

ADRENALINE ADDICTS ANONYMOUS

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(We Welcome Any Comments, Suggestions, & Proposed Additions or Revisions)

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WHY WERE WE FOUNDED?

Our founders are members of other Twelve Step groups. Among them are individuals who have worked, for many years, helping others. They include therapists, counselors, and the designers, directors, and administrators of treatment programs for other addictions.

These “old timers” observed that, even after years of recovery and therapy, many individuals still suffered terribly from emotional and behavioral upheavals. Most of the time, these emotional extremes ended short of actual alcohol and drug use or other addictive behaviors. Yet even if they did not precipitate a full-blown relapse, they created a great deal of emotional wreckage.

Some of those who exhibited these symptoms were clearly not “working a good program”, or seeking needed therapy. These individuals seemed determined to ignore advice from any source. They refused to reduce their “thrill seeking” behaviors, continued to wallow in self-pity, or were so “hypervigilant” that everything seemed threatening.

Yet many of these sufferers continued to do the best they could to maintain recovery. A great many were outstanding in their dedication to the Steps and Principles that promise peace and serenity. They participated in meetings, did service work, wrote inventories, had sponsors, worked the 12 Steps, and even sought personal therapy.

In all of this they were diligent. Many led lives of deep spiritual surrender. According to all expectations, their lives should have been serene, but they were not. Paradoxically, some of these dedicated individuals still suffered from “dry drunks”, emotional binges, and actual relapses.

Most of these troubled individuals were further damaged by the attitudes of others. There are many who demand perfection from the “old timers” in any recovery program. They cannot believe that anyone with a good program and years of recovery should still suffer from emotional storms.

Even more damaging were the judgments of the sufferers themselves. These dedicated people were often confused by the instability of their own serenity. Some of them pretended a public joy and enthusiasm that was, privately, an empty show. Others withdrew from their recovery programs rather than face subtle scorn and ridicule. Most of all, these troubled individuals suffered terribly from their own self-condemnation.

Our founders were convinced that, instead of blaming these sufferers, it was worthwhile to examine our common solutions. Many of these people seemed dedicated, surrendered, and sincere, yet they were still affected. Was there something that was not being addressed by their primary Twelve Step involvement, by their spiritual practices, or by their personal therapy?

One common element appeared to be the effects of stress on their recovery, and it's role when relapse occurred. "But what," we asked, "can anyone really do about stress? Isn't stress something that just happens? Isn't it beyond our control? Isn't stress something we can learn to combat, but not correct?"

That led us to examine the concept of "stress" itself. We asked, "What is "stress", exactly?" Here was our answer. Broken down into its elements, stress is nothing more than the effects of adrenaline. The thoughts, feelings, or events that produce stress, coupled with our own reactions to it, determine if it is exciting, challenging, or frightening. Adrenaline itself is simply a drug.

Whether we admit it or not, we all select our jobs, our relationships, and our living environments. We are also responsible for how we react in them. If our lives are full of stress (or adrenaline), we alone put it there. It is our own adrenaline use that creates our own turmoil.

This is our simple concept. Stress is not, for the most part, a result of uncontrollable external forces. It is, instead, an equally uncontrollable addiction to our own adrenaline. Perhaps, until now, this process has been unconscious, but it is not "it", or "them", or "they", who produced our "stress". It is us.

The concept of adrenaline as an internal drug, and how we became addicted to it, is a simple idea. It can lead us to real freedom from the bondage of self.

Until we are exposed to the concept, few of us were aware of our addiction to adrenaline. Like us, if you read these pages, you may recognize the elements of your own addiction in them.

RECOGNIZING ADRENALINE ADDICTION

If we are thrill-seekers, our lifelong search is for challenge and excitement. We agree, usually enthusiastically, that adrenaline is our drug of choice. We revel in coming as close to the edge as we can, without going off.

We may even enjoy situations where we hazard everything. Yet we are rarely concerned about these risks. We feel that life without them would be too dull, too bland, too boring. Who could live like that? Not us!

Our difficulties usually stem from the reactions of others. They object to our lifestyle. They refuse to accept that adrenaline is, for us, a healthy drug. They try to demand that we slow down, take fewer risks, and even adopt their way of life. *That* we refuse to do, lest boredom destroy us. For those of us who enjoy risks, adrenaline is the necessary elixir of life itself.

Even people who have no part of our lives seem threatened by that reality. That baffles us. They would have us join them in their dull and boring existence. We can understand objections from people are close to us, or members of our families. After all, they depend on us. But some people seem to want to interfere with how we live our lives even when our behavior is none of their business.

In very real ways, all these people try to interfere with our freedom of choice. When we react by ignoring their protests, why are they surprised? They have no business worrying about our reputations, our security, our freedom, or even our lives. After all, those things belong to us, and not to them. To remain free, we must disregard them. That is why many of us, gripped in our compulsions, are forced to concentrate only on our own reactions.

We admit that, sometimes, we insist that those close to us share these risks. Later, we may be sorry for our behavior. Most of us have no real desire to harm others. We simply insist that our lives are ours, and no one else's. We believe we should be allowed to live it without interference.

At the opposite extreme, some of us live lives oppressed by anxiety and fear. At first glance, there is no commonality between those of us abused by fear, and the thrill-seekers. They seek risk, while all we ask is to avoid it.

In recovery, we may discover that our underlying problems are much more similar than we ever imagined. In our compulsive and irrational attempts to avoid risk and confrontation, we fear-based adrenaline addicts are as much overwhelmed by this drug as are the risk takers.

We “fear junkies” often perceive ourselves as victims. We blame our problems on the actions of others. We recoil from any suggestion that our unreasonable compulsions bring harm to others. Yet this is the unhappy truth. Irrational fear, anxiety, and dread, damage the quality of life not only for ourselves, but also for everyone around us.

Fear isolates us from those closest to us just as effectively as the behaviors of the thrill-seekers. While we would deny it, fear can be just as abusive to others as aggression. In fact, deep beneath the surface of our awareness, one element of our fears may be the desire to punish others. Like the risk takers, our behaviors can, unconsciously, be a way to “get even”. Both are based on adrenaline, and both demand an audience.

Then there are those of us who are driven to remain busy throughout our lives. People call us “workaholics”. If work is our compulsion, it often brings us both recognition and financial rewards. Those close to us usually benefit. Most of the time, we are “good providers”. Our pursuit of success may even be reasonable and well planned. We may be neither thrill-seekers, nor constrained by fears.

We freely admit that we are driven to remain busy. We are commonly proud of our industry. We normally accomplish much. Most of the time, others praise us for our accomplishments. Through our commitment to the work ethic, some of us have achieved extraordinary financial success. Even when our work is less successful, no one can deny our dedication.

Through Adrenaline Addicts Anonymous we come to perceive our efforts in a new light. The uncomfortable reality is this. Compulsive work, whether in the home, in business, or through hobbies or the pursuit of pleasure, requires massive amounts of adrenaline. Like the thrill seekers and fear junkies, we need this drug to drive the human machine through endless hours of effort.

Then there are those who devote time and energy to the needs of others. We feel justified in our intensity because we are convinced our acts are selfless. In fact, if it were not for our efforts, many of the great achievements which benefit mankind could never be accomplished.

The suffering of the needy, the sick, the homeless, the downtrodden, and the disenfranchised, would never be eased if it were not for us. We know that our efforts have saved lives. In essence, we give our money, our time, and our effort, so that others may have a better life. Is that not sacrifice for the most noble of reasons?

In other cases, our dedication may be reserved primarily for our families. We give our time, our effort, and our love to our children and our own. Our loved ones are never neglected, regardless of the sacrifices required. This is also a worthy cause.

Yet when our primary compulsion is expressed through caretaking, including parenting, its intensity may actually harm those we seek to help. This aspect of adrenaline addiction is difficult to grasp. But isn't adrenaline still adrenaline, regardless of our surface motives, or our heartfelt beliefs?

In reality, when we live for our causes, or for our children, we may actually be living through them. Their successes, or failures, become our own. Their accomplishments reflect our own dedication. Is this true caregiving, real parenting, or are we simply using our causes, or our children, to display ourselves?

In all of these types of adrenaline compulsions we do great physical harm to ourselves. The human body is simply not constructed to constantly operate on emergency power. The physical damage we sustain may even be deadly, but in our personal relationships, the damage may be still greater. No matter how well meaning we may be, it is impossible to be truly attentive to the needs of others while consumed by some compelling intensity.

The effect of any of these forms of adrenaline addiction on our relationships is profound. Some of us demand to be early, some are endlessly late. Consumed by our individual intensities, some of us disappear, one way or the other, for days at a time. We may work, we may gamble, we may spend, we may clean, we may pursue passion, we may give ourselves endlessly. Whatever the compulsion, we are driven by adrenaline to repeat it to exhaustion.

Those close to us may complain as our addiction impacts their lives. When they do, we usually react to their objections, creating still more adrenaline. While this conflict is painful, those of us who experience it may actually be fortunate. It is easier to make a decision to enter recovery when our addiction provokes noticeable disapproval.

Far too many of us are not so fortunate. We experience one of the varieties of adrenaline compulsion that is usually supported by others. They urge us to do more, create more, produce more, and to give more. We may be surrounded by those who are the last to confirm that our addiction has harmed anyone.

These individuals are benefited by our intensity. If we attempt to change anything, we may threaten their security, their finances, their pride, or their own addictions. Then, in direct or subtle ways, they may discourage our search for recovery, or even seek to destroy it.

Finally, some of us may have read all these descriptions, and felt relieved. We have been able to identify some of those around us. We may have recognized people in our workplaces, in our neighborhoods, and even in our families. All of us know those whose lives are filled with one kind of turmoil or another. It is now clear to us that these people may suffer from this disorder.

Yet we seem to have escaped. Can we then rejoice that we have avoided this addiction? Before we do so, we must also examine ourselves. Even when we have avoided all these behaviors, we can still be damaged by the excesses of others.

Most of us live, work, or are close to thrill-seekers, or workaholics, alcohol and drug abusers, compulsives, or anxious "fear junkies". These people, and the situations they create, are difficult for everyone. Too often, in spite of our best efforts, we cannot completely escape the impact of their behaviors.

When we unfortunate enough to be exposed to these difficult people regularly, their conduct can become even more of a problem. In these unpleasant situations, we can be innocent bystanders. Yet we find ourselves being unwillingly battered by storms created by others. If we had our way, these disturbances would never occur.

Often, there is little we can do to change these circumstances. In spite of our best efforts to escape, or to remain detached, we continue to be buffeted by these unwelcome whirlwinds. As we examine the present and review the past, we see where the excesses of others have harmed us.

We are like people who do not smoke, but whose health is threatened by those around us. We are like sober passengers in a car wrecked by a drinker. Our serenity has been disturbed by these types of people and the situations they create. Our security has been threatened. Even our personal safety may have been at risk.

We have, in all these situations, been unfairly impacted by the compulsive behaviors of others. All that is obvious. Life presents all of us with circumstances that we cannot always avoid, or control. We have done our best at avoiding as many of these predicaments as possible. Until now, that has been enough.

In Adrenaline Addicts Anonymous, we are invited to delve much more deeply beneath the surface. Is there anything that we have done, or failed to do, which could have contributed to these unpleasant situations? Is there anything we can do now to help heal the damage they may have caused? Most importantly, how can we, and those we love, avoid their impact in the future?

If you are truly seeking these answers, we invite you to consider your situation in a new light. When we remain for long in the presence of active adrenaline abusers, stress is unavoidable. Stress produces, and is produced by, adrenaline. So when we insist on maintaining jobs, situations, and relationships that generate adrenaline, we cannot avoid its impact.

Even when we are careful to avoid behaving in ways that create adrenaline, we cannot escape completely. We can still be exposed to this drug through the actions of others. Physically and emotionally, we might not survive this kind of damage, if nature did not provide an automatic solution.

When we are forced to remain in situations that produce stress, our metabolism changes. Physically, and even emotionally, our systems adapt to these higher levels of stress. As an example, how many of us have seen parents of small children carry on “normal” conversations surrounded by a tornado of childish noise and activity? How many of us, as parents ourselves, have done the same thing?

Over time, we human beings can become accustomed to very high levels of intensity. What was at first unbearable can become commonplace. We learn to “ignore” many of the effects of stress. Even when we find ourselves enmeshed with people whose behaviors are initially intolerable, we eventually adjust.

As we adapt to these circumstances, the acts and attitudes which are unpleasant or irrational slowly become familiar. When unwanted tension becomes commonplace, our objections to it also grow dull and blunted.

Does this mean that we have become emotionally insensitive? It does not! Instead, to help us endure, nature has produced changes in our metabolism and blood chemistry. Our bodies have changed so that we can tolerate much of the “stress” these difficult people, behaviors, and circumstances create.

In Adrenaline Addicts Anonymous, we ask that you carefully examine this kind of tolerance. Adrenaline, after all, is a drug, very similar to cocaine, speed, and other such drugs. When we learn to accommodate greater amounts of stress (or adrenaline) than normal, do we not also become habituated to the drug itself?

Even when this happens against our will and without our knowledge, doesn't adrenaline then become our own unwilling "drug of choice"? Since we are trapped by the uncomfortable actions of others, doesn't that reality help produce feelings of loss, or abandonment, or disconnection? Then, as we have discovered, even more adrenaline medicates the pain these feelings create.

If this is how we became addicted to our own adrenaline, we get no pleasure from it. Too commonly, we find these situations abusive. We insist that we would prefer to avoid all these "stressful" circumstances. We complain that we are damaged by these difficult people, and their irrational behaviors. Yet, in reality, we remain enmeshed in these circumstances. Now it is time to ask ourselves this key question..... "Why?"

