



SMART Recovery® FAST FACTS

Self-Management and Recovery Training

SMART Recovery is the world’s largest community of mutual support group meetings using science and self-empowerment to help people overcome addiction problems with drugs, alcohol and behavior such as gambling. Tens of thousands of people gather weekly at nearly 2,800 meetings in 23 countries,¹ including more than 1,600 in the U.S. alone. People anywhere in the world can attend another 30 weekly meetings online with a headset and weblink, and receive support through 24/7 chatrooms and message boards.

The *SMART Recovery Handbook* has been published in 13 languages: Arabic, Danish, English, Farsi, French, German, Mandarin Chinese, Polish, Portuguese, Spanish, Swedish and Vietnamese, along with the dialect spoken by Australian Aborigines.

SMART stands for Self-Management and Recovery Training. It uses principles, practices and tools from disciplines with proven effectiveness in treating problematic addictive behavior, such as Cognitive-Behavioral Therapy and Motivational Interviewing. Many meetings help people with special needs in specific venues:

Schools – SMART meetings help teenagers and young adults address addiction problems at an early age.

InsideOut in Correctional Facilities – For more than two decades, SMART has helped inmates address problematic addictive and criminal behavior with meetings adapted for their use.

Family & Friends – Spouses, parents and partners with loved ones engaging in problematic addictive behavior learn to cope with these challenging relationships while trying to help them seek treatment in a positive, loving and nonjudgmental manner. These meetings use tools from regular SMART meetings and the evidence-based approach known as Community Reinforcement and Family Training (CRAFT).

SMART Recovery 4-Point Program® Based on Self-Empowerment

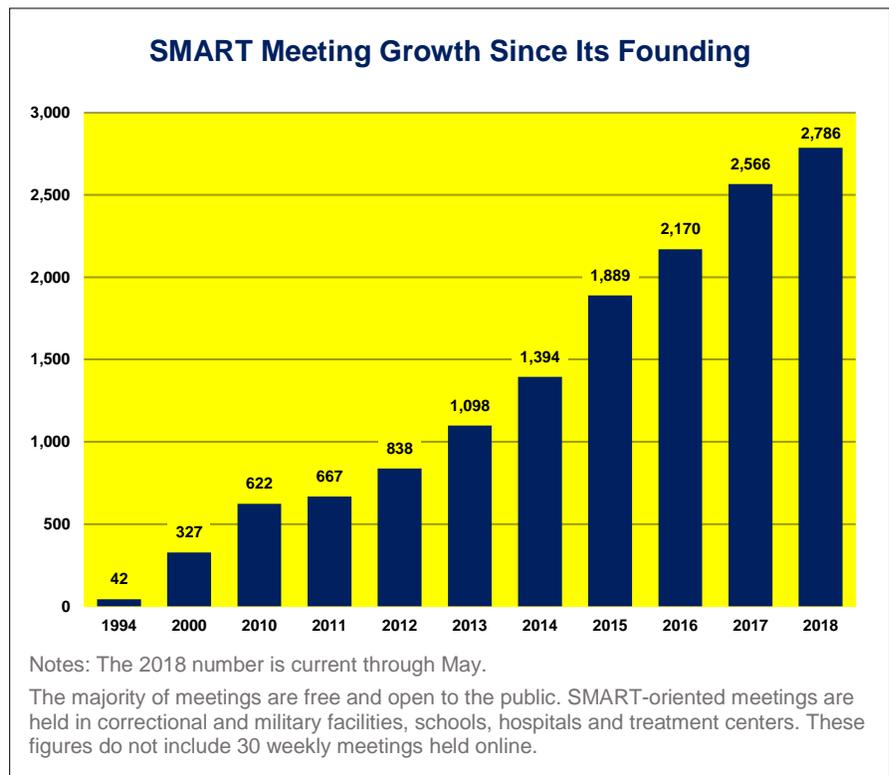
SMART is designed to help people find the power to change within themselves. The discussion at meetings is centered around the SMART 4-Point Program:

1. **Build and Maintain Motivation.**
2. **Cope with Urges.**
3. **Manage Thoughts, Feelings and Behaviors.**
4. **Lead a Balanced Life.**

Facilitators and Hosts Lead Highly Interactive Meetings

SMART meetings are led by facilitators who complete a rigorous 30-hour training course or by hosts who undergo less rigorous training and lead simpler meetings. All meetings are highly interactive, conversational and educational, 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.

