

Season 3 Episode 4 Bruce Rose

Voice over – Season three of the Options Save Lives podcast is brought to you with the support of our presenting sponsor R Street Institute and is hosted by Executive Director, Jenny Williamson.

Jenny Williamson – Right, today we have Bruce Rose with us from Alcohol Recovery Scotland and our very own Your Sinclair Method coaching program. Welcome back to the show Bruce. Please introduce yourself to our audience and share a little bit about your background helping people access and successfully navigate the Sinclair Method.

Bruce Rose – Okay, big question.

Jenny Williamson – I'm starting you off with a softball.

Bruce Rose – Okay, who am I? My name is Bruce Rose. I run Alcohol Recovery Scotland here in Scotland, but I work with clients all over the UK and parts of Europe and Singapore at the moment. So yeah, so my background was Alcohol and Drug Rehab Center management. That was my background. I came from abstinence based training. In amongst the rehab centers we worked with AA, CA, smart meetings, all the other peer support groups, all the other abstinence based support groups, the government ones. We did see success. Not huge amounts when you compare it with the Sinclair Method, but we had some success in it. Long story short, I was trying to find some funding to restart one of the rehab rehab centers here in Scotland. And I went on the internet and I was looking around and there's a young lady called Claudia Christian that did a TED talk. And I sat and watched it and I switched it off halfway through and I was fuming to say the least, and I said "What an absolute utter load of rubbish". And lots of things go through your head. I've been through loads of training with the rehab centers. I was a manager didn't you know, and if I was a manager of a rehab I would know all about this and all that kind of rubbish. Long story short, something made me go back to it the next day and listen to the end of it. And then there was enough of an interest to go and do a little bit more research on it. And then the more research I did, the more sense it made. And I think every time I spoke to Claudia after that the first thing I did was apologize to her and I said to Claudia, "I'm so sorry", but I think she's probably used to it by now. So yeah, and then again, a long story short, I left the job I was in at the moment, at the time in the rehab center and started working with clients exclusively on the Sinclair Method and I have never seen, I genuinely believe today that the Sinclair Method as of today, 2022, is the best option for alcohol recovery in the world bar none, and that's after three years of working with clients exclusively. Does it work for everyone? No. But the success rate is miles and miles and miles ahead of any of the peer support groups and rehab centers that are available. That doesn't mean they're bad. It just means that I genuinely believe it is the best option for hundreds and hundreds of reasons. So yeah, that was a brief, a brief answer to your big question.

Jenny Williamson – Well in the past when you've been on our show, we've talked about the support process that you use to guide people through their alcohol recovery journey on the Sinclair Method. Today we're going to do something a little bit different. One of the things we hear so often is 'Why haven't I ever heard of the Sinclair Method before'? So I want to take this episode to talk with you about some of the challenges, and let's face it, there are a lot of them, that make quick, widespread knowledge of the Sinclair Method a bit difficult. So you talked a little bit about how you first learned about the Sinclair Method. You found a TEDx video online on YouTube. How does that experience hearing about the Sinclair Method different from how information on treatments is usually shared in the addiction community?

Bruce Rose – Oh, completely different, completely different. And I think half of the challenge with TSM is it is, what's the expression, its successes is its downfall. Because when I've gone, when I first heard about it and I worked with a few initially for the first 12 months, and then I went back to a lot of the people that I worked with in the rehab world, and I was so excited about 1) what I'd found, and 2) not the fact that I'd found it, but the fact that it worked, it genuinely worked. It did what it said on the tin, and I went back to all the people that I've worked with in the rehab world, and I said listen, and I said this is how it works. It does this, it

