

Season 3 Episode 5 Claire Cazier

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 – Welcome. Today we have Claire Cazier with us from Your Sinclair Method coaching program. So welcome back to the show, Claire.

Claire Cazier – Hi Jenny.

Jenny Williamson – Please introduce yourself to our audience and share a bit about your background helping people navigate and succeed on the Sinclair Method.

Claire Cazier – Okay, sure. Yeah. Thank you for having me first of all. My background is I actually started with David Sinclair and Roy Eskapa, Dr. Roy Eskapa and Dr. David Sinclair, when they were bringing this method to the public. David Sinclair was doing his research in Finland. Roy Eskapa was interested in his research, met him, wrote the book *The Cure for Alcoholism*, and I helped read the book, put the thoughts together with all of that. David Sinclair then came over to the UK and presented it to the UK and got it out in the mainstream along with Roy. And so I was kind of there at the inception of Hey, let's bring this to the general public, instead of just keeping it in clinical settings in Finland. So that was my beginnings. And through that I met Claudia, and Claudia asked me to join C Three Foundation and Your Sinclair Method as a coach. So here I am.

Jenny Williamson – So how did you first get involved with with Dr. Sinclair and Dr. Eskapa, and like, how was your first introduction to the Sinclair Method?

Claire Cazier – Well, it was actually a social setting. David had come over to see Roy and we would have dinners and lunches together, and I was a new mother and my baby would come along, and I found it fascinating. I found the whole concept so fascinating. And David would explain to me what was going on with me as a new mother and the bonding process and the neurotransmitters that were being released in my brain. We're not that different to what happens with alcohol, so I could relate it to myself and my situation. And I've known enough alcoholics in my lifetime that I just immediately thought, well this is interesting, and if this can help other people and other families not suffer, I want to be involved with it.

Jenny Williamson – And did you have any sort of background in this at all when you were first introduced, or was this all just brand new to you?

Claire Cazier – No, this was all brand new. I've been a journalist for many years, but I've been on the entertainment side of journalism so that was more my background. But I love meeting people, I love asking questions and I'm super curious. So I think that was kind of it. And the more I saw that it was helping people, and I saw it firsthand, the more I thought there's a real need for this. And especially living in England, you know, where alcohol was just everything. That's how you socialize. It's the lubrication, it's social lubrication.

Jenny Williamson – And so, describe that first, that, you know, that first experience with when this information really started to gel in your mind, and what was the impact that that had on you?

Claire Cazier – I think it was so easy for me to pick up and I don't know why. I mean, growing up I had wanted to be a neurologist, so I was very interested in that side of how the body works in neurobiology. And so I knew quite a bit about that to begin with, sort of in school that was my thing. I really stunk at math and so I knew I was never going to be going down the medical school route. But when David started introducing this, I wanted to know more and more and more. So I sort of started researching dopamine, serotonin, going down and what's happening in our brain when this was, you know, when alcohol was introduced into our system what was happening. And Roy being a psychologist, and of course, he immediately

grasped all of this no problem. Roy was a very good friend of mine, and I could ask him whenever I liked what's happening here, what's happening there, and he could explain it to me. I personally never had a huge drinking problem. I could take it or leave it. So we needed to find a way to experiment on me, not really using alcohol because the naltrexone wasn't going to have the same effect on me. So we thought chocolate. It's the same system, it's dopamine. It's working on my motivation and reward system. So I would take naltrexone, wait my hour and then have chocolate, which I was addicted to. Didn't want it. Walked away and I thought, that is amazing stuff. If it can do that for alcohol I can totally see now how it works. I understand it. I understand the system in the brain. I get what it's doing to me with chocolate. Personally, I didn't want to leave chocolate for the rest of my life so I didn't keep taking the naltrexone. But I can see its use in people who have real problems with addiction and particularly alcohol addiction. So that's how it gelled. That was the answer to how did it gel.

Jenny Williamson – So how did you move from a fascination with it? And you had a level of knowledge by helping pre-read the book that most people just don't have. So how, what was the process that you went through from first learning about it and discovering it and being fascinated and curious to saying, I really want to help people one on one, to navigate this Method in ways that can help them ensure their own success and empower them to make the decisions that are necessary such as following the medication protocol, in order to reach success.

