



FIVE-YEAR STRATEGIC PLAN
Freedom from Addiction

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This plan has been prepared by the Strategic Planning Committee
Michael Massey, Roxanne Allen, co-chairs
Elaine Appel, Joseph Gerstein, William Greer,
Randolph Lindel, Brett Saarela, William Stearns

Approved by the SMART Recovery Board of Directors
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We welcome your comments.

SMART Recovery
7304 Mentor Avenue, Suite F
Mentor, OH 44060
Phone 440-951-5357
Toll Free 866-951-5357
Fax 440-951-5358
www.smartrecovery.org
information@smartrecovery.org



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About SMART Recovery

SMART Recovery is the world's largest and fastest-growing network of mutual support groups that use science and self-empowerment to help people overcome addiction. Tens of thousands of people gather weekly at 2,500 meetings in 21 countries¹ and 28 meetings online (www.smartrecovery.org). More than 1,400 meetings are held in the United States, including 49 states and the District of Columbia.

SMART stands for Self-Management and Recovery Training. It uses principles and practices from disciplines with proven effectiveness in treating addiction, such as Cognitive Behavioral Therapy and Motivational Interviewing. SMART is designed to help people abstain completely from addictive behavior.

People learn how to empower themselves to overcome addiction and assume responsibility for their own recovery using our 4-Point Program®:

1. Building and Maintaining Motivation
2. Coping with Urges
3. Managing Thoughts, Feelings and Behaviors
4. Living a Balanced Life

Using these points as a framework, individuals create a course of action tailored to their own interests and needs. At meetings and on their own, they can draw from a wide assortment of tools and strategies used in evidence-based therapies to address each point.

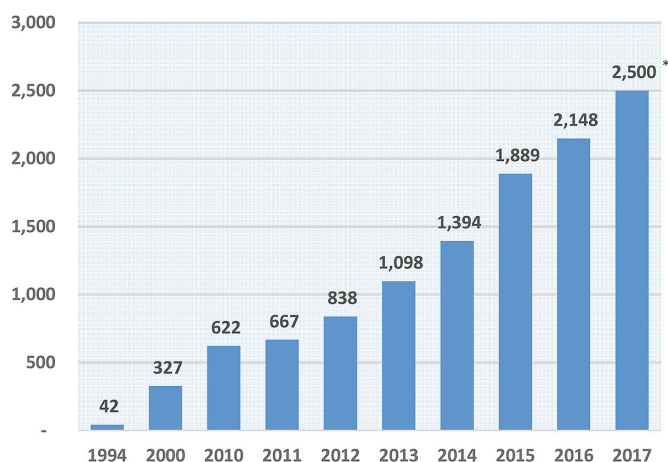
SMART discourages the use of labels, such as “alcoholic” or “addict,” which can stigmatize and undermine recovery efforts.

Trained Facilitators Lead Highly Interactive Meetings

SMART meetings are led by hosts or by facilitators who complete rigorous training. The meetings are highly interactive, enabling all participants to share their successes and challenges and receive guidance and support from others. Meetings are action-oriented, positive and focus on the present and future.

SMART was founded in 1994 in the United States as a 501(c)(3) nonprofit. It works as a partnership between professionals and peers (people who have had addictions or have addicted family members).

SMART Meeting Growth Since Founding



* Projection based on current growth trends
Source: SMART Recovery

¹ Australia, Canada, China (including Hong Kong), Denmark, India, Iran, Ireland, Kenya, Korea, Malaysia, Mexico, Nigeria, Panama, Russia, South Africa, Spain, Sweden, United Kingdom (including Grand Cayman), United States, Uzbekistan and Vietnam.

Introduction

The number of SMART Recovery meetings has tripled over the past five years, a growth surge fueled by at least five converging trends:

- While more than 20 million Americans suffer from substance use disorders, only one in 10 receives any treatment. The lack of recovery support options contributes to 88,000 deaths per year from alcohol misuse and another 47,000 from drug overdoses².
- Recovery from addiction requires time, often years, and a strong community and family support system that organizations like SMART can help provide.
- Recovery support based on the same evidence-based methods used in treatment, such as cognitive and motivational therapies, provides an effective continuum of long-term care.
- Multiple pathways to recovery are essential to help individuals choose programs best suited for their beliefs and lifestyles³.
- SMART is well established and widely used with a science-based, self-empowering 4-Point Program[®].

In fact, addiction scientists urge clinicians to inform patients about the program due to “the positive effects of SMART Recovery and SMART Recovery-informed interventions to enhance client-centered, collaborative care ... tailored to the needs and preferences of the individuals.”⁴ This advice appeared in the February 2017 issue of *Psychology of Addictive Behaviors*, a leading journal in the field.

