

## **R2R RESILIENCY SHOW**

The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment presents The Road to Recovery. This program celebrates those in recovery from substance use disorders and recognizes the work of treatment providers across the country. Today's topic is: Maintaining Resiliency and Sustaining Recovery: Ensuring That Recovery Lasts a Lifetime.

Hello, I'm Ivette Torres, and welcome to another edition of The Road to Recovery. Today we'll be talking about maintaining resiliency and sustaining recovery. Joining us in our panel today are Pamela S. Hyde, Administrator, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, Maryland; Dr. A. Thomas McLennan, Deputy Director, White House Office of National Drug Control Policy, Washington, DC; Dr. Alexandre Laudet, addiction and recovery scientist, New York, New York; James Smallwood, founder and CEO, The Choice Is Yours, Incorporated, Camden, New Jersey.

Pam, how many people in the United States are in recovery?

Well, the estimates are about 20 million people are in recovery, working on being free of drugs and alcohol.

And, Alexandre, what is recovery? What are some of the common paths to recovery?

Well, that's really two different questions. What recovery is, according to people in recovery themselves, is usually, especially for people severely addicted, it is abstinence from drugs and alcohol, as well as significant improvements in other aspects that constitute quality of life, such

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as employment, social relationships, mental health, physical health, housing, as well as access to leisure and activities that constitute a healthy and productive life.

And Tom, why don't we give you the second half of that question, then. What are some of the most common pathways to recovery?

I think that's an excellent question. I had the privilege of being with Alexandre as a matter of fact, being part of a Betty Ford panel that—that looked at just that question. And I think, while AA 12-step is perhaps the most common, it was the agreement of that group that there is no single way to recovery, that, in fact, there are many ways. Expanding a little—that's important because at least in that setting it was agreed that you could be on—in recovery, meaning the qualities that Alexandre just talked about, but also be on a maintenance medication. And so I think many people don't realize that. Some people can be sober, have good personal health, good social relationships, good citizenship, and be maintained on a medication.

Pam, what are some of the principles of recovery?

Well, I think in order to talk about the principles, you have to know a little bit about addiction and why you're trying to get to recovery. Because addiction does more than just make it hard for people to stop using drugs and alcohol—it disrupts their lives, it disrupts their families, it disrupts their living situations, their friends. So I think some of the principles have to do with all of those things. There's many paths to recovery. So just as every human being is individual, their path to getting there is individual. There are principles about getting your life back, and that's

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why what Alexandre said is so important—is that recovery has to do with all of those aspects of life.

James, you've been there, along the path to recovery. Do you want to share with us some of your experiences?

Well, my experience has been that in the addiction itself, we're addicted to a drug, to a substance, and that the problem with that is that there's a problem within us that causes us to want to use a substance to hide from the problem. And that my path was that there was a problem in me that I'd never took a look at.

And so I chose to use crack, whatever it was, or other substances to medicate that, until I came to the point to realize that I was sick and tired of being sick and tired of following that path, of living that way which had led me to homelessness and other things like that, that I says, well, you know, what can I do? And at that point I had very little answers. But as my word says, I just needed the faith of a mustard seed to realize that I couldn't do it, if somebody else could do it, so I walked many, many miles to a rehab center.

What was the moment where you basically said this is enough?

You say this is enough when the crack no longer gets you high, when the heroin no longer has an effect, when the marijuana which is laced no longer has an effect. When these things no longer have an effect, you're just doing it now out of an addiction, not really getting high any more, but

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becoming more and more frustrated. And it comes to a point where you just say, well, you have two choices left in life: to die or to live.

I chose to live. So I chose another path not knowing what I was doing, but something different than what I was doing. I had no answers at all, but I knew that I was sick.

Tom?

You know, I'd like to add to what James said there. A lot of people think that addiction is just a lot of drug use. It's not. What James just talked about is a change, a biological change in his body. He wasn't getting high any more. His brain was adapted to the drugs that were used. And that's so typical. And the other thing he mentioned is there's something wrong with us. You have to understand that while substance use is really a function of availability and access, almost anybody will use, addiction itself is largely biological and genetic. We don't know how, we don't know what goes on, but once that happens you've got a disease, and it's a disease that frankly we don't have a cure for. But it's one that can be managed, through recovery.

