



# SOLVING ADDICTION COMPLETELY

*A Practical Approach for Policymakers on Substance Use Disorder  
and Social Impact*



A White Paper by Caleb McMillan

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# What Has Happened?



Conventional wisdom holds that there is no single solution to addiction. No "national plan" policymakers can implement. Addiction is a multifaceted problem.

## But is that true? What exactly is addiction?

Is addiction a brain disorder? Or does personal choice play a significant role? How can policymakers craft addiction policies without this clarity? Should policymakers advocate for twelve-step programs, fund treatment centres, and subsidize medications? What about a "safer supply" of taxpayer-funded drugs?

## How should you, as a policymaker, approach this challenge?

Substance addiction and overdose deaths continue to rise at unprecedented rates. Canada saw over 38,000 opioid-related deaths from January 2016 to March 2023.<sup>1</sup> Fentanyl and other toxic substances in the illegal drug supply have increased overdose risks. They have complicated emergency response efforts.

**Substance abuse costs Canada over \$49 billion annually**, from healthcare to lost productivity and criminal justice expenses. Hospitalizations, emergency visits, and treatment for substance abuse totalled \$13.4 billion in 2020.

**For decades, governments have been spending money without moving the needle.** Public awareness campaigns have reduced stigma and educated Canadians on the risk. Yet, addiction continues to escalate to the level of a public health crisis.

Beyond the financial toll, addiction devastates individuals, families, and entire communities. The crisis knows no borders or boundaries, nor does it discriminate rich from the poor.

Traditional treatment models aren't showing long-term success.<sup>2</sup> Many people feel trapped in a cycle of addiction and recovery without making any forward progress.

Growing dissatisfaction with poor results has the public demanding solutions. This white paper will examine **alternative treatment models and their real-world success** in solving addiction without twelve steps, medication, or new expensive government programs.

<sup>1</sup>Government of Canada. *The Canadian Drugs +Substances Strategy*. October 2023.

<sup>2</sup>Government of Canada. Health Canada. *What We Heard: Strengthening Canada's Approach to Substance Use Issues*. June 2019.

# How Can We Fix This?



Canadians are growing frustrated as they watch government spending increase without meaningful improvement in outcomes.<sup>3</sup>

**Public patience is wearing thin.**

Ineffective policies not only waste taxpayer money but also exacerbate social problems such as homelessness and crime. The ripple effects on neighbourhoods and institutions do not go unnoticed.

**Communities are more likely to support policymakers who can propose realistic, scalable solutions.**

As the cost of living increases, voters increasingly scrutinize how policymakers allocate public funds. Addiction policies, particularly "safer supply" sites, where opioids are handed out to addicts, are criticized.

Nearly half of Canadians view addiction as a healthcare issue. Half of the country is skeptical of decriminalization. A significant amount of Canadians (over 80%) believe in private, family-centred interventions rather than broad public initiatives.

**Policymakers who do not take the public's expectations seriously face losing support and, potentially, office.**

Fifty percent of people who go to rehab end up using again.<sup>4</sup> These poor success rates underscore the need for policies that align with Canadian values and expectations on addiction treatment.

Instead of "medicalizing" the problem or enacting police enforcement (something only 6% are in favour of), policymakers can introduce solutions that have evolved and aligned with research and real-world experiences.

**Given the public's call for effective, family-centred interventions, policymakers can solidify their support base and position themselves as agents of change.**

<sup>3</sup>Government of Canada. Health Canada. *Canadians' knowledge and attitudes around drug decriminalization: Results from a 2024 public opinion research survey*. 2024.

<sup>4</sup>Canadian Centre on Substance Use and Addiction. *Life in Recovery .from Addiction in Canada: Technical Report*. May 2017.

# The Social Implications of Addiction Policy



Policymakers must balance different viewpoints and interests. Adapting to new data and research on addiction and recovery is a forever-moving target.

Choices in government are often complex and heavily scrutinized by the public and other government departments.

**Bureaucracy is notoriously resistant to change.** We recognize and acknowledge the hurdles policymakers face, especially when dealing with sensitive issues like addiction and recovery.

Established processes, public pressure, and ingrained thinking can prevent adaption to potentially more effective approaches. Varying reasons for this resistance stem from risk aversion, accountability fears, or prioritization of "tried and tested" methods.

But as most internal red tape is beyond our influence, this white paper will focus on external challenges like public expectations and resource allocation.

We implore **you** to change the system from within.



## Addiction disrupts lives and communities profoundly

Police struggle to keep toxic substances out of Canadian communities.<sup>5</sup> Prohibition has always been a losing policy. Solving addiction completely means reducing feelings of deprivation among those in recovery. If there is no demand for substances, there can be no supply.



## Policymakers are responsible for addressing public expectations and needs

Some models are so drastically different from one another that they may contradict each other. Some view addiction as a choice, others understand it as a disease. Policymakers should not strive for a one-size-fits-all solution. Results are the metric for determining whether a treatment model is successful.