Research published in 2016 by the American Medical Association Journal of Ethics advised primary care physicians to counsel patients with addiction concerns to consider using SMART and other measures, rather than referring them only to 12-step programs.⁵

A growing number of recovery professionals are heeding this advice. They comprise two-thirds of the 300 people signing up for SMART training each month. They are seeking to incorporate its recovery principles and methods into their practices and to start meetings for their patients and the public.

Leading scientific and government authorities worldwide recommend SMART for people seeking mutual support to help them overcome addiction. In the United States these include the National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism and the National Association of Drug Court Professionals. The Appendix lists many of the most prominent health and government institutions that support SMART worldwide.

With this recognition and growth have come challenges. These include the need for many more trained facilitators to keep pace with the demand for more meetings. Additional resources are required to maintain quality control. SMART’s robust collection of online services – weekly meetings, training for thousands of facilitators a year, podcasts, message boards, chat rooms and a library of educational resources – requires ongoing upgrades and strategic information technology (IT) planning.

² U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health, Washington, DC: HHS, November 2016, 1-1, 1-7.

³ Ibid., 1-24.

⁴ Alison K. Beck, Ph.D., et al., “Systematic Review of SMART Recovery: Outcomes, Process Variables and Implications for Research,” 19.

⁵ Annette Mendola, Ph.D., and Richard L. Gibson, MD, MPH, “Second Thoughts: Addiction, 12-Step Programs, and Evidentiary Standards for Ethically and Clinically Sound Treatment Recommendations: What Should Clinicians Do?” *AMA Journal of Ethics*, June 2016.

More staff are needed to support the growing service demands, and SMART's leadership must have the vision and governance controls to guide the organization effectively. These and related needs prompted the Board of Directors to develop a new long-range strategic plan, featuring new mission and vision statements. The planning process began with surveys of the SMART community and other stakeholders. This document presents the results, charting directions for SMART to realize the full potential envisioned by its founders.

Like SMART itself, this is not a static plan, but rather a dynamic one that will continually explore new solutions and opportunities.

This strategic plan focuses mostly on SMART Recovery in the United States and Canada. The organization's global growth led to the creation of a new entity in 2017 known as SMART Recovery International. This group is undertaking a strategic-planning process to guide SMART's growth throughout the six major continents in the world.

The plan lists SMART's Goals and Action Plans by priority in seven key areas. Assigned to each goal is either a working group or committee whose purpose is to develop and execute Action Plans over the months and years to come.

The Board of Directors expresses profound appreciation to the thousands of volunteers who contribute countless hours to building the SMART Recovery community. We thank our paid staff for their work above and beyond to keep pace with the increasing demands on their time and energy.

Mission Statement

By providing support from a caring community at meetings in person and online and guidance from proven tools and strategies,

SMART's mission is to empower people to achieve independence from addiction problems with our science-based 4-Point Program®.

Vision Statement

Our vision is what life would be like if we achieve our greatest aspirations:

A fulfilling and meaningful addiction-free life for all.

Goals and Action Plans

Goal 1: Continue to increase the number of SMART meetings and maintain their quality.

Over SMART's first 14 years, meeting growth was minimal, fluctuating above and below the 300 mark as the organization struggled to get established, gain notice and survive. In 2008, the number increased to 466; virtually all of this growth was in the meetings launched outside the United States, primarily in Australia and the United Kingdom. Since then, SMART meeting growth has accelerated sharply, more than doubling to nearly 1,100 in 2013 and then again to 2,500 in 2017 with well over 1,600 in the United States and Canada.

Still, many areas in North America remain underserved. SMART is challenged to meet the demand and need for meetings in cities and rural areas. SMART's self-empowering method of support is especially helpful for people with special challenges, such as military veterans, inmates in correctional facilities, defendants in drug courts and the families of loved ones suffering from addiction.

This growth has significantly increased the need for trained facilitators who can volunteer their time and skills to lead meetings effectively, which is covered in Goal 4.

Action Plan

A working group was formed to address the challenges of starting and sustaining meetings. This group is compiling data from existing best practices and identifying areas for improvement, which will result in a report to the Board of Directors that identifies achievable innovations to:

- Provide facilitators with guidance and support when starting and sustaining meetings and, in some cases, to obtain financial aid for materials such as handbooks for low-income people, military veterans and inmates.
- Explore ways and means to defray the costs to launch a single meeting, which can run as high as \$500 (for advertising, promotional materials, rental of meeting space and the initial purchase of handbooks).
- Determine how regional coordinators serving cities, states and provinces can launch more new meetings – specifically meetings led by experienced facilitators paired with newly trained facilitators. This approach has worked well in major metropolitan areas with established meetings and a large pool of trained facilitators, such as New England; Washington, DC-Baltimore; Chicago; and Southern California.
- Improve outreach strategies to connect with community leaders; hospitals and other medical facilities; treatment centers, in-patient and out-patient; medical professionals in psychiatry, psychotherapy and general practice; and addiction counselors.
- Increase the number of meetings at correctional facilities and drug courts. SMART has already made considerable progress holding meetings for inmates, dating back to 2001 with the introduction of the InsideOut® correctional system program, which was made possible with \$1 million in funding from the National Institute on Drug Abuse. Such meetings – already in 200 facilities worldwide – can be introduced in many more. Additional SMART meetings can be launched in collaboration with drug courts, which are required by First Amendment case law to offer support programs that are not religious. For more details, see the Appendix, pp. 13-14.