And that is indeed the whole issue of dealing with it as a medical condition, and, as such, how do we begin to heal the whole person? Pam?

Well, I think the conversation we had a little bit earlier about medication-assisted treatment goes along with this, because the more we understand the biological nature of addiction, and we're learning more and more through research about what chemicals happen in the brain and why this happens to some folks and not others, but it helps us understand the disease process of this. So

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whether it's a medication that assists that process or whether it is a mutual self-help approach or whether it is frankly—some people go through natural approaches. And I think not only is the path to addiction pretty individualized, but the path to recovery is very much individualized as well.

Alexandre?

If I may add to what Pam just said, promoting and sustaining abstinence from drugs and alcohol is perhaps the first step for many, but it's not all there is. Recovery is giving people strategies and tools and resources to have a chance to improve those other areas of functioning. If you just get the person to stop using, but their housing doesn't improve, their physical, their mental health, their employment, their family functioning, they will go back out and relapse in all likelihood.

So that's the whole person, and every aspect of the person's functioning, really has to be promoted and improved.

When we come back, we will be talking about more on the vein of how to sustain individuals in recovery and also to look at some of the models that we currently have. We'll be right back.

For more information on National Alcohol and Drug Addiction Recovery Month events in your town and how you can get involved, visit the Recovery Month Web site at [recoverymonth.gov](http://recoverymonth.gov).

James Booker, Jr., Program Director at Chase Partnership House in Rockville Maryland, talks about his program and the services they provide.

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Chase Partnership House was formed about 24 years ago actually when a guy by the name of William Chase froze to death on the streets of Rockville. Chase Partnership has a number of supports and programs that we run here to help develop and sustain recovery. We have relapse prevention groups, co-occurring disorders groups. We have general counseling. The staff are always available for the guys to talk to when they have issues or problems going on.

Yolanda Morris, a Chase Partnership House case manager, discusses the additional needs of her clients.

We provide a lot of services. We assist them with all the things that's going to help transition them to independent living because we're transitional housing. And part of the things that people forget, they think it's just, okay, they went from a shelter, they're trying to get their life together by staying sober, but staying sober is not just it. A lot of the guys need to learn how to do applications, they need to learn how to do resumes. They need to know how to present themselves.

Richard Jelly, staff counselor and alumnus of Chase Partnership house, talks about his path to finding recovery.

When I think back to when I first started, I felt there was no hope. But, the key is there's other people out there that don't think that of you. And I found that I had to lower my ego and accept help.

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[MUSIC]

Tom, I'm going to start with you. What are some of the economic benefits of getting people into recovery?

Now there's an untold story if ever there was one. Let's start with the economic problems associated with addiction. And let's just start with some of the common drug-related occurrences. Arrests—an arrest is about a 12,000 dollar incident. Incarceration, 25 to 45,000 dollars a year for an incarceration. Now let's move to health. An emergency room visit is about 2,500 to 5,000 dollars. Chronic problems caused by addiction, you know, that's a huge amount. In health care alone, addiction is expected to cost 100 billion dollars. So recovery is a tremendous economic investment.

James, I'm going to go back to your experience. And obviously you went through a program, and you were out. What types of components or elements did you find were necessary for you to sustain your recovery?

Well, coming out of the streets, coming out of the actual use, going into a rehab, and coming out of rehab was only the beginning of the road to recovery. I like to say that the abstinence from the drug itself is one part, but dealing with the mental and the emotional effect that the drug had on you after recovery is another part. So what helps us is the fact that we still have a support system,

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whether it's AA, NA, or whether it's other people like us who are still in recovery, which helps us to maintain that recovery that we desperately want so much.

I realize that the problem that I have right now is not a drug problem. But if I don't deal with the mental aspect of what's wrong with me, then I could go back to drugs.

Go ahead, Tom.

