by one's own judgment, and pursuing one's own vision of happiness is the most direct path to a fulfilling life. We know that each person's autonomy allows them the privilege of doing exactly what they want to do, and that we have absolutely no control over their wishes or their lifestyle. Please know that there is no hidden, backdoor agenda; we're fully cognizant of our role and that is to present factual information to you. If that seems uncaring, or passive aggressive in any way to you, you are misreading our motives and the way in which we are trying to help you. In the final analysis, we know you are fully capable of changing, and of experiencing true freedom. We also know that if you weren't trying to do what you think you "should do" according to norms, shame, and coercion, then you'd be that much closer to finding out what will make you happiest, and truly what you want to do.

We also wouldn't want others to tell us how to live, and what we should or shouldn't want therefore we don't do that to you. And again, we certainly can't judge what a worthwhile life is for anyone other than ourselves. Take for example the soldier who eagerly goes into battle, knowing death is likely. If he does die, who is to say he should've done differently, or that his life was a waste? If he felt the risk of death was worth it, then it was worth it to him. Same goes for the extreme skier who knows the perils he faces, yet says, "I wouldn't be happy if I gave up this sport. If I die, so be it, I will have died doing what makes me happy." Or what about the rebellious rock star with a big drug habit? Some have died young. Is anyone to say whether their drug use was "worth it" other than they themselves? We think not. They may have thought that living big and dying young is better than living conservatively to a ripe old

age. They are right – *for themselves*; because each person defines their own pursuit of happiness.

What's more, heavy substance use doesn't preclude success in other areas of life. Many of those recklessly partying rock stars have actually lived to ripe old ages and had many amazing accomplishments along the way. Who is anyone to say they "should" have lived their lives differently? How do you define what should make others happy? Saying somebody shouldn't use drugs for happiness is like saying somebody shouldn't collect comic books, shouldn't be a vegan, shouldn't "waste their time" watching football, shouldn't love the person they love. These are all matters of personal taste and preference.

"But what about all the costs..." many will ask. You can look at this compared to other activities and their costs. Many athletes endure all sorts of injuries and long-term medical conditions as a cost of engaging in the sport that makes them happy. This doesn't have to be an extreme sport either; running or playing tennis can result in chronic health conditions that haunt these athletes for the rest of their lives. But if it's what they love to do, and they think it's worth continuing while understanding that further pain will result then they are, by their own actions, stating that it's worth it to them. That is their right. And it is your right to decide what price you're willing to pay for your happiness.

What If You Approached the Decision Without Shame?

Let's consider a man who has considerable back and neck problems that the current state of medicine cannot cure. However, by taking high doses of opioid painkillers every day, he is able to quell the pain enough to enable him to function and find some semblance of happiness. Of course, the constant stream of painkillers is expensive; taking them as prescribed creates physical dependency that will result in withdrawal symptoms if for some reason he stops taking them; and they cause constipation and other side effects he'd rather not have. Nevertheless taking a steady stream of strong painkillers is the best thing he has found to serve his personal needs.

Should this man be ashamed of his drug use? Most people would say no. They would agree that he should do exactly what he needs to do for his own quality of life. Should this man quit these drugs? Well, if he judges the cost and side effects as worth it, then no. It would be a non sequitur, and anyone who says he should quit or that there's something wrong with his opiate use would be sticking their nose where it does not belong. He's the one who judges whether the side-effects that he suffers are worth it or not to him. This isn't anyone else's business. Immorality, badness, blame, and shame should not and would not enter into this scenario. In fact, most people would recognize that it's good and moral of him to take the actions necessary to secure his own comfort and enable him to function happily.

Would you be willing to approach your own substance use with the same lack of negative judgment that you'd give this man? Would you grant yourself the same moral permission to fulfill your own needs that you'd give the chronic pain sufferer? Isn't happiness as much a need as pain relief? Think of it, with no hope of happiness, people give up their efforts at life, and many even kill themselves. The ability to work toward happiness is actually an issue of survival. Would you allow yourself the possibility that working toward your own happiness is not only a normal, natural quest of humanity, but also a highly moral one?

Our chronic pain sufferer will easily discontinue painkiller use the moment that he's genuinely convinced that there's a better solution available to him. If he does so, it's not because he's randomly trying to quit painkillers for matters of morality and shame, it's because he's driven, by the PDP to take what he sees as the best means to happiness. Even though, in a sense he's "dependent" on those painkillers, he doesn't view it as a matter of "addiction." He views it as a matter of doing what he needs to do to serve his own needs. This is why switching to another means of pain relief is easy when he finds it. This is also why he's open to finding other solutions.

If you can allow yourself to discard the shame, and simply make this about figuring out what makes you happiest – just like the chronic pain sufferer – then you can move forward in peace and joy. If you can let it be a matter of pursuing happiness rather than overcoming badness, immorality, or disease, then you can proceed in a totally different way. That is, you can gauge how much happiness you are actually getting out of your current level of substance use, and explore the level of happiness that you may get out of some adjustment to your substance use. You can compare and then pursue the option that makes you happiest. You can do this confidently, knowing that you're doing what you have to do to live your best life. Please give yourself the same permission that you'd give the pain sufferer. You both have real and valid needs.