- Launch more meetings at Veterans Administration medical facilities. Numerous military veterans are receiving support to overcome addiction and conditions such as PTSD at the 60 SMART meetings already held for veterans. Given the success of these meetings, SMART would like to launch many more to support those who developed such conditions while providing the most honorable service to America.
- Explore ways and means to obtain the funding for the SMART Central Office to add a staff position to provide meeting startup and operational support, and to coordinate this support with the SMART network of more than 25 regional coordinators in the United States and Canada.
- Identify and implement innovative strategies to provide access to meetings in small towns and rural areas. One strategy is to recruit more volunteers to serve as regional coordinators in less populous areas.
- Increase the number of online meetings and facilitators with the skills to lead them. More online meetings will also benefit people in places that lack face-to-face meetings.

Goal 2: Promote greater awareness of SMART in order to support meeting growth, facilitator recruitment and achieve other strategic goals.

Effective communications helped SMART grow from a fledgling network of 42 meetings in 1994 into the second largest mutual support group organization in the world. As SMART joins the mainstream of the addiction recovery movement, a proactive and aggressive communications program is needed.

The success of any strategic plan requires communications support to inform, educate and motivate people and agencies to take a wide variety of critical actions. Awareness will help SMART retain and increase volunteers to support and sustain the accelerated growth of meetings. Communications outreach is needed to ensure that everyone using and recommending our services is fully informed. The United States SMART Central Office has lacked communications professionals on staff or on retainer to provide this critical support.

Greater awareness of SMART is needed among primary care physicians, judges, drug court officials and others in a position to recommend recovery support programs, as well as among the general public. Many misconceptions about SMART exist that must be corrected. These include the false perceptions that the program is rigid and difficult to understand, that it supports moderation and that it charges fees for public meetings. None of these are true.

Media outreach is needed to update published information that significantly underreports the number of meetings, often by 1,000 or more. In addition, there remains the misinformed belief, especially in the United States, that only 12-step programs can provide effective recovery support.

Action Plan

A Communications Committee was formed in 2017 to develop and execute a comprehensive plan as the necessary resources and funding become available. Adding communications professionals on staff or on retainer is needed to achieve the plan objectives. The communications program will use multiple media and outreach methods and messages designed for:

- The SMART community of volunteers.
- All people in need of addiction treatment and their family members.
- Addiction treatment professionals and scientists.
- Prospective donors to help meet SMART's fast-growing funding needs.
- Primary care physicians and emergency room personnel.
- Public health leaders at all government levels.
- Criminal justice, corrections and drug court officials.

Communications outreach can begin with existing SMART information networks and its thousands of volunteers. Fact sheets with the most current information about SMART, such as updated meeting numbers and growth charts, can be posted on the national and regional websites, Facebook pages and other social media. Facilitators can distribute fact sheets to meeting participants. Volunteers can share this information with recovery professionals, treatment centers, primary care physicians, public officials and the local news media.

Misconceptions can be corrected in materials distributed in the same manner. Whenever inaccurate information is published, volunteers can convey corrections in letters to the editor and other communications. The news media welcome accurate, authentic, well-documented facts. In addition, journalists value relationships with reliable sources of truthful information.

Goal 3: Expand and modernize SMART's information technology capabilities.

The growth of SMART's online presence and services has created the need for continual improvement of information technology (IT) systems and operations.

SMART has created one of the world's largest electronic forums for people seeking recovery support. More than 1.2 million people visit smartrecovery.org each year to attend online meetings, share stories and concerns in chat rooms and on message boards, listen to podcasts, read blogs by experts in recovery, view instructional videos and study educational materials.

The website features an interactive meeting locator for people new to SMART searching for the nearest local gatherings. Counselors can use it to refer clients to meetings. This feature has become increasingly valuable as the number of meetings proliferates and meeting information changes on a daily basis in North America.

These online resources enable people to receive recovery support 24/7 anywhere in the world. They offer people who are reluctant to share their addiction concerns in person an extra measure of privacy.

However, like all organizations that are highly active in online electronic communications, IT system upgrades and improvements are necessary to keep pace with changes in technology. In addition, SMART's accelerated growth places new demands on existing IT systems and operations.

Action Plan

A formal IT assessment in 2017 identified the following opportunities for improvement in SMART's IT operations:

- Establish a comprehensive and coordinated IT strategy.
- Ensure that this strategy is aligned with SMART's Strategic Plan.
- Establish an IT leader position that will ensure the necessary changes are implemented in accordance with all the recommendations of the IT assessment.
- Focus SMART's IT design on the user/volunteer experience.