On the surface, we will usually answer that we remain to protect our economic security, or from fear of reprisal, or out of love, or for family, or loyalty, or because there is no one else. Far beneath our surface consciousness, a more basic reason may lie buried. That hidden cause may be this. As unpleasant as these situations are, they produce the adrenaline our bodies have come to require.

We may discover that we have learned, unwillingly, to use the stress produced by others as a drug. That drug then helps us avoid the experience of the deep pain that these situations themselves may have created. That pain stems from living in a world where we have lost close, even vital, personal connections.

Nearly all of us, at first, vigorously resist this idea. We are shocked that anyone would suggest it. We complain that all we want, or ever wanted, are peace, quiet, security, and serenity. We can describe the exact behaviors that have disturbed us. We can often detail each event through which others have upset our tranquillity.

We insist that we have been the ones who have held things together. We have managed businesses, run organizations, and been the solid cornerstone of families. We have often been models of hard work, tolerance, and good will.

Many of us have struggled for years to change unpleasant situations. After time, some of us have even succeed in this task. Then, to our dismay, we commonly find ourselves in new circumstances not that different from the old. We may be horrified to discover that we are once again enmeshed in the same old systems.

The people, the circumstances, the locations, and even the superficial facts may have changed. Sadly, the result has not.

Reluctantly, we reach an inescapable conclusion. Adrenaline, in some form, has become habitual for us. Our bodies now require it, even when our minds are determined to avoid it. We have joined the rest in their addiction.

So here we are together, the thrill seekers, workaholics, fear junkies, the caregivers, and those of us enmeshed in adrenaline producing circumstances. We are bound together by a common bond. In spite of our surface differences, all of us share the same compulsion.

We have learned to use our own adrenaline as a drug. The intensity it creates, even when it is damaging and painful, helps us repress an even deeper anguish. In spite of any surface turmoil it creates, adrenaline helps us avoid deep feelings of loss, abandonment, or disconnection.

These buried feelings are not at all like conscious emotional pain. What we would avoid lies much further below the surface. It remains frozen below the level of our awareness. It is the emptiness of loss so deep that we may unwittingly choose death, rather than experience it.

This fundamental pain may be based in childhood. It may also have its origin in our contemporary life. The nature of that loss depends on our personalities, our histories, and our circumstances. What we share is that we have used adrenaline to suppress it.

In our attempts to avoid confronting this essential pain, we have selected our own unique forms and patterns of adrenaline abuse. We may have become thrill seekers, or agitated, or compulsive, or fearful. We may have chosen to be competitive, or dedicated, or long suffering.

Each of us has consciously or unconsciously selected a different kind of intensity. What creates our commonality is our dependence on adrenaline itself, and the ultimate outcome that such dependency produces.

We will eventually discover that we have sacrificed true contentment to obtain oblivion through intensity. Our choices have impaired the quality of life not only for ourselves, but for all those around us. Yet as a means to avoid awareness of our pain, adrenaline has been an almost perfect solution.

Unfortunately, the relief that it provides is always temporary. As with most drugs, we have needed more and more of it to repress our underlying emptiness. Satisfaction, when we have achieved it, has been but a temporary interlude in a life of tension.

Like all drugs, no matter what form our intensity takes, adrenaline cannot fully repress our pain. It cannot permanently contain our fundamental feelings of loss, abandonment, and disconnection, or the anguish they create. No matter how well we have masked our own sense of these feelings, we will eventually admit that we have never known lasting peace, or true contentment.

We would be better advised to embrace our own pain with all our being. Making a decision to face that kind of pain is always difficult. Yet through that choice, with help, we may eventually heal our essential wounds. Once that healing is accomplished, we will no longer be compelled to create more conflict for ourselves and others.

From the moment we first grasp these concepts, our relationship to this old internal poison is forever altered. We will begin to examine our external affairs, and our internal fantasies. We will discover how quickly their appeal begins to tarnish.

THE FAMILY LEGACY

In Adrenaline Addicts Anonymous, most of us believe that adrenaline abuse is a “key addiction”. When it occurs in individuals or families, it seems to create the foundation for a great many other disorders. Those of us who were raised in high energy, compulsive, or stressful families, seem to have more than our share of these problems.

We suffer from a high incidence of relationship disturbances, legal and emotional difficulties, alcohol and drug abuse, and other “addictive” behaviors. Even if we have escaped most of these “negative” effects, many of us are proudly driven by the so-called “good” addictions, workaholism and compulsive over-achievement.

Naturally, some of us developed adrenaline addiction as adults. Our childhoods were ideal. It was only later that we found ourselves in high energy or high stress circumstances. Sometimes this was by choice. We selected professions or situations where adrenaline was a natural byproduct. In making these choices, we were never aware that the tension itself could become addictive.

Just as often, we may have become immersed in adrenaline by accident, or by fate. Those of us in this category have been victims of circumstance. We were not responsible if we were caught up in unavoidable accidents, natural disasters, wars, or riots. We were innocent when unexpected disability or disease impacted us, or those around us. Yet all these things also created tension.

Most of us, however, can trace the origins of our adrenaline addiction to our childhood experiences and training. Through that process it is easy, and perhaps too popular, to blame our parents and caregivers for our misfortunes, even when many of us have suffered parental neglect, or even abuse.

Yet some of us were raised by parents who were dedicated to providing time, love, and attention in quantity and quality. They gave us everything any child could want, or need, yet we too suffer from this disorder. Our question echoes theirs. "How is that possible?"

We believe that the answer can be found in the basic nature of the drug itself, and the natural response to it. Children are highly susceptible to changes in the emotional energy, which surrounds them. They have not yet learned the adult ability to distinguish between different emotional states. Their bodies react to the presence of any kind of adrenaline with the same physical response.

High-energy families may use their adrenaline to achieve extraordinary success, manage high levels of stress, or deal with repetitive crises. No matter what the parents do to limit its impact, that tension is conveyed throughout the family. The presence of excessive tension triggers an automatic natural response within everyone. This reaction is especially acute in children.

We are all aware that the presence of childhood feelings of neglect or abuse has been associated with a variety of adult psychological disturbances. As we examine adrenaline as an addictive drug, we discover that these reactions may not be entirely due to parental failure or neglect.

Using involuntary metabolic and emotional tools, children in high tension families erect a self-protective psychological barrier. This natural psychic wall helps safeguard these children, and reduce the damage from potential and actual emotional overload. Unfortunately, that protective wall also isolates them from other kinds of emotion, including those produced through love and nurturance.

As children raised in emotionally charged families, we may fail to absorb adequate nurturance because our own internal barrier deflects it. This process helps create an inner sense of loss, abandonment, and disconnection, which may become lifelong. Some of our adult feelings of childhood loss may actually result from the effects of our own self-protective emotional shields.

That defense not only kept us from acute damage, but isolated us from emotional contacts of all kinds, including those which would have relieved our emptiness. Our own protective isolation helped create within us an essential sense of difference, separation, emptiness, or loss. Those feelings created a pool of pain.

That pain prompted us, primarily unconsciously, to generate adrenaline to repress it from our consciousness. While the drug helped us mask our sense of pain and emptiness, it produced its own unpleasant tension. As that stress accumulated, we were compelled to seek relief through some form of sedation.

Endorphin, the body's opiate, or some external substitute, is an adrenaline antidote. Such sedation helps the body prevent an adrenaline overdose reaction. Since we were forced to counteract enormous amounts of adrenaline, we went to the opposite extreme. We were then compelled to seek too much sedation, either through an excess of endorphin, or external drugs with similar effects.

We may have medicated our stress through exhaustion, sedative drugs, or food. We may have damaged our bodies and created physical pain. We may have begun a process of slow starvation, which itself creates endorphin. In fact, we used any means that could provide the body's own sedative drug, or its external equivalents.

Naturally, too much sedation is also damaging, and eventually deadly. In response to that threat, our bodies again reacted. This time, our systems were compelled to overproduce even more adrenaline to counteract the effects of too much sedation. Endorphin counteracts adrenaline, while adrenaline itself is the antidote for endorphin.

With the stimulation of adrenaline, the effects of our sedation, however created, began to wear off. At that point, the pain of our feelings of essential damage began to emerge. To again repress our conscious awareness of that pain, we sought still more sedation from endorphin or other drugs, or created even more adrenaline. This cyclical retreat from the two extremes has been our endless legacy.

We selected lifestyles, professions, and relationships that would produce excitement, stress, or tension. We were unconsciously driven to choices that insured that our bodies would generate sufficient adrenaline to repress our pain. The pressure of that need caused us to accumulate an overabundance of adrenaline. The presence of this massive adrenaline reserve triggered yet another frantic search for equivalent sedation.

In most high energy lives and families, this adrenaline and endorphin addiction cycle is repeated endlessly. It continues day in, day out, week after week, year upon year, throughout the generations. The resulting anguish has only been manageable through the compulsive production of more and more adrenaline. While we have always found ways to temporarily alleviate certain symptoms, there has been no effective permanent solution. We were trapped in the endless cycle.

Now there is a way out. Together, we can finally end this endless oscillation. Our solution is to accept adrenaline addiction recovery. Recovery helps us face our essential pain. Through our simple Steps, we become more completely aware of our sense of loss, emotional abandonment, or disconnection from others.

Then, with the help of our program, our fellowship, and our Higher Power, we can begin to accept the pain that such loss creates, rather than seek to repress it. Eventually, the day will arrive when we can swim in the ocean of that repressed pain, and let it swim within us. At that moment, our surrender will become complete.

No human being can reach that level of abandonment without complete trust. Since human trust eludes us, our only hope is through total faith some non-human Source. That Source allows us to let go.

When we finally submit completely, we will experience a magical event. Our pain will lose its power to command us. Then, like a dream, it will simply fade away. We will emerge from this event reborn.

Through this final surrender, we will finally find the Power that has eluded us. For in the end, the emptiness we seek to heal may not have a human cause. There are those among us who believe that our deepest sense of loss, abandonment, and disconnection is created by a sense of spiritual separation.

When we finally let go completely, we merge with a Power so great that all other losses are healed. We will finally be free from the need to use adrenaline to repress our essential pain. We will find that we can meet life directly on life's terms. We will no longer face our challenges simply as reactors. Instead, we will acquire a marvelous power we have previously only imitated. It is the power to act.

We will grieve when it is time to grieve. We will feel fear when fear is appropriate. We will experience our anger fully when anger is required. We will finally be free to love completely and unconditionally, when life gives us love. Throughout all this, our inner selves will remain at peace.

Do you doubt these possibilities? Do you suspect that only a select few, if any, can achieve these goals? We too felt as you do, but these promises, and more, are being fulfilled among us daily.

You are free to make your own choices. You can remain full of your doubts, trapped by your fears, or shut behind your inner doors locked by memories of past failures and betrayals. If these are your choices, you will remain trapped forever in the endless cycle of adrenaline addiction.

The other choice is to accept recovery. When we decide to take that path without reservation, we take the first step on an entirely new journey. At the end of our quest lies total freedom. That freedom, and the power that it brings, is possible for all of us. We are only required to remain willing, together, to surrender to these simple Steps.

ADRENALINE AS A DRUG

We of Adrenaline Addicts Anonymous are men and women who have come to use our own adrenaline as an addictive drug. The adrenaline we use, like “speed” or cocaine, may make us feel excited or frightened, high or nervous, powerful or panicked.

Adrenaline is a natural internal stimulant. When it is released in the body, it can produce many forms of intensity. We are free to interpret those effects however we choose. We may experience the presence of adrenaline as excitement, fear, or many other comparable reactions.

We leave the full explanation of the action of adrenaline to those physicians, biochemists, and other professionals who have the knowledge and expertise to fully explain its actions. However, it may be helpful to include a simple outline of the drug and its common effects.

Adrenaline, or epinephrine, stimulates the heart, raises blood pressure, constricts the surface blood vessels, and dilates lung capacity. It also boosts the available blood sugar, increasing immediate levels, while it depletes the reserves.

With a surge of adrenaline in our bodies, we are prepared, by nature, to run, freeze, or fight. Our heart rate, lung capacity, and blood sugar levels, are all increased. This gives us an immediate burst of energy, while our sensitivity to pain is reduced.

Basically, adrenaline creates feelings of intensity. Depending on the specific situation, and on our personalities, each of us may interpret the effects of our adrenaline reactions differently. We are then free to react to our environment through various forms of excitement, or anxiety. The power of adrenaline is that it prepares us for an emergency “fight or flight” response.

While in this crisis state, our awareness of other types of unessential feelings or emotions is repressed. Through Adrenaline Addicts Anonymous, we have come to believe that most of us, consciously or unconsciously, use adrenaline to avoid these other feelings and emotions.

Since adrenaline masks deeper emotions, we believe that most of us learned to use it as a drug in childhood. There are, of course, some of us who came to rely on it much later, as adults. In either case, we were never aware that adrenaline itself could be addictive.

Like all drugs, including alcohol, our reactions to it are largely determined internally. Each of us has a different metabolism. Some of us may react to a given mood-altering drug differently than others. Our individual biochemistry dictates whether our basic reaction to any drug will be intense, or mild.

Beyond that simple beginning, our personalities and our environments take over. Different drugs tend to produce their own distinct effects, but these are not the same for everyone. In general, however, certain chemicals can make us feel threatened when we are actually safe. Others may make us feel confident, powerful, and in control, when we are actually in danger.