does this, it does this, the success rate is so high if you do this and that, the medication breaks down the pathway, all the kind of the neuroscience of it all. And to this day, three years later, I am yet to find somebody in that industry here in the UK, in Scotland, that wants to listen. And I try not to think of, overthink it too much because it's sad. It is really, really sad that we have an industry or a place where there are genuine people who I've worked with, who would have done anything for a client's recovery, anything. But they've been so, I don't want to use the word indoctrinated, but we've never moved on from 1935, from when, AA has done a fantastic job since way back in the 1930s, but unfortunately, we haven't moved on from the 1930s. And to try and change that mindset, right the way through rehab, right the way through government, right the way through the recovery world is a very, very difficult thing to do. And even the number of times, when I speak to people and I say listen, the success rate is huge, I could never understand why people didn't just jump in. I had a meeting with the Scottish Government recently, and in my naivety I expected them to have a limousine at my front door the next day and drive me to the government offices and give me anything I wanted to show them how the program worked. And they weren't interested. And I'm thinking 'What is going on here?' And if it was something that I had just invented or came up with last week, then I could completely understand it, this is just one of Bruce's harebrained ideas and will it work and will it stay and everything else. But when it comes with the clinical trials, over 125 clinical trials, there's 25 to 30 years of research before we even started, you guys started doing what you did and then other people are now following your lead. It's just, I don't know sometimes. I just sit there sometimes and 'Wow'. But what I do know is that, and again I always say this when I come on the show, the work that you and Claudia have done for worldwide TSM is mind blowing. Because I genuinely believe that people who pioneer things initially do not get the credit and the praise that they should. It's always the people that come at the back of it that get all the credit and everything else because hey, it's really good. But the work that you and Claudia have done, I wouldn't be doing what I'm doing, I know other people in the TSM world worldwide would not be doing what they're doing if it wasn't for the C Three Foundation. So, don't know what you're doing guys, but keep doing it.

Jenny Williamson – Well, thank you. Yeah. So when, you know, when you were still in the abstinence based treatment world, was there anything new that was communicated in the realm of treatment at all? And if so, how did that, how did that make its way through the channels from hey, this is out there to hey, maybe we should try this?

Bruce Rose – From the rehab centers that I worked in, they're all funded by government, or they're funded by private funders. So a lot of what they do is in line with what the funders are asking them to provide. So even if something came along that they believed in and they liked and they supported and everything else, the amount of money that you're talking about to run a rehab is hundreds of 1000s of pounds. Or close to a million to run a rehab, it'd be close to a million dollars a year to run a small 10 bed unit or 10 Bed residential unit. So, to have that, most of the time if they've got two or three of them you're talking millions of pounds, and funding is normally given on the guarantee that an organization does this, this, this and this. And I think a lot of the funding, the minute you try and go to all the funders who are going to put all that kind of money into something and you say we have a new idea, then all of a sudden the funding, they're not so keen to throw the money at it. And if an organization is existing already that have 50 staff, 100 staff, 200 staff, they also have the responsibility for all these staff, so change is next to impossible, in my opinion, in that kind of world, because it will take years. It does happen slowly. But again, they're using the model that they used when they first started in the 1980s or the 1990s. And they haven't really changed the model because that's what the funding has driven the work to do. So it just needs, it needs new funding for new organizations, but that in itself is, I'm finding here in the UK, is hard to come by.

Jenny Williamson – And that sounds like a pretty widespread systemic issue if they're funding things simply because of the existence of them already and to maintain that status quo.

Bruce Rose – The Scottish Government at the moment have just decided that they were going to throw another, I can't remember what the figure was I'm guessing, but another 100

million pounds at the situation here. Which sounds great, but what they've done is they've just invested that extra money that they're putting into the current models. Now the current models are running at about 6% to 8% success rate, which is great for those 6% to 8%, but there's no, I'm not saying that, we have to keep them going for the people that do succeed through that. But it would have been much more or wiser in my opinion, to take a section of that cash and put it into different models or different ideas. I mean you know yourself there are lots of different sciences moving forward, medicines moving forward. And I always say that we need to start moving out of a model that was created from the 1930s. It's done its time. It's done amazing work for a lot of people. But if we have the knowledge that we have today from science and medicine and from practical working with people from working projects, like yourselves and what we do here in Scotland, then there needs to be at least discussions I think at least discussions if not to take them forward.

Jenny Williamson – Yeah, and it's a shame that they see the Sinclair Method is an either/or, because as you've seen, the Sinclair Method is very versatile and can be used alongside other treatments and other medications. Can you talk about that a little bit?