Goal 4: Significantly increase and organize SMART's volunteer corps; find volunteers with special skills.

Ever since its origins, SMART has been volunteer-driven – from the trained facilitators leading meetings to the members of the Board of Directors. Volunteers contribute their time and expertise generously, motivated by a passionate commitment to SMART's mission.

The accelerated growth in recent years has increased the demand for volunteers. As a result, the organization must step up efforts to recruit new facilitators and retain the experienced ones who are most skilled at leading meetings, promoting the program and contributing in other ways.

Action Plan

SMART must recruit facilitators and other volunteers from sources where people have the time, experience and orientation to make significant contributions, such as:

- Established SMART meetings with active, well-informed and enthusiastic participants, who often become the best facilitators.
- Recruit volunteers with special skills for committees, IT, fundraising, social media, communications, special events and other needs.
- Regional coordinators can promote recruitment and training to continually replenish the pool of local facilitators.
- Peer support specialists are another potential resource, and many already provide recovery support that can be strengthened through collaboration with SMART. Such collaboration is already working in some areas.
- The Volunteers of America offers another pool for potential volunteers. This support organization for seniors already hosts SMART meetings in some locations and recognizes the importance of offering people multiple pathways for recovery.
- Experienced facilitators who lead face-to-face meetings can be trained to run online meetings.
- Humanists have played an important role in SMART's movement going back to its origins. The American Humanist Association strongly endorses SMART, and its numerous chapters can provide space for meetings and people who can facilitate them.

- Retired people seeking purposeful activities to enrich their lives. Working with the American Association of Retired Persons could generate many volunteers. This would also help many older people address or avoid addiction while helping others.

Goal 5: Periodically evaluate and improve the SMART Recovery 4-Point Program®.

A core value of SMART is ensuring that its 4-Point Program®, tools and strategies are based on the best and most current science in the field of addiction recovery. A SMART Recovery International Advisory Board, composed of the pioneers and thought leaders in the major addiction recovery therapies, has helped ensure the program is using state-of-the-art science. In 2017, the first meta-analysis of SMART Recovery – a review of the most significant research conducted to date – was published in the highly regarded *Psychology of Addictive Behaviors*, as noted in the introduction to this strategic plan. That the program was deemed worthy of such a study signals that the scientific community believes SMART can make a significant contribution to the field of addiction recovery. This study is particularly useful in identifying where more research is needed, providing a valuable guide for future investigation.⁶

Action Plan

As SMART becomes a mainstream recovery support model, research has been increasing worldwide with ambitious efforts underway in Australia and the United Kingdom, along with the United States, where it originated. An important role for the newly formed SMART Recovery International is to serve as a forum to facilitate collaboration among addiction scientists worldwide. This collaboration should:

- Ensure that high standards of research are maintained.
- Ensure that studies complement one another rather than duplicate.
- Identify investigative gaps that need to be filled.
- Produce a formidable body of research documenting the overall effectiveness of SMART.
- Suggest how best to apply this support model to specific needs, such as co-occurring disorders, PTSD among military veterans and others, and addictions to certain substances and behaviors.
- Identify important variations in the manner addiction affects different people, such as low-income and homeless individuals, inmates in correctional facilities, teens, women vs. men, and the family members and friends of loved ones with addiction – suggesting modifications in the type of recovery support needed.

This global research forum should stimulate creative and thoughtful discussions among the leading addiction scientists, along with contributions from professionals at all levels who are treating people and providing recovery support. This is to ensure that research contributes to the needs of those caring for patients and others suffering from the effects of addiction – especially as it applies to the SMART 4-Point Program®, which might be improved or refined accordingly.

⁶ Alison K. Beck, Ph.D., et al., op. cit., 19.

Goal 6: Continuously evaluate and improve SMART volunteer training.

A strength of SMART has always been its emphasis on training volunteers to ensure meetings are facilitated by people who understand the scientific principles, tools and strategies. Yearly participation in the SMART online training program has increased significantly to more than 3,000 – up from fewer than 300 as recently as 2010. The fact professionals comprise two-thirds of those registering for SMART training reflects the exceptional value they see in this instruction.

In order to provide facilitators ongoing support and continuing education and training, SMART has been offering weekly online training sessions.

Action Plan

SMART is modifying the training program in two ways: to encourage more people to use it as a pathway for facilitating meetings and to enhance its value for professionals. The Board has approved a four-tier program:

Level 1: Host/Co-host Training – an online, self-administered, free program. Hosts and co-hosts who complete this training are authorized to lead established meetings when the trained facilitator is not available. They follow a meeting script and lead around-the-circle exercises observing a standard format.

Level 2: Advanced Host Training – completion of this online program permits advanced hosts to start new “Discussion” format meetings. Beyond using the script and conducting exercises, they can ask for discussion topics. They are trained to identify a tool relevant to the topic, and to formulate a round-the-circle question based on that tool. They may also encourage experienced participants to present a specific tool in a detailed manner.

