

TREATMENT PROVIDERS AND THE RECOVERY COMMUNITY



TARGETED OUTREACH

Treatment Providers and the Recovery Community: People Who Change Lives

A community with a history...

Substance use disorders affect millions, and no one witnesses more of their devastation than treatment providers and the recovery community. These groups of people see first hand the ramifications that addiction can have on a person's life and how it affects their families. In fact, many treatment providers and individuals in the recovery community have experienced their own or a family member's dependence on alcohol or drugs, making them important shepherds of these messages to society.

Year after year, the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT) encourages every person to join this community and to help raise awareness about substance use disorders, treatment, and recovery.

As part of the 19th annual *National Alcohol and Drug Addiction Recovery Month (Recovery Month)* this September, SAMHSA is sharing the stories of real people as part of its theme, "*Join the Voices for Recovery: Real People, Real Recovery.*" To coincide with this theme, SAMHSA is highlighting people who have experienced addiction and want to share their story of long-term recovery. The following is the experience of William Moyers. A former journalist, William now works with Hazelden, a treatment facility, is a founding member of Faces and Voices of Recovery, and is a recovery advocate and author.

No discrimination...



William Moyers

"I've been clean and sober since October 12, 1994, and my story is like many others. I had no idea that my casual use of legal and illegal substances could hijack my brain and steal my soul. I'm not what you expect. I'm the product of two parents who loved me unconditionally. I lacked for nothing morally, financially, emotionally, and spiritually. When I was born in 1959, my father was an ordained Southern Baptist minister, so I never struggled with a relationship with God. I always knew of a power greater than myself.

"When I was a teenager, I did what a lot of teenagers did back then and continue to do today—experiment with mood- and mind-altering substances. My first experimentation was around age 16 with marijuana. I had no idea what effect it would have on me—in the short or long term. At first, it made me feel better about myself; it smoothed the rough edges of my imperfections. I instantly found what I thought was relief from all that ailed me, which was largely thoughts that I didn't measure up or wasn't perfect enough.

"I began to use alcohol when 18 was still the legal drinking age. I continued to be a good student and was the captain of the track team, a starting player on the football team, and the co-editor of the yearbook. It's clear to me now that, even though I tried to maintain a semblance of normalcy, those substances started to take over my life. No one seemed to notice, though—I looked 'normal.'



“Even so, I did end up having one legal offense. I was arrested for a crime against property while I was intoxicated. And yet, because I didn’t ‘look’ like an addict or an alcoholic, everyone who learned about my arrest—my parents, my pastor, my girlfriend, my friends—couldn’t believe that I did that. While everyone chocked it up to a college prank, in reality it was probably the first big red flag of my addiction. Being drunk wasn’t an excuse, but it was an explanation why a logical person would break the law. Yet nobody saw it for what it really was—active alcoholism.

“I’m proof that addiction doesn’t discriminate. It doesn’t care if you are from the quiet suburbs of Long Island or the inner city of Chicago. Whether you are white or black, Jewish or Christian, it doesn’t matter. I’m a prime example that you don’t have to look the part to become the part.”

Treatment providers, whether or not they have experienced their own addictions, know the realities of substance use disorders. In 2006, an estimated 22.6 million people aged 12 or older (9.2 percent of the population) suffered from a substance use disorder in the past year.¹ A substance use disorder means that a person is dependent on or abuses alcohol and/or drugs, including the nonmedical use of prescription drugs.²

As William’s life and the research show, substance use disorders are not uncommon and can affect people regardless of their age, race, gender, ethnicity, class, employment status, or community.³ Marijuana was a popular drug of choice in William’s youth, and it continues to be widely used today. In 2006, marijuana was the most commonly used drug; 4.2 million people aged 12 or older were dependent on or abused it, and more than 59 percent of all those with an illicit drug dependence were addicted to marijuana.⁴ Alcohol dependence also was common, with nearly 19 million people aged 12 or older abusing or dependent on alcohol.⁵

There is no single cause of addiction. For a long time, society viewed a person’s addiction as a sign of lacking discipline or morality, or how they were raised. But William’s parents loved and supported him. Now, it is widely recognized that the causes of substance abuse are multifaceted, involving psychological, environmental, biological, and cultural factors.⁶ Not only are the causes of addiction complex, but many people dependent on alcohol and/or drugs also rely on a tangled web to hide their reality from others.

