

Pathways to Healing and Recovery: Perspectives from Individuals with Histories of Alcohol and Other Drug Problems



Based on Qualitative Research
Among People in Recovery

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Disclaimer

In market research, focus groups and individual interviews seek to develop insight and direction rather than quantitatively precise or absolute measures. Qualitative research identifies issues of concern to specific populations, which in turn helps to further develop questions about the topic, which can then be used to derive quantitative data through survey development. Focus group and interview research is intended to provide a first step in determining knowledge, awareness, attitudes, and opinions concerning services, concepts, or products. As the results of this study will indicate, focus groups often identify issues that others may not have previously considered, or the focus group results may suggest framing questions differently.

Findings from focus groups and interviews should be considered valid from the **participants' point of view**, but not generalizable to a given population. A focus group is not a statistically significant representation of a population, but rather a group of individuals selected from the population being studied, the intent being to understand issues of concern to that population. Consequently, the study cannot be considered statistically reliable, because technically the sampling cannot be replicated, identical questions cannot be asked in each group and interview, and the results of one group/interview cannot be compared precisely with the results of other groups/interviews; they can only be added to the body of knowledge on the investigated topic.

The views and opinions expressed in this publication are those of the authors and study participants and do not necessarily reflect the views, opinions, or policies of SAMHSA or Health and Human Services Administration (HHS).

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Executive Summary

This report discusses the findings from a qualitative study funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT). Focus groups and individual in-depth interviews (IDIs) were conducted to provide greater insight into and perspective on the process of recovery from addiction to alcohol and other drugs. The study specifically seeks to gain a deeper understanding of the recovery process; to explore the terminology that individuals in recovery use to describe their own processes; to become more knowledgeable about the range of recovery pathways; and to more fully understand the barriers to successful recovery and the influences that support it.

Methods. Four focus groups were held, with a total of 24 participants across all four groups. In addition, nine IDIs were conducted, for a total of 33 participants. Individuals were screened to recruit two study groups: a younger adults group, ages 18–30, and an adults group, ages 31 and over. Participants were required to have had a history of alcohol problems, drug problems, or both, and to have been maintaining a healthy lifestyle for no less than six months. The study recruited individuals who had used traditional and/or non-traditional therapies and supports to achieve their healthy lifestyles. Each focus group lasted approximately two hours. Participants were paid \$75 to cover their time and travel costs. The focus group participants were led through the discussion in a topic-by-topic format, with the opportunity for general discussion and a more in-depth conversation on specific topics.

Terminology: “addiction” is a commonly used term, and “recovery” is widely understood and accepted. Notwithstanding extensive efforts to allow participants to define the terms of the discussion related to their history of alcohol and other drug problems and their current status, “addiction” and “recovery” emerged as the most commonly used words. “Addiction” emerged as the word used by most individuals to define a dependence on a substance, although some described “addiction” as a clinical term. While the term “recovery” was widely understood and accepted to describe when someone has overcome a dependency, some individuals did not associate themselves with the term nor use it. The term “recovery” was familiar and comfortable for individuals whose pathways were 12-step-based and who had participated in either mutual aid groups or treatment programs based in 12-step traditions. Those who chose non-12-step-based methods (e.g., natural recovery, cognitive-behavioral therapy, or addiction energy healing) often preferred other terms such as “quit,” “healed,” and the past tense form of the word: “recovered.” Participants provided rich descriptions of the experiences they associated with each of these terms.

Addiction. Descriptions of addiction often focused on a feeling of being out of control, and involved accounts of trauma and pain, unhealthy behavior, lying to both oneself and others, and self-loathing. Participants often related feeling a sense of loneliness and despair while in the throes of their addiction.

Recovery. In contrast, recovery was described as having control of **one's** life, being honest with oneself and others, and experiencing independence and happiness. Many said that managing their disease is a daily struggle, but they are now in control of their lives rather than being controlled by their addiction. Honesty and responsibility are important aspects of the recovery process. Many said they had to take responsibility for themselves and their behavior before they could attain wellness. Themes of health and healing emerged from most **accounts of an individual's recovery** process.