<sup>5</sup> Public Safety Canada. 2022 Federal Roundtable on Law Enforcement and Drugs. Government of Canada, 2022

# The Social Implications of Addiction Policy



## Policymakers' actions can sometimes cause unintended harm

A report into Canada's experiment with "safer supply" and supervised consumption sites highlights that even the best intentions can have disastrous side effects.<sup>6</sup> It's possible to decrease government activities and provide greater value.



## Policymakers must avoid wasting taxpayer money

Spending less on addiction means more for other critical health needs. Canada's healthcare system is already struggling, and escalating addiction rates do not help. Policymakers could implement a cost-effective treatment model without overburdening taxpayers as other programs have.

In 2020, poor addiction policy resulted in a loss of over 200 lives *per day*

Source: Government of Canada



<sup>6</sup>Zivo, Adam. *Reckless: British Columbia's "safe supply" fentanyl tablet experiment*. Macdonald-Laurier Institute, Dec. 2023

# A Non-Twelve-Step Model



A non-twelve-step model doesn't label people addicts. It doesn't confine people to a lifetime of recovery. It de-medicalizes addiction without passing judgment or simplifying the problem.

A non-twelve-step model (NTSM) empowers people to think of themselves as the authors of their own lives. It sheds the negative self-perception often associated with addiction and feeling a loss of control.

An NTSM reminds individuals that they are capable of change through their own volition. Substances' changes to brain chemistry are not a barrier to success or a guarantee of relapse.

**A practical NTSM demystifies substances so individuals can reassess their relationship with them.**

Most addiction and recovery models suggest addictive behaviour is complex and influenced by environment, genetics, upbringing, and underlying causes that may require extensive therapy, steps, or medication to resolve.<sup>7</sup>

An NTSM turns this paradigm on its head. **People are actively choosing to engage in substance use despite the consequences.** They may not like the consequences of their actions but don't know why they still do it. Therein lies the problem.

The appeal of a medical diagnosis is that it removes the role of personal responsibility. But as American essayist Ralph Waldo Emerson once wrote, "Your actions speak so loudly, I can not hear what you are saying."

By removing medical and moral stigmas from the concept of addiction, an NTSM empowers individuals to reassess their habits from a place of non-judgment.

An NTSM doesn't say, "Just stop." It doesn't deny suffering or the challenge of quitting.

An effective NTSM demystifies the belief that an addict is "out of control" and cannot reason. **It demystifies the belief that substances have the power to control thoughts and emotions.**

<sup>7</sup> Canadian Centre on Substance Use and Addiction. Childhood and Adolescent Pathways to Substance Use Disorders. CCSA, 2021.

# A Non-Twelve-Step Model



An NTSM doesn't demand abstinence or a lifetime of sobriety and recovery, complete with meetings and sponsors.

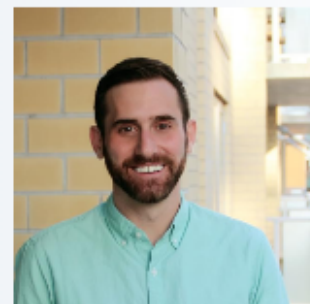
**An individual's level of substance use is always within their control.** Each person's needs and choices are unique. A practical model - whether it follows the twelve-step paradigm or not - allows for flexibility.

What are we to make of someone who used to abuse alcohol but now can enjoy it moderately? That they weren't really addicted? This denies their suffering and experience. Is it that they're addicts in denial, somehow white-knuckling through the pain until their next drink?

A respectful approach recognizes the individual's capacity to reshape their relationship with substances, free from rigid labels or stigmas.

**Consider a former heroin addict who kicked the habit with a successful NTSM.** When Steven had surgery, and the doctor prescribed opioids afterwards, he took them for the pain and *should* have been re-addicted. But as Steven writes,

As I recovered and the pain from the surgery dulled, I realized that I was in a foggy, sedated state. I recognized it as the same feeling from when I used to be an avid heroin user (minus the occasional head rushes I would've gotten from injection). However, I did not enjoy this feeling nor find it pleasurable at this point in my life. I didn't want this feeling. I wanted to be clearheaded and to get back to my work, my goals, and my hobbies. This wasn't pleasure; it was a burden, and I was happy to rapidly decrease the number of painkillers I was taking and replace them with over-the-counter Tylenol. I certainly didn't find anything about them "irresistible" or get "readdicted." This is because the pleasure isn't inherent in opiates; they didn't hold a special key to my pleasure center. In fact, pleasure is a highly subjective and personal feeling produced more so by the mind than by magical molecules.<sup>8</sup>



Steven Slate, author

A good NTSM recognizes individual autonomy and helps people decide what role, if any, substances should play in their lives. It demystifies the power of substances, removing the allure that they can relieve stress or anxiety or cause happiness.

**An effective NTSM says:** drug pharmacology can't compel you to act against your preferences or change the content of your thoughts.