Claire Cazier – Okay, well, I did training in London. David Sinclair had come over at one point to do training for clinicians in London at the Finnish embassy and so I was allowed to go along and train along with them. So through that I came to know doctors in the UK who were doing this. They kept saying to me, you should do this, you should do this. It was really hard to get started in a clinical setting in the UK. There was a lot of resistance. So it almost became the underground treatment of, you know, here's how we're going to do this. And we're trying to find various methods. How do we get this out there? Claudia, God bless her, is the one who I give credit to, and you, for really getting this out and putting it mainstream along with Roy's book and becoming the face of the treatment. It really took off in a way that we couldn't get through simply trying to put it out in clinical settings. So I was helping people in a very one on one way with it, like Oh, I can find you a doctor who will prescribe it if your GP won't, but it was one by one by one. I did my addiction therapy training so I had that background so that gave me credibility. But it was just not helping enough people. Claudia came along, you came along Jenny. She started to get coaches together in the US and then found people, telemedicine doctors in the UK and put it into a very structured form. And Claudia said well why don't you come join us where you can help more people. So that's sort of where I am now. I do hypnosis as well. And I get referred a lot of alcohol use disorder clients in the UK through a particular clinic over there in London that I work for, and so sometimes I'm doing strictly Sinclair Method on them and sometimes I'm doing Sinclair Method with hypnosis and combining the two. I also am a Reiki practitioner so for some clients they want all three, so we're working really holistically with people. And sometimes people come to me for Reiki and it turns out they have AUD, so I'll introduce the Sinclair Method to them through that. Or they'll come to me for smoking, for hypnosis, then we'll find out they have AUD. So people come through all different channels now but in your case, it's through your Sinclair Method and coaching.

Jenny Williamson – So how many years did you take where you were just helping one person individually at a time?

Claire Cazier – Far, far too many. You know, this is taking a long time from inception to growing. And I know every single person involved with the Sinclair Method will say this, but if we had a £1 or \$1 for every one that comes to us and says, why didn't I know about this before, we would be rolling in cash. You know, it's just when you're working one on one, I'd say I was probably working for 10-12 years, one on one. And it's gratifying but it's slow.

Jenny Williamson – There's that residual feeling when you know you're helping somebody but yet you see the scope of the problem. So talk a little bit about that and how that has changed over the years? Because you've been doing this longer than Claudia or I.

Claire Cazier – What I'm seeing now is, with the more feedback we get off of people who've done this and are going through it, the better we become and the more we're able to add into it. So it's really helpful when we do have people to get feedback. I find there's much more openness about it now. More people will ask to bring their families in to session, which is extremely helpful to have supportive family or loved ones behind them. There's a lot more of that. In the beginning it was these very like bubble clients where they didn't want anyone to know. How can I sneak this? How can I do this without my family knowing? Now it's much more how can I get my family on board? So I think just the overall societal acceptance of what we know now about addiction is easing. There's still a lot and I get a lot of clients whose loved ones are very resistant to this, but there's that little chink now where they will at least sit in and listen to what we have to say. And that's a huge change I've seen.

Jenny Williamson – Well and we've seen over the years that the more family support, the greater the support of your spouse or significant other, people are reducing more and at a faster pace.

Claire Cazier – Absolutely. Absolutely. We can get, I can't tell you how many people I see where if we have loved ones sitting in on a session, maybe not even on the first session only but they'll come back in occasionally and sit in on future sessions. And they will be pointing out to their significant other or friend or whomever 'Oh, did you notice how the other night you just left that glass of beer on the table and went upstairs and went to bed' or 'You left the party and you didn't have, you weren't drunk' or 'You didn't have that extra, you know, glass of whiskey or you gave it back and asked for water instead'. And the person that we're treating will say, 'Oh gosh, yeah, yeah, I hadn't really noticed that'. So people don't notice things about themselves that others will notice and that feedback is invaluable.

