

Excerpts from **Young People in Recovery**

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Introduction-My Story

Two days after the end of my freshman year in college, I voluntarily checked myself into an alcoholism treatment program. Checking into treatment was the only alternative to killing myself in fear of having to live the life I had lived for the previous five years. Physically, I was sick much of the time and unable to quit drinking without experiencing sweats, shakes, and frequent vomiting as my body screamed for the alcohol on which it had become dependent. Mentally, I was tired of playing make-believe—trying to pretend that things were going to work out. Emotionally, my tank was running over with fear, loneliness, and hopelessness. I was at the end of my long journey through the dark side and unsure if there would ever be another bright spot. I knew I had to quit drinking, once and for all, no matter what the cost. If it meant not returning to college baseball, then so be it. If it meant not being with my family ever again, then so be it. If it meant never returning to my hometown where they helped me believe I was somebody special, then so be it. Whatever it took, I was willing to do it. My drinking had already jeopardized my baseball dreams and placed lifelong scars on the relationships with my family. I was ashamed at the thought of having my hometown friends find out the truth of my actions while they awarded me, applauded my athletic performances, and encouraged me to go farther than anyone had gone before from our little corner of the world.

If they only knew that I attended school under the influence of alcohol nearly every day my last two years of high school and still graduated fifth in my class, what would they think? If they only knew that my record-breaking season of eighteen touchdown passes in one season was accomplished under the influence of alcohol, what would they think? If they only knew that the three touchdown passes in the first half of a 42-8 victory for the underdogs was done in an alcoholic blackout, what would they think? If they only knew that the six stitches to repair my chin three hours after a football game required no sedative because I was already numbed out from booze, what would they think? If they only knew that I was spared the consequences of a drunk driving ticket when I rolled my car over one week before the baseball season of my senior year, what would they think? If they only knew I was sitting at a downtown bar after quarterbacking the high school team to another victory only hours earlier, what would they think? If they only knew that I organized the “before school beer bash” on opening day of my senior year, what would they think? If they only knew that I ended up at the wrong parties on several occasions to see the parents of my friends doing coke off the living room coffee-table, what would they think? By my admission of these things, I was not only implicating myself, but the many people who chose to turn their backs and ignore my unacceptable behavior. But, on May 12, 1983, my own survival was the only thing I thought of as I checked into Munson Medical Center’s alcoholism therapy unit in Traverse City.

More than twenty years have passed since that time and you would be surprised at the number of people who wish I would never talk about being an alcoholic because it may reflect negatively on them in some way. Now that I have been sober and drug-free since 1984 (following a relapse after my initial one and a half years clean out of Munson), many people—too many people—tell me to never say anything about being an alcoholic.

I am the father of three children, a devoted husband, a college graduate with a master's degree, an accomplished athlete who has received many awards, an intelligent businessperson who co-founded a nonprofit corporation, an individual committed to bring about healthy change in my hometown, an active community member, and a man of my word. But I am still an alcoholic. Or should I say, a recovering alcoholic—I no longer drink or use mood-altering drugs.

Why do so many people encourage me to *not* tell others I am a recovering alcoholic? I think it is mainly due to an extremely high level of ignorance about alcoholism and addiction. Most people do not know that the American Medical Association accepted alcoholism as a disease in 1956. Most people do not know that Alcoholics Anonymous (AA) was founded in 1935 and has proven to be the most effective form of treatment for alcoholics worldwide. Most people do not know that researchers and scientists have discovered characteristics of addiction that point to physical abnormalities and predisposing factors that make some individuals more susceptible to problems with addictions. These things mean there is nothing immoral or evil about people who develop addiction problems. Most people do not know that denial of alcoholism is a cultural reality in America that costs us tons of money every year. Most people do not know that only 5 percent of alcoholics are ever given the opportunity for treatment and recovery—and many of them become productive citizens. Most people do not know there is only a 1 percent difference in success rates for those who are forced into treatment compared to those who voluntarily enter treatment. Most people just do not know the facts about alcoholism and addiction.