Level 3: Facilitator Training – the online instruction program used for many years to train regular meeting facilitators. It features the complete curriculum covering the science, tools and strategies used in SMART, and how to start and promote meetings. This training also covers how to recruit and supervise hosts and co-hosts.

Level 4: Professional Training – will provide more detailed instruction about SMART’s scientific principles and practices. Professionals who complete this training will qualify for continuing education credits associated with their specialty where these are available. The content of this training is under development and will be submitted for approval by state and national authorities that award training credits.

Additional efforts are underway to enhance the instruction in the following ways:

- Special training for facilitators of SMART Family & Friends meetings, based on SMART tools and the highly effective discipline known as CRAFT (Community Reinforcement and Family Training). This instruction may be incorporated into Level 3 and 4 for people who want to facilitate these meetings.
- Incorporate more training of facilitation skills into the programs.
- Fast-track training for online facilitators.
- Continue to offer enhanced training opportunities at the SMART annual conference.

Goal 7: Foster good governance and ongoing Board development.

Aligned with the SMART community, our leadership has worked well as a partnership between professionals in the field of addiction science and treatment, and people with firsthand experience overcoming the condition themselves or caring for addicted loved ones. This partnership endows SMART with a holistic understanding of addiction treatment and recovery and the ability to see solutions in theoretical and real-life terms.

In addition, those who are not treatment professionals can bring leadership to the SMART Board in the many disciplines required for a nonprofit organization to operate effectively. As SMART has grown, for example, experts in strategic planning, business management, financial controls and corporate communications have joined the Board.

Action Plan

The leadership continues to identify areas where additional management expertise is needed, such as information technology and fundraising. Strict governance controls are being strengthened to further ensure the Board observes all management best practices for nonprofit organizations.

In 2017 the Board replaced the existing Nominating Committee with a Governance Committee. This new committee will assume all the duties performed by its predecessor. It will broaden its focus to implement term limits for Board members and officers and to strengthen succession planning for important leadership positions.

The duties of the Governance Committee will be to:

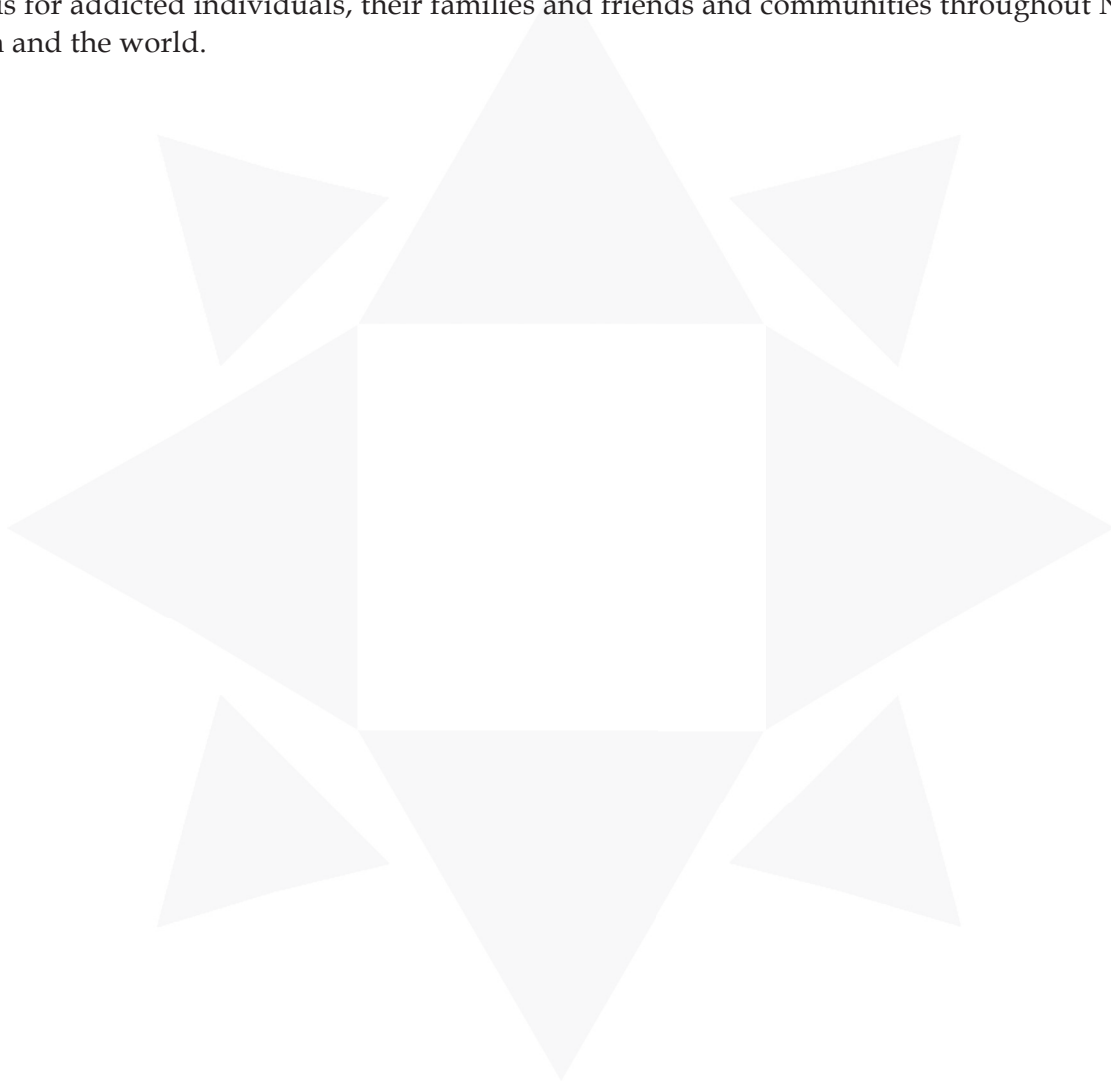
- Review recommended governance best practices to determine where SMART is in compliance and where improvement may be needed.
- Review SMART bylaws and recommend updates.
- Review/update new Board member orientation process and materials.
- Evaluate and make permanent a Board-evaluation process.
- Evaluate Board composition, skills in place, skills needed and diversity.
- Evaluate and recommend a Board term-limits policy.
- Recruit and develop potential Board members, engaging them in the organization.
- Nominate a Board slate of officers and directors each year.
- Nominate a slate of US representative directors to the SMART Recovery International Board (biannually).