A double life...

“For the next 9 years, up until about 1989, I continued to lead a ‘Jekyll and Hyde’ existence. On the outside, I was a competent reporter in Dallas and New York. I was married to a woman who, at the time, had no idea I was struggling with addiction. I was an active member of my church. I didn’t look, much less act (in public at least), like what people might think an alcoholic or drug addict would be like. My use of alcohol led to hard drugs, and by the time I was 30 years old, I was addicted to crack cocaine. While I owned a home, I spent most of my days and evenings in crack houses. I was functioning less and less, while making more and more of an effort to maintain the appearance of a functional person, a task that became increasingly difficult. My marriage was in trouble. My seemingly perfect life was starting to unravel.”

As many treatment providers and people in recovery can attest, substance use disorders can lead people to be in denial and feel indifferent about their struggle. This, along with the shame and stigma associated with substance use disorders, can prevent many from seeking the treatment they need. During the years 2004 through 2006, people who were aware they had a problem and needed treatment for a substance use disorder but did not receive it at a specialty facility listed the following reasons:

- 37.2 percent were not ready to stop using.
- 13.3 percent thought it would have a negative effect on their job.
- 11 percent were concerned that it might cause neighbors or the community to have a negative opinion of them.⁷

William, like many others, wrestled with a dependence on both alcohol and drugs. In 2006, 57.6 percent of youths aged 12 to 17 who were heavy drinkers also were current illicit drug users.⁸ Among the 16.9 million heavy drinkers aged 12 or older, 32.6 percent were current illicit drug users. People who were not current alcohol users were less likely to have used illicit drugs in the past month (3.4 percent).⁹ William, like many who face addiction, was about to hit his personal low point.

Picking myself up, falling, and finding redemption...

"In 1989, I hit bottom. I was locked up in a psychiatric ward in a hospital for almost 3 weeks, mentally unstable from my cocaine addiction. In the fall of 1989, I was sent to Hazelden, a treatment program in Minnesota. Between 1989 and 1994, I was in and out of treatment four times, even though I was sober for nearly 4 of those years. I was very fortunate that I didn't die and that I kept getting one opportunity after another.

"In 1994, I was working as a journalist for CNN in Atlanta and was remarried to a woman who had been sober for 5 years herself, with two small boys at home. I was 35 years old and relapsed, again. My only explanation is that I have a chronic disease that I was not paying attention to and never truly became a willing participant in managing it until that point. On the morning of October 12, 1994, my wife, parents, employer, and a representative from the county sheriff's department staged an intervention to pluck me from the abyss of darkness, despair, and death.

"So I got one more chance, and I've been clean and sober ever since. I went to a residential treatment facility for 100 days in Atlanta, a place called Ridgeview Institute. From counselors to clergy and even the household help, everyone who was involved in my treatment conveyed a sense of compassion, dignity, and respect. They were good to me, but at times that meant challenging me on my honesty and willingness.

"Then the rest of my miracle happened and now I continue to live in recovery. Recovery, for me, is grounded in the 12 steps—in an awareness of a power greater than me, God. That recovery is rooted in the fellowship of my fellow travelers, other people who are like me—people in recovery. On that October 12, I finally took personal responsibility for my disease and accepted the fact that I have a chronic illness and, to survive it, I have to be part of the solution, not part of the problem.



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“During my other treatment experiences, I didn’t understand that the biggest priority in my life had to be recovery. To service all the other priorities in my life, recovery must be put first. I didn’t understand that every morning when I woke up, I had to put that commitment first. And every night, I have to remember to be thankful that I have completed another day of sobriety. Early on, I viewed recovery like someone might view taking out the garbage. I would think about it maybe once a week, but certainly not every day. But in recovery, I had to see that every day is critical to the success of the entire process.”