This is why I wanted to have this book available in my hometown area. I want people to know that I will no longer remain silent; I want people to know that the time has come for a change. The time has come for us to quit lying to our children about addiction, alcoholism, and drugs. The time has come to quit lying to one another. Illegal drug traffic in our area is alive and well, and the majority of those involved are adults. Our children are not blind. They see what is going on in their homes, in their schools, and in their communities. Why should they quit using drugs when they see so many adults and prominent members of our towns avoiding the negative consequences of their use at the expense of others? During my lifetime as a native of northwest lower Michigan, I have heard numerous stories of adults who know what's going on but who are too afraid to take action to change it. The time has come for a change.

I am not running for political office. I am not crusading that you buy this or that. I have no silver bullet to offer that will guarantee a speedy and healthy change. I am asking you to help me bring about the end of denial of alcoholism and addiction. I am asking you to *trust someone and talk* about what's really going on in your own home, your own neighborhood, your own schools, and your

own community. I realize that this goal will not be attained easily or quickly. That is why I have dedicated my life to this one purpose. Consider the alternatives. What kind of place will this be if we continue to look the other way, refuse to accept the responsibility of cleaning our own corners of the world, and refuse to get involved in our communities in ways that can bring about the necessary changes?

This book is one project of many designed to reduce denial about alcoholism and addiction, increase awareness of local resources, and encourage people to take advantage of available services that can help.

A Few Suggestions for Dealing with Young People and Drugs

Even though some young people may use large quantities of chemicals on a regular basis, and are experiencing problems they are not necessarily chemically dependent. Diagnosing young persons as “chemically dependent” requires their personal involvement and acknowledgment. There are several studies that show how many teenage heavy users have no chemical-related problems when they reach their mid-20s—with no intervention. In dealing with problematic use by young people, it is important to let them know where their use patterns and attitudes fall in comparison with those of others their age and from their geographic area. I frequently emphasize five early warning signs of dependency for them to consider in relation to their own use.

First, has their tolerance for the drug increased? If they must use more of the drug to get the same effects they experienced previously, it is a signal that their body is getting used to greater quantities of the drug. Within six months of beginning to drink, I needed to drink five or six beers just to get a buzz compared to two or three in the beginning.

Second, have they experienced loss of control related to their use? This refers to their inability to predict what they are going to do once they begin to use the drug. Obviously, no one ever plans to get in trouble with the law and one such experience is not deserving of the *alcoholic* or *addict* label. However, if this pattern of being unable to predict their actions begins to develop, it is a serious problem. It is difficult for anyone, young or old, to admit powerlessness over chemicals, but that is exactly what losing control of one’s use is all about. The drug has become more powerful than the individual and the individual no longer has a consistent ability to steer clear of trouble. An experience of my own involving loss of control happened when I walked into a bar in downtown Charlevoix at age 17 on a Friday night following the football game I had just quarterbacked. I ordered a drink from the bar, and several hours later was awakened by my friends in the front seat of my car. I had passed out behind the wheel of my car, parked on main street twenty feet from the front door of the bar. No one in their right mind would drink that much in such a risky situation, and then pass out behind the wheel as if they were waiting for the police to come and arrest them. As my use progressed, there were more and more experiences that proved I could not predict my behavior after having just one drink.

Third, have they experienced drug-induced amnesia or blackouts? If they continue to function physically without the ability to remember what they did, this is a blackout and another serious cause for concern. One of the many blackouts I experienced took place during a high school football game. I said to a teammate in the locker room, "I can't wait for this game to get started." He told me that it was actually half-time and that I'd thrown three touchdown passes in the first half. This was cause for me to do some fast-talking in an attempt to cover up that I had no recollection of the entire first half. Another blackout example involved me waking up in an overturned car in the middle of the night, and realizing I was fifty miles from the last place I remembered being with no idea how my car had left the road and rolled over.