Differing views were expressed on whether one must abstain from alcohol in order to be in recovery. The majority of participants believed one must abstain from alcohol and other drugs to be in recovery, but a minority believed it is possible to drink moderately. This group was largely made up of younger adults who did not view 12-step programs as their primary pathway to recovery. Some explored alternative pathways and saw **themselves as "healed."** Others described themselves as in recovery from particular substance(s) that they were addicted to (e.g., cocaine, prescription medications, methamphetamines), and said that because their addiction did not include alcohol they are able to drink moderately with friends and family and maintain their recovery.

Recovery pathways. In discussing the recovery process, participants mentioned a variety of pathways:

- Natural recovery
- Mutual aid groups, 12-step based programs (e.g., Alcoholics Anonymous (AA) and Narcotics Anonymous (NA))
- Mutual aid groups, non-12-step based programs, (e.g., Women for Sobriety, and SMART Recovery)
- Faith-based recovery
- Cultural recovery (e.g., traditional Native American sweat lodges)
- Criminal justice (e.g., incarceration, drug court)
- Outpatient treatment
- Inpatient treatment
- Bodywork (e.g., yoga, traditional Chinese medicine, and Addiction Energy Healing)
- Other therapies (e.g., art or music) and giving back

Multiple pathways. While some participants said they used only one of the pathways listed above, the majority used two or more pathways on their road to recovery, both concurrently and sequentially.

Each must find the "right" pathway. One of the most important lessons to emerge during the discussion of pathways is the importance of finding the right pathway or pathways for the individual. Many discussed trying multiple methods to address their addiction, and failing, often several times, before they found the pathway that worked for them.

Most participants explained that the “right pathway” frequently involves participation in both traditional and non-traditional services and supports over many years, or, for some individuals, over a lifetime.

Complex views of 12-step based programs. The discussion of the importance of finding the right pathway revealed widely differing and complex views on 12-step programs. Because of the widespread availability of these programs, nearly all of the participants have attended a meeting at some point. While many participants have found 12-step programs essential to their recovery, others have felt excluded by the program, or felt a lack of personal connection with the program and participants.

Barriers and supports to effective recovery. Participants listed numerous barriers and supports encountered during the recovery process. A barrier for one person, such as the police and criminal justice system, was a support for another. Moreover, in many cases a participant listed the same entity, such as family or friends, as both a barrier at one point and a support later in the **individual’s** recovery. One of the most significant barriers participants repeatedly stressed was the lack of services and support options. They said they often struggled over years and decades to find the right pathways before achieving recovery.

Messages and insights for the public and policymakers. Participants felt that the public and policymakers lack an understanding of addiction and recovery from alcohol and other drugs. They would like to see a richer understanding of the issues that are critical in recovery, including the importance of treatment options in lieu of incarceration, and the importance of reducing discrimination by educating the public and policymakers about the disease of addiction. They also stressed the importance of prevention to reduce the likelihood of this disease occurring in future generations.

Above all, participants expressed gratitude that they were able to achieve recovery, and believe that with the right support others can also obtain long-term recovery.

Purpose

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT) undertook a qualitative study to gain greater insight into and perspective on recovery from addiction to alcohol and other drugs. Limited research has been conducted to date on the population in recovery. This lack of data inhibits our understanding and our ability to respond most effectively to those trying to attain recovery. From the standpoint of science, little is known about what contributed to the success of individuals who are now leading healthy and fulfilling lives, and the barriers they experienced in their recovery processes. This study was conducted to begin to better understand the complex process of recovery among different individuals, including those that used traditional and non-traditional pathways.