Our immediate circumstances also play a major role in how we react to any drug. If we are in a "safe" environment, we may feel free to open ourselves completely to the moment. If our situation is challenging, but not threatening, we may enjoy the risk, or even feel that we can perform exceptionally well. If we feel we are in danger, we may react with panic or aggression.

Those of us with considerable practice managing alcohol and mood drugs can confirm another reality. Each of us tends to develop our own typical reactions to these chemicals. Nevertheless, none of us can predict, with certainty, how we will react to any mood-altering chemical on a given occasion. For many of us, this was one of the exciting challenges of regular alcohol and drug use. We exulted when we learned to manage the unpredictability of our reactions.

The so-called "effect" of any drug depends on an uncontrollable combination of factors. These elements include our emotional mood, the people and elements in our environment, and our metabolism. In combination, these factors are so flexible and variable that they defy prediction. We may know, from experience, what our reaction is likely to be, but we cannot absolutely depend on that reaction.

Part of this unpredictability is due to our specific emotional condition when any chemical is used. With all drugs, including alcohol, our immediate attitudes help determine our reactions and experiences on each occasion. Another factor is the action of the chemical on the brain, which may differ according to the condition of the brain chemistry, and the strength of the chemical taken.

Still more variability results from a unique feature of the brain itself. That characteristic is the tendency of the brain to record all information precisely as it is received. If what is received is distorted, it is recorded the same way. When it is replayed, the distortion remains.

Our recollection of past events serves as the basis for most of our present actions and decisions. We take great pride in our ability to remember the past, and to do so accurately. Yet what we call “memory” is nothing more than a recording in the brain, distorted by our unique perception, which was implanted at the time it was recorded. The inaccuracy and distortion of eyewitness reports is well documented.

Nevertheless, we all make major life decisions based on our own memory. We reject most of what we are told by others, and trust only what we remember. We rely on our own perceptions, even when our brain has been affected by alcohol, drugs, or intense emotions. Yet the cheapest video tape recorder is far more accurate than our memory. It is a camera. Our eyes, and our brains, are not.

Most of us have had some experience with alcohol. When we drink it, if we believe that we had a good time, that’s the way we will remember the drinking experience. The human brain, like a VideoTape or CD, will only replay what we, personally, recorded there. If, during the episode, we felt we “had fun”, that’s what will replay, forever, when we recall the event. Conversely, if we felt embarrassed, threatened, or terrified, nothing will completely reverse or erase that belief.

The reactions and recollections of other people may not matter. At the time, others may have been shocked, frightened, or embarrassed by what we may have said or done. If we felt threatened, those around us may try to reassure us that we were perfectly safe.

Yet there is nothing that anyone can say or do that will erase the electronic imprint already locked in our memory circuits. From the moment we recorded those feelings in our memories, our recollection of the incident will replay forever as exciting, or “fun”, or shameful, or threatening. Even when recovery or therapy has convinced us otherwise, our memories will still replay the same old feelings. They are permanent.

The same process occurs with adrenaline. Since this chemical is nothing but an internally produced drug, our immediate environment, past experiences, and personalities all combine to help us select our reactions to it. Some of us may react to the presence of adrenaline with pleasure, others with dread. Our responses may even vary with each separate incident.

One thing, however, is elemental. What we call “stress”, no matter how we react to it, produces, and is also produced by, adrenaline. Chemically, adrenaline is the body’s own “speed” or “cocaine”. Like them, adrenaline can be an addictive drug. Sadly, a great many of us have become addicted to it.

We now suspect that codependents, alcoholics, drug addicts, and a great many others, share this addiction. A simple examination of our common reactions will verify that our lives are full of stress. When we call “stress” by the name of the drug that is produced within us, it is adrenaline. Drug dependency occurs when we become habituated to abnormal amounts of any drug, adrenaline included.

It now appears that those of us afflicted with other addictions, as different as those problems may be, experience another, more common, problem. We are each addicted to our own adrenaline. It is not external “stress”, *but our own internal choices*, which produce so many of our difficulties.

Now we understand that it is adrenaline's powerful stimulating action, coupled with the repression of other feelings, which leads to the development of our addiction. We learn, often through early experience, that adrenaline can reduce pain and increase energy. Its intensity also helps us repress unwanted memories.

This effect is created regardless of whether our adrenaline is expressed through excitement, anger, fear, or other such reactions. It is the intensity itself which creates the result, regardless of how we interpret its effects.

We can exaggerate an immediate situation, create an imaginary problem, or dwell compulsively on a past incident or event. These thoughts and actions create a new surge of adrenaline throughout our bodies. The presence of this powerful drug then helps block our perception of deeper feelings. We learn, primarily unconsciously, that adrenaline can help us avoid the pain of repressed memories or emotions.

Those of us who are energized by adrenaline may seek it at every opportunity. The opposite is true for those of us who dislike its effects. If we find adrenaline unpleasant, we may swear, repeatedly, to never again expose ourselves to any circumstance that produces it. Yet, too often, our circumstances, environments, and those around us, continue to create unwanted tension, stress, and stimulation.

As a drug, adrenaline always produces some form of intensity. There are those of us who enjoy this reaction. But for many of us, the presence of adrenaline is uncomfortable. There are some for whom even a mild amount of adrenaline creates anxiety and pain. Even then, many of us who are hypersensitive to adrenaline repeatedly find ourselves in situations which produce it.

These are the situations that continue to baffle us. We cannot understand why we would, even unconsciously, choose people, circumstances, and situations which would produce these effects. If we know, from experience, that certain situations will produce adrenaline, how we could possibly choose to repeat them?

We are convinced that the answer lies deep within us. Until now, each time we have been pained, or troubled, or disturbed, we have blamed something outside ourselves. When we examine our choices and behaviors from this new understanding, we discover a new truth. We have used adrenaline, often unwittingly, to repress our own deep feelings of loss, abandonment, and disconnection.

Sometimes we make these choices consciously. Far more often, these decisions are made beneath the level of our everyday awareness. Through diligent self-searching, such as the use of an Adrenaline Diary, we discover how we have continued to place ourselves in situations that produce adrenaline.

Through adrenaline addiction recovery, we finally realize that in hidden parts of ourselves, we would rather generate adrenaline than risk facing our own buried anguish. We have come to understand how we can, usually unconsciously, decide that any level of surface discomfort is tolerable, provided that we can avoid experiencing our deeper pain.

Like those who abuse illegal or prescription drugs, reaching this new awareness is difficult. Like them, we have always dismissed the concerns of others, or claimed that external circumstances caused our situations. We have even maintained that adrenaline was necessary in our jobs or professions.

Yet adrenaline, like all excitatory drugs including amphetamines and cocaine, can also be addictive. Like all addictive drugs, adrenaline produces physical, psychological, and spiritual damage in the user. Adrenaline abuse, again like all other drug dependencies, also damages the lives of everyone around the user.

So long as we call adrenaline addiction “stress”, we can dismiss it as a necessary part of modern life. That device allows us to avoid any personal responsibility for its presence in our lives. Through recovery, we become aware of a new interpretation, and a new truth. Stress of any kind produces adrenaline, and adrenaline is an addictive drug.

Like us, if you already know you lead a life of fear, anxiety, tension, anger, or excitement, or if your days are filled with pressure, competition, or defense, you may already be addicted to your own adrenaline.

We hope that our book will provide you with more information about our ideas, and our fellowship. Through Adrenaline Addicts Anonymous, many of us have found a new, and more fulfilling way of life. We invite you to read our text thoroughly. You may discover that the solutions we suggest can help you solve certain old familiar problems in fresh and productive ways.

THE ADRENALINE DIARY

How can we discover whether we actually suffer from this dependency? So many of us are uncertain whether we are addicted to our own adrenaline, or if we are simply reacting normally to the problems life presents us. To answer these questions, we offer certain suggestions that we believe will provide you with the confirmation you seek.

We recommend you begin by keeping a daily Adrenaline Diary. In your diary, record any incident that has produced adrenaline during the day. Include all those occurrences that created stress, excitement, or some other strong emotional response.

Maintain your Diary for a reasonable amount of time. Some of us may follow regular, cyclical patterns, often repeated monthly. You may have enough entries within a few weeks to reach a reasonable conclusion about your own use of adrenaline.

However, as a fair test, we recommend you continue the practice for three months. If you suffer from reading or writing difficulties, an inexpensive voice recorder will do nicely as a substitute Diary.

After you have enough entries, we recommend that you review your Diary with a sponsor, counselor, or therapist. We are convinced that an analysis of our entries with the help of a third party can be particularly beneficial. An objective third party can help us identify certain patterns through which, often unconsciously, we produce excess adrenaline.

With the help of this impartial partner, we can avoid the trap of self-delusion. We will better discover when and how we produce our own adrenaline. We may come to understand, for the first time, how we unconsciously select other individuals or situations to provide it for us.

Many of us are shocked to learn how completely our lives are controlled by this compulsion. As we continue our Adrenaline Diary, it can help us complete our understanding of the hidden ways we create and use adrenaline. Armed with this knowledge, we are then much better prepared to understand our own behaviors and reactions.

Such a list can demonstrate to us, often for the first time, how our use of adrenaline has damaged not only ourselves, but others. The Diary is, among other things, the start of a simple inventory of our actions, attitudes, behaviors, and reactions. It can even help provide us with a list of people to whom we may decide we owe amends.

Once you and your sponsor, counselor, or therapist have reviewed your Adrenaline Diary, you may decide that adrenaline is not your problem. If that is the result, we will be delighted. None of our members would want anyone to undertake the very difficult requirements of adrenaline recovery, unless they genuinely suffered from our addiction.

The concept of Adrenaline Addiction is simple. Anything that produces stress, tension, anxiety, fear, excitement, joy, or anger, does so by producing adrenaline in the body. It is a circular process. Adrenaline is created by stress, in any form, and it, in turn, creates adrenaline.

Consciously, we all seek feelings of “pleasure”. We would certainly include joy in that category. Most of us also embrace certain kinds of excitement. Some of us may enjoy distinctive varieties of tension, including certain kinds of anxiety, stress, fear, and anger.

All these components are part of any competition, for example, whether we are participating in a football game, or a music recital. Success, in any form, contains the pleasure of “winning”. Failure, of any kind, creates the pain of “loosing”.

Adrenaline is present whether we have concluded a successful business deal, won an athletic competition, or, bettered our own past performance regardless of the type. Even mastery over some feeling or emotion, such as jealousy, or anger, is “winning” in some sense or degree. Adrenaline is also present if we fail to succeed in these attempts.

Just as some of us ride roller coasters for fun, we may, even unconsciously, seek feelings of danger, excitement, and fear. There is an addictive quality to the relief we feel when the ride is over, and we have overcome our own fear, and survived.

The risks we take may be in an amusement park, or on a freeway, in business, or in our personal lives. Even when we are simply bystanders, if we are involved with others who produce stress and danger, the effect is the same.

When we live with high tension individuals or situations, we may decide to concentrate on keeping them calm, on rescuing those around them, or at least on remaining tranquil within ourselves. These goals, no matter how admirable, can lead to an unconscious addiction to adrenaline.

These relationships are a tremendous challenge. In meeting these challenges, we “win” when we can avoid tension, and produce calm. Even without our conscious awareness, all events which provide survivable danger can also supply thrills, chills, and, at the end, euphoria.

While many of us seek extremes, others among us select more benign challenges and simpler joys. Depending on our histories and our personalities, the reactions within our own bodies to these different levels of intensity may be very similar.

Any feeling, experience, or circumstance that creates adrenaline may become addictive, since it produces, and is produced by, an addictive drug. That substance, adrenaline, can then become our drug of choice.

Many of us feel that our goal has always been to avoid intensity. Yet we find ourselves enmeshed in relationships, circumstances, and events that are disturbing. Ordinarily, these chronic situations are characterized by greater or lesser periods of relative calm, peace, and security. These periods of comparative tranquillity are punctuated by explosions marked by tension, stress, anxiety, and adrenaline.

If our circumstances were only painful, harmful, and abusive, most of us would simply remove ourselves from them. What is far more common is that the truly painful episodes may be infrequent. The rest of the time, things may be calm, or intimate, or even exciting.

As a consequence, most of us feel compelled to remain in these troublesome predicaments. Our reasons may include economic necessity, the protection of children or family, the fear of retaliation, and what we may now call “love”.

Most of us do not enjoy the tension we experience in these situations. We can easily acknowledge that the stress we feel probably includes adrenaline. Yet we maintain that, given any opportunity, we would gladly give it up. No matter what the label, we insist that we find such intensity unwanted, uncomfortable, and unpleasant.

When all we consciously desire is peace, we ask, “How can we be adrenaline addicts, if the stress we experience is unwelcome?” The answer is that, over time, anyone can become both psychologically and physically adjusted to any kind of stress.

Like any person exposed to any addictive drug, with time, we develop tolerance. Adrenaline is, after all, a drug. It is very similar in its action to “speed” or cocaine. Even when we have no desire for its effects, if adrenaline is often present, our bodies can develop an unconscious requirement for it.

Through unwelcome practice, we can learn to manage much larger amounts of adrenaline than we should normally tolerate. We learn to control our reactions regardless of the amounts of stress we are sometimes required to handle.

Consciously, we often think that is a virtue. We are certain that, without our efforts, certain unpleasant circumstances would occur more frequently, and with greater intensity. We can give many examples where our efforts have helped bring needed calm to troubled situations.