Fourth, is their drug use getting in the way of their preferred lifestyle? If they are beginning to lose their freedom, their good reputation, their possessions, their health, or other things that were important to them, chances are good their use is causing those changes. Many young people will try to explain that they never really cared about their relationship with parents, or grades in school, or extracurricular activities, and so on. This is usually an attempt to rationalize or justify their problems due to some other causative factor in their life. The last straw came for me in the final game of my freshman college baseball season. I was attempting to play shortstop with a debilitating hangover and my coach had seen enough. Midway through the third inning, he hollered "Time out!" as he stood at the top of the dugout steps and waved me in as my replacement came trotting toward me. I wished I could be anywhere else in the world at that particular moment, yet I knew that this nightmare was self-induced because of my drinking. I also knew that coming off the field in the middle of an inning in front of 500 very quiet spectators was not the way I wanted to end my college baseball career.

Fifth, have other people ever expressed concern about their chemical use? I quickly add that it is easy to disregard caring remarks from parents, but if their friends have ever told them they should consider cutting down for a while or stopping all together, this is definitely cause for concern. Many of my high school friends started to avoid me because they were afraid my self-destructive mission might take them out as well. Once in college it didn't take me long to alienate myself from people because of my Jekyll and Hyde personality. When I returned home following detox and treatment a year later, many of my old drinking buddies told me they were glad that I had finally quit. I was shocked to hear this. I didn't think anyone really noticed how insane my life was becoming those final two years of using.

After going through these five questions and determining the young person has experienced many or all of these things, I might utilize a chart that shows the progression of alcoholism and addiction. With their help, a diagnosis of early, middle, or late phase dependency may now be in order. If the young person had not had a great deal of external problems due to chemical use, I will typically emphasize the "possible" phrase. When they hear me say they "may" have an addiction problem, most young people are interested in knowing how they can prove that they don't have a problem. This brings us to the first stage of

“recovery” if they are actually chemically dependent, or the first stage of “discovery” if they are problematic users.

It is important for young persons to attempt to control their use of chemicals so they no longer experience problems. Many young people will try to quit or control their use due to outside pressure in an attempt to get people off their back. If they successfully avoid further trouble and don't allow their chemical use to become a central focus of their lives, then they may not fit the chemically dependent diagnosis. I've seen many young people muster up enough energy to pull themselves together in order to get off probation, improve their grades in school, and allow their parents to develop some hope and trust in them once again. When all of the focus and attention is placed on their outward ability to stay drug-free and avoid further problems, many can do it for a period of time. I frequently suggest to them that this period of time of “no problems” needs to be at least a year.

During this time when they may be trying to satisfy the outside forces in their lives, they can be learning such skills as stress management, problem solving, open communication, non-chemical recreational activities, developing a drug-free peer group, and relapse prevention activities. In many ways, these young people are taught the early steps involved in recovery based on a preventive focus rather than waiting until they are full-blown addicts or alcoholics and require lifelong involvement in a twelve-step recovery program.

If they should fail at avoiding further problems in their life due to chemical use, they are a little more aware of what steps they need to take in order to live problem-free. This entire process of challenging young persons to prove they are not chemically dependent may land them in an even deeper hole than they had been in earlier. Then, they are frequently more willing to admit they have a problem that is beyond their ability to control. This brings us to the beginning of twelve-step recovery—the first step where they admit that their use is causing them problems. They now see the connection between their problems and their chemical use and have a pretty clear picture that if the chemicals were removed from their life, they probably wouldn't be in many of the messes they have gotten themselves into. Inpatient treatment may be recommended at this stage.

Through inpatient treatment, young persons will be given a memorable event in their life. They will be provided with opportunities to learn about their addiction as a disease. They will have the opportunity to see other young people taking positive steps to overcome their addictions, and they will have a chance to get away from the chaotic lifestyle and circle of drug-using friends they have acquired over a period of time. With a good treatment program, the parents and other family members may also have an opportunity to gain much needed education and awareness.