Well, actually, Pam and I are now both in government jobs, and we come in contact with Congressional people. And what James just said is the single toughest thing for people who don't know this field to understand. They say, okay, James, you were—you had drug problems, let's just put you in jail, the drug problems will dissipate, you won't have a drug problem, what's the problem? It's done. And that's the difference between abstinence and recovery right there.

Yes.

What James said—it's the gift that keeps on giving—you have these habits that are deeply engrained, you're surrounded by stimuli that call you back to the old ways. And you, especially if you've been using drugs for a long time, you haven't developed social skills and good friends and social supports to help you.

So putting it in a very proactive way, individuals after treatment need to develop those...

A new lifestyle.

...connections, right, Pam?

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That's right. Sometimes people need to deal with housing. They literally need to go live a different place, in a different neighborhood, maybe they ended up as James did homeless and had to start over with just finding a house. They need to find different friends. Their whole life before was based on friends that drank or took or used with them. They have to develop different inner strength. And that may for some people be spiritual, it may for other people be meditation, other kinds of things. So it's like, literally I think, rebuilding aspects of people's lives that sometimes we take for granted.

And I do just want to build on something Tom said, because I think it's really important; I hope people don't think this is heresy, but there are so many communities who want to build a detox center, and I tell them over and over and over again, you are wasting your money if all you're going to do is build a facility with all of its capital costs, put in operating dollars, so you can bring someone in, detox them, and send them right back out there. So if we don't have something happening once somebody walks out of that facility, then we might as well not do the detox in the first place.

Alexandre?

I think two of the points that James made was saying addiction is a chronic relapsing disorder. And so I always ask people, when I make presentations about the science of recovery and the science of addiction, that if you have diabetes you don't graduate from diabetes treatment.

People graduate from addiction treatment, and I think, even though society apparently is coming closer to buying the disease model as opposed to the moral failure view of addiction, people still

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think, as you just said, just say no, stop using, and everything falls back into place; and then people stop using, suddenly become with a clear head aware of all these other problems they have in housing, family, they're HIV positive, and all that.

And they have really no strategies to deal with it other than going back to substance use. So we need to do a better job at addressing these other areas of life which were affected by chronic addiction. And that needs to be improved, and have hope, as you said, models and hope that we can get better, that people can get better.

I just want to tie it back to what Pam said—if addiction were just drug use, then a detox would be the perfect answer: It's quick, it's expensive, but it's quick. It's not. That's the reason we're talking about recovery. Recovery is a whole different thing. Eliminating the symptoms of addiction is a good start, but it is not the end.

It's not the end of the journey. And when we come back, we'll continue to talk about the journey. We'll be right back.

[MUSIC]

Pam, let's talk a little bit. We've talked about the need for continuing support for individuals after treatment. Does a recovery-oriented system of care present opportunities for States to adopt measures that provide those supports?

Absolutely. Literally looking at the things we've been talking about, about how people, where they live, whether or not they are able to work, whether or not they're able to retain or maintain

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or get back their family and friend relationships. Those are all things we can in fact measure if you're looking at it from a systems point of view. And we at SAMHSA actually are starting to really think about how would we measure these things in ways that we can make it scientific and how can people like Alexandre put that together.

And how difficult is it to measure, Alexandre?

I'm not sure it's as difficult as people may fear. I think that it's a question of recognizing that recovery is more than abstinence and then essentially identifying the areas which are critical, not only to society and to treatment providers, but to people in recovery.

Tom, in order to do all of that, the policies have to be there. How does ONDCP then assess the need to focus on the aspects of recovery that are going to sustain people in their sobriety or through medication-assisted therapy?

From the ONDCP perspective, I think the first thing starts with saying what you want. What Government wants is people to get into recovery. We don't just want people to be abstinent, we want them to have a full, rich life in recovery.

So that's a good start. That's not enough. Government needs to do more as the major purchaser of addiction services to start purchasing systems of care, not pieces. Many States, many cities will tell you, yeah, we have a recovery-oriented system of care. This group over here does detox, that group over there does rehab, this group over here does long-term out-patient. But they haven't purchased a system.