It is not until we examine our circumstances realistically, perhaps with the help of an Adrenaline Diary, that we can begin to understand and accept the truth. Unconsciously, when the levels of adrenaline we experience are reduced, we often find ways to help trigger more of it. We may discover that, unwittingly, we can help provoke recurrences of the unpleasant episodes we consciously wish to avoid.

Through this type of inventory of our lives and our histories, many of us become more aware of the impact of this drug. Even when our conscious wish has been to avoid stress, many of us have found we were enmeshed in it. Once these facts become evident, it was clear that doing nothing will lead ultimately to our own destruction. We may discover that we have little real choice but to seek Recovery.

Through the Adrenaline Diary, we can finally understand how our search for peace, pleasure, excitement, or challenge, may mask darker motives. With this new awareness, we become determined to reduce the damage adrenaline caused to us, and to the world around us.

As we continue with our Diary, other advantages become clear. It is soon obvious that, for most of us, adrenaline addiction started very early in our lives. Many of our fellowship cannot remember ever being free of its effects. As we continue, it becomes easy for most of us to identify the early origins of our addiction.

Sometimes this knowledge can be painful. Those of us undergoing this process can confirm that sorting out our early impressions and memories can be very troubling. Again, progress in true recovery may be accelerated by working with others, including professionals, who understand our program.

Ultimately, if any of us hope to reduce our dependence on adrenaline, and to avoid the physical and emotional damage it creates, we must maintain our recovery. Few of us, armed solely with intellectual understanding, have had more than momentary success. We have discovered that real recovery requires very special help.

One source of this help can be meetings of Adrenaline Addicts Anonymous. There we can identify with others, and share our experience, strength, and hope. We also strongly recommend a sponsor who can offer some sensible suggestions on how to apply the principals of the program.

Even if we live in an area not yet served by meetings, we can still succeed. Study and reliance on this book, and the development of a personal Power Source, can help us forge the key that will unlock the door to a new way of life.

As soon as we can find one or two others who want to share our pathway of recovery, we can found our own meeting of Adrenaline Addicts Anonymous. Until then, the World Service Office, staffed by volunteers, remains another source of advice, comfort, and assistance. Please see "How To Reach Us" on the last two pages of this book.

Establishing the habit of keeping the Adrenaline Diary requires effort. Many of us, at first, resisted writing anything. Some of us may have secretly feared that, once written, we would feel obligated to do something about what was revealed.

Once we created our Diary, we discovered we were right. The Adrenaline Diary helps begin the process of self-discovery. Even if we cannot read or write, a simple recording device can preserve our Adrenaline Diary entries. We cannot undertake this task without uncovering uncomfortable facts about ourselves, our lives, and our relationships.

When this new perception of reality is exposed, we can no longer remain comfortable doing the same old things in the same old destructive ways. Despite any previous resistance to recovery, we will begin to demand change within ourselves, and from our environments.

ADRENALINE ALTERNATIVES

Remember, our goal is not to eliminate adrenaline from our lives, but only to reduce our dependence on it. It is the unthinking or unconscious use of adrenaline to help repress the pain of loss, abandonment, or disconnection that creates our addiction.

Appropriate sources and amounts of adrenaline are not only acceptable, but may be necessary to good health, or even to life itself. Our Creator would not have given us this vital internal chemical if it did not serve a useful purpose. That purpose may be of far greater benefit than the production of a simple fight or flight reaction. All forms of pleasure or joy, including those we seek in spiritual experiences, may rely on adrenaline as one of their components.

Too many of our members have instantly grasped the concept of adrenaline as an addictive drug, and then attempted to abruptly stop all sources of it. That is like an overeater who, seeking recovery, adopts starvation as a solution. The results of these kinds of overreactions are damaging to the body and the mind. We urge our members to avoid these extremes.

Even a gradual withdrawal from adrenaline abuse can be difficult. Many of our members have found it useful to deliberately develop alternative sources of adrenaline, which may be used at need. Substitute sources of adrenaline are particularly helpful in reducing depression, anger, and anxiety.

These replacement sources provide necessary temporary stimulation, but are within our conscious control. We can decide to use them when we notice symptoms of abrupt withdrawal. They can be any action that provides adrenaline, but does so in limited amounts.

Some of us find that we ride more roller coasters than we used to. Sports may also provide an outlet, provided that we avoid extremes. Sky diving may supply adrenaline, but not if we wait until the last second before opening the chute. Auto or motorcycle racing may be thrilling, but is not appropriate on the freeways. Surfing can be challenging, but it is unreasonable to wait until a storm or a tsunami, and then try to ride the curl.

One of our members advocates finding creative ways to produce substitute adrenaline. One method he advocates is that we imitate the primate of our choice. He has found that leaping about acting like an ape, chimp, gorilla, or monkey, sound effects included, produces a good bit of adrenaline. That is especially true when he discovers that he needs adrenaline in public places.

While that technique may seem extreme, it is relatively harmless, and has the desired result. The gorilla approach has the advantage of being different enough to be used specifically for the purposes intended. It produces adrenaline without being dangerous, and is in within that member's conscious control.

Without such tools, many of us find ourselves creating adrenaline in the same old repetitive, unconscious, and destructive ways. Those of us who have struggled with the dilemma of alcohol or drug addiction recognize how difficult adrenaline recovery can be. Adrenaline is always present. In contrast, if our problem were alcoholism, we could simply not take the first drink.

As adrenaline addicts, our task presents increased problems. We must normalize the use of a drug that is necessary to our emotional well being, and even to life itself. When we elect to produce adrenaline in unique, obvious, and unusual ways, we have created a new tool to help us in that struggle.

We are really very fortunate. The 12 Step Movement, beginning with Alcoholics Anonymous, has proved it's effectiveness for well over half a century. Other programs, such as Overeaters Anonymous, have already pioneered methods for reducing the compulsion to abuse necessary substances. We need only adapt the 12 Steps to our own use.

Given these gifts, our pathway to recovery will be smoothed. We can rely on the support of a program with a long and proven history. We will seek contact, whenever possible, with other members and sponsors. When necessary, we will accept the help of knowledgeable physicians and therapists. We will develop a working concept of the Power we have selected, and come to rely on it.

Our bodies, our emotions, and our brain chemistry will adjust to more normal levels. Through inventories and the Adrenaline Diary, we will become conscious of what we need to change in our lives and in our reactions. Adrenaline will slowly stop being a dependency, and become what it is intended to be, the spice of life.

As time goes on, we will face the pain created by our own losses, our own sense of disconnection, and our feelings of abandonment. We will accept that we are not alone. We will come to believe that we have never truly been lost, or disconnected, or abandoned. When that spiritual process is complete, we will no need harmful levels of adrenaline to repress our discomfort.

We will be prepared to accept life totally on life's terms. We will not need abnormal levels of excitement, or harbor recurrent angers. We will no longer require the self-abuse of compulsive workaholism, or feel compelled to suffer abuse from others. We will find that we are free of abnormal fears, or shyness, or self doubts. We will escape the burden of compulsive competition, both with others, and within ourselves.

Our bodies and our minds will adjust to a new way of living. We will feel normal angers and fears. When it is time to grieve, we will grieve completely. We will work appropriately, not compulsively. We will love others, but not at our own expense.

We will enjoy all of life's heights, and depths. Our lives will finally feel complete. We will live in joy and serenity. We will, at last, achieve the peace that has eluded us, and we will be free.

ADRENALINE ADDICTS ANONYMOUS AND THE TWELVE STEPS

Adrenaline Addicts Anonymous is a fellowship of men and women who share their experience, strength, and hope with each other, that they may recover from adrenaline addiction, and carry the message to others who still suffer.

We urge newcomers to remember that adrenaline can produce many reactions. One such reaction is excitement, in all its components. These include thrill seeking, risk taking, competition, combativeness, passion, and anger.

Other reactions, perhaps even more important, include the many forms of fear. Our fellowship includes many whose use of adrenaline is experienced through anxiety, dread and apprehension. The anxious, shy, and submissive suffer terribly from the adrenaline created by their fears.

Many of our members produce adrenaline through continuous attempts to control their own lives, or govern the discord of the world around them. Those of us in this category suffer the tension of the manager, the compulsive, or the perfectionist. We may not normally struggle with shyness or fear. We do not tend to be exhibitionists.

In Adrenaline Addicts Anonymous there is room for all those who grapple with adrenaline addiction. We have found that the competitive can curb their enthusiasm, the controlling can resist the urge to dominate, the shy can become expressive, and the anxious can come to feel safe. We have discovered that our basic problem is really the same, regardless of how it is expressed in our personalities.

Adrenaline Addicts Anonymous is deeply indebted to the founders of Alcoholics Anonymous for the development of the Twelve Step principals. We further owe an enormous debt to those individual members of Alcoholics Anonymous, past and present, who have demonstrated for all of us the effectiveness of their program.

We also acknowledge the courageous contribution of those pioneers who, often at great personal sacrifice, proved that the Twelve Steps could be successfully applied to a wide variety of problems. That program is equally effective for Adrenaline Addiction.

Still, letting go of the compulsive use of adrenaline can present special problems. Many of our fellowship, especially those with experience in recovery from other compulsions, feel this addiction requires exceptional dedication and very deep surrender.

They argue that, like food, adrenaline is a substance that we cannot avoid. It is necessary for life and for our well being. It helps us find pleasure, laughter, and joy.

All our emotions contain it. Without adrenaline, our lives would be flat and without pleasure.

We agree, and we make this point emphatically! ***It is never our goal to remove adrenaline from our lives!*** The world would then be without tone, color, shape, or form. We strive for balance in our lives, not avoidance or renunciation. Our struggle is to avoid excess, not to needlessly remove all stimulation.

It is only the compulsive, often unconscious, abuse of adrenaline that defines our addiction. Adrenaline abuse may help us mask other, more essential, feelings. In particular, adrenaline helps us repress deep emotional pain.

When we look beneath our own adrenaline addiction we discover why we have filled our lives with intensity. There is no pain more agonizing than that created by unmanageable feelings of deep loss, abandonment, or disconnection. Intensity, in any form, will mask it. Adrenaline supplies that intensity.

This realization brings us to the heart of our dilemma. We now admit that the stress of our adrenaline addiction is deadly. Yet if we reduce the intensity which drives our lives, we may uncover a sea of pain. If the alternative to adrenaline is pain, how can we proceed?

Be reassured. First, no addiction is instantly removed in its entirety, no matter how diligently or perfectly anyone works their program. In alcoholism, for example, many people stop drinking immediately. It is more common, however, to relapse one or several times before initial sobriety is achieved.

After active drinking stops, there are weeks, months, or even years of readjustment. Drinking itself may have been suspended, but a great many of the emotional and behavioral reactions common to the alcoholic are eliminated much more slowly.

The same slow process is a part of all recovery, regardless of the primary addiction. In fact, too many newcomers grow impatient with the gradual nature of genuine recovery. They seem to expect to be rocketed into a new existence with the same speed that they plunged into their addictions. Some say that they expect "instant gratification". Others call them childish. In fact, all addictions, unlike real life, offer instant changes. That's part of their appeal.

Since recovery is gradual, the release of any underlying emotions will also be slow, and manageable. Most individuals usually need help with controlling impatience, rather than handling emotional pain. Fortunately, we have tools available that can help manage any of these reactions.

For that help, we turn to the Twelve Steps. This simple pathway provides us with antidotes not only for adrenaline, but for intolerance, and for underlying pain. No better text for understanding these principals can be found than “Twelve Steps and Twelve Traditions” published by Alcoholics Anonymous.

We urge all of our fellowship to read and study that text, as well as the other basic A.A. publications. The Steps outlined therein have been the foundation that has led to the growth of the self-help movement. Studying those texts can explain the Step process far more adequately than we can here.

Most of our members have developed certain reactions to the Self-Help Movement. There are those who are supportive of it. They will find that our program makes sense. Others may wish to avoid A.A., or anything created by alcoholics. If you are uncomfortable with, or even contemptuous of, the A.A. fellowship, we urge you to set aside your concepts and prejudices.

Please do not resist this suggestion. Many in our fellowship are not alcoholic, while others may still struggle with their own alcohol and drug use. Nearly all of us suffer from some additional addictive behavior which is precipitated or exaggerated by adrenaline. In every case, the Steps advocated by Alcoholics Anonymous are fully applicable to our own difficulties. They are the basis for recovery both in their fellowship, and in our own.

We have, like other Twelve Step programs, elected to adopt the Twelve Steps and Twelve Traditions of Alcoholics Anonymous, adapted to our own addiction, as the Steps and Traditions of our organization. There is no substitute for experience, which the A.A. Fellowship has in abundance.

We add this cautionary note. Although we acknowledge the work and recommend the literature of Alcoholics Anonymous, we are in no way associated with that organization.

In keeping with the Traditions, Adrenaline Addicts Anonymous is not affiliated with any spiritual, religious, or secular organization or institution. Adrenaline Addicts Anonymous is an independent Twelve Step program, supported solely by the contributions of our members.

THE TWELVE STEPS OUTLINED

Throughout our lives we are bombarded with information about the damage caused by stress. We all recognize that too much stress can be, and often is, deadly. Few of us can deny its role in the development of problems like heart disease, high blood pressure, stroke, stomach and digestive difficulties, arthritis, and cancer.

We readily agree that no one, in their right mind, would deliberately subject themselves to the amounts of stress we sometimes have to handle. Yet the causes of our stress have always seemed external. We have, until now, felt little personal responsibility for it.

STEP ONE: We admitted we were powerless over Adrenaline—that our lives had become unmanageable.