Jenny Williamson – And that's really important as well because it's so often we see people who completely overlook their successes, while hyper focusing on what they believe are failures. How common is that as you're coaching people?

Claire Cazier – There's, oh gosh Jenny, it's so common. There has been so much shame attached to alcohol use disorder, and so people still have that inbuilt that there's something wrong with them. Why am I like this? Why can't I stop? Why? Why, why, why? I'm a bad person, a bad person. And to have someone else come in and say, No, you're not. You're trying, have them supportive, reward. You know, I keep talking about rewarding the process, not the end result. And the slow and steady wins the race, not the loved ones saying or the friends saying I want you to change tomorrow, but I'm with this, you know, I'm in this with you for the long run. That's what we want. Remove the shame. See it as the race that's been run and reward along the way.

Jenny Williamson – And how do you help people navigate that path? Because let's face it, it's real easy to rationalize something like okay, this is something, addiction is something that's happening in my brain. It's a brain reward connection issue. This is not me being a bad person.

Claire Cazier – Yeah.

Jenny Williamson – And then taking that information that you can rationalize all day and you know it's true, but actually get to a point where you internalize that and can live your life from that knowledge that it's true. That alone is a journey. Can you talk about that a little bit, how people can navigate that a little better?

Claire Cazier – Yeah, you can absolutely say, Okay, I'm getting a dopamine release when I'm drinking alcohol. Even thinking about alcohol is creating a movement towards it because you're getting just a little release of dopamine in your brain and naltrexone works on that dopamine release. So this is as simple as you have. Anyone has to remember our bodies are designed to survive. So if you take something that gives you a release of dopamine and get a reward at the end, and it's as simple as food, okay, food, water, sunlight, your brain is going to say this experience is worth repeating. So alcohol unfortunately works on that same system. You've learned to drink. This is worth repeating. This is worth repeating. Naltrexone blocks it. It

blocks the reward that you're gonna get. You can move towards the alcohol, you can pour the drink, you're not gonna get the reward if you take the naltrexone. So if you're taking the naltrexone an hour before, every single time you drink for the rest of your life, you can't then claim Oh, I can't help it. I can't, because if you do it, it's going to block the reward. So you're not getting that. Then you can start to change the behaviors around everything else. So you can't use that excuse. You cannot use it as an excuse.

Jenny Williamson – And typically by the time somebody is getting to a point doing enough extinction sessions, they usually find they don't want that excuse anyway, which is helpful. But let's talk a little bit about some of the misconceptions about what that alcohol reward actually is. Because you may see this a lot in coaching or over the years. A lot of people will say, Well, I'll miss the buzz, because people equate the buzz with the reward. So let's let's talk a little bit about what that reward actually is and what it isn't.

Claire Cazier – Yeah, the reward is, okay initially you feel that euphoric feeling come over you when you drink alcohol. And that little bit of a buzz and the good sound and all of that. Yeah, you're getting a little bit of a neurotransmitter that's raising your dopamine. We all have a baseline dopamine level in us that's healthy. When you have been drinking over time, your dopamine levels going up, up, up and it becomes dangerously high. And for some reason, we've been led to think that really high dopamine is a great thing. And it's not. Too much of anything is bad for us, and all the body ever wants for survival is homeostasis. So you get too high, you stop drinking, crash. It goes really low. So you get the crash so what do you do? You want to drink. So I'm probably not answering your question directly, but I'll get back to it. Your whole mood changes. You're depressed. You have anxiety, you know, the low mood, the low drive to do anything. So all you're doing is craving something that's going to raise you back up again, which is the alcohol. So what we want to do all the time is keep baseline, right? So you will get a little bit of a buzz if you have a little bit of the alcohol, but the naltrexone will block that huge spike, that huge reward spike will be blocked in the sense that your body's not going to go, oh, this is a good thing. It's an experience worth repeating. So that's what you're not getting. So people who think, Oh, I won't have any fun taking naltrexone, right? You'll have it, you'll feel that initial, but it won't go so high that you have the crash that comes afterwards, which is what makes you feel so low.

Advert – Your recovery journey is uniquely yours. When you have questions, or need guidance reaching your goals, there's a TSM coach for you at Your Sinclair Method coaching. Book a coaching session today.