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It's like saying I have a car—the wheels are down in the basement, the transmission's up there in the attic—I got a car. Well, the car doesn't run. And we need to start purchasing what we really see is valuable, and that's the recovery system.

James, I want to go back. Can you tell us about the business that you started and how it's helping individuals that are in recovery?

Well, the business I started is called The Choice Is Yours, Incorporated. And that was developed from a conversation with my sponsor on the phone trying to find a name for a company, and he, his frustration with me grew, so he said, "I'm going to bed, James. The choice is yours." And so it came about because of his frustration with me.

Now coming out of that is that the first class I ever did was for 25 single mothers with children who had addiction problems, who had gotten mortgages on homes and went into the homes for the first time, and one mother fell through the basement—there was no first floor in the home. So they'd been taken advantage of from the door.

So now in the 18th year of doing this, here I'm looking at people in recovery every day, and I might screen 75 people to get a good 20 to 30 to come into my program, because you have to meet certain criteria. I have an idea when you're ready to be trained, when you're ready to take on another aspect of your life. So in my program, we bring you in, and we tape test you and get you ready for, if we believe that you're educable right now to go to another level, in the construction fields, carpentry, plumbing, electrical, those kind of things; and also we added a

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therapeutic process to what we're doing now. So we can recognize that there's a problem in the classroom.

From my being experienced in this, I can recognize people right way if they're having a problem dealing, if they're already on drugs in my classroom. If they have a problem concentrating or they're nodding out of my classroom. These things I can recognize, and I can help them, not putting them out of my classroom, but recommending them to a rehab facility, recommending them to another therapeutic approach, so they can continue getting treatment.

My whole idea is to make these people whole, to empower them to be better than what they were before. And from there we are seeing an 82 percent retention rate in my program as far as job placement and retention of jobs.

That's excellent.

Because of my case management. We have a 2-year case management. When you leave my company, we follow you for 2 years after that. So if you fall down, you go back on drugs, go back on your child support, back in prison, we have enough people around us to pull you back out and get you ready to go back to work again.

And, Pam, it seems like that is an excellent example. How does SAMHSA now take those experiences, and—and how do we provide the guidance for the States in order to continue to evolve in the field of addiction treatment?

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Well, there are technical ways that we do that in terms of the kind of materials we produce and the information we produce and frankly the data that require—we require from the programs that we fund to make sure they're focusing on the right things. But I think the other thing is the type of things that we are trying to fund, and it's like the recovery-oriented systems of care or the recovery communities because we're trying to look at things like when people are first in recovery, trying to do things, what James talks about—something as simple as transportation may be one of the biggest issues or just how to fill out resumes or how to—you know, just some very basic stuff like that.

So we're trying to put the right kinds of dollars out, we're trying to put the right kinds of materials out, we're trying to make all of that available and then get the concept of recovery in part through the way that we collect data and say this is what we're trying to get to.

And when we come back, we're going to be talking about the resources that we need in order to have individuals sustain their recovery. We'll be right back.

When you have a drug or alcohol problem, your whole world stops making sense. You can get help for yourself or a loved one and make sense of life again. "Good Morning." For information, call 1-800-662-help. Brought to you by the U.S. Department of Health and Human Services.

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Pam, Recovery Month is sponsored by SAMHSA.

It is.

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Do you feel that Recovery Month has been a component within the addiction treatment field that has contributed to the rallying of individuals in recovery?

Absolutely, and for many reasons. One is it's run, it may be sponsored by SAMHSA, but it's really run, administered, the ideas, the plans are a lot of volunteers. So a lot of people who are advocates, who are family members, who are people in recovery, who are parents, who are providers really get together and work on this. This is September every year and the point of it is to try and help America understand recovery, try to help people who are in recovery feel proud of that, try to help people who know somebody in recovery know how to be supportive, and, frankly, try to get people to understand how they can advocate for the services and programs that recovery needs.

Why is that important, Tom?

Oh, I'll tell you one of the major reasons it's important is that people don't know what recovery is. Tragically, there's a lot of people even in the field who don't think people get into recovery because if they're in substance abuse treatment, all they see are people returning. So they don't see people living rich, full lives.