In Step One we make a brief appraisal of our lives, noting significant areas of stress, including fear, anger, and excitement. It is here that our Adrenaline Diary can begin its valuable work. Our inventory will reveal two things. One, that some stress is, obviously, unavoidable. Two, that a great deal more of it is created by our own attitudes, perceptions, behaviors, and choices.

Once we grasp this reality, another conclusion is inescapable. If “stress” is really adrenaline, and if adrenaline is addictive, then we must be addicted to it. No other concept can explain why we would, even unconsciously, damage our bodies or our minds with the amounts of it we often generate.

We are then faced with a critical choice. Once we take this simple Step in understanding, the door to recovery opens before us. Now we must decide if we will walk through that door into a new life.

Once we reach this awareness, taking that Step can be relatively easy. It is instantly clear that our addiction leads physical damage. Adrenaline harms our immune systems, contributes to heart disease, and helps in the development of cancers. It is also painfully obvious that our abuse of adrenaline has done much more than that.

Perhaps even more destructive than any physical effect is impact of our adrenaline addiction on those around us. It is in the nature of our human relationships that our disorder may create the most harm. Our compulsion can destroy the quality of life, not only for ourselves, but for everyone around us.

For most of us, the compulsion to use adrenaline is the habit of a lifetime. This lifelong addiction is so powerful that human intervention alone is not adequate to control it. Adrenaline occurs with every thought, every feeling, every breath. We are never free from it.

Once aware of our addiction, we are forced to assume responsibility for its effects. Through Step One, we have finally discovered how much damage our addiction has done to our bodies, our minds, and our spirits. We have begun to understand how our abuse of adrenaline has harmed the lives of those around us.

Armed with this awareness, we become determined to resolve these problems. At this stage, we usually are tempted to turn to the only resource most of us still trust completely. That is ourselves. In ordinary matters, self reliance may have been our final resort. Yet in this endeavor we discover, like many before us, that alone, we are powerless.

We find that any attempt to control our own addiction only results in still more adrenaline. If we are successful at initial control, we feel a surge of excitement that we have been able to accomplish this task. If we fail, we suffer the lash of our own condemnation.

Even in attempting recovery, we are compelled to continue to create abnormal amounts of adrenaline through our thoughts, our emotions, and our lifestyles. After all, adrenaline is an internal drug, not some external compulsion. It is only with the help of others that we can hope to restore our balance.

We may come to yearn for such help. We may be determined to place our compulsions in the care of others, provided that we can find someone other than ourselves that we can truly trust. But when help is finally offered, we may perversely withhold essential parts of ourselves.

Step Two: Came to believe that a Power greater than ourselves could restore us to sanity.

Many of us would like to reach out for help, but cannot. When we examine the cause, we learn that our essential mistrust of others has blocked our progress. Our lack of trust creates a wall between us and others that no desire can penetrate. Recovery requires that we rely on others, but our own inner turmoil may obstruct us.

That turmoil compels us to insist on impossible standards. First, we demand perfection from those that we would trust. Then, as we measure their performance, we inevitably find ways in which they fail to measure up. Moreover, our evaluation of what we require changes constantly.

As a result, no institution, individual, or system of beliefs can ever entirely meet our needs. No matter how well pleased we are at the beginning of any new situation or relationship, over time, we will become dissatisfied.

Unconsciously, we are so demanding that all other human beings will eventually fail us. That process is repeated whether they are spouses, lovers, or friends. It encompasses other 12 Step members, and sponsors. Even therapists and spiritual leaders cannot fulfill our expectations. Ultimately, no other person, nor any society, can meet our requirements.

Each for our own reasons, we are driven by an unreasonable need to feel safe, protected, and free from the threat of abandonment. Our mistrust of the external world is so great that it creates its own validation.

Is this irrational? Of course it is! It is a most profound and subtle impairment. Our own suspicion is so demanding that we will test others until they fail us. Thus we once again prove to ourselves that no other person can be fully trusted. It is hopeless to attempt to overcome this level of mistrust through standard means. We are beyond normal human help.

We have created a dilemma in which we can never find lasting peace, happiness, or fulfillment. Nothing we do, nothing we accomplish, no situation, relationship, or other person, can long satisfy us. Even in complete perfection, we would find a flaw.

When we begin to accept the impossibility of our situation, taking the next Step becomes much easier. We begin with a decision. We decide to believe that peace, security, and contentment are real possibilities. We conclude that they are within the reach of anyone who can accept the world in all its imperfections. This is a simple decision, in which we have a choice.

Most of us have believed that we had no choice but to suspect all others. We can point to example after example where our trust has been violated. Some of us can create lists of continuous betrayals stretching back to childhood. We insist that our mistrust is not a choice, but a necessity forced on us by bitter experience.

Through recovery we learn that we have misinterpreted the facts. Yes, the behaviors of others have caused us pain. Our delusion is that all these events were personal betrayals. In our anguish, we failed to understand the essential nature of these situations.

The simple reality is that those people or events merely occurred. Given those particular individuals and circumstances, what happened to us would have happened to anyone. Our personal reactions about these situations has grown from our own decisions. In the aftermath of these events, we have determined to feel betrayed and victimized.

Whether or not we are presently prepared to accept it, we will eventually discover that people and situations have not truly harmed us. The damage we have suffered, and still experience, stems from our internal sense of personal harm. We have created our own anguish through our own continuing reactions.

In our memories, we have created a world of fantasy based on an irrational perception of events. We are, in a real sense, delusional. Yet our mistrust of others is so deep, our sense of harm so great, our feelings of betrayal so profound, that we cannot escape of our own accord.

We must seek, and accept, outside help. We must do so with the awareness that such help may be less than perfect. Yet how can we accept imperfect help? How are we to determine when such help is reasonable and effective, and when following it may result in harm? This is our dilemma! How do we solve it?

If we explore our reactions carefully enough, we inevitably find these dark corners deep inside us. Once awareness of our dilemma dawns, we have three choices. We can remain walled up inside our pain, needing connection, but rejecting it. We can reject life itself. Or we can accept help from a Perfect Source.

What is required of us is simple. We must find a way to acquire complete acceptance of all this imperfection. We must welcome any flaws within ourselves, in others, and even in nature and in life itself. We must seek ways to become totally content in an imperfect universe. We must do so without demands, or judgments, or complaints. Then we will be free.

If we cannot achieve this peace, serenity, and surrender, we may never experience true contentment, regardless of our circumstances. Despite the perfection of any moment, beneath the surface we will feel only loss, abandonment, and disconnection. That choice would prove us truly insane.

Those of us from dysfunctional families learned one essential lesson very early. It was to mistrust our caregivers. Even if those caregivers were not our parents, they fulfilled that role, and were our first authority figures. In some way or another, deliberately or accidentally, they failed in their consistency.

When they failed, regardless of the cause, we concluded that they were unreliable. That decision formed the basis for our first essential lesson. "Other humans cannot be trusted." Despite great need, at the deepest level, we decided that we could only fully trust ourselves.

It is that decision which led us to our current impasse. Our basic lack of trust, our lack of faith, our fear of betrayal, has made recovery based only on human aid impossible. The persistence of adrenaline addiction, its frequency, its power, requires a faith in something much greater than ourselves.

It is clear that we cannot build lasting recovery on self-reliance. We also cannot fully trust our fellowship, our sponsors, our therapists, or even our guru's. Once we grow close to any other individual, we are compelled to seek out the ways that they are fallible.

Once we uncover their imperfections, they join the general community of men and women. They lose their special status, and become merely other human beings. They are then like all the rest, so we decide we cannot trust them.

Our learned lack of trust, often based on our early childhood, makes it impossible for us to maintain real faith in anything or anyone, except ourselves. Yet when we rely on ourselves in any struggle against addiction, we fail, and fail again. We are once again caught in an endless cycle with no escape.

Recovery provides us with a solution for this dilemma. To begin it, we invent the idea of something more Powerful than ourselves. This exercise is more complex than simply adopting the doctrines or suggestions of others. We must also examine the realities of the world around us.

Then we devise a Concept that has more Power than we do, given those realities. Since we live in an imperfect world, we are required to conceive of an Idea which can help us manage life, but which still makes good common sense.

When we were children, sometimes we tried to invent a Power that would arrange things according to our wishes. Perhaps we asked that we be allowed to miss school, or get a new bicycle. Under other circumstances, we may have asked that pain, hunger, disease, disaster, or even death all be removed. Naturally, we were disappointed.

Today, we are no longer children. As we create a sensible personal Power, most of us decide that we will no longer seek to change the world around us. Instead, we have learned that the help we need is in controlling our reactions to it.

Most of us now seek an Ideal and an Idea that can help us better adjust to life's realities. A great many of our fellowship now have a Concept that is always there with help and comfort, no matter what the circumstances.

This kind of Higher Power comforts us when we fail to get a new bicycle, or a new car, or a new job. It is there for us when there is disease, or disaster, or even death. This kind of Power does not help us control the world. Instead, it helps us control ourselves. In the end, that may be the greater gift.

Once we have designed our commonsense Concept, we are prepared to make the vital decision that will propel us into a new way of life. That decision is a simple choice. We decide to trust the Power Concept we have created. This is the vehicle that allows us to begin to relinquish personal control.

If we are to be free, we decide to take steps to create our own Idea. This is the key to recovery. In Step Two, we decide to design a personal source of Power. If we alone create that Source, it is ours alone.

Some of us are tempted to design a Power Source that is completely within ourselves. In spite of this temptation to continue to rely on our inner recourses, we resist. Recovery is enhanced, and the frequency of relapse is reduced, for those of us who design an external source of Power.

There are logical reasons why internal power concepts sometimes fail us. Some of us who go inside for our power begin to believe that we have become that power. If that is God, *we* are God. If we are God, we are all powerful. If we are all powerful, we no longer need recovery.

This kind of thinking returns us to a childlike state through which we expect to control ourselves, and the world around us. Most of us got into trouble in the first place using similar ideas. Once these kinds of thoughts occur, relapse usually follows.

For these reasons, we suggest you develop an *external* source of Power that will never fail, and which you can never own, or control. With that ego humbling choice, our recovery will be based on a more solid foundation.

For those who have great difficulty with religion, spirituality, and words like "God," do not despair. All that is required is that you invent a "hypothetical" personal Idea that might be useful. Then, decide to use it.

As our early attempts at turning over control are successful, we can begin, with caution, to build some confidence in our own recovery. From that beginning, true reliance on our Twelve Step groups, and on individuals within the group, can grow. We can learn that other human beings, even in their imperfections, are still worthy of our trust.

This foundation often leads to a new kind of confidence. We grow more tolerant of ourselves, and of others. Many situations that used to trigger a frenzy of combative or defensive reactions no longer bother us. We may discover that old wounds are healed that have long separated us from others.

We urge you to follow our suggestions. The process of creating a personal concept really works, whether or not it is based on any formal spiritual or religious belief. We invite you to suspend your judgments about this issue until you have had time to experience some recovery in others, and in yourself.

Once we have created an outline of our own Concept, we are ready for Step Three. This simple decision is the key to recovery. But to complete it we must surrender our own control, and place ourselves, our lives, and even our will under a Greater Authority. Many of us will put off this necessary surrender with one excuse or another.

Some of us will pretend we have completed it, but secretly withhold our inner will. There are those of us who may be convinced that we have earnestly taken this Step, but in some secret part, resolve that we are the only authority we will accept.

Others of us enter the path of recovery to please others, or to win their approval. Recovery cannot be undertaken successfully to meet the needs of anyone else. When we attempt to deceive others, or even ourselves, the results are never satisfactory.

When we are not honest about our inner intentions, whom do we deceive? The external world will soon observe whether we are earnestly involved in recovery. If our actions and behaviors demonstrate that we are not, what have we gained?

We urge you to make certain that you are prepared for the changes this Step will produce. Before this Step you stand on one side of a threshold. None of your imagining can prepare you for what will happen when you pass through. The internal shift, which will occur, is profound. You will never again be the same person.

Be forewarned, then, that this is a Step that must not be postponed, but for which you must be fully prepared. Only when you are certain that you can accept the risk, should you attempt to cross that threshold. For in Step Three, we decide that the program and our external Power can actually help, where all else has failed. We surrender our struggle with adrenaline to the care of our external Power.

STEP THREE: Made a decision to turn our will and our lives over to the care of God as we understood Him.

Our experience has been that those of us who create some formal ceremony to complete this Step seem to benefit most. One method is to select some location where we most strongly feel the presence of our external Source.

We take someone we can trust, as a witness, to this special place. It is often helpful to kneel, since this physical position helps create an inner sense of vulnerability and surrender. It is hard for the ego to interfere with our task, if we adopt this timeless posture.

There, with the help of the guide we have brought, we repeat aloud the words we have chosen to symbolize our surrender. A reading of AA's "Big Book" will give us some excellent suggestions for this process in its own discussion of Step Three.

Once we have completed this ceremony, we cannot expect perfection. Sometimes, at this stage, progress is in tiny steps. Yet we will begin to notice that our awareness of our own adrenaline addiction will deepen. We will slowly realize that our reactions to our world have begun to alter.

Once we enter this phase of our recovery, some of our members experience a depression. This period of lethargy, sadness, and melancholy is normal for most. If it is brief, we may only be experiencing simple withdrawal from adrenaline. This experience creates many of the classic symptoms we might expect in withdrawal from cocaine, or other "upper" drugs.

To weather this period, we need help from our program, our meetings, and from our fellow members. Many of us also benefit from the help of professionals. They can suggest individual, family, or group counseling options, which may help provide the structure, and support we sometimes require.