Bruce Rose – Funnily enough, I was actually speaking to someone today, and we were talking about my experience in rehab management. And the reason I went back to the rehabs that I've worked with or the ones, the organizations I knew, was that a rehab center is that they'll take somebody into the rehab center, because it's abstinence they put them through a detox. They put them through a six month, three months, six months, 12 month program, whatever the rehab is, and then, and all the work they do in there is very, very good, but what they're not doing is they're not dealing with the neurological condition that is creating the addiction in the first place. So a lot of the work they're doing is very, very good work, but if you don't deal with the neurological condition that's creating the addiction in the first place, then the relapse is not guaranteed, but it's, there's a very, very, very high chance of relapse. So most people that I work with, you can work quite comfortably at home in their own environment so they don't have to go into a rehab center. But I think things like when you get, we would classify them as chronic drinkers in this country, people who are drinking sort of 24/7 or they're drinking sort of a bottle of hard liquor a day or that kind of level, I think that working with a rehab center or organizations like that would work so well. Because if you had a rehab center where you could bring in people who are chronic, drinking chronically, you could actually detox them and then start them on the Sinclair Method or if it was a safe level, bring them down and when they get down to the lower levels you can then have a telephone team or an online telehealth organization that would then look after those people once they've left. And you could, it would be amazing.

But we call it, there's a huge thing in this country and I imagine it's the same in the States, where the different organizations just don't talk or work together because of funding, because of everything else. If we went to some of the doctors here in the UK and said Listen, okay, some people will benefit by going into rehab, some people will benefit with going to AA, but they'll never do it. And AA is a really, really good example because they have built their whole foundation on abstinence and 12 steps and everything else. Now, you can imagine if we introduced naltrexone into AA the success rate would go through the roof because you've got an AA organization that are looking after the people, lots of people are coming to them. And if you had different groups where people could come along who were still drinking and could then use that meeting to talk about TSM and how do I go through my habits and how do I change this and how do I stay compliant, do a similar kind of meeting on the back of that then the potential of it is incredible. But it's how do you knit it all together? And that's what it needs. It's somebody somewhere with the skill and knowledge to do that and probably the funds.

Jenny Williamson – So we've talked about some of the barriers in the addiction treatment industry. And a lot of those sound as though they are tied to funding and governmental policy. So if you're the average Scottish person who wants to try to start the Sinclair Method. Say they don't know about Alcohol Recovery Scotland, they've just heard about the Sinclair Method and they don't really know where to go. What is the average person going to have to go

through in their long and winding journey from finding out about the Sinclair Method to actually being able to access it just from a policy standpoint?

Bruce Rose – Oh, a policy. I mean, from a policy standpoint if they've heard about the Sinclair Method, getting medication in this countries is a lot, lot harder than than USA. There are private doctors who, there are private doctors in London that will do it but they're very, very expensive. Again, I don't know what it's like in the States, but it's probably on average about \$280, \$290, \$300 for a consultation. And then the medication in this country, you're looking at about \$120 a packet roughly. And each time that you get a new prescription or what do you call it, a refill, it's going to cost you another \$50 just to get the prescription to get it. So yeah, I mean, there's a lot of expense in this country. We have something called the NHS obviously where most of the medication is meant to be free, not free, but you're paying for it through your taxes. It's not available, there are no doctors in this country on that system who will then prescribe naltrexone through that process so you have to go private. So it's an expensive option in this country. There is no, and then to get the support program which we obviously recommend is very, very difficult. In Scotland as far as I know, I'm the only person in Scotland that does anything to do with TSM. In the whole Scotland. And we've got, it's not huge compared to the States, but we've got 6 million people here. And I think in England, I think there's one. There's one that I know of, two or three people who are offering the service. And again, that all varies depending on who they are, but it's very, very limited, and it needs to change. It needs to change.

Jenny Williamson – And you've been doing this for how long now?