Jenny Williamson – What are some of the other common struggles that you see people experience when they're coming to coaching when they're on the Sinclair Method?

Claire Cazier – Okay, the most common that I think we all hear is, this isn't working for me. And okay, let's unpick that. What part of this isn't working for you? And then as you start to unpick that you find out, they're not complying. They're not, they've maybe sort of half read something and think if they just take it, that's gonna do all the work. Take naltrexone and that's doing all the work for me. Uh-huh. Naltrexone will block off the receptors in the brain where you're getting the huge dopamine hit, but they're not going to do all the work for you. It's like that person has to put in the work. You have to change the habits. I don't know if you've ever tried to lose weight Jenny, or get on an exercise regime.

Jenny Williamson – I've actually, well, it's funny that you say that because I am on my own exercise journey where, interestingly enough, in our Discord group late last fall, I put out a challenge just asking people to put something big that they needed to put a lot of effort into to make a change. And mine was that I needed to exercise more. And then we went to, so what are the obstacles between you and what you want to do? And then we decided to say, okay, now which ones of those are excuses and what are the real reasons? Well, it turned out my real reason for not exercising is that I just don't like to do it. I want all the health benefits of it, but I don't like to just exercise for the sake of exercising. So that was a pretty big awakening, and I could just see the parallel between, there are some people at the beginning of their recovery journey who, they want all of the benefits of reducing their drinking, they just don't

actually want to do it right now. And it's actually not a failure to come to that conclusion because you can't fix a problem that you can't identify. And so I have gone personally from late last November of struggling to hit 2,000 steps in a day, to gradually increasing my step count goal for a minimum up to, I mean it's only, 5,500 is my daily minimum goal so far over a nine month period, but that's still a whole lot more than what I was doing prior. And so I've done the self sabotage of hitting one goal so well, that I overshoot and over set my next goal, and then I miss it so consistently and so dramatically, that it sets me back and I had to rollback goals to lower than what I was already achieving in order to get there. And these are the type of stories that I then use when I'm talking to family members and friends who have not experienced addiction, about ways that they can empathize with their loved one on the Sinclair Method. It's something that I tell doctors at addiction conferences. I swear half my job is creating analogies so that people can understand what others are going through on the Method and trying to do.

Claire Cazier – That's exactly it. Everyone can relate to something and it's really easy to go, because we want the lazy way out of anything. We know we don't want to put hard work into anything really, unless there's a huge reward at the end, and usually it has to be kind of tangible. So for the intangibles, it's really difficult. But if I can ask you this, what gets you to take those first few steps when you don't like to do it?

Jenny Williamson – Well, the first thing was, I had to recognize that there were just small things that I could do without effort. You know, not being so efficient when I'm walking into the building in the morning by checking the mailbox on my way up. I'll go upstairs to the office. I'll turn the computer on and then I will walk back downstairs to check the mailbox. I park at the far end of the parking lot now. Just if I bring coffee to work with me, as soon as my coffee mug is empty, I will take the time to walk that back out to my car and back. And so the first thing I did was just check all of the easiest boxes to change. The things that really didn't require effort. And after nine months of doing this, I finally hit a point where last night I went on a walk with my wife and said Well I'm at that point now that I can't make any more easy changes. I have to actually put effort intentionally into doing this. And my reward is that I feel better. I have more energy. I'm sleeping better for the most part. I ache less and so I try to focus on okay, yes, I want the health benefits of this. So when I get home from work and I'm sitting 3000 steps below my daily goal, it means I have to either go do an exercise program or I need to go on a walk. I can't, I have to know that I can't do that just by walking around the house.

Claire Cazier – Yes.