Without help in some form, this depression will usually force us to find new sources of adrenaline, or trigger a relapse into our old behaviors. There are those of us who, by an act of will, may briefly avoid such a relapse. But few of us who accomplish this alone enjoy the result.

It is the rare individual who is truly prepared to handle depression alone. We urge you to seek immediate help if prolonged depression, lethargy, or sadness, become a real problem. If thoughts of suicide occur, we feel that immediate professional help is vital.

To help us extricate ourselves from these problems, we have little choice but to press on. Here is where our Adrenaline Diary is most useful. In an examination of it, and of the other written work we may have done, we can become more fully aware of our addiction. While we all share common patterns, this review of our history may reveal unique concerns.

Until this point in our recovery, we have stressed the commonality of our disorder. We have pointed out how the underlying mechanism of adrenaline addiction is the same for all of us, regardless of any surface manifestations. We have come to understand that fear junkies and thrill seekers are but heads and tails of the same coin.

We have found common threads even in the kinds of damage we have caused others. Still, it is important to our continued recovery that each of us examines the exact dimensions of our own uses of adrenaline. That is best accomplished through our personal inventory.

STEP FOUR: Made a searching and fearless moral inventory of ourselves.

In Step Four, we examine the sources of our adrenaline. We find out how we have selected people, places, and circumstances that help us produce adrenaline. We probe our reactions to discover how our addiction to adrenaline has damaged others.

Some of us have achieved extraordinary personal and financial success. In nearly all cases, these accomplishments have been due, at least in part, to our reliance on adrenaline. We have exulted in our ability to wrest what we want from the world through our control, dedication, or personal intensity.

In romance, love, and sexuality, adrenaline has rocketed us to the heights, and plunged us to the depths. Some of us have spent our lives pursuing love, romance, or sexual experience. Others of us spend our time reveling in fantasies, or bathing in misery over loves lost, or never attained.

Some of us deny that adrenaline is the fuel that drives these rocket rides in space. But more commonly, we extol the virtues of this form of adrenaline, and advocate its use. Through our behaviors and our fantasies, we have attempted to escape reality. Our obsessions can then become a deadly illusion.

Regardless of the actual nature of our compulsion, this indulgence in abnormal heights and depths is normal for most adrenaline addicts. Some of us gamble, spend, or take other dangerous risks. Many of us are angry and reactive. Most of us, in some form, are workaholics.

There are many of us who lead lives consumed by anxiety and fear. For those of us in this category, it is difficult at first to believe that adrenaline and fear are identical. Even when we finally accept this notion, we are often unwilling to really “let go”. Recovery demands that we do whatever is necessary to reduce fear. That necessity may force us to make choices, which we have, until now, refused to face.

STEP FIVE: Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

Once the Step Four written inventory is complete, we select a witness, guide, or sponsor with whom we can share it. We make certain that the person we select is worthy of our trust, but we do not delay endlessly, searching for perfection.

Once we have selected a proper guide, we make certain we too are prepared for this important Step. Point by point, and item by item, we illuminate our past, withholding nothing.

We again suggest that this exercise be handled in a place where we can feel close to the Power we have created. The link between our own internal dialogue, another human being, and our external Power, forges a bond that cannot easily be broken.

Once we have completed this Step, we retire to a quiet place where we can be alone. We review what we have accomplished. We insure that we have included in our disclosure each kind of adrenaline we use, and its results. If we find we have omitted anything, we immediately make another appointment to include it.

When we are certain that we have done all we can do to meet these requirements, we are free to move forward. Even if we later remember other situations that must be covered, we have, for now, completed this Step

In fact, as our recovery progresses, it is normal for buried memories to surface. As time goes on, we will continue to remember old situations, and old behaviors, or reassess our current recollections of those events. Some of us find repeated inventories helpful when these situations occur. Others feel that this Step has now been completed, and release any additional baggage through other Steps.

Whatever your choice, it is important to find a way to share this information, if it emerges. Our private secrets, if they are shared, are reduced to tiny pebbles or small rocks. Sometimes they can be painful, but they are minor annoyances. If we keep them to ourselves, they can be boulders that may impede or even block our progress.

STEP SIX: Were entirely ready to have God remove all these defects of character.

We can often complete this Step in the quiet time following Step Five. Once we are certain we have done all we can do, for now, we can ask ourselves if we are willing to release these defects.

It is vital that we be completely honest with ourselves about this issue. If there are elements of our personality, based on adrenaline use, that we are not willing to surrender, we cannot fully complete this Step. We can only let go of those things we are ready to surrender, then ask for the willingness to release the rest.

When we make the decision to ask our Power to remove these defects, we must be ready to accept profound changes in our lives. Many of us have used adrenaline as fuel to produce success at work, excitement, transitory pleasure, and a false sense of achievement.

We must be prepared to trust our Power to choose the right path for us. A new fulfillment waits just around the corner, but we may never again feel some of the same old thrills, or agonies. Are we truly ready to Let Go, and Let God?

Again, we do not expect perfection. Some of us expect that our Power Source will erase all of our defects instantly. That is unlikely. Neither we, nor anyone around us, would be prepared for so drastic a change.

We must accept that certain defects of character may remain our companions for a long time to come. If we have done our best, their presence is no longer our business. We must trust that our Source will select the proper time to remove them.

At this point in our progress, some of us find ourselves disturbed. Our defects have been such a vital part of who we are that, without them, we may feel incomplete. If that sense of emptiness is more than transitory, we have a suggestion.

Some of us have found that such uneasiness indicates a need to return to Step Two. We may benefit from some refinements in our concept of a perfect Power, or “God As We Understand Him”. To complete Step Six successfully, we develop an Idea that we are willing to trust, and then, in Step Three, decide to trust it.

Only when our efforts in Steps Two and Three are complete, will we be fully prepared to surrender ourselves to Step Six. When that is accomplished, we will become willing to accept whatever our Power chooses to do with our defects, and with our adrenaline addiction. We will trust that what follows will be far more powerful, and fulfilling, than what we have now.

Finally, in Step Six, we surrender. We allow our external Power source to take control of our lives, our bodies, our minds, and our will.

Contemplating this level of surrender may produce a temporary adrenaline panic. Yet if we have built a good foundation, we will recognize that we have no real reason to feel threatened. Our lives have never truly been in our control. Adrenaline has driven us.

We need not hesitate. Our decision to rely on another source of Power is not irreversible. In truth, maintaining that connection requires real diligence. If we choose, or if our program and our Power source fail us, our old addiction will be available. We can always return to lives consumed by our compulsions.

Step Seven: Humbly asked Him to remove our shortcomings.

We must be fully ready to ask our external Power to remove these reactions. Again, we suggest that you retreat to a location where you feel close to that Power.

This simple Step may be completed alone, but once again, it is best to renew it in front of our guide, or sponsor. Some of us avoid these formal ceremonies. We may feel that our relationship with our Power does not require a witness. We may say that we seek simplicity.

But what is the final goal of this Pathway? What is the ultimate end of these Steps we take? Is it not a complete change of our relationship with ourselves, with our fellows, and with God, as we understand Him?

This process involves a complete physical, emotional, and spiritual transformation. What we seek is really a conversion, but of the most essential variety. It deserves courtesy, respect, formality, and even ceremony.

Once we have selected our location, and in the presence of our guide, witness, or sponsor, we are prepared to complete this Step. Again, A.A.'s "Big Book" may have helpful suggestions in its discussion of Step Seven.

This Step is yet another surrender. We ask for help in removing our conscious and unconscious reliance on our drug of choice. The abuse of adrenaline has become a compulsion. That uncontrolled obsession has created character defects, which have damaged us, and others.

Do we expect immediate and total release? Hardly! Our addiction is so embedded that few of us can do more than make a new start each day in recovery. This task is beyond our power. It requires more than human will, or human strength, or human knowledge.

We have come to believe that our external Power, once asked, can accomplish it, but only as that Power sees fit. Sincerely asking for that Help, withholding nothing, completes Step Seven.

STEP EIGHT: Made a list of all persons we had harmed, and became willing to make amends to them all.

Through our written personal inventory, including our Adrenaline Diary, we have discovered how our behaviors have damaged others. Most of us have justified our actions, pushed them out of our active memory, or kept them in active shame.

So we make another decision. We resolve, whenever possible, to ask for understanding, compassion, and forgiveness from each of those we have harmed. We must also be prepared to offer restitution for any damage we have done.

We must be ready to complete this Step whenever the opportunity presents itself. If we find hurt, anger, or resentment in our hearts, we ask the help of our Power to remove it. Then, once we are fully ready, we move immediately to Step Nine:

STEP NINE: Made direct amends to such people wherever possible, except when to do so would injure them or others.

Throughout this Step we can finally release a great deal of the excess weight we have carried. Most of us have grown so used to this burden, that we have forgotten what life can be like without it. For many of us, completing this Step may be a lifelong process. But each time we complete part of it, we are amazed at the sense of freedom and lightness we experience.

We uncover and share with those we have effected our own, often unconscious, abuse of adrenaline. We emphasize its harmful effect on them. If we are completely prepared, we can do so without shame, guilt, or unreasonable fear. Those emotions are, by themselves, adrenaline abuse. Even when those we approach reject us, we have at least done what we can to clear up our side of the street.

We can make amends to some people immediately. In other cases, there may be delays. We may have lost touch with some of those we should approach. Direct amends to others may injure them, or other people. We may feel the need to complete this Step with someone who is no longer living.

Who can guide us through this task? Certainly our external Power, if approached humbly, earnestly, and honestly, can give us some direction. Yet to help us avoid self-deception, our guide, witness, or sponsor may again prove invaluable. Their personal experience may be our best resource for the guidance we need.

Amends are relatively easy when they include a simple explanation and an apology for old behaviors. There are other situations, which may be more difficult. In making restitution for some behaviors in the past, we may face loss of reputation. We may also risk possible legal action, or our freedom, our safety, or even our lives.

Do amends and restitution require that we be prepared to give up all we have in order to complete this Step? The answer may be difficult. We again urge our members to read the section in the “Big Book” where A.A. discusses these dilemmas.

STEP TEN: Continued to take personal inventory and when we were wrong promptly admitted it.

The importance of this Step cannot be overemphasized. We will never be completely free of the effects of adrenaline, or from our tendency to abuse it. Unlike alcohol, we cannot simply avoid the first drink. Adrenaline will occur within our bodies whether we like it or not.

As with all other mood altering chemicals, including alcohol, the presence of adrenaline in our bloodstream may precipitate a full blown adrenaline abuse relapse. Through our daily inventory, meetings, sponsorship, and the help of knowledgeable professionals, we can hope to reduce this possibility. But we may not be able to eliminate it entirely.

Even if a total adrenaline relapse occurs, we do not give up. For most of us, episodes of relapse are inevitable, since we cannot prevent this powerful drug from being released in our systems. These episodes, if brief, are normal. They are to be expected.

If we are honest and earnest about our recovery, we will refuse to indulge in damaging feelings of shame, guilt, and deep remorse when such episodes occur. Instead, we will strengthen our program, deepen our surrender, and renew our dedication to our own recovery.

When we first contemplate recovery from adrenaline abuse, it is normal to imagine how our lives will be without it. Some of us look forward to a serene existence free of any form of turmoil. If that is our goal, our actual recovery may be disappointing. Endless tranquillity is not the normal goal for most of our fellowship.

Most of us may imagine that life without adrenaline will be empty, desolate, and endlessly boring. Some of those reactions may actually occur during the early stages, but they will not persist. Regardless of the addiction, anyone truly in recovery will testify that, no matter how their life has changed, it is not boring.

We do not wish to be misunderstood about this issue! Adrenaline Addicts Anonymous does not advocate the removal of all adrenaline from our lives. Far from it! Most of us are convinced that adrenaline, like food, is necessary to our health and well being.

Adrenaline is truly the spice of life! We would never attempt to remove it completely! Our goal is to develop a lifestyle with regular excitement, angers, fears, and joys. It is only the compulsive and abusive use of adrenaline that defines our addiction. We do not seek renunciation, but moderation, balance, and freedom!

Those who attempt to go to extremes in removing adrenaline from their lives may be flirting with yet another obsession. Some even attempt to remove themselves from all stimulation. They have renounced socializing, and even withdrawn from society.

They have given up TVs turned off their radios, canceled their paper and magazine subscriptions. In an effort to reduce the presence of adrenaline, they have moved beyond the reach of telephones, and even electricity.

While each member must choose their own pathway in recovery, we do not advocate this level of withdrawal. To most of us, this seems obsessive. We believe that there is a way to live comfortably within society, and still remain solidly in recovery.

That task requires dedication, and external help from those who understand both us, and this addiction. It also requires reliance on a Power greater than ourselves to a depth and degree not normally required. We have found that the level of surrender necessary is profound.

If we are in a fit spiritual condition, we will continue to enjoy all the normal heights and depths of our gifts of imagination, emotion, and feeling. It is only the compulsive abuse of adrenaline we wish to avoid. Alone, we will be unable to achieve this goal. That is why we emphasize Step Eleven.

STEP ELEVEN: Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.

Only through a continued daily reliance on our Power Source, can we hope for success. Sometimes we must call on that Power from moment to moment. Through that Source, true balance can eventually be achieved. We humbly ask for the help we need to normalize our use of adrenaline. We believe that our Power can lead us to happy, fulfilled lives, full of the normal richness of all of our feelings.

We believe that we were created to feel everything, experience everything, and to be thankful for the fullness of all our emotions. We believe that, with help, we can learn to enjoy all this richness, without obsession, or dependence.