Bruce Rose – Three and a half years now. Well, I heard about it four years ago, I started doing research, but I've actually started working with clients three and a half years ago. And we've had probably about 200 clients, just under two hundred clients that I've worked with from the initial inquiry, right the way through to the when they get to wherever they want to get to on the program. So we've worked with a lot of clients through it and we see a lot of very similar patterns coming right the way through the whole process. And a lot of – Yeah, I'm still learning lots of things. We're having people from all walks of life and backgrounds, professional people, non professional people, heavy drinkers to average drinkers, hard liquor drinkers to wine drinkers to beer drinkers to binge drinkers. And it's the same pattern all the time. I say to everybody, I say if you're 100% compliant with your medication, if you keep your Jenny Williamson Excel spreadsheet diary and send it to me every week – we still use it. Thank you very much – and stay in touch with me at least once a week for the first six months, it's a public forum I can't say exactly what I want to say here, but the success rate is massive.

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Bruce Rose – Massive. I would love to say it's 70% plus. And there is nothing and that's not what we do, it's just the process what Dr. Sinclair and all his research showed and found. And when you put it into action it works. It is still flabbergasted, is that a word used in America. I'm still absolutely amazed.

Jenny Williamson – Flabbergasted is definitely a well used word here in America.

Bruce Rose – I'm just still just amazed. I get a new person and I had a guy just recently. A bottle of scotch, you'd call it a bottle of whiskey a day. He's quite happily drinking two bottles of beer two to three times a week. Now if you take that into the abstinent world or into the rehab centers, all the training we had was when someone's drinking a bottle of whiskey a day the only option they have is to stop drinking and never go touch the drink ever again. We would then do a full training for the last three weeks that they were in rehab. No weddings, no funerals, no, don't go anywhere where there's alcohol. Change all your friends. Do this, that and another. It's not realistic for most people. This guy is drinking. He was at a wedding the other day. He had two, he had three bottles of beer and the next day he said, I was surrounded with alcohol. He said there is no way on this earth, that he would have either been

drinking a bottle of whiskey or scotch, or he would have had nothing. And he said either way was not fun. He said it wasn't nice to live that way. He said now I can go and have two or three drinks. I'm genuinely not wanting any more. I've no craving, no white knuckling it. I had a great time, it was a family party. And he said I went home and he said night and day. You hear it all the time as well Jenny. We could sit here all day and just give you story after story after story. It's incredible. Incredible.

Jenny Williamson – Also incredible is thinking about the fact that three and a half years, a more than 70% success rate with over 200 people and you don't have your peers in Scotland saying what is it that you're doing? Show me how I can do this too. I mean that's, I know how frustrating it is for us when we're trying to get the word out. I mean talk about how mind boggling that that must feel.

Bruce Rose – I struggle with it I have to say. I go from, regularly go from being so angry that I cannot explain how I get so, I am fuming and to the stage where this is criminal that it is not happening. Then you go to the stage where you're, I get anger, I get, you get upset about the whole thing, especially when you then start working with clients on a day to day basis. We've lost unfortunately two clients in those three years, which is nothing compared to rehab but it's it's two too many. So you hear stories. I've just come off the phone to a guy this afternoon before I came here. Bottle of Jack Daniels, two bottles of wine a day. His mother was phoning me up every day and she had to get the police to go round to the house because she didn't know if he was still going to be alive because she was too scared to go around herself. Today he will drink one bottle of beer sometimes two, two to three times a week, and he was a chronic chronic drinker.

So when you get to stage there, you then go to the stage well actually at least it's helped him or has helped another person or another person or another person. So you then go through stages where okay, you get the hope. So you go from every, you go right, you know it better than I do. You go from anger, you go to hope, you go to amazement, incredible. It goes to being really, really sad because you get some people who want a solution but they won't stay compliant. And it's like come on, this works. The hardest one is people that just don't believe you and they come on and they think you're a secondhand salesman and you're trying to sell this, that and another. And the hardest problem I have with people is trying to undersell the TSM program with some people, because you tell them there's a 70%-80% success rate and they just laugh you out the door. So yeah, it's a mixture of everything, everything and it depends on who I'm speaking to. I was due to have an appointment with what they call a member of parliament here, a politician about three o'clock today. Our time about an hour ago, and he's got his days, his times wrong and I'm gonna be speaking to him tomorrow. So when I'm speaking to him, the anger starts to come out. But you've got to control that with them and say listen, do you not think it's about time you guys did something. And he might do, I don't know. So yeah, there's a whole range of stuff. A whole range of things.

