



SMART Recovery is the world's largest community of mutual support group meetings that uses science and self-empowerment to help people overcome addiction problems with drugs, alcohol and harmful behavior such as gambling, over-eating and excessive shopping and internet use.

Meetings Proliferate to Help Individuals and Families Recover from Addiction Epidemic

The number of meetings is on pace to quintuple this decade as the global addiction crisis increases the need for treatment and recovery support. Each year in the U.S. alone, this crisis:

- Takes the lives of more than 160,000 people, including [more than 72,000 fatal drug overdoses in 2017](#) and the [88,000 annual deaths attributed to excessive alcohol use](#), according to the Centers for Disease Control and Prevention. The [U.S. accounts for one in four drug-related deaths worldwide](#), most caused by opioid overdoses, according to the United Nations Office of Drugs and Crime (*World Drug Report, 2017*).
- Costs the economy as much as \$1 trillion or more based on various estimates that account for crime (police, court and incarceration expenditures), lost work productivity and healthcare. The National Institute on Drug Abuse (NIDA) estimates addiction to tobacco products, drugs and alcohol costs the economy [more than \\$740 billion](#). The White House Council of Economic Advisors estimates the [opioid crisis alone is costing more than \\$500 billion](#) (*The Underestimated Cost of the Opioid Crisis, 2017*).

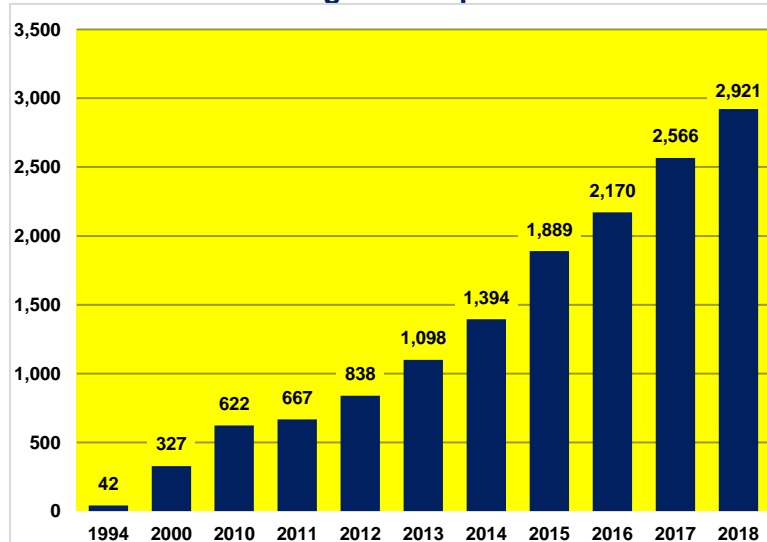
These figures cannot measure the incalculable impact on the families of loved ones suffering from addiction and the quality of life in communities everywhere, especially those hit hardest by the opioid epidemic.

SMART, which stands for Self-Management and Recovery Training, has helped address all these needs over the past quarter century. It holds free weekly support group meetings for people suffering from harmful addictions, including those undergoing medication-assisted therapy; their family members and friends; and inmates in correctional facilities through its InsideOut program, which was developed with \$1 million in grants from NIDA. SMART also has meetings for teenagers, students in schools, military veterans and people needing support in recovery community organizations, treatment centers and hospitals.

The Global Reach of SMART Recovery

Tens of thousands of people gather weekly at more than 2,900 SMART meetings in 23 countries,¹ including 1,743 in the U.S., 529 in the UK, 292 in Australia and 237 in Canada. People anywhere in the world can attend another 25 weekly meetings online with a headset and weblink, and receive support through 24/7/365 chatrooms and message boards. The *SMART Recovery Handbook* has been published in 14 languages: Arabic, Danish, English,

SMART Meetings Quintuple This Decade



Notes: The 2018 number is current through October.

The majority of meetings are free and open to the public. SMART-oriented meetings are held in correctional and military facilities, schools, hospitals and treatment centers. These figures do not include 30 weekly meetings held online.

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

Farsi, French, German, Mandarin Chinese, Polish, Portuguese, Russian, Spanish, Swedish, Vietnamese and the dialect of Australian Aborigines.

SMART uses principles, practices and tools from disciplines with proven effectiveness in treating problematic addictive behavior, such as Cognitive-Behavioral Therapy and Motivational Interviewing.

SMART 4-Point Program® Based on Self-Empowerment to Achieve Life Balance

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.

Trained Facilitators, Hosts Lead Interactive, Forward-Looking 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. Meetings are highly interactive, conversational and educational, enabling all participants to share their successes and challenges and receive guidance from others. Meetings are action-oriented, positive and focused on the present and future.

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

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. Research suggests 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 finding follows the emphasis in modern treatment on offering people multiple pathways for recovery.⁴

SMART Works to Destigmatize Addiction

SMART discourages the use of 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 supported by ongoing relationships worldwide with mental health professionals and psychological scientists, who help SMART stay current with relevant treatment and scientific innovations. SMART's [International Advisory Council](#) includes some of the world's leading addictive behavior scientists. The [SMART Recovery Australia Research Advisory Committee](#) features scientists performing cutting-edge research in that country and globally.

SMART Endorsed by Leading Government and Medical Institutions Worldwide

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

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

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).

References: Research on SMART's Use and Effectiveness

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 religi-

osity, 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., emphasized 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 harmful addiction, 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](#)