Prayer and meditation are wondrous exercises. Human beings have relied on it, in some form, from the beginning. Yet too many of us decide what we want, and then pray for that result. Please note the language of this Step. It includes the deepest levels of surrender.

We pray for only two things. They are God's will for us, and the Power to carry out that will. Through prayer, and meditation, we can hope to achieve the peace, acceptance, and willingness that this process requires. In Step Eleven, we continue to ask for daily direction through our Power.

STEP TWELVE: Having had a Spiritual Awakening as a result of these steps, we tried to carry this message to adrenaline addicts, and to practice these principals in all our affairs.

Through Step Twelve, we have the opportunity to pass on our new discoveries. We now know the key to our inner selves, and to our relationships with others. We can relate to the newcomer how, together, we can help forge a new existence. Our lives are now based on reality, rather than obsession.

We are no longer gripped by the compulsion to use adrenaline to avoid our feelings or memories. We have learned how our adrenaline abuse has led to relapse in our other addictions. We no longer fear tomorrow, or face it only as a challenge. The true magnificence of life may now surround us.

Our reality is that we have found a new source of Power. We have learned through that Power. Our progress has sometimes been slow. But if we remained diligent, our eventual success has been assured. We are no longer compelled to destroy our lives, our resources, and the lives of those around us, through adrenaline abuse.

We have found a new life, enriched with the fullness of all our consciousness. We are no longer obsessed with judging our own acts, or those of others. We can live in harmony, not competition. We are no longer inferiors, or superiors. We have become truly equals.

All our lives we have been driven to compare and to compete. We have always excelled, or failed. Now we seek a middle path. At the end, we will find ourselves free from all comparisons. Our rank, our standing, our achievements, and our failures will no longer be concerns. We will have surrendered that lifelong burden.

In that endeavor, some of our members advocate the use of a motto, or a mantra. They have found it helpful in achieving the level of surrender and peace we seek. The use of this mantra may help release that inner voice which drives so many of us. It is this:

“Suspend Self Judgment!”

These three principals are the keys to changes we seek:

- (a) That we were addicted to adrenaline and could not manage our own lives.
- (b) That probably no human power could have relieved our addiction.
- (c) That God could and would if He were sought.

ABOUT SPONSORSHIP

A sponsor is someone who has the time, experience, and recovery to demonstrate their own stability. They have developed the ability to maintain the threads of their recovery, even when they are assaulted by their own adrenaline.

We do not require them to be Saints. Sponsors are imperfect people like ourselves. They, like us, are gripped by a terrible addiction, and are willing to share their experience, strength, and hope with us. They do not have all the answers. They can, however, point us to the pathway where we will find our own solutions.

Perhaps the best sponsors may be those individuals who have suffered acutely from their own internal demons, and survived. If they have not learned to overcome them completely, they at least can suffer them with relative calm and patience, at least most of the time.

Since ours is a new fellowship, it may be difficult to find those who have long experience in adrenaline recovery. We are fortunate that many of our members have spent years in other 12 Step programs. Some of them have learned to manage adrenaline successfully, although they may have used different labels. True serenity, for example, achieved through surrender, includes the avoidance of adrenaline abuse.

These people may instantly grasp the concept of adrenaline addiction, and can become excellent “instant sponsors”. As in any new 12 Step fellowship, effective sponsors may also be found in all who quickly grasp the essence of recovery. Even those with little more time than we have can be wonderfully effective.

A sponsor can help us work the Steps, and continue to maintain faith that recovery is possible. Ours is a disorder of relapse. It is here, more than in most similar problems, that we must learn to rely on progress, rather than perfection.

It is permissible to have more than one sponsor. We may need very frequent contact with other members of our fellowship to help us maintain our recovery. There may be occasions when a single sponsor may not be available at need.

On the other hand, a sponsor is not someone we can demand provide us with constant care. They, like us, have their own lives. It is also not their job to be our therapists. That is a formal arrangement between an individual and a specialist. That professional has had a great deal of education, training, and experience in the art and profession of therapy.

Our sponsors are, instead, simply understanding companions, with experience, who can assist us in the process of recovery.

NOTES ON THERAPY, COUNSELING, AND PSYCHIATRY

The foundation of our fellowship is the Twelve Steps, pioneered by Alcoholics Anonymous. Many individuals, in and out of recovery, have developed their own ideas and attitudes about the Twelve Step movement. Some of these ideas concern the role of professional counselors, therapists, and the use of medication.

There are those in recovery who mistrust every kind of counseling and therapy. Their position is that all one needs are the Twelve Step program, meetings, sponsorship, and (in A.A.) the “Big Book”. Some have developed these beliefs through uncomfortable personal experiences with a counselor or therapist.

Others have been taught this mistrust by others in their fellowship. They may have even been told that Twelve Step organizations suggest their members avoid psychiatrists, therapists, and counselors. Some mistakenly attribute this notion to Dr. Robert Holbrook Smith, and William Griffith Wilson, the co-founders of Alcoholics Anonymous.

There are others who mistrust medical professionals for different reasons. They are uncomfortable with the use of any prescription medication that alters mood or consciousness. They feel, perhaps with some justification, that the medical profession, and in particular psychiatry, has over-prescribed these medicines.

Those of us in recovery from alcohol and drug problems have repeatedly raised another concern. We seem to experience unusual reactions to certain drugs and chemicals. This peculiar sensitivity is not uncommon among us. Yet is a characteristic which some in the medical community seem to have disregarded. As an example, if a drug has a potential for abuse and we are exposed to it, almost without exception, we will abuse it.

All these concerns are valid, and require some discussion. Since all Twelve Step programs trace their origins to Alcoholics Anonymous, we will include a brief background on this group and its founders. It is hoped that this outline will help us prevent unnecessary controversy. After all, argument breeds adrenaline, which we would avoid.

Alcoholics Anonymous has published its own authorized biographies of its founders. “Dr. Bob and The Good Old Timers” is the biography of Dr. Bob Smith. “Pass It On” is A.A.’s biography of Bill Wilson. The Al-Anon book, “Lois Remembers” includes the recollections of Lois Wilson, the wife of A.A.’s co-founder.

Other information about the attitudes of A.A.'s founders may be found in the "Big Book" ("Alcoholics Anonymous") and "The Twelve Steps And Twelve Traditions". Other resources include books like "Not-God" by Kurtz, an unauthorized biography and history of the movement.

Alcoholics Anonymous was founded in 1935 by Dr. Bob Smith, a physician, and Bill Wilson, a stockbroker. It was intended as a program for the middle and upper classes. It began as part of the Oxford Groups, a prominent spiritual movement of the time, that openly solicited members from the ranks of the famous, wealthy, and respected.

Bob, Bill and their wives, Ann and Lois, certainly thought of themselves as members of respectable society who had fallen somewhat from their positions due to alcohol abuse. Early A.A. members could boast of prominent families, or of former good economic or social positions.

They also supported the efforts of medicine and psychiatry. After all, Dr. Bob Smith was himself a physician. They advocated the use of medicine, psychiatry, and therapy as a valuable tools to enhance recovery. The prominent psychiatrist Dr. Carl Jung is mentioned in the "Big Book". Bill Wilson himself, who suffered from recurring mood swings, consulted psychiatrists on several occasions throughout his sobriety.

The notion that A.A. and its founders were against professional help is not upheld by their own statements, or by the facts. Alcoholics Anonymous was established in full cooperation with medicine, psychiatry, and the mental health professions.

Following their lead, the founders of Adrenaline Addicts Anonymous also advocate a close cooperation with professionals who practice the art of mental health care. We are especially concerned for those members who experience troublesome depression, once their abuse of adrenaline decreases.

Some of us are further distressed in recovery by the emergence of repressed memories. It is our experience that certain long buried feelings, emotions, and recollections may bubble to the surface, once the compulsive use of adrenaline is reduced. As fellow members of Adrenaline Addicts Anonymous, we can lend support and understanding, often through our personal experiences.

While we can offer empathy, tolerance, and support, it is not our job to act as substitutes for trained professionals. In some cases, depression may become too deep, or painful memories emerge too rapidly. Even those of us who enjoy a profound reliance on spirituality may still benefit from appropriate professional help.

THE DILEMMA OF MEDICATION

Those of us recovering from problems with alcohol or drugs, including prescription medication, share a common concern. It is our experience that reliance on alcohol, drugs, or medication can create a wall we cannot climb, breach, or find any path around. The relief these drugs provide is often temporary, while the problems their use may mask can still remain.

But there are many who could not function in society without the help of carefully prescribed medication. These individuals, with the proper medicines, can lead lives relatively free of certain reactions that used to be disabling. Most of these individuals suffer from severe and inherited imbalances, which medication may relieve.

In these matters, we have observed a certain paradox. Those who feel a need or a desire to take alcohol, drugs, or prescription medications, are usually better off without them. The reverse seems to apply to those who do not want to take certain medicines when prescribed. Some of the latter individuals demonstrate, through their behaviors, that they might be better advised to follow the medical directions given.

As in all Twelve Step programs, our organization has no leaders. No one in Adrenaline Addicts Anonymous can direct any other member to do anything. That certainly applies to any decisions reached through consultation with a physician with, or without, a psychiatric specialty.

These professionals are people whose license, training, and experience, qualify them to prescribe medication. If they have been selected carefully, they are intelligent people who are willing to investigate, understand, and support our recovery, as well as treat our physical and emotional complaints.

In general, then, our attitude is one of cooperation, not argument, with the medical and mental health community. We cannot, and do not, advocate that anyone use illegal drugs. We have discovered that such chemicals are like adrenaline itself. However pleasant their effects, they prevent us from achieving true recovery. As for prescription medications, perhaps our best course is simply to remark if we notice obvious effects.

As for alcohol, we do suggest that the social drinkers among us avoid its use before meetings. Certain other members may become acutely uncomfortable if they smell alcohol, or notice its effects, in other members of the group. If you find it is difficult to refrain from drinking or drug use before meetings, you may have chemical dependency problems.

Some of us have specific concerns. There are those in recovery from adrenaline addiction who suffer from serious depression, or who have other disabling conditions affecting their mental health. These issues can become difficult if they lead to unnecessary dissension in our fellowship. We need to avoid disagreement, and focus on understanding, tolerance, and acceptance.

In this sensitive area, some of our members advocate the use of prescription medication to counter the effects of depression and similar problems. Other members counsel medication only as a last resort. Still others would have us avoid alcohol and drugs in any form, legal or not, regardless of the outcome. They feel that complete surrender to recovery, over time, will solve all problems.

It is our experience that the decision to accept medical advice regarding medication must be an individual choice. We urge that any member contemplating this dilemma, seek the advice of our most sensible members. It is further hoped that they select a single prescribing physician, rather than several, and that this person be open to understanding all Twelve Step organizations.

Now what of those occasions when a member may behave inappropriately at meetings? If there is evidence that this behavior is due to the use of alcohol, drugs, or medication, some action may be required.

In these cases, we have found that a calm, sensible, and private approach by a few reasonable members may be the best solution. But how should we respond if the behavior is repeated? Surely we cannot afford to have our meetings disrupted? Where can we find answers to these concerns?

Ultimately, we cannot turn away anyone, no matter how impaired, who seeks and needs our help. At the same time, our unity depends on our common purpose. Our ultimate authority is a loving God, as we understand That Entity, as expressed through our group conscience. The group itself, surrendered to a Higher Guidance, will provide direction that will solve any problem, or meet any need.

What then are our final suggestions regarding Counseling, Psychiatry, and Medication? First, we are convinced that some of our membership will benefit from professional help in conjunction with our program. Counselors and therapists who are familiar with our concepts generally support our fellowship.

Certain members may also require a lifetime reliance on medication. This may be necessary to correct certain inherited imbalances that can be otherwise unmanageable. Others of us may require temporary medical help from time to time. We suggest that we work with professionals who are familiar with our concepts, and who support our fellowship.

Finally, we have a recommendation for those members who still use alcohol, or who may still dabble with illegal drugs. Even when you are not attending our meetings, we suggest that you attempt to severely limit the use of substances, which alter mood or perception.

While some may feel that these chemicals enhance our abilities and awareness, experience demonstrates that these beliefs are largely illusion. True recovery requires not only an open mind, but also an unclouded one.

If you are uncertain whether your use of any substance requires intervention, here is a test that can prove useful. With any substance, try to have the equivalent of one or two measured ounces of 80 proof alcohol each day. Have it at the same time. Have it whether you want it or not. Never have more, or less. If you can do that without difficulty for ninety days, we feel you have little to worry about.

If you attempt this test, and fail, or if you refuse it because you cannot imagine life without alcohol or drugs, we have another suggestion. We urge you to investigate those other Twelve Step programs that deal directly with these problems.

You may discover that you must accept their tenets before you can truly progress in this program. Remember, those fellowships have created the foundation on which our own recovery is built.

HOW TO ORGANIZE A MEETING

Regular meetings are a great help in our search for Recovery. Shared experience, strength, and hope can help each of us find our own path to freedom. Since we are a new 12 Step Organization, it may be up to you to begin a meeting in your area.

At first, the meeting may be small, perhaps only consisting of yourself, and one or two other people. If you are patient and persistent, the meeting will grow. It is reasonable and proper to advertise your meeting where other community service announcements are made. These may include Public Service Announcements in your local paper, through area radio and television stations, and through local religious establishments.

If you are already a member of other 12 Step organizations, starting a meeting of Adrenaline Addicts Anonymous will be an easier task. If you have no experience with 12 Step groups, we suggest that you begin by attending several Open Meetings of Alcoholics Anonymous, Al-Anon, and other such organizations in your area. This will help give you ideas about meeting types and styles.