And, as Pam said beautifully, this is for America. America needs to see success. And these people are successes by anybody's estimates.

Alexandre, how important is that to have support for recovery as you're looking to conduct further studies in that field?

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Well, it's critical because so far there's been an enormous amount of Federal investment, which has contributed landmark findings and really lifesaving findings in many ways, scientifically speaking, and it's really started to contribute significantly to moving away from the stigma where people looked at addiction, alcoholism, drug dependence as a moral failing or the person was just bad and weak to something where the person has a condition, which is perhaps chronic, but it is a condition that can be managed.

When you look at how addiction and recovery are portrayed, say, in the media, in the general media, you see celebrities, and, I'm sorry to say that, but most of the time you only hear of them when they relapse because it's a lot more sexy and dramatic than if they're just putting their lives back together. I mean, who wants to hear somebody's doing well?

It's boring, unfortunately. It's boring for the public. But for the person like James and the other 20 million and probably more than that whose lives have been touched and improved and then their families, their community, their children, their loved ones, their employers. Therefore, it's critical that there'd be support at the Federal level for supporting that science.

Getting back to the families. I think the nation needs to better understand recovery, and they also need to understand that addictions probably touch every single family in this nation. And that in essence they need to be ready to be there to support. Right, Pam? I mean, I think it's not only to get them to understand recovery and addiction, etc., and the whole continuum, but really to get them to be supportive and not to give up.

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That's right. So many times families, by the time they're interested in learning about this, are already dealing with a family member who has disrupted the family, who they've had to separate from, who has turned up homeless, and they're very worried about them or any other way in which the family feels assaulted by that process. So it's really important for them to get hope. It's important to understand that they can get some support as family members.

So all of these things are critical, and frankly there is no better advocate than a convinced family member for treatment programs, for science, for all of the things, for people than family members.

James?

If I may add to that a little bit. You talked about the family aspect as far as helping the individual. That works in two different segments there. I think that one of the problems we have with the recovery is a lot of times the family becomes the enabler of the person who's trying to recover, which makes the recovery process a lot longer. And by the time he recovers, he is so severely damaged because a lot of times family thinks they can be the rehab, they can be the detox. And once-and then the family gets let down if the person relapses. So now—we have to find a way because there's Al-Anon, which is part of Alcoholics Anonymous. There's Nar-Anon, which is part of Narcotics Anonymous. If the family could possibly position themselves to attend those meetings, they may become a much clearer person on the aspects of recovery.

And that's why the family really has to learn how to best support and how to best help.

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One of the things that several of the points that were just made touched on indirectly is also that the stigma of addiction is not only directed to the individual that's affected by the drug and addiction, but it's directed to the family as well. So James said people think they can help by themselves, so the people don't go to treatment because it's like "We must have done something wrong as a family; our son or our daughter or my husband or somebody in my family has a drug problem. I failed. So I'm going to try to fix it now."

And I really believe that if the message of recovery, which is really disseminated by programs like this and Recovery Month and SAMHSA and ONDCP, if the reality of recovery in all of its glory and joy really "joie de vivre" in French, was as known by the American public as are the ills of addiction, families who are affected by this problem would be more likely, I think, to realize "my son or daughter has a problem."

If it was diabetes or hypertension, they wouldn't be ashamed. And we have to make it such that we can get to that level, which will take some time, I think.

And, indeed, thank you for mentioning Recovery Month once again, because Recovery Month is celebrated every September, and we hope that all of our audience really gets engaged and really gets involved. It is a very worthwhile endeavor, and we want you to be part of it. Thank you for being with us. Great program.

[MUSIC] [COMMERCIAL FOOTAGE FOLLOWS.]

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The Road to Recovery is a series of Webcasts and radio shows that helps individuals, organizations, and communities as they plan and host events in celebration of Recovery Month each September. This series aims to raise awareness about the benefits of addiction treatment and recovery, and highlight the positive and affirming message that addiction is treatable and recovery is possible.

To view the webcasts from this season and others in the Road to Recovery series, visit [recoverymonth.gov](http://recoverymonth.gov) and click Multimedia.

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