The Governance Committee will be composed of up to five members, including one from the Executive Committee, two other current Board members, one staff member and one or two past or potential Board members or distinguished volunteers.

Looking Forward

By combining science, experience and mutual support, SMART has created a model for addiction recovery that is benefiting people worldwide. An ever-growing community of volunteers has brought this model into the mainstream of pathways used to help support, sustain and secure recovery.

SMART has grown and matured as the epidemic of addiction has become one of the greatest public health crises of the 21st century. This model of recovery support has already helped thousands, if not millions, of people overcome the suffering associated with addiction and lead fulfilling and meaningful lives. Guided by this strategic plan, SMART can become a major part of the solution to this crisis for addicted individuals, their families and friends and communities throughout North America and the world.



Appendix: Global Support for SMART Recovery®

U.S. Government and Professional Endorsements



National Institute
on Drug Abuse

Understanding Drug Abuse and
Addiction: What Science Says
Self Help and Drug Addiction Treatment

Self-help groups can complement and extend the effects of professional drug addiction treatment. The most prominent groups are those affiliated with Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Cocaine Anonymous (CA) ... and SMART Recovery. Most drug addiction treatment programs encourage patients to participate in a self-help group during and after formal treatment.⁷

SMART's InsideOut® program for correctional facilities was funded by \$1 million in NIDA Small Business Innovation Research Grants. SMART offers the court-mandated nonreligious recovery support that meets the best practice standards set by the National Association of Drug Court Professionals (NADCP). Major research has established that the program significantly reduces reconviction rates.⁸



National Institute
on Alcohol Abuse
and Alcoholism

Understanding the Impact of Alcohol on
Human Health and Well-Being
Medical Attention | The Patient is Drinking

Encouraging patients to go to mutual-support groups such as AA or SMART Recovery is the first-line response in this situation. Although some patients will inform you early on that they have no intention of attending these meetings because of previous negative experiences or a fear of groups, encourage them to try these groups by stressing that a different type of group could be helpful (e.g., going to SMART Recovery instead of AA)⁹

NIH funded CheckUp & Choices, an evidence-based web app based on SMART's 4-Point Program® that helps people stop drinking, which was developed under the leadership of Reid Hester, Ph.D. After NIAAA-funded research proved its effectiveness, new apps were developed for opioids, stimulants, marijuana and compulsive gambling (www.smartrecovery.org/checkupandchoices).



⁷ NIDA, February 2016, www.drugabuse.gov/publications/teaching-packets/understanding-drug-abuse-addiction/section-iv/5-self-help-drug-addiction-treatment.

⁸ In a study of 6,000 inmates, reconviction rates for violent crimes were 42 percent lower for the 3,000 who attended SMART meetings while incarcerated, according to research conducted in Australia by Chris Blatch et al., "Getting SMART, SMART Recovery Programs and Reoffending," *Journal for Forensic Practice*, 2016, Vol. 18 Iss: 1, 3-6.

⁹ NIAAA, COMBINE: Medical Management Treatment Manual – A Clinical Treatment Manual for Medically Trained Clinicians Providing Pharmacotherapy as Part of the Treatment for Alcohol Dependence, 39, https://pubs.niaaa.nih.gov/publications/combine/Combine_2.pdf.