Open Meetings are those where anyone many attend. Your local telephone book will probably list a number for Alcoholics Anonymous. They can help steer you to an Open Meeting. If your telephone book lists other 12 Step organizations, you will probably be able to find other Open Meetings of their groups.

Try to go to several different kinds of meetings. Some may be Speaker Meetings, where a single individual shares their own version of their experience, strength, and hope. There may be Podium Participation meetings, were an individual opens with a short personal story, and other members rise to speak briefly from the podium.

A great many smaller meetings include some version of a Round Table format, where individuals share after a particular topic is suggested. Finally, there are also Book Study meetings, where each participant reads aloud a section of the book, and members may comment on it.

Please note that these meetings are not “group therapy”. Cross talk and advice is usually discouraged. Generally one person will share, then the next individual will share their own concerns, and so on.

These Open Meetings of other 12 Step organizations will give you some excellent ideas about how meetings might be conducted. In our organization, we have found that a small Round Table participation Book Study is a very effective format.

Reading from this book can help introduce new and potential members to our fellowship. It also helps us focus on and understand the basic principles of adrenaline addiction recovery.

A great many people, especially those with some experience in other 12 Step groups, feel that our concepts and principals make perfect sense. Yet as in all new organizations, growth may be slow at first. Do not be discouraged. If you establish a regular meeting schedule and continue to show up, new members will be attracted.

Regardless of the format, meetings may be held in any location where a regular schedule can be kept. Usually, unless a member donates the use of their home, there will be a nominal use fee, which is paid by donations from the members. To that end, a basket is normally passed at each meeting so that members may contribute.

The Secretary is an “elected” unpaid volunteer. In the beginning, this may be you, and it is a “service” job. Secretaries get the meeting place ready, then clean up and close up after it is over. They usually count the contributions, bank the funds in an account under the name of the particular meeting, and prepare reports of the contributions for the other members.

Later, as the meeting grows, there may be a Treasurer, and other volunteers, such as General Service Representatives. Those selfless individuals who can keep their own egos under wraps while they attend to the needs of a fledging organization are rare, and valuable.

They often work behind the scenes to insure that the fellowship grows, but claim no glory, recognition, or privilege because of their efforts. They are prepared to gracefully step aside when the members desire new representatives, yet they remain available to lend a hand if asked. They are cornerstones of growth and stability. They are the best examples of the concepts of love and service.

The handling of member contributions can create difficulties. We suggest that, whenever possible, bank accounts require two signatures for checks and withdrawals. Generally, a portion of the contributions is used to pay rent, unless a member donates the use of their home for the meeting. A small portion is held in reserve. Another portion, hopefully generous, is forwarded to our World Service Office, 350 South Center Street #500, Reno, NV 89501

These contributions will help ease the burden on our founders. These individuals have, to date, donated all of the funds used to maintain the World Service Office.

They pay our rent, and the costs for our Post Office boxes, telephones, answering services, and even the costs of publishing and mailing our information and literature.

The entire support of our organization has been assumed, to date, by our founders. As costs have grown, they have sometimes lacked the funds to finance such simple things as mailing costs, telephone bills, or adequate secretarial and bookkeeping services. We hope that our growth, through you, with the generosity of our new members, will help ease this hardship.

THE RULES AND REGULATIONS

There are no rules for membership in Adrenaline Addicts Anonymous. An individual is a member when they say they are. No member can force any other member to do anything, participate in anything, or conform to anything.

As in other 12 Step Organizations, we must place Principals before Personalities. No individual (even a dedicated and selfless founding Secretary) may consistently dominate or control the group. Likewise, no one may disrupt the group meetings, lest we fail to maintain a spirit of equality, equanimity, and mutual support. In general, experience has demonstrated that the fewer rules the better.

However, as an organization, our survival depends on the unity of the Group. Our Groups have but one purpose. It is to carry the message to those who still suffer, in and out of the fellowship. Again, as a guide, we suggest reading The Twelve Steps and Twelve Traditions published by Alcoholics Anonymous.

We may have Open Meetings, where anyone may attend, and Closed Meetings, where only members are welcome. At this state of our growth as a fellowship, we suggest a reliance on Open Meetings.

SUGGESTED MEETING FORMAT

The Secretary or their Representative might begin the meeting with this announcement:

“This is the regular meeting of the _____ Group of Adrenaline Addicts Anonymous. It is an Open meeting, which anyone can attend.”

(If Closed read, “It is a Closed meeting. Only members of Adrenaline Addicts Anonymous may attend.”)

“My name is _____, and I am your (present) (or acting) Secretary.”

“We will begin the meeting in our usual manner with a moment of silence. Those who wish can then join us in the Serenity Prayer. “

(Silence follows, then:)

“God, grant me the Serenity to accept the things I cannot change, the Courage to change the things I can, and the Wisdom to know the difference.”

(Then the Secretary, or a volunteer, might elect to read all, or part, of the following passage, provided that the group involved has agreed on its inclusion. Naturally, the group is free to select others readings, or forgo this practice altogether.)

“We make this point emphatically! It is never our goal to remove adrenaline from our lives! The world would then be without tone, color, shape, or form. We strive for balance in our lives, not avoidance or renunciation. Our struggle is to avoid excess, not to needlessly remove all stimulation from our lives.

It is only the compulsive, often unconscious, abuse of adrenaline, which defines our addiction. Adrenaline abuse may help us repress or mask other, more essential, feelings. In particular, adrenaline helps us repress deep emotional pain.

”There is no pain more agonizing than that created by unmanageable feelings of deep loss, abandonment, or disconnection. Intensity, in any form, will mask it. Adrenaline supplies that intensity.

In recovery we seek to normalize our use of adrenaline, not avoid it. It remains part of our lives, bringing us joy, happiness, excitement, and all human emotions. Since it is also our drug of choice, we acknowledge that our recovery will be less than perfect.

Many of us, seeking balance, will suffer repeated episodes of relapse. This is not abnormal. We are grateful when the intensity and frequency of relapse is reduced. We are unconcerned when it is not.

We have learned to practice certain simple behavioral changes which can reduce the rate and severity of relapse. There is also some evidence suggesting that certain common foods and food products may help trigger or prolong such relapses.

The use of nicotine, caffeine, alcohol, and drugs naturally interfere with balance in the body. Likewise, the abuse of sugar and other foods, can, like some behaviors, interfere with blood sugar levels.

Any of these changes in blood chemistry may then alter adrenaline production in the body. Relapse may be triggered when natural adrenaline production is interfered with, whether it increased or decreased. In recovery, many of us have decided to eliminate these potentially harmful foods and products.

Members of our fellowship who have not yet learned to eliminate these natural triggering substances are free to continue to use them. Many of us still do. We simply suggest that their use may help begin or intensify an adrenaline abuse relapse.

After considering these possibilities, this meeting (has) (has not) elected to ask the members to adopt a policy of eliminating caffeine, sugared treats, and smoking at our meetings.

(Once again, this is a suggestion only. Each group and each member of the group must make these difficult decisions for themselves.)

“I have asked _____ to read a portion from Adrenaline Addicts Anonymous.” (A very brief selected reading may then follow. Certain outside readings may be permitted, if they parallel the principals and concepts of Adrenaline Addicts Anonymous. If there is any doubt, call the World Service Office for their suggestions.)

“Is there anyone here in their first three meetings who would like to introduce themselves by their first name only, so that we can get to know you better?”

“Is there anyone else here in their first thirty days of recovery who would like to introduce themselves?” (In the initial few weeks of meetings in a new area, this may be eliminated.)

“Are there any non-member visitors from our local area who are new to Adrenaline Addicts Anonymous, and who would like to introduce themselves?”

“Are there any members or visitors from outside the local area?”

“It is our tradition to go around the room and introduce ourselves, by our first name only, and the nature of their disease. Non member visitors may briefly state why they are attending.”

(As each member or visitor introduces themselves, the collective membership responds with the phrase, “Hi, _____ (name).”)

“It is our tradition to provide temporary sponsors for the benefit of the newcomer. Would all those who are working the Steps, and have at least (thirty) days of recovery, please raise their hands.” (This statement may also be eliminated for the first few weeks, but some attempt to discuss or provide sponsorship should be attempted.)

“We will now practice the Seventh Tradition. We are self-supporting through our own contributions. Since we are a new fellowship, we ask that you contribute generously. Visitors and members in their first three meetings need not contribute.”

(A basket is usually passed for voluntary contributions. The collection is usually allocated first to the use fee for the meeting room, refreshments, and the purchase of literature for free distribution, or for sale at cost. A small reserve is prudent. The remainder might be contributed to the World Service Office, to help us with the start up costs for the worldwide fellowship.)

(Cross talk, discussion, or argument between the members is generally discouraged. While each group remains autonomous, we hope to avoid argument, and the adrenaline it may produce. Sometimes it is necessary to make a formal announcement regarding this issue.) Here is one example:

“We ask that members confine their comments to their own experience. It is our policy to avoid giving advice, direct comments about the remarks of other, or cross talk between the members during the meeting.”)

“This an Open Book Discussion meeting. Each of us who wishes will read a few paragraphs from Adrenaline Addicts Anonymous. Then anyone who wishes may ask questions or comment on the section read. When discussion of that section has finished, the next person will repeat the process with the next few paragraphs.”

(As an alternative, the meeting can be an Open Discussion meeting. One member will share briefly from their own experience, then pick a topic. Sometimes each person, in turn, comments on the topic or on another issue of importance to them. Alternatively, members may spontaneously volunteer to share.)

(Again, our experience suggests that a Book Discussion format may produce the most response. When the meeting is over, a formal closing is recommended. If the meeting room can remain open, members, guests, and visitors are free to remain after the meeting for informal conversations.)

Here is one closing method:

“Thank you all for coming. Remember, the newcomer is the most important member of any meeting. We invite you to get acquainted with the newcomers and visitors, and help answer any of their questions.”

“We will now close in the usual manner. (The secretary selects a member by first name) ‘ _____’, would you like to lead us?”

(The members usually hold hands, and are led in The Lord’s Prayer. At its close, the group may respond collectively with something like, “Keep coming back. It works.....if you work it!”)

As to the actual format, each Group remains autonomous, except when they might interfere with other Groups, or with Adrenaline Addicts Anonymous as a whole. Each Group is free to establish their own format.

Finally, we would be very grateful if you would contact the World Service Office with the time and location of any meetings. You may write the World Service Office, Adrenaline Addicts Anonymous, 350 South Center Street #500, Reno, NV 89501 . Along with the meeting times and locations, please include the contact telephone numbers for the Secretary and an alternate group member for your meeting, and the general meeting format.

HOW TO REACH US

Through Adrenaline Addicts Anonymous, you may find answers that have long eluded you. One way to examine that possibility is to thoroughly absorb this book. Another is to meet with members of our fellowship, or talk with them by telephone.

If you are fortunate enough to live close to one of our meetings, by all means, attend a few. If our fellowship has not yet reached your area, you may be interested in establishing your own chapter of Adrenaline Addicts Anonymous.

You may direct any questions to the World Service Office, Adrenaline Addicts Anonymous, 350 South Center Street #500, Reno, NV 89501.

Please remember that we are a relatively new 12 Step organization, staffed solely by volunteers. Contributions from our membership have not yet reached the level where we can afford a paid office manager, or even a part time secretary. At present, even the costs of producing and mailing our literature are not being met. In some instances, there have been delays in forwarding needed information due to errors, or lack of funds or volunteers.

In our earliest months, we collected names, telephone numbers, and addresses for a number of people who asked for information on our organization. One of our volunteers spent hours entering that data into a computer. Unfortunately, that computer's hard drive suffered a terminal crash, and all the accumulated data was lost. As a result, some of those who had requested information were missed.

We are doing our very best to reconstruct that information through old telephone records and loose contact sheets. In the main, that has been a very long and often non-productive effort, but some names have been retrieved.

Perhaps we have reached you through that effort. If so, both we as an organization and all our volunteers sincerely apologize for this situation. ***If you have any contact with any of those who were thus missed, please ask them to contact us again.***

Finally, we do ask that you help support our fellowship. There are no dues, or fees. We are and must remain self-supporting. We need help from our membership in paying the telephone bills, the costs of our answering systems, and payment of certain necessary expenses such as secretarial and bookkeeping chores.

We continue to operate through volunteers. Our failure to maintain one of our mailing lists has illustrated that hiring professionals to manage our service center would produce better results.

Remember, our “little big book” is copyrighted. If you received a complimentary copy on diskette, you may print one personal copy for your own use.

If you would like to make multiple copies, please contact us. Tell us how many copies you want to reproduce, and for what purpose. Please do not reproduce copies without our permission.

We also ask that, whenever possible, you make a contribution to cover our costs. The income from our “little big book” is one of the few legitimate ways we have to raise much needed funds. Please do not do anything to take that income from us.

If you can, even as a solo member, we ask that you make additional contributions to our support. You may write checks payable to Adrenaline Addicts Anonymous, World Service Office, 350 South Center Street #500, Reno, NV 89501.

We have no other source of income. Our founders are individuals of very modest means. They cannot afford the contributions they have already made, and will continue to make.

We have no grants, no public funds, and no contributions from foundations. Such entanglements would be contrary to our traditions. We are an independent Twelve Step Organization, solely supported by the contributions of our members.

If you have found our information or literature helpful, please contribute what you can, when you can, as often as you can. You can also help by spreading the word of our organization, and by encouraging others to contribute to our support. As our membership increases, the burden that each of us now shares will be eased.