These self-empowering discussions include science-based tools for change that enable participants to become increasingly self-reliant in their efforts to change, and to lead lives that are more meaningful, productive and connected.



¹ Australia, Canada, China (and Hong Kong), Denmark, India, Iran, Ireland, Kenya, Malaysia, Mexico, Namibia, New Zealand, Nigeria, Russia, Singapore, South Africa, Spain, Sweden, Thailand, United Kingdom, United States, Uzbekistan and Vietnam.

Participants learn from each other about specific tools and how to apply them in various situations. SMART's tools evolve as scientific findings evolve. SMART meetings themselves are the ongoing subject of scientific inquiry. Findings suggest that SMART meetings are as effective as any other mutual help meetings for resolving problematic addictive behavior.^{2,3}

Other research has revealed the importance of choice in the types of meetings available for individuals with different orientations, such as spiritual vs. scientific.³ This follows the emphasis in modern treatment on offering people multiple pathways for recovery.⁴

SMART Works to Destigmatize Addiction

In our meetings we discourage using labels such as “addict” and “alcoholic,” because such labels can undermine motivation for many people. SMART views addiction as a behavioral problem that can be corrected, not a condition that defines a person's identity.

The SMART organization is operated almost entirely by volunteers. Meeting participants are encouraged to become volunteers in order to enhance their own gains and experience the satisfaction of helping others. SMART is also supported by ongoing relationships worldwide with mental health professionals and psychological scientists, who help SMART stay current with relevant professional and scientific developments. Our [International Advisory Council](#) includes some of the world's leading addictive behavior scientists.

SMART is a widely recognized pathway for recovery support and change. It is recommended by leading government and medical institutions worldwide, including:

Australia – the Government Department of Health and Ageing and Government National Health and Medical Research Council.

United Kingdom – National Institute for Health and Care Excellence and Public Health England.

United States – National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, Substance Abuse and Mental Health Services Administration and Federal Bureau of Prisons.

Founded in 1994 as a 501(c)(3) non-profit organization, SMART works as a partnership between professionals and peers (people who've had addictions or family members with addictions).

² Sarah E. Zemore, Ph.D., et al., “A Longitudinal Study of the Comparative Efficacy of Women for Sobriety, LifeRing, SMART Recovery, and 12-step Groups for Those with AUD,” *Journal of Substance Abuse Treatment*. 88 (2018) 18-26. This study found that participation in LifeRing, SMART Recovery, Twelve-Step and Women for Sobriety groups are equally effective in helping people overcome alcohol use disorders. “An optimal care plan may thus involve facilitating involvement in a broad array of mutual help support groups and encouraging abstinence motivation and social networks that are supportive of abstinence.” 24

A 2017 study by Zemore et al., “Comparison of 12-Step Groups to Mutual-Help Alternatives for AUD in a Large, National Study: Differences in Membership Characteristics and Group Participation, Cohesion, and Satisfaction,” *Journal of Substance Abuse Treatment* 73 (2017) 16-26, found that “high levels of participation, satisfaction, and cohesion among members of the mutual help alternatives suggest promise for these groups in addressing addiction problems.” 16

³ Zemore's studies follow research published in 2007 by Randolph G. Atkins, Ph.D., and James E. Hawdon, Ph.D., “Religiosity and Participation in Mutual-Aid Support Groups for Addiction,” *Journal of Substance Abuse Treatment* 33 (2007) 321-331. This research concludes: “Because religiosity influences group participation and outcomes, client religiosity must be considered in treatment planning.... For [individuals] with low levels of religiosity, and especially who have a secular or ‘scientific’ worldview, it may be very difficult to fit in with spiritually based recovery programs. Individuals with this type of personal philosophy are more likely to feel that sense of belonging in secular support groups that do not use a spiritual approach, such as SOS or SMART, and are more likely to continue participating in these secular groups, thus improving their prognosis for long-term abstinence.