Jenny Williamson – Yeah, I find myself trying to think like financial wizards I might say sometimes when I'm speaking to people, talking about the cost savings, not only of the fact that the Sinclair Method costs so much less than an inpatient rehab stay, and a detox and taking somebody out of their job and out of their family and out of a productive life so that they can recover. And all of those, those financial touch points saying okay, if you don't necessarily care about the success rate, think about saving money. And I hate when I get like that because then I feel like I'm joining in the cynicism. But I'm looking for any of those touch points to actually get through to someone to say, will you just shut up long enough to read the science and figure out that there's a benefit here.

Bruce Rose – We are just, my wife has actually, I've got an office in the garden and my wife is actually in the house right now filling out an application form for the Army. So, and like you're saying, the only people who have come to me and said, Wow, that looks interesting, is a charity within the Army that look after PTSD and trauma. They've come to me and said they can't do the work that they do, because they'll work with an ex Forces soldier, or whatever for a week or two. They then relapse and they can't get enough time with them to do the work they have to do to work with the mental health side. So they came to us and they said Listen,

how about if you can work with the guys. I explained the whole thing to the charity. And they said, the guy got it straight away. And he said, that is incredible. And he said the Army in the UK or the forces, the military in this country, have a lot of money to give to organizations. So he said, I will write you a letter to the organization that has money. And he said How much do you need? And I gave him the figure for one salary. I said one person with a computer and a mobile phone or just a landline. I've been looking after between 40 and 50 clients a year roughly. Probably a bit more than that on top of that, but say roughly, comfortably, sort of 40-50 clients a year. Now in a rehab center, that's one salary, in the rehab center you're looking at, like I said, seven, eight thousand dollars a year, 10 staff. You'd have 30 people come through the whole center for the whole year. If you give me \$800,000, or the equivalent of six, 700,000 pounds in this country, divide that by 30, 40,000 pounds, I could employ a whole bunch of people and the impact that we could have is mind blowing. The Army have got it. The organization I've spoken to have got it and they've said listen, we will pilot a project. If we can get you the funding for the first year and if it works, he says there is money all over the Army so we might even move everything. Again, this is where the funding drives what you do. Whereas we want to be still be open to everybody, but for us to continue doing what we're doing we have to have the funding to keep things going. So we might initially head towards the military, look after the military guys to then create until things take off enough that we can then, so I don't know. I mean, there's but they're the only people that have shown an interest.

Jenny Williamson – Wow. Well, you have been doing something quite unique to raise awareness of the Sinclair Method. Tell us about your epic quest to unicycle.

Bruce Rose – Yeah, stupid idea. Really stupid idea. No, it's not. It's, obviously the longer I'm involved with TSM and the more frustrating it gets that, my constant thought in my head is somehow, some way, we have to get the word out. I don't want to, I'm 55, I'm not looking to build an empire. But what I do know is TSM works and I don't care whether someone else does it in Scotland or, there's enough things here for 20 organizations to be doing what I do. So, whether I do it, we need enough funding for me to keep going and have one other person to keep going with it, which we need. But the TSM model has to be promoted in this country and in the States and everywhere else. So long story short, I was trying to find something as crazy as I possibly could to get as much attention, and I saw a YouTube video of an 18 year old that unicycled around the world. And I thought that looks easy. That will get a little bit of attention. I'll try doing that. Forgot I was 55. As you can see, I'm not the fittest, healthiest guy. I picked up a unicycle January last year. Thought it would take me two months to learn. Six months later, I still couldn't do 100 yards. So anyway, again another long story short, on September the 17th of this year, we have a road called the NC500 here in Scotland. It's nowhere near the size of your route 66 but it's the equivalent in Scotland. It is NC500 but it's called 500 because it's 500 miles. So I'm planning on uni-cycling 500 miles, purely and simply to get as much attention as I possibly can for TSM, because one thing I've learned here is when a 55 year old man goes around the corner on a unicycle it gets a lot of attention. So I've had newspaper, I'm hoping to get TV and possibly funders and possibly lots of other things. But the roads here in Scotland or where I live are not flat. They're kind of very up and down. So I'm hoping it's going to take three weeks. Its, I've got to do something. It's the way we're doing it at the moment. I won't go into all, in this country we're not allowed to advertise on Google. So that's the biggest hardest thing that we have when people are looking for TSM in this country, they would type in TSM on Google, but we can't advertise on Google because we use medication. So we have to do something to get the awareness out there. So I thought Yep, let's just do something crazy. And it'll probably, I was gonna say it won't kill me but yeah, I don't know if I'll be in my full body when I see you next time. So yeah, 17th September and it should take us about three weeks. Hopefully.