<sup>8</sup>Slate, S. (2017). *The Freedom Model for Addictions: Escape the Treatment and Recovery Trap*. BRI Publishing.



# What to Look For in Non-Twelve-Step Models



The benefit of adopting a non-twelve-step model (NTSM) is that it enables policymakers to solve addiction without burdening taxpayers and healthcare resources. **Solving addiction completely becomes a matter of getting the correct information to the right people.** Something policymakers can begin doing right away.



## Focus on Education and Empowerment

A successful treatment model equips individuals with the knowledge and skills to change their habits. Education-based models encourage personal responsibility and challenge the perceived benefits of substances.



## Cost-Effectiveness and Efficiency

Prioritize models that offer sustainable solutions without draining public funds. NTSMs require fewer resources and offer a quicker path to self-sufficiency. Cost savings can free up taxpayer funds and healthcare resources, making this approach attractive for policymakers under budget constraints.



## Minimized Social Impact

NTSMs don't require new infrastructure or supplying medication to the addicted. They reduce the broader social costs of addiction and treatment models. By minimizing these effects, policymakers can improve community safety and strengthen public trust in government policies.



## Adaptability and Accessibility

Choose models that are flexible and accessible across diverse populations. NTSMs are often tailored to individual preferences; individuals can complete some remotely with Wi-Fi. More adaptable solutions are essential for effective policymaking.

# What to Look For in Non-Twelve- Step Models



## Lasting Behaviour Change

Seek models that emphasize intrinsic motivation over external control. NTSMs challenge the allure of substances. Models that successfully challenge an addict's reasoning for using will produce real change and increase public satisfaction with the government's addiction policies.



## Look for Real-World Examples

Choose models grounded in real-world outcomes rather than tradition. NTSMs often leverage the latest in behavioural science and cognitive research. These methods are more likely to produce measurable results.

# What is The Freedom Model?



The Freedom Model is the original non-twelve-step model designed to allow individuals to move on from addiction. **It aligns with policymakers' goals for sustainable, cost-effective solutions** by addressing addiction at its core.

The Freedom Model doesn't require support groups or meetings, nor does one have to spend a lifetime in recovery or therapy. **It demystifies the power of substances.**

The authors of this model leveraged decades of research and real-world experience to present a systematic treatise on overcoming addiction.

The Freedom Model directly addresses the shortcomings of current treatment models by emphasizing one's autonomy and the power of choice.

The Freedom Model:



## Challenges the Assumed Benefits of Substances

*Everybody knows* that an after-work cocktail relieves stress or that cannabis fuels creativity. Traditional treatment models tend not to challenge this paradigm. The Freedom Model does. By challenging the perceived benefits of substance use, an individual can reassess whether their substance of choice provides the value they think it does.



## Rejects the "Once an Addict, Always an Addict" Paradigm

Addiction is not a disease or disorder of the brain but an ingrained habit. The Freedom Model challenges the notion that people are "broken" or must be mentally ill. Some people with an addiction do have mental health ailments. But not everyone with mental health problems also has addiction problems. The Freedom Model severs this connection and more.

# What is The Freedom Model?



## Adapts to Individual Needs and Preferences

Only individuals can decide whether their relationship with certain substances is healthy or desirable. One can choose heavy, moderate, light use, or abstain altogether. The Freedom Model doesn't make value judgments. It merely presents the information and lets you decide.



## Real-World Success

The Freedom Model has helped thousands worldwide, and these numbers continue to rise. Many find community on the group's Facebook page and other social media channels. The authors host a regular podcast that includes interviews with real people who have found success through The Freedom Model.



## Can be Learned Quickly and Without Rehab

*The Freedom Model* book is a 400-page, well-researched, and meticulously catalogued tome. Many read it and solve their problems instantly. Others require additional coaching sessions with the authors or online tutorials. But once one's "binge construct" is dismantled, it becomes undesirable to continue the addictive behaviour. No rehab or steps needed.

# Solve Addiction Today



The Baldwin Research Institute's Freedom Model is a powerful combination of evidence-based results. Its philosophy places individual choice at the centre and challenges conventional notions that substances have power beyond what we give them.

Homeless substance users squatting in tents are now commonplace in most Canadian cities. The public is losing their patience. Instead of handing out taxpayer-funded opioids that find their way onto the black market, we can hand out copies of *The Freedom Model* book.

Instead of telling suffering individuals that they have a brain disease they'll battle all their lives, people with substance use disorders can learn to free themselves through the Freedom Model's online tutorials and private coaching sessions.

Show exemplary leadership by integrating the Freedom Model into your treatment programs, education programs, official government guidelines, and policy.

Contact the Baldwin Research Institute to learn how The Freedom Model can save your community.

Let us help you turn the tide on addiction with a workable program *before it's too late*.

[thefreedommodel.org](http://thefreedommodel.org) | 1-888-424-2626