Focus groups and in-depth interviews (IDIs) were conducted to gather data on individuals' healing/recovery processes. The specific objectives of the study are as follows:

- 1) To achieve a better understanding of the recovery process.
- 2) To explore the terminology that individuals in recovery use to describe their processes.
- 3) To become more knowledgeable about the range of recovery pathways.
- 4) To more fully understand the barriers to successful recovery and the influences that support it.

IRB Approval

Abt Associates established a study protocol for approval by the company's Institutional Review Board (IRB) to ensure that the study met the standards for informed consent and confidentiality and other standards for research on human subjects. The IRB reviewed and approved the focus group protocol and related materials, including recruiting procedures, the invitation letter, informed-consent forms, and the moderator guide.

Methods

To recruit the participants for the groups and also respect privacy, Abt Associates used a network of contacts and confidential referrals to reach a diverse group of potential participants. A screening process was used to recruit two study groups: a younger adults group, ages 18–30, and an adults group, ages 31 and over. Participants were required to have had a history of alcohol problems, drug problems, or both, and to have been maintaining a healthy lifestyle for no less than six months. To ensure rich and broad perspectives on problems with alcohol and other drugs and on recovery, the study recruited individuals who had used traditional and/or non-traditional therapies and supports to achieve their healthy lifestyles. Once individuals were screened in, Abt Associates provided a list of their names for Hart Research Associates to use to formally invite them to the focus groups. Initial welcome letters and e-mails were sent, followed by a phone call to confirm participation. Before each focus group began, participants signed consent forms agreeing to voluntarily participate in the study.

Through the screening process, 24 participants were selected for the four focus groups. The groups were **divided by participants' locations** and ages. Two groups were held in New York, NY, on June 30, 2009, one for the younger adults, ages 18-30, and one for the 31-and-over group; and two were held on August 12, 2009, in Albany, NY, also divided by age group.

Each focus group lasted about two hours, and was audio-recorded, with **participants' permission. Participants were paid \$75 to cover their time and travel costs** associated with attending the group. Those traveling out of State were compensated for hotel and gas or airline costs. Many of the focus group participants traveled substantial distances to participate in the sessions. In all, 11 States were represented in the focus groups and individual IDIs: California, Connecticut, Georgia, Illinois, Massachusetts, Michigan, Minnesota, New Jersey, New York, North Carolina, and Pennsylvania.

Allan Rivlin from Hart Research Associates moderated the four focus groups. He led the groups through the discussion topic by topic, but allowed the conversation to open in different directions taken by participants. The groups opened with a general discussion on the issues, and then the topics narrowed as Mr. Rivlin guided the participants through specific questions aimed to elicit information about their personal experiences and opinions.

In addition to the four groups, Hart Research Associates also conducted nine individual IDIs by telephone. These interviews included respondents who were unable to attend the focus groups due to timing or location, and were conducted following the focus groups. Each IDI took 20 to 30 minutes, and was **tape-recorded with participants' signed consent**. These discussions followed the same general outline that the focus groups used, and were also conducted in a topic-by-topic format.

Participant Demographics

Study participants were asked to fill out a brief questionnaire on their demographics and pathway(s) to recovery and healing following the focus groups and IDIs. The table below presents this information where available, including age, race, profession, education, and income, as well as their pathway(s), and years in recovery/healed. The table includes additional pathways that were reported on the questionnaire but were not discussed during the focus groups and IDIs. Participants were asked to list the top three services that contributed to their success. The services are listed in the Pathway(s) column in the order reported by the participants. A total of 18 different pathways were cited on the questionnaires.