At the same time the family begins to formulate a plan for confronting the difficult and challenging task of having a young person in recovery as part of their family. As the young person's addiction progressed, so did the family's illness in response to the addiction. If the family does not get involved in the change process, the young person will have an extremely difficult time returning to that particular family system.

Not all young people need to or will have the opportunity to participate in inpatient treatment for chemical dependency. Some may do well participating in intensive outpatient treatment along with involvement in a twelve-step recovery group to get themselves on track. Each individual is different and a great deal depends on his or her motivation to do what needs to be done in order to fully recover.

Advice through counseling or treatment that does not focus on twelve-step involvement can sometimes be fatal at this stage for young people. Some programs call themselves chemical dependency treatment facilities but emphasize the management of symptoms through medication with little or no exposure to twelve-step participation. Too often I have seen young people come back from programs such as these with three or four prescriptions and a recommendation to attend a weekly outpatient counseling session with a mental health clinician. This may be fine if their problem is a psychiatric disorder of some kind. But if they are chemically dependent, they frequently resume their chemical use soon after returning. I have seen several young people with these types of treatment experiences after a suicide attempt or very severe legal problems. I often wonder whether if they had been given the appropriate treatment in the beginning, these additional problems could have been avoided.

My professional approach to dealing with young people comes from a variety of sources. Personal experience has been helpful but it can be a limiting factor as well. I have had to work through the concept that what works for me, may not work for someone else. The longer I have been in the profession, the less I utilize my personal experience. Instead, I attempt to find the proper mix of tools for each particular young person.

The following materials have been helpful in my work with young people. First, the work of Terrence Gorski and his developmental model of recovery have been invaluable. Gorski has been a pioneer in bridging the gap between successful self-help group recovery and professional treatment successes. He is the premier person in relapse prevention work as well. Books by Gorski that I highly recommend include: *Staying Sober*, and *Passages Through Recovery*. Building on Gorski's work with the developmental model of recovery, Tammy Bell has written a great book entitled *Preventing Adolescent Relapse*, which provides information on normal adolescent development, common adolescent disorders, and adolescent chemical dependency.

Patrick Carnes' work focuses on substitute addictions and application of successful twelve-step principles in working with issues such as sexual addiction. Diagrams of the addictive system and addiction cycle that I found in his book *Out of the Shadows* were helpful in identifying the belief system as a key component to be addressed for successful long-term recovery. His description of how the addiction cycle is activated at times of high stress in an attempt to avoid internal conflicts was also helpful. His addiction cycle involves a four-step process moving from preoccupation with relief to ritualistic behavior to compulsive or self-defeating behaviors that lead to remorse. In late stages of addiction, an individual will bounce right back into preoccupation with using once again due to the discomfort produced from his or her most recent use.

Claudia Black's book, *It Will Never Happen to Me* is very helpful in understanding the three primary mistaken beliefs about chemically dependent family systems: (1) don't talk, (2) don't trust, and (3) don't feel. In creating a healthy environment for recovery, these three rules must be changed by creating a place where a young person can feel comfortable talking, trusting, and experiencing their feelings at his or her own level of comfort. Black's book is also helpful in working with children from alcoholic families through her descriptions of four common roles played by children in these unhealthy family systems: (1) Family Hero, (2) Scapegoat, (3) Mascot, and (4) Lost Child. For many young people it is helpful to understand the role or roles they may have acquired in an attempt to cope with chaotic life situations. As they begin to understand where these roles may have come from, they can try on some healthier personality traits in a safe environment.

Earnie Larson's book *Stage II Recovery* is helpful in understanding that recovery is more than just not drinking or using a chemical. His comments about learning what we live with, becoming what we learn, and what we become having consequences can also be helpful in understanding the self-defeating patterns that may plague us into middle or late stage recovery.