“This study provides more evidence that, in recovery, ‘one size does not fit all’ and that matching clients to appropriate support groups according to their individual beliefs can have a positive impact on their program involvement and, ultimately on their treatment outcomes. As [White and Kurtz](#) (2005, p. 39) point out, ‘It is time that the multiple pathways and styles of recovery fully permeated the philosophies and clinical protocols of all organizations providing addiction treatment and support services.’ We could not agree more.” 329, 330.

⁴ U.S. Surgeon General Vivek H. Murthy, M.D., emphasizes the need for multiple recovery choices in the landmark 2016 report [Facing Addiction in America](#): “We have learned that recovery has many pathways that should be tailored to fit the unique cultural values and psychological and behavioral health needs of each individual.” v-vi. 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.

Examples of SMART Tools and Strategies

Cost Benefit Analysis – This exercise motivates people to stop an addictive behavior by weighing the short-term benefits of, for example, abusing pain pills (feeling good, relaxed and happy for a short time) against the long-term harmful costs (ruined relationships, lost jobs, wasted money, ill health). The purpose is to help people decide for themselves to change, which is the most effective way for them to do so. Most people do not respond well to coercion.

[Cost-Benefit Analysis Worksheet](#) | [Four Questions About My Addiction: A Cost/Benefit Exercise](#)

A Cost-Benefit Analysis for Alcohol Addiction

Addictive Drinking			Disadvantages (costs and risks)		
Advantages (benefits and rewards)			Disadvantages (costs and risks)		
Relieve anxiety	Easier to socialize	Overcome boredom	Lose job	Costs a lot of \$\$\$	Health problems– cirrhosis, cancer
Celebrate success	Fun with friends		Lose respect of friends, family	DUI/Lose Driver's License	Hangovers/ blackouts

Quitting/Abstaining			Disadvantages (costs and risks)		
Advantages (benefits and rewards)			Disadvantages (costs and risks)		
Clear thinking, good health	Save a lot of \$\$\$	High self esteem	Boredom	Have to make new friends	Trouble sleeping
Job success/ advancement	Good marriage & family life	No hangovers, feel good in a.m.	Harder to socialize	Harder to cope with stress	

The next step is to label each item either “short-term (ST)” or “long-term (LT),” and people discover that all the advantages of drinking are short term and the disadvantages long term. In addition, the benefits of not drinking are long-term and the disadvantages can be overcome with some effort but will not last that long.

Urge Log – In the early stages of resolving a problematic addictive behavior, people benefit by identifying all the events, sights, smells and settings that trigger urges and cravings to use. Keeping a daily log of these triggers helps people avoid using and learn that urges are temporary and grow less intense the longer they abstain.

Urge Log

Date	Time	Rate 1-10	Length	What triggered my urge?	Where/who was I with	How I coped, feelings about coping	Alternative Activities

ABC – The basis for this exercise is learning how our beliefs govern our experiences, including what we feel and how we act. We may think our actions and feelings are caused by outside forces or events we cannot control. These outside factors – call them Activating or Adverse events, the A – play a role, but it is what we Believe – the B – that decides what we experience. When our beliefs are irrational, extreme or exaggerated, the resulting actions and feelings – the Consequences or C – can be harmful. The ABC exercise reveals rational and realistic beliefs that help us relieve anxiety and refrain from harmful and unhealthy behavior.

[ABCs – A Crash Course](#) | [Finding the ABCs](#)