It's your choice to make. Here's why it matters.

Our qualitative research with course graduates that consider themselves successful and happy repeatedly turns up the same theme: they realized they were free to choose. They tell us the most important thing they learned was that they had a choice. Everyone else was telling them that they were imprisoned by the disease of addiction, and then they finally learned from our course that they were free all along.

Another crucial element with these grads is that they openly pursued happiness. In follow up interviews, they tell us about how they're happily living their lives; how they're pursuing new goals; how they've come to see that quitting or shifting to a less problematic pattern of substance use IS a happier option for them; that they enjoy it more than their old pattern of substance use. This is in sharp contrast to those who cycle painfully through periods of problematic substance use and see themselves as failures. The self-described failures see a reduction

in use as a loss and as painful. They see themselves as pushed around by circumstances. They see themselves as not free and unable to choose differently. They focus on the negative consequences, and are bewildered at why the negative consequences haven't scared them into quitting yet. They see themselves as not free and helpless and they are committed to using fear and shame to motivate themselves to quit. It is truly sad to see them struggle.

As I write this now, I've been holding classes with an older man who's been through several rehabs throughout his life. He came to us as a last resort to try something new. Each week he shows up to class, and expresses disbelief that his doctor's threats of cirrhosis haven't caused him to stop drinking. For decades he has been trying this same strategy of focusing on reasons not to drink, and yet he has continued to drink. He continues to drink now, even though he needs surgery, and his doctors won't approve it until he stops drinking for a period of time. He presently feels like a failure. He painfully tries to resist drinking every day, and then cracks. I am trying to show him that he can see quitting as a positive, a win or a gain; that he can find happiness in quitting. He seems to ignore this point, and then responds by talking once again about all he stands to lose if he keeps drinking. I obviously have no idea how this will turn out, but I fear that if he keeps focusing only on what he stands to lose, rather than what he stands to gain, he will continue in the same cycle that has been so upsetting to him for decades now.

I remember a few extended periods of abstinence I maintained because I was on probation and afraid of going to jail. During those periods, I saw nothing positive about quitting heroin. I saw it as misery. As a result, it always ended with an explosion of use right back into the same heavy pattern that got me into trouble in the first place. I repeatedly felt like a failure. My quits were made from a place of feeling like I "have to quit", and so they didn't last. My final quit was done for the express purpose of discovering if I could be happier without heroin. This "worked" for me; it has lasted 15 years now. I make no effort to maintain it, and I don't resist using heroin because I found that being heroin-free was my happier option. I initially felt like a success in a matter of several weeks and I still feel that way. The feeling wasn't and isn't based on how long I quit, but rather based on knowing it's my choice and that not using heroin makes me happy.

Surveying the self-described failures and successes, our mission has become clear: we continually seek to develop the most effective means of communicating to our readers and our guests that they are free to change, free to choose, and that their actions will be directed by what they view as their happiest options. If you act on fear, shame, and shoulds, or thoughts such as "I can't" or "I have to", then you are not fully embracing and making this choice in an open direct pursuit of happiness. With this approach you will likely hate what you feel obligated to do, and you will either reverse course, or you will remain unsatisfied.

So the reason it's important for you to fully embrace that this is your choice and that it's about your happiness, is that this is what will lead to you feeling successful. This is what will allow you to effectively change, rather than painfully white-knuckling it at a goal you don't like.

When you've operated under the belief that you are not free – that you are addicted – then your substance use has taken on a different meaning that makes you feel even more stuck. A night of heavy drinking that you regret becomes evidence of relapse, addiction, and cause for hopelessness. But when you view it as freely chosen, it becomes a lesson to slow down next time, and then you adjust accordingly. Knowing you're free to change, you adjust your substance use in the direction that makes you happiest.

It's important for you to understand that we aren't afraid that some people will choose heavy substance use upon finishing The Freedom Model course. If you know it's your choice and that you are free to make your own choices, then you will find your way to what works best for you. We only fear for those who don't come to understand that they are free.

You are free to approach this however you want, but we'd like to highlight the key freedoms you have that apply directly to any choices you make about substance use.

You are free to rethink the benefits of continued substance use.

You hold certain opinions about substance use that you are capable of changing. You have freedom of mind to think differently. Maybe you've thought you need drugs and alcohol to deal with emotional problems. We want to remind you that you are free to believe they don't help much with that, and that you can deal with your emotional problems just fine without substance use. Maybe you've thought you need to use substances to socialize or be yourself; you are free to change this belief too. Maybe you've thought using substances is the best or only way to really have fun; you are free to change this belief as well. The fact is that most people discover over time on their own that they no longer need substances for what they once thought they did.