Any information about the twelve-step approach is always encouraged. Alcoholics Anonymous is the longest-running and most effective path in comparison with other historical attempts to confront alcoholism. Its ability to utilize the best of the information available in the 1930s and its success since then caused M. Scott Peck (author of the best-selling book, *The Road Less Traveled*) to call AA the greatest development of the twentieth century. Even though twelve-step approaches may not be for everyone, the principles of the program are important and need to be understood for successful recovery. Alternatives to the twelve-step approach that attempt to avoid the "God issue" such as *Rational Recovery* and a host of others show some promise by utilizing the basic principles without triggering the individual's personal beliefs and feelings about higher powers. For those who are serious about getting clean and sober, it may be necessary to set aside some of their thoughts and beliefs in order to get what they need to successfully recover, because these types of alternative groups are not readily available in rural areas such as ours at the current time. If nothing else, learn why so many people have been helped in twelve-step groups and remember one of the common slogans heard in many meetings, "take what you need and leave the rest."

For preventive efforts and to better understand how to create healthy behaviors in young people, the work of Dr. David Hawkins and Dr. Steven Catalano outlined in *Communities That Care* and the use of the Social Developmental Model are important. Understanding the risk factors for teen substance abuse, violence, school dropouts, teen pregnancy, and delinquency helps concerned citizens and parents develop strategies that will reduce all five problematic behaviors. Through healthy bonding, teaching of skills, and recognition, young people can be influenced toward healthier beliefs and standards, which result in healthy behaviors. Hawkins and Catalano's work is invaluable in prevention and in aiding the successful recovery of young people.

Unfortunately, in the field of treating adolescent substance abuse, common sense is not always common practice. Utilizing what has proven to be effective is a must when confronting the issues of rising costs for intensive services combined with declining financial resources to access these services. Research points the way; however, creative implementation based on local needs is a requirement. Dedicated individuals familiar with their home turf are needed. Once armed with current research and proven effective methods, these home-grown change agents need the confidence and perseverance to overcome all of the obstacles that will confront them.

By focusing on young people with a “preventive intervention” point of view, we have shown that we can be effective in creating a growing number of sober and drug-free young people who will share what they have learned with others through example. Young people listen to other young people. And young people especially connect with what they see other young people doing. The problem of addiction is too great not to have young people personally involved in the process of changing their way of life to a level of greater health and safety.

One of my favorite stories is “The Hundredth Monkey Story.” It is about researchers who were observing a colony of monkeys on a tropical island. One day they observed a young monkey who had learned to wash her sweet potato before eating it. The little monkey taught this skill to her family and close friends. As each monkey taught this skill to another, a greater number of the monkeys in the village were washing their sweet potatoes before eating them. Then it happened. Through some mystery, *all* the monkeys in the colony were washing their sweet potatoes before eating them. But even more interesting to the researchers who had partners on an adjacent island, *all* the monkeys on the other island began washing their sweet potatoes before eating them almost instantaneously. Their theory is that when a certain critical number, say the hundredth monkey, learned this new skill, the information was passed through a collective unconsciousness to all monkeys at the same time.

We all have basic human needs for intimacy, love, and belonging. Perhaps one day, we will reach that critical number of young people when all will learn that alcohol use, drug use, and other unhealthy behaviors are not needed to meet these basic needs. Through talking, trusting, and feeling, our needs are met when we learn how to develop and sustain relationships that involve intimacy, love, and belonging. Perhaps one day, we will all realize this.

What Works with Young Alcoholics and Addicts?

Long-term recovery for young people is not a mystery. It is not a big event. It is the process of winning a bunch of small battles on a day-to-day basis and stringing them together. It is about accessing the resources that are available and having the skills to utilize those resources daily and effectively. The big things in my recovery have been the little things like saying please and thank you, asking for help, being grateful for what I have, and learning to laugh—especially at myself!