Claire Cazier – So it's the habit change. It's the mentality change

Claire Cazier – Ah hah. Same exact thing with AUD recovery. It's figure out habit changes and you start little. If you're triggered because you drive by a certain bar that you love to stop off in and drink on your way home from work, you drive a different route or you put on music that you don't usually listen to or you sing a favorite song so you're distracted while you drive. But if there's no other way, because some people say Well I have to go, I live in a small town, I have to go by this particular place, you put on a song and you sing loudly in the car when you go past it. You're reprogramming your brain. Small, small but steady wins the race. You can't win the 26 mile marathon by starting off running 26 miles. You've got to do the little things. And is it always fun? No. But what's your goal? What is your ultimate goal? And just start small. You may not like it, but some people you find you do like it. I had someone who loves to do these sessions with his buddies, drinking sessions with his buddies, and I said, You know what? You're gonna have to make some new friends because this whole group of friends revolves around drinking together, and as much as you try and comply, it's going to be tough. So for now, I want you to find something else to do, preferably healthy, where you're meeting new people. So he went out and discovered a sport and it – I don't want to give this person away because it's such a niche, extreme sport that he discovered – raises his dopamine levels. He's so exhausted at the end. And he said to me, you know Claire, these guys don't drink afterwards. Or if they do, they'll have like one beer, but usually it's like a smoothie or a protein shake afterwards. And they go home, because you're so tired, you want a hot shower, you

want to go home. He's like they're great. They're a great group of people. Well, now this guy's wife wants to join him doing what he does, because she can see like, wow, he comes home and he's just exhausted but elated. So he's doing something healthy, but he never would have discovered the sport and made these, made this friendship group that doesn't revolve around alcohol whatsoever without pushing out of his comfort zone a little bit.

Jenny Williamson – And that can be really hard for people. Pushing outside your comfort zone is difficult enough when there's not a substance involved. But thanks to the way our brains are wired, as soon as anything gets stressful we default to the easiest thing possible. We're like water in that sense that we just, we take the easiest path no matter how much longer it might take us.

Claire Cazier – Exactly, exactly. I'm as, I hold my hand up. I'm as guilty as anyone else in that I would like to do the same thing over and over and over again. But the times I feel the most elated and curious about life, is even if it's taking a walk – I think I talked about this last time – I may do the exact same route but I walk in the opposite direction, and suddenly it's like I'm taking the walk for the first time. I notice things I've never noticed walking the same route, but just the other way. And it's like I get a dopamine hit from it, it's novel. So it doesn't have to be major. It doesn't have to be doing extreme sports. I can tell people, start off with the teeniest tiniest little thing. Even if someone comes home and wants to open the bottle of wine after a hard day at work. I know it's difficult with kids, this is hard to do, but I started doing six o'clock meditations during COVID and lock down. And I was like Wow, this is wonderful. I thought it would interfere with my sleep. It's given me the best sleep of my life. Now I was able to do that, you know, 45 minute, hour long meditations, because we didn't have work or any other things going on the next day. Now with work and everything I found like Wow, I miss those meditations. So I'll do it for 5-10 minutes. Maybe I get 15 minutes. But I feel so good afterwards. So I sometimes tell people, I know it's really hard but if you can go into a room after you come home from work and you shut off your computer – five minutes. It's your time. Don't initially reach for the beer or the wine, whatever the drink is of choice. Just try something and then see how you feel. So it doesn't have to be extreme. It's just small, little, tiny. You taking the stairs up to work, the stairs down, don't go to the mailbox on the way. Small, little, tiny things add up to great big things in the end.

Jenny Williamson – And again that mentality, it's like you can say it and it makes complete sense but then in incorporating that into every day, it can be very difficult for someone to realize the impact of what one small five minute change can be, because let's face it, for decades now, addiction treatment has been extreme. You have to stop everything you're doing right now. Never touch anything, any of the substance ever again and be perfect with it for ever with this complete, immediate overwhelming change that is 100% different from where your life is. And so, talk a little bit about how since so many people come to the Sinclair Method having already tried the traditional treatments, how do you help people navigate that thought process of everything now, forever, to recognizing that that one small change a day sustainably is actually going to serve them better than trying to overhaul their entire life in an instant and forever?