Behavioral Health Treatment Services Locator Peer Support ... Self-Help Groups (Addiction)

Lists SMART Recovery and 12-step groups.¹⁰ SAMHSA has funded training for facilitators of regular SMART Recovery and InsideOut meetings. It also underwrote the creation of the video “How to Facilitate a Basic SMART Recovery Meeting.”



Adult Court Best Practice Standards, Volume I Substance Abuse Treatment Peer Support Groups

Participants regularly attend self-help or peer support groups in addition to professional counseling. The peer support groups follow a structured model or curriculum such as the 12-step or SMART Recovery models.¹¹ Seven U.S. Appellate Court rulings and three State Supreme Court rulings have found that 12-step programs are religious, and court mandates to attend such meetings violate the freedom-of-religion clause of the First Amendment.¹²



The Drug Court Judicial Bench Book Self-Help Recovery Programs

One important concern about 12-step programs is that they do rely on recognition of a higher spiritual power, which has been interpreted by appellate courts to have religious significance that may trigger First Amendment objections. Appellate courts have held that the State cannot mandate attendance in these groups unless it also offers a secular alternative. There are several secular alternatives that may be offered to drug court participants. For example, SMART Recovery (www.smartrecovery.org) and Save Our Selves (SOS) (www.sossobriety.org) have a scientific or cognitive orientation as opposed to a spiritual or religious orientation.¹³



Federal Bureau of Prisons: Self-Help Groups

The Federal Bureau of Prisons (BOP) Residential Drug Abuse Program (RDAP) offers treatment based on Cognitive Behavioral Therapy and self-empowerment, which is quite similar to SMART’s InsideOut program. After inmates are released, the BOP recommends SMART meetings for “... participants [who] immediately reject AA and NA as a result of the spiritual component of these programs and/or as a result of the fact that these programs subscribe to the disease model of addiction. The disease model assumes that you are powerless over your addiction. The disease model can conflict with the bio-psychosocial model that is utilized in RDAP, which asserts that although there are many factors (genetics, personality, societal influences, family environment, etc.) that contributed to one’s addiction, the individual is ultimately responsible for all the choices made in his life.”¹⁴

¹⁰ SAMHSA, Behavioral Health Treatment Services Locator, <https://findtreatment.samhsa.gov>.

¹¹ NADCP, 2013, www.nadcp.org/sites/default/files/2014/D-22.pdf, Chapter V. Substance Abuse Treatment, Section I. Peer Support Groups, 40, including footnote 19, which states, “Drug Courts must offer a secular alternative to 12-step programs such as Narcotics Anonymous because appellate courts have interpreted these programs to be deity-based, thus implicating the First Amendment.”

¹² See the presentation by SMART President Joe Gerstein at the 2017 NADCP Training Conference, “The Power of Choice in Achieving Recovery” (www.smartrecovery.org/courts/), slides 6-10. In a 2013 case (*Hazle v. Crowfoot*), the court ordered the State of California and a treatment provider to pay \$2 million in damages to an inmate for failing to observe this First Amendment right.

¹³ Eds. Douglas B. Marlowe, J.D., Ph.D., Judge William G. Meyer (Ret.), 2011, www.ndci.org/sites/default/files/nadcp/14146_NDCI_Benchbook_v6.pdf, 75.

¹⁴ RDAP Law Consultants, RDAP: The Bureau of Prisons Alcohol, Narcotic and Prescription Drug Abuse Program, 2014, 4.

UK Government Standards and Guidelines

NICE

National Institute for
Health and Care Excellence

NICE Quality Standard, Drug Use Disorders in Adults Quality Statement 7: Recovery and Reintegration

People in drug treatment are offered support to access services that promote recovery and reintegration including housing, education, employment, personal finance, healthcare and mutual aid. Mutual aid services include SMART (Self-Management and Recovery Training) and those based on 12-step principles, for example Narcotics Anonymous, Alcoholics Anonymous and Cocaine Anonymous.¹⁵

NICE Guideline, Alcohol-Use Disorders: Diagnosis, Assessment and Management of Harmful Drinking and Alcohol Dependence

1.3.1 General principles for all interventions ...

1.3.1.7 For all people seeking help for alcohol misuse:

- give information on the value and availability of community support networks and self-help groups (for example, Alcoholics Anonymous or SMART Recovery) and
- help them to participate in community support networks and self-help groups by encouraging them to go to meetings and arranging support so that they can attend.^{16, 17}



Public Health
England

A Briefing on the Evidence-Based Drug and Alcohol Treatment Guidance Recommendations on Mutual Aid

One of Public Health England's priorities is to improve recovery rates from drug dependency. To achieve this, a commitment has been made to increase the number of areas that have fostered effective links between treatment services and relevant community and mutual aid

groups with the aim of enhancing social integration and wellbeing.