The benefits of using substances are highly subjective. They depend in large part on what you think and believe. Once you understand that you have freedom in the form of mental autonomy and free will, you can explore the options of heavy and moderate substance use differently. Maybe there's little else left for you to gain from further heavy or moderate use. If you come to see it that way, you will be less attracted to it. Will you give yourself the opportunity to find your happiest option? One way to ensure this is to exercise your freedom of mind to critically think through the benefits of further use.

You are free to rethink the benefits of reducing or quitting.

You may have thought that life without heavy intoxication would be miserable or intolerable. You are free to challenge that belief, and to see life with less substance use as a happier option, rather than a miserable loss. There are potential gains for everyone in quitting or moderating if you look for them.

In saying this, we need to be clear that we are not talking about avoiding costs. Avoiding costs is, of course, part of the equation when deciding to change your substance use, but this is a negative, and in the long run your actions are motivated by positives. The PDP says you will be motivated toward what you see as your happiest option. Quitting substances can free up time and energy to find more exciting things to do, more peace, a greater sense of freedom, a return to health, etc. In some ways, these are the flip sides of the costs, but they are real gains; they are benefits. Will you choose to consider them as you decide whether to abstain, moderate, or use heavily? Will you give yourself a chance to find your happiest option? Or will you stay focused on costs rather than benefits? You are free to choose how you think about this.

You are free to shift your focus from costs to benefits.

In every area of life, people make their decisions primarily focused on benefits. They don't seek to incur more costs, or hope for more disasters to scare them in a new direction. Going back to the example at the beginning of this chapter, if you're unsatisfied with your job you don't hope for it to get worse to motivate you to quit. What most people do when they recognize that a job or career is unsatisfying is look for a better job or career. The dissatisfaction motivates them to look for better options, but if they don't look or don't find any, they usually stay right where they are. When people think they've got a better job in sight that is when they quit. Yet when it comes to this issue of unsatisfying patterns of substance use, many people look for more negatives, more consequences, more pain, in order to motivate them to quit. It's commonplace for people to tell us things such as "I wish I would get arrested because that would make me quit," or "I wish my doctor would tell me I have to quit that would make it easier." Or "the problem is I don't have enough negative consequences, I'm a functioning alcoholic." This is in line with the recovery ideology of a substance user needing to "hit bottom."

It would be quite strange indeed to think things such as "I wish my boss would threaten me more," "I wish my coworkers were more annoying," "I wish they would give me more work than I can handle, because that would make it easier to quit my job." Most people's natural inclination is to simply look for a better job, promotion, or transfer to another department where they think they'd be happier.

A substance use habit is a normal life choice. It can be approached in the same way that people approach other life changes. If you are unsatisfied, you can look for a way of living that satisfies you more, that has the potential to make you happier. You are free to approach it this way, or you are free to continue to think of it as something that you need to be scared and forced out of doing in some way. This shift in approach is your choice to make.

Moving forward

You are free to choose to change. You are free to launch a pursuit of this change out of fear and avoidance of costs, or to launch this pursuit with greater benefits at the forefront of your mind. You are also free to not change. We've sought to demonstrate all of this to you in this abridged e-book version of The Freedom Model. If you understand the 3 attributes of the PDP, Free Will, and Autonomy, then you recognize you already have what it takes to change, to shed the addict self-image, and to see through most of the myths that have made you feel powerless to change.

We understand that you have been fed and learned a mountain of misinformation about substance use and addiction through various means. Choosing to continue to believe this misinformation is choosing to keep yourself stuck. For some this e-book may have been just the ticket to help them to overcome their problem and put addiction behind them forever. But for others this e-book may have only scratched the surface. If you have deep-seated beliefs that have been built through years of treatment, therapy and struggle, and you now have more questions than you did prior to reading, then I recommend enrolling in the Freedom Model Private Instruction where you can work with a Freedom Model Presenter one-on-one through the full course text. It's more than 300 pages of well-researched, detailed, factual information that systematically and unequivocally shows you that you are free. It will provide you with an entirely new perspective and new way of thinking about substance use, and may help you to identify why you prefer it. And it will help you to honestly and thoughtfully analyze if your current level of use is providing you the benefits you are seeking.

You don't have to suffer, and you don't have to struggle "in recovery" any longer. You can permanently put your substance use problems behind you with The Freedom Model.

Need Additional Help?

We hope we have given you a new perspective on your problem and shown you why this different approach yields greater long term success than treatment, rehabs or 12 Step support groups.

There is extensive information and research available so you can make your most informed decision on how you would like to live your life moving forward-- whether that is actively using substances at your current level, seeking abstinence but in a perpetual state of recovery, or moving beyond the addiction/recovery lifestyle into a state of autonomy and freedom. You are the one most able to educate yourself and decide the options that best meet your individual needs and life circumstances.

Some people find this eBook is all they need to implement a change. Others find they benefit from the full length Freedom Model Course.

Some may feel they need to disconnect and find a place to regain focus to gain their best outcome. Whatever your situation is, know we're here for you.

Call 888.206.5126 and one of our Family Consultants will be glad to help you.

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