Claire Cazier – Yeah, it's not all or nothing. And we do live in a culture where we want it all. We want it all now. This wasn't the way it was in the past. Previously you realized things took time. Now it's like well, I can take a pill and it's done in an instant. So previously, if you tried total alcohol deprivation and you white knuckled it out, that was really hard. And to say to someone you're going to habit change when you're also going through the chemical effects in the body of deprivation, that is really, really tough. So naltrexone becomes your best friend in this, in that you can start to make tiny little changes when you're on TSM, because naltrexone will do some of the work for you. So say for instance, you come home from work. Maybe you've taken the naltrexone an hour before you finish work, whether you're at home, driving home, whatever. So that's doing some of the work for you right there, which gives you the freedom to try something as small as say, doing your exercise, walking up the steps to your flat, your apartment, or walking to the mailbox. It's buying you that freedom to make teeny tiny little changes in the beginning while your naltrexone takes effect, before you have the first drink of alcohol which, you're not going to get the huge, you'll feel a little euphoria, but you're

not going to get the huge dopamine spikes which would have previously caused you if you're going through deprivation, you would have had that drunk. Your brain would have gone haywire like the pinball machine lighting up, more, more, more, more, more. Naltrexone is the, you know, freedom pill as we call it, not the Get Out of Jail Free card. It's the freedom pill to allow you to start making small little changes while you're working with it. So that's the difference. And it's not easy, and no one's ever gonna say, well this is so easy. Just take this pill and do this. But, you know, it's not going to be instant, it's going to be little tiny things. And in a few months, you start to notice those little tiny things become great big things if you can just start chipping away at them in little increments. Like in hypnosis, we call it large chunk, small chunk. So the large chunk is you want to be able to control alcohol in your life. The small chunk is little tiny things that you can focus on in that moment. Like with your exercise, your body is going to do a world of good, your body and brain at a large scale. And small scale is you walk up and down the steps, you walk with your coffee mug. That's the small, small day to day stuff that gets you to the big stuff.

Jenny Williamson – You said two things that I want to zero in on. You said naltrexone does *some* of the work which is very important for people to remember. You didn't say naltrexone *does* the work. It does *some* of the work and you talked about being a partner with the process. So just reiterate on how important that key point is that Naltrexone is not doing everything for you.

Claire Cazier – Again, circling back to people coming to me after having taken it for a little bit and saying that's this doesn't work. Like okay, what are you doing? Because if you are not doing what you need to do, the pill can only do so much of the work. It will block the receptor in the brain. It will start to work on that side. But if you're going to chug back, sit on the sofa and chug back wine all night watching TV like you've always done, it can't do that for you. It can't take the bottle out of your hand. It can't make you get up and walk away. It can't do that. The human, you know, habits have to change. So it will work on pharmacological extinction in the brain, but everything else is up to the individual. Now pharmacological extinction is huge. It's 50% of what we need. But the accountability on the person's the half that's the other component. That's the other 50%.

Jenny Williamson – Now, one of the things that we hear a lot are people who will take their first pill. With the first pill they're, Oh my gosh, everything was different. Can you talk a little bit about what causes that initial reaction?

Claire Cazier – Yeah, you get that sort of honeymoon effect we call it with the naltrexone. And that for some people it works instantly and it works so well, and they think Well that's the work done, and it's not like that. You can't keep drinking at the levels you've been drinking before and expect naltrexone to always do that. You get extinction, what we call extinction bubbles that will start to happen. It's like your brain becomes used to it. If you're not changing the levels of alcohol that are going into your brain, your body is still going to crave that dopamine, raise that level up. I need it I need it, I need it. But if you start to drop the levels of alcohol you're putting into you, your brain, the dopamine, the need for the dopamine comes down to the baseline level where you were before. So you've got to work alongside the pill even if you're getting that wonderful effect of oh my gosh, this works, this works, long term it's not going to keep having that same effect if you don't work on reducing the level of alcohol that you're consuming. It's just chemical. Chemically it just doesn't work like that.

Jenny Williamson – And how much of that initial honeymoon effect would you attribute in your experience to that initial motivation that someone has, because they are ready to make a change? And some people will say, Well, I didn't actually really think this would work but it affected me that way, but yet they're still motivated to change. I mean, many people really have to fight and claw just to get the medications still, unfortunately. So when they're actually starting, talk a little bit about how that initial motivation which is difficult to sustain every single day, every single drinking session, talk about how that plays into that initial feeling of oh my gosh, this is everything I've been waiting for.