Jenny Williamson – I honestly can't imagine running across a flat surface on a unicycle. What is it like trying to ride uphill on a unicycle?

Bruce Rose – Believe it or not that's a question I get all the time. It's actually easier on a unicycle than it is on a bicycle. And the reason for that, you've got one wheel and the way, when you're going up on a bicycle, you're using all your legs, it's leg strength. When you're going up a hill on a unicycle you lean forward until you just about fall off front ways. And then

what you do is you correct it by going up the way like that and flips the hips and it pushes it. I call it fishtailing. It kind of fish tails up the hill so it's actually, it should actually be easier if you get the technique right to go up a hill on a unicycle than it is on a bicycle. So the hills aren't the differences, it's keeping the posture on the bike for the period to do 30 miles. I need to do 30 miles a day. That's the hard part.

Jenny Williamson – And you mentioned fundraising. So talk a little bit about the fundraising for this.

Bruce Rose – So yeah, we were trying to raise funds, obviously, just to keep our work going. So we have some funding, but we're hoping to raise between 10 and 20,000 pounds so it's what 12, \$13,000 to \$25,000 across here. If I'm allowed to do it if you go on Facebook, NC500 unicycle. NC the letters 500 all one word, and then unicycle NC500 on Facebook, and we've got donation pages if anyone would love to. But once again, if anyone can use it in the States, for TSM, share it in the States and we can we'll work out how to put an American version up and put the C Three Foundation on it or something that they can contact you in the States. But yeah, if that's a possibility, we could work something.

Jenny Williamson – And what is your ideal outcome from this epic adventure?

Bruce Rose – Threefold. One is that I get an appointment with the equivalent of the Scottish, we call it Scottish First Minister. It's like the Prime Minister or President of Scotland. Not only to have the meeting because I know that politicians are very good at having meetings, but to hope that on the back of that, that there is actually some action that comes as a result of it. So that's the first thing. Obviously the second thing is to raise the funds to keep the service going. And the third thing obviously is we're gonna meet loads of people on the way round who have friends, family, themselves who are struggling. So again, if we can get out there, and if we meet one person on the way around that then gets on to TSM and it saves their life, or the children will get a parent back. In Scotland there are 50,000 and this is just 6 million people so you can blow it up. It'll be the same worldwide I would imagined for the States. But in Scotland, we've got 6 million people roughly. There are 50,000 people in Scotland who live in a household where one member of the parents are struggling with AUD, so it's 50,000 kids. So you know yourself the knock on effect not only for the individual it's is hard enough, but then the families and the kids and the parents and the worry and everything, all the emotional stuff that's never measured that comes with it. If we can help one person, then we'll do it.

Jenny Williamson – And what would you say to our audience members out there who might be saying I can't unicycle 500 miles and I don't have any leverage or contacts but what can I do to help spread awareness about the Sinclair Method?