The most common mutual aid groups in England include 12-step fellowships and SMART Recovery.... SMART Recovery applies cognitive behavioural techniques and therapeutic lifestyle change to its mutual aid groups to help people manage their recovery.

Recovery Orientated Drug Treatment Expert Group – Promote choice by ensuring people in treatment have a range of peer-support options including 12-step, SMART Recovery and other local support services.

Advisory Council on the Misuse of Drugs – The report titled What Recovery Outcomes Does the Evidence Tell We Can Expect? welcomes the valuable role played in recovery by mutual aid, including AA, NA and SMART Recovery.¹⁸

15 NICE Quality Standard, Drug Use Disorders in Adults, November 19, 2012, 26-27, www.nice.org.uk/guidance/qs23/resources/drug-use-disorders-in-adults-2098544097733.

16 NICE Guideline, Alcohol-Use Disorders: Diagnosis, Assessment and Management of Harmful Drinking and Alcohol Dependence, February 23, 2011, 17-19, www.nice.org.uk/guidance/cg115/resources/alcoholuse-disorders-diagnosis-assessment-and-management-of-harmful-drinking-and-alcohol-dependence-35109391116229.

17 NICE guidelines state treatment should include a motivational component, which is much the same as the motivational aspects of SMART.

18 Public Health England, A Briefing on the Evidence-Based Drug and Alcohol Treatment Guidance Recommendations on Mutual Aid, December 2013, 3-5, www.nta.nhs.uk/uploads/mutualaid-briefing.pdf.

Australian Government Guidelines



Australian Government
Department of Health and Ageing

Guidelines for the Treatment of Alcohol Problems 8. Self-Help Programs

Lists Alcoholics Anonymous and SMART Recovery, including: SMART Recovery adopts a Cognitive Behavioural Therapy framework and diverges from AA in that it eliminates the focus on spirituality inherent to the AA 12-step approach.

It uses a four-point recovery program designed to enhance members' motivation and teaches techniques that help manage lifestyle and behavioural difficulties. Skills training involves exposure to (among other things) cost-benefit analyses, identifying and rectifying irrational thoughts, and role-playing.

Table 8.1: The SMART Recovery 4-Point Program®

Point 1	Enhancing and maintaining motivation to abstain
Point 2	Coping with urges
Point 3	Problem solving (managing thoughts, feelings and behaviours)
Point 4	Lifestyle balance (balancing momentary and enduring satisfactions)

People who are uncomfortable with AA's spiritual focus may find the more secular approach of SMART Recovery a useful self-help alternative.¹⁹

It is noteworthy that SMART Recovery is listed since the program was formally established in Australia in 2007, two years before the guidelines were issued. At the time, there were about 50 meetings in the country, compared with four times as many today.



Australian Government
**National Health and
Medical Research Council**

**Centre of Research Excellence in Mental Health and
Substance Use | National Drug and Alcohol Research
Centre, University of New South Wales**

*Guidelines on the Management of Co-Occurring Alcohol
and Other Drug and Mental Health Conditions in Alcohol
and Other Drug Treatment Settings*

Self-Help Groups

Reviews in the research literature suggest that some clients of AOD (alcohol and other drug) services will benefit from joining a self-help group, such as Alcoholics Anonymous, Narcotics Anonymous, SMART Recovery or alternative self-help groups.²⁰

¹⁹ Australian Government Department of Health and Ageing, Guidelines for the Treatment of Alcohol Problem, June 2009, 110-111, [www.health.gov.au/internet/main/publishing.nsf/Content/0FD6C7C289CD31C9CA257BF0001F96BD/\\$File/AustAlctreatguidelines%202009.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/0FD6C7C289CD31C9CA257BF0001F96BD/$File/AustAlctreatguidelines%202009.pdf).

²⁰ National Health and Medical Research Council (NHMRC), Centre of Research Excellence in Mental Health and Substance Use, National Drug and Alcohol Research Center, University of New South Wales, Guidelines on the Management of Co-Occurring Alcohol and Other Drug and Mental Health Conditions in Alcohol and Other Drug Treatment Settings, 2nd Edition, 2016, 105, https://comorbidity.edu.au/sites/default/files/National%20Comorbidity%20Guidelines%202nd%20edition_0.pdf.



Through SMART Recovery, Discover the Power to
... choose science-based measures to overcome addiction.
... control thoughts to defeat urges to engage in addictive behavior.
... calm extreme anxieties to prevent relapses.
... join a global community devoted to life balance, meaning and fulfillment.

When we choose to create profound meanings and long-range goals for ourselves and our community we tend to lead more satisfying and less disturbed lives.

— Albert Ellis, Ph.D.

American psychologist who helped pioneer the cognitive paradigm shift in psychotherapy, founding Rational Emotive Behavioral Therapy in 1955

"The SMART approach for addiction recovery is the intersection of what is science-based, what is self-empowering and what works in a mutual help group."

— Tom Horvath, Ph.D.

SMART Recovery President, 1995-2008, 2010-2016