This book was supposed to be full of success stories from young people in recovery. Several weeks after gathering young people’s stories, they started

going out and relapsing left and right. So, we waited for six months to see who would still be around. Several of them we've never seen nor heard from again. Many of those that stuck around have gotten themselves back on solid ground and seem to be doing pretty well—for now. This project has been a wonderful reminder to me that young people attempting to get clean and stay that way are involved in a process that requires a long-term commitment—some choose a longer and more painful delivery process into the world of recovery. Change is one of the few guarantees of life. The sooner young people develop the ability to adapt with change on an internal level, the easier it is for them to stabilize their lives and go with the flow of life.

When I was driving to my counseling job at a residential treatment program at the age of 23 thinking I would be having more fun shoveling out barns and bailing hay than doing what I'd been doing in the substance abuse counseling profession for the previous year, it was only natural for me to do what I did. I spent a few months putting together a plan to quit my job, pack my ten-year-old car with my worldly possessions, and head out on a cross-country journey without a definite purpose or destination. My parents flipped out. My mother thought I would get hooked up with some cult group. My boss thought I was going because I had relapsed or because I wanted to. After that, I don't know what people thought, because I wasn't interested in their opinion. I welcomed the challenge of venturing into the unknown. I viewed the trip as the ultimate test of the skills that I had learned during my first five years in recovery. Could I really and truly take care of myself no matter what, no matter where? Would I be able to find the resources that I needed and would I be able to ask for help when I needed? Could I adapt to the demands of the unknown?

No one ever knows what the future holds. Learning to cope with change is crucial for young people in recovery. Sometimes the changes come so fast, and from so many angles, the young person is overwhelmed.

Key components of successful recovery include a strong support system, the intelligence and timing to utilize the support, and an internal faith and hope that things will somehow work out. Because of these characteristics of "winners" in the young recovery game, I have long suspected that success was due to the positive involvement of the young person's parent(s). However, in the past few years, I have seen more young people who do not have parents capable of positively supporting them get better and stay better.

Some young people have the individual abilities to overcome great obstacles and get their needs met by creating a supportive circle of friends and "recovery family members." Social skills and a commonsense intelligence that is willing to listen and learn from the experiences of others are two of the critical factors of winners. Frequently when talking with these young success stories, I have found that they had one individual who took them under their wing in their early going. This is AA's encouragement of sponsorship at its best. For kids coming from alcoholic or abusive family backgrounds, this individual relationship is important in the development of trust and open communication. A great deal of time needs to be spent together, and that will naturally provide the opportunities for modeling appropriate social skills, healthy recreational activities, and stress

reduction activities, and introduce the new person to the lifestyle of fun, enjoyable, and responsible recovery. With the development of genuine friendship, issues of dependency, intimacy, and healthy relationships need to be discussed. Fears of failing, fears of losing individuality, concerns about relationships ending, and a host of other topics will probably come into play. Focus on honest and open communication between the two individuals throughout this phase while recognizing we are all learning as we go and imperfections are permissible, especially in adults.

For me, a man named Eddie became the mentor that I needed. He was about 34 years old and only had been sober a year or so when he came to get me from my dorm room. Within a few weeks, Eddie and I moved into an apartment together and we spent many hours talking about anything and everything. His previous college degree in philosophy intrigued me, as he became a great source of information for me. Through our conversations, he began challenging some critical mistaken beliefs I had about myself, others, and the world around me. These beliefs no longer matched my personal experiences and over the next few years, I was involved in the long process known as “middle recovery,” where internal beliefs and self-defeating patterns are identified and time is spent attempting to correct these areas. Learning how to think and solve problems without getting triggered into old self-defeating behaviors is the main thrust of this phase.