Bruce Rose – Share it as often as possible and talk to as many people as you possibly can. I always believe that everybody has a sphere of influence of some sort. There are people that I know that you don't know. There's people that you know that I don't know, and everyone knows somebody. So whether it's a doctor, whether it's an IT person, whether it's someone who can unicycle, whether it's someone who's good at organizing events. Somebody's, everyone's got a sphere of influence. So all I say to people is speak to or share, go onto Facebook, share the things. If you're in the States, get as much of the C Three stuff and share it across your pages. Do a bit of research into it as well. If you're not too knowledgeable about the Sinclair Method, do some research into it and everyone I speak to and you explain it in quite an in depth way with most people. It blows the mind of people because it's like Why have I never heard of this? This is incredible. It makes very logical sense when it's explained to people. So we just need, if anyone knows anyone in the media, if anyone knows anyone that can make films. I mean look at One Little Pill, or TED talks or you know, any connection with TED talks, get people in to do TED Talks. Everyone's got that sphere of influence, but it's just been able to say listen. You know people I don't know. Someone else knows someone that they don't know. Just by word of mouth, it will get enough momentum. And there will be a tipping point where the Sinclair Method will tip over and at that stage it would have go oomph but it needs the pioneers like yourselves to push through and push through and push through and then when it does explode, all the government people will get on board and go oh, we

made that happen. It's like well no actually Claudia and Jenny made it happen. I'm just warning you because that will happen down the track. The government, somebody will take all the credit for you, and you and Claudia will be sitting there going, actually no hang on, it was us. Well Dr. Sinclair, then Claudia and yourselves and everyone else. So yeah, the joys of being a pioneer. You never get thanks for doing it.

Jenny Williamson – Well thankfully, the thanks is in all the people who are still alive today because of the work. So the families that are back together. The better quality of life. So those are those pieces of hope that, you know, like you, continue to drive us on.

Bruce Rose – And it just has to be. I, the main thing that I've learned from, when I was in the rehab centers we were taught it was a moral failing. I come from a, I've got a very strong faith and the rehabs I worked in were Christian rehabs. And I came from the school of thought that it was a spiritual shortfall. I also came from a school of thought that it was a moral shortfall. And in the Christian world, this one goes down like a lead balloon now that I say it to people. It is not a spiritual shortfall. Not in no shape. There's nothing to do with that. It's a neurological condition where the brain is producing too much endorphin and all that Naltrexone is doing, I always use the example of, I've got epilepsy. And if I went to the doctor and said I'm having too many seizures, can you help me? And the doctor turned around said Well, listen Bruce. Stop trying to draw attention to yourself. It's causing your family a lot of issues, having to get you to hospital and look after you. Go to your local epilepsy support group and everything will be alright. Now when I say that to everyone, they laugh. They go, well that's stupid. There is no difference to that than AUD. It's a neurological condition that needs to, it's completely treatable today. And we need to get that mindset back into that area where it's treated the same as epilepsy or diabetes or asthma or anything where it's a medical condition. It's not a bad person. It's not someone not reading the Bible enough or praying enough or anything else. No one says that to someone with asthma. It's someone's got asthma because there's something not right in the system here. There's a medication to treat it. Then you don't go to your local asthma peer support group in the hope that it's it's going to disappear. Anyway, better get off my high horse.

Jenny Williamson – Well, thank you so much for taking the time to be here with us today, Bruce. Always love having you on the show.

Bruce Rose – Thank you. And again, I genuinely mean that. My background was in sales and marketing and I had a lot of mentors who were actually from the America and they taught me the value of people that pioneer things and the pioneering, like Dr. Sinclair. I hope one day that he gets the biggest accolade that he ever gets. And closely at the back of that is just you and Claudia for the work because none of the rest of the actual workings of things would be available. We wouldn't be here today if it wasn't for you guys. So and I know there's lots of other people around the world as well. So thank you for what you do.

Jenny Williamson – And thank you for what you do.

TSM Tip Voice over – This TSM quick tip is brought to you by the C Three Foundation with support from our sponsor, Alcure.

Sara Michael Novia – Claudia, one of the most important things I teach my clients when they're on the Sinclair Method is about setting boundaries.

Claudia Christian – Setting boundaries is so important in recovery because without that you're going to let other people influence your recovery and that's not healthy.

Sara Michael Novia – It is not. They absolutely need to tell people that they are not drinking or that they're drinking less, that that's what they're trying to do. They need to reject invitations that would make it difficult to reduce their drinking and they need to be able to surround themselves with people who support their journey.

Claudia Christian – And if somebody is pushing you to drink

Sara Michael Novia – Not your friends.

Claudia Christian –Not really part of your healthy recovery.