William, like so many others in the recovery community, entered a pattern of abuse that spun out of control and into a chronic illness—a common reality of addiction.¹⁰ Substance use disorders are medical conditions that can be effectively treated, just as numerous other illnesses are treatable.^{11, 12}

Treatment for drug use disorders is just as effective as treatment for other chronic conditions, such as high blood pressure, asthma, and diabetes.¹³ For example, up to 70 percent of patients in treatment for alcohol dependence, 60 percent in treatment for a cocaine dependence, and up to 80 percent of those in opiate treatment are successful.¹⁴

Recovery is possible when a long-lasting commitment is made; however, relapse is possible. Just as someone who is being treated for asthma might struggle with staying healthy, relapse does not mean that treatment will never work or the person is not making an effort to succeed.¹⁵ William relapsed several times throughout his recovery. His experience reiterates the need to educate the community that recovery from a substance use disorder can be a long-term process requiring multiple episodes of treatment.¹⁶

While it is a somewhat frequent occurrence, relapse sometimes can be prevented. People who received treatment for a substance use disorder within 30 days of going through detoxification took 40 percent longer to relapse, if at all, according to research from SAMHSA.¹⁷ Detoxification is a type of treatment facility where many people go through addiction withdrawal symptoms. Furthermore, people who attended support programs, such as 12-step programs including Alcoholics Anonymous or Narcotics Anonymous, in addition to receiving treatment, are more likely to sustain recovery.¹⁸

Recovery homes also help prevent relapse. Oxford House alone has more than 1,200 democratically run, self-supporting, drug-free homes to help people sustain their recovery. The success rate in helping people achieve sobriety in this type of setting ranges from 65 to 87 percent.¹⁹

Knowing the signs and symptoms of a potential relapse to alert treatment providers about can help those in the recovery community sustain each other. Things to watch for include:

- **Complacency** when life begins to improve. People in long-term recovery may believe that they no longer need to focus on their recovery efforts; they may be convinced they will never begin using again.
- **Lack of self-care** as the person becomes exhausted and develops or returns to irregular eating or poor general health habits.
- **Increasing or return to denial.** People in long-term recovery may start rationalizing, justifying, minimizing, or generalizing addictive thinking and behavior.

- **Isolation** and attempting to solve problems on their own; they may not share what is going on with others.
- **Setting unrealistic goals** or wanting too much progress too quickly.
- **Discounting or discontinuing a recovery program**, such as neglecting to attend 12-step meetings or counseling sessions.²⁰

What now...

“Part of my sobriety includes listening to others and what was around me. In detoxification, I had a spiritual awakening that led me back to Minnesota, the location of my first round of treatment. I didn’t have—or even need to know—the answer for why I was impelled to move back, but I knew I needed to get back there and trust the process; trust myself in recovery.

“One year after my family and I moved, I happened upon an ad for a position at Hazelden for a public policy specialist. I originally didn’t go back to Hazelden to help save the world from alcohol and drug addiction; I went back to stay sober for myself. However, in the process, I’ve found a way to help achieve both.

“Eleven years later, I’m the vice president of external relations at Hazelden. Most of my work is spent out in the field, down in the trenches with people in recovery. I was fortunate enough to have published a memoir a few years ago and from it have received thousands of e-mails from people who are just like me and have families just like mine. I answer every e-mail. I feel my book has changed a lot of the public understanding about addiction because it was written by a person no different than your neighbor.

“I’m more than a treatment provider; I’m a recovery advocate. I advocate shifting the debate from just talking about the problem to working toward a solution—recovery. It doesn’t really matter how someone finds their way on a path of recovery. Whether they find an inpatient program, work the 12 steps, or find it on their own, I just want people to get well.”