Claire Cazier – Which is great. You know, we want that enthusiasm initially to prove that it works, because then you can always go back to it and say remember at the beginning how it was working, so you know this works. And we want to work with that initial lowering of the response to it. So it's like oh, great, it's working, now start to cycle drinks. Like maybe for every glass of wine you have, have two glasses of bubbly water or bubbly water with a juice or something, coconut water, whatever it is. Let's start to cycle that in so yeah, you're still getting that initial effect. It's still blocking it, but you're not drinking the level of alcohol that will start to set you back, to go Oh, it's not having that effect. So you have to be kind of quick. You know, when I'm first working with people it's like okay, just for now, just for the first, you know, couple times, just take the pill. That's what we want to sit and have at first, take the pill. Let's get all of that set up in your life, that that won't become the issue. So that's the first thing you want to deal with is, is remembering to take the pill, because without that none of this is going to work. And then you want to start to cycle in little tiny changes around the level of alcohol. So keep the level consistent. Start to lower, lower, lower and then the pill's gonna keep working because it's working on that initial level. Now if you start to go back up again with the alcohol, you get the extinction bubbles where the medication is not going to have the same effect and boom, you've raised the dopamine and then you get the drops and you're back in that repeat cycle of wanting more. So if you can sort of get someone to consistently work on lowering the amount of alcohol even if you keep it consistent at a low enough level, you can start to make the habit changes. But if you're gonna get the, oh this works therefore they spike sometimes because they go out and party with their friends, or go to a wedding or whatever, and think Well the Naltrexone is doing the work for me, you get those extinction bubbles where it's not going to be doing the work for you.

Jenny Williamson – And then last question, what has been the most rewarding thing for you personally, that comes from being a Sinclair Method coach.

Claire Cazier – When I see people light up and live amazing lives, free of alcohol, free from that, that monkey on their back, and suddenly they're excited about life again. Their moods tend to be much, much better, their skin looks better. They're smiling, they're enthusiastic about other things again. Whereas, alcohol it really becomes microscopic, and that's all you're looking at is that, and suddenly it just goes into, you know, panovision where you're looking at a broader horizon and other things. For me to get people who are suddenly doing from that to that is just the best thing ever.

Jenny Williamson – And that's one of the things that I love about the Sinclair Method in general is that it's not strictly about alcohol reduction or elimination. It's about empowerment to a better quality of life.

Claire Cazier – Absolutely, and I don't care if you're reading more books because you have the focus. You know, some people are very introverted, and it may not be that they want to go out and do social things and join groups and all of that. But maybe they're reading more books because they focus and they remember what they've read. So it can be almost as small a change in life is that, that brings people a lot of pleasure. And that personally that feedback to me is like, you got the monkey off your back. That's pretty damn rewarding.

Jenny Williamson – Well, thank you so much for being on our show, Claire. So glad to get past all the technical issues from last season and actually see your smiling face animated on the screen instead of as a just as a photo.

Claire Cazier – Thank you Jenny, and good to see you as well.

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

Claudia Christian – Let's talk about habits. How long does it take to change a habit or make a new one?

Sara Michael Novia – In general, it takes about 90 days for a new habit to stick.

Claudia Christian – To stick. That's really important. So if somebody is on TSM and they're drinking every single day at the exact same time, they're taking their pills at the same time and they're drinking out of the same glass in the same room, what can we change right there?

Sara Michael Novia – All of those things. So you can take the pill at a different time, start drinking at a different time, drink in a different room and drink out of a different glass

Claudia Christian - And that will form new neural pathways.

Sara Michael Novia – Absolutely

Claudia Christian - And change habits.

Sara Michael Novia – It'll take about 30 days to change the habit and 90 days to make it stick.

Claudia Christian - Okay, so if you're coming home, you're taking the pill at 5pm and you start drinking at 6pm and you go to your living room and pour your wine into the same glass you're always drinking out of and you sit down and watch the same TV show. You're not changing your habits.

Sara Michael Novia – Definitely not.