Being fearful of placing all of my eggs in one basket with Eddie, I also set up an informal schedule to meet with a different person each day of the week. These seven people were chosen from the regular AA meetings where I attended. Each of these people were staying sober and living a chemical-free life. This provided me with great opportunities and access to a diverse and unique group of people. Each person I selected for my personal support network possessed some characteristic that I liked and wanted to improve within myself. These characteristics were not always discussed openly right away because I also learned that people frequently act different in different settings. And sometimes, people that look and sound good in AA meetings are not. I have met my share of dope smokers who say they have not had a drink in years but conveniently fail to mention that they smoke three to five joints each day “just to get by.” That’s not something I wanted in recovery, so I’ve always made a point to stay away from these types.

I’ve stayed sober for twenty years now and find myself on occasion feeling like I have more to teach than I do to learn. Usually when this happens, I am somehow reminded I need to have balance. I find it important to make sure my support network is filled with “equals” and with people who interact with me regularly who will have the guts to confront me if they see something that makes them wonder what I’m doing. Burning bridges is not a part of the recovery life. Because of this, I have maintained relationships with several people from my hometown that I first met when I got sober. I also try to look within myself when problems or conflicts arise to avoid playing the blame game.

Although progress may seem slow at first, it is important for young people to realize that instant gratification is part of their addictive thinking. By building a

solid foundation for recovery, young people will learn to delay gratification and develop the necessary skills to make a future worth living sober.

By getting sober at the age of 18, I was able to stay in college and play baseball. My first year playing sober I set a school record for the most errors in a season. Through my recovery I continued to progress as a person and an athlete. At the end of my senior year, I not only earned several prestigious athletic awards, I also graduated with honors. After getting out of detox, I would frequently feel sorry for myself that I was the only 18-year-old recovering alcoholic on a college campus of 11,000. A few years later, I walked that same college campus as the male athlete of the year—again one out of 11,000. Sometimes feeling special and unique can be a great motivation to take care of oneself.

Sometimes the success in my life will cause me to start feeling better than other people. This is a dangerous state of mind for me and I have learned that if I don't deal with it quickly, I will do something to bring myself down a notch or two. Recently I have been working on being successful according to my standards without comparing myself to others. Through this I am realizing other people don't care too much about my success or failures. They are more interested in becoming a success story themselves. The principles I have learned in recovery about giving it away to keep it have been very important as I move up the food chain from grunt to manager of my life.

My most recent venture has involved working with my wife to form a nonprofit corporation dedicated to prevention/education of substance abuse problems for young people. The business has grown in leaps and bounds and we are truly amazed that we are being placed in a position to help key leaders in our small northern Michigan communities bring about a better world. This business has been exciting and demanding, with plenty of variety and contact with people in various stages of realizing their success.

One of my instructors during my pursuit of a master's degree talked about the importance of adaptability for young people. In the past, people may have had two or three different jobs in their lifetimes. Today's graduating high school seniors will probably have about ten different jobs in their lifetime; however, seven of these ten jobs have yet to be created! My experience is an example of this as two of the jobs I had before going into business for myself never existed when I completed my bachelor's degree in 1986. Coping gracefully with the unknown, agreeing to become a co-creator in the days ahead, and keeping an open mind that incorporates daily lessons into an ever-changing world, young recovering people will become a great asset to our society as our nation struggles to overcome the limitations of our past.

My goal for my career in substance abuse prevention is to see the end of denial of substance abuse problems in my home county of about 25,000 people. I think this can be achieved, but not alone. The time has come to bring about the needed changes in how we address substance abuse in our little corner of the world. The formation of the Charlevoix Alano Club in 1986 is one example of community members taking action that has helped bring about many changes in our little town.

It is my hope that your understanding of young people experiencing problems with alcohol and drugs has increased by reading this book. My greatest hope for this book is that you will personally take an active role in bringing about the end of denial of substance abuse. People can and do get better. But don't forget, a sturdy fence at the top of a cliff will be more valuable than a hundred ambulances at the bottom. Reach out to a young person and be a mentor. We don't have to wait until young people develop a problem with alcohol or drugs.

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