Recovery opens a world of possibilities. Many people who achieve long-term recovery become active in the recovery community or even treatment providers themselves. Half of the general recovery community has said that they would be very or fairly likely to actively take part in a public campaign to speak out about the benefits of recovery. People in recovery want others to know that they overcame personal and professional barriers to turn their lives around. After all they have been through, many want to give back and help others in need. Perhaps most importantly, people who have been through treatment and recovery want everyone to know that people dependent on alcohol and/or drugs can get better and help others do the same.²¹

To improve access to treatment and recovery services, SAMHSA administers the **Access to Recovery** grant program, an initiative announced by President Bush in 2003 to help people in need of treatment secure the best options available to meet their needs. The competitive grant program gives recipient states, territories, the District of Columbia, and tribal organizations broad discretion to design and implement federally supported voucher programs to pay for a range of effective, community-based substance use disorder clinical treatment and recovery support services. By providing vouchers to people who need treatment, the grant program promotes individual choice for treatment and recovery services. It also expands access to care and increases substance use disorder treatment capacity.



Another grant program offered by SAMHSA is the **Recovery Community Services Program (RCSP)**. In RCSP grant projects, peer-to-peer recovery support services are provided to help people initiate and sustain recovery from substance use disorders. Some RCSP grant projects also offer support to family members of people needing, seeking, or in recovery. More information can be found at <http://rcsp.samhsa.gov/index.htm>.

Sustaining recovery...

"I now have three children—all of whom are pre-teens or teenagers and entering their formidable years. It also is the same time when many teenagers begin to experiment with risky behaviors, just as I did. Both my wife and I are in recovery, so it is very important to us that our children know they are at risk of inheriting what is now known to be a genetic predisposition to alcohol and drug addiction. Even though we have both been clean and sober for so long, my children are still susceptible to becoming addicted to alcohol and drugs. Because of this, we are incredibly open with them about our experiences and the impact they have on our lives. We've explained what it means to be addicted, what treatment is, and what recovery is and set clear expectations and boundaries. They understand it's possible to have a good time at a football game or celebrate a birthday without drinking.

"Because of the shame and stigma associated with addiction, some people feel that by spreading the message that help is available, we are condoning experimentation. We are not. There needs to be an acknowledgement that whether you are 16 or 70, help is available for you. You shouldn't be shamed into running away from it.

"I believe that coincidence is God's way of remaining anonymous. And that's the only way I can explain how my life has worked out. For example, the day I found the wonderful opportunity at Hazelden was the first day I've ever read the classifieds in the newspaper. I believe that was a coincidence through God. The only way I've been able to continue my commitment to recovery is to trust the process and trust the coincidences. Addiction does not discriminate and neither does recovery."

William and his wife make it a priority for their children to understand their experiences—something everyone can achieve. As a treatment provider or member of the recovery community, you can serve as a role model, telling people what to expect from treatment and that it is effective and recovery is possible. Communicating this concept is paramount because stigma and misconceptions about substance use disorders and treatment can keep people from seeking help.^{22, 23}

To raise awareness nationwide, hundreds of communities and thousands of people across the country will recognize **Recovery Month** this September. Treatment providers and the recovery community already do so much to help this cause, but you can go a step further during **Recovery Month** and beyond by:

- 1. Reaching out to families.** Family members—children, spouses, and even parents—of people with substance use disorders are frequently in need of education and support and may require referrals that can help them understand the recovery process. Make sure you are addressing their needs in your outreach efforts.
- 2. Creating a community coalition.** Community coalitions are an excellent way to consolidate resources. They provide support services and plans for those in need. Information on how to form a coalition and examples of local coalitions that support community-wide efforts are available in the "Building Community Coalitions" document in this planning toolkit.

- 3. Planning or sponsoring an event.** Events can educate the community about substance use disorders, treatment, and recovery. An example could be a run/walk event or any other activity that promotes a healthy lifestyle.
- 4. Speaking with key influencers.** Open a dialogue with elected officials, local business leaders, or other influencers about substance use disorders and what they can do to make treatment more accessible to members of the community.

For more resources that can help treatment providers and the recovery community, please consult the “Provider and Professional Organizations” section in the “*Recovery Month Resources*” brochure in this planning toolkit, or visit the *Recovery Month Web* site at www.recoverymonth.gov. For additional *Recovery Month* materials, visit www.recoverymonth.gov or call 1-800-662-HELP.



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