Age	Race or Ethnicity	Profession	Education	Income	Pathway(s)	Recovery/ Healed
70+	White	HIV/AIDS prevention	Some college	<\$30K	Natural (friends, education), Faith-based	31 years
60-69	Black	Legal proofreader	Bachelor's degree	\$30K-\$59K	12-step mutual aid group (AA), Residential treatment, Family support, Education	29 years
30-39	White	Communication specialist	NA	NA	12-step mutual aid group (NA, AA), Outpatient treatment	8 months
40-49	Hispanic/Latino	Veterinary technician	High school graduate	\$30K-\$59K	Residential treatment, Peer-to-peer support, Therapy, Incarceration	7 years
60-69	Black	Counselor	Associate's degree	\$60K-\$99K	12-step mutual aid group (AA)	32 years
30-39	White	Social worker	Master's degree	\$100K+	Non-12-step mutual aid group (SMART Recovery), Therapy, Physician-assisted	7 years
NA	Black	Superintendent of halfway house	NA	NA	Faith-based, 12-step mutual aid group, Outpatient treatment, Inpatient treatment	2.5 years
40-49	White	Counselor	Bachelor's degree	\$30K-\$59K	Drug court, 12-step mutual aid group (AA)	4.5 years
50-59	White	Corporate vice president	Some college	\$100K+	Therapy, Physician-assisted, Bodywork (addiction energy healing)	15 months
18-29	White	Bartender, musician	Bachelor's degree	<\$30K	Art therapy, Traditional Chinese medicine, Therapy	7 years
18-29	American Indian	Nonprofit employee	Some college	\$30K-\$59K	Traditional Native American rituals, Giving back	5 years
18-29	White	Repairman	Some college	\$30K-\$59K	Residential treatment, Giving back	4 years
18-29	White	Real estate agent	Some college	\$30-\$59K	Residential treatment, Giving back, 12-step mutual aid group (AA)	4 years
18-29	White	Addiction counselor	Master's degree	NA	Faith-based	9 years
70+	White	Psychotherapist	Master's degree	\$60K-\$99K	12-step mutual aid group (AA), Therapy	35 years

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Age	Race or Ethnicity	Profession	Education	Income	Pathway(s)	Recovery/ Healed
NA	White	Counselor	NA	NA	Non-12-step mutual aid group (Women for Sobriety)	15 years
40-49	Black	Unemployed	High school graduate	<\$30K	Faith-based, Residential treatment	7 months
18-29	White	Customer service representative	Bachelor's degree	NA	Traditional Native American rituals (sweat lodges)	7 years
40-49	Black	Unemployed	NA	NA	12-step mutual aid group (NA, AA), Residential treatment	6 months
30-39	White	Cab driver	Bachelor's degree	\$30K-\$59K	12-step mutual aid group (NA), Physician-assisted, Exercise, Bodywork (meditation)	12 years
18-29	White	Bartender	NA	NA	12-step mutual aid group (NA, AA), Therapy, Residential treatment	4 years
30-39	White	Life coach	Some college	\$30K-\$59K	Faith-based, 12-step mutual aid group (NA), Bodywork (meditation), Giving back, Exercise	9 years
18-29	White	Nursing school student	Some college	\$30K-\$59K	Residential treatment, Online support	8 months
18-29	White	Nonprofit employee	Bachelor's degree	\$30K-\$59K	Peer-to-peer support, Residential treatment	6 years
18-29	White	Facilities manager	High school graduate	<\$30K	12-step mutual aid group, Peer-to-peer support, Residential treatment	3 years
50-59	Black	Environmental educator	Some college	\$60K-\$99K	12-step mutual aid group, Therapy, Mentoring, Exercise	5.5 years
40-49	Hispanic/Latino	Counselor	Associate's degree	<\$30K	Residential treatment, Drug court, 12-step mutual aid group (NA)	6 years
40-49	White	Educator	Master's degree	\$100K+	Natural (family, education)	22 years
40-49	Black	Nonprofit employee	Some college	\$60K-\$99K	Faith-based	3 years
50-59	White	Master electrician	Some college	\$60K-\$99K	Bodywork (addiction energy healing)	11 years
50-59	Black	Dept. of Corrections employee	Bachelor's degree	\$60K-\$99K	Incarceration, Halfway house, Residential treatment	26 years
30-39	Hispanic/Latino	Counselor	Associate's degree	<\$30K	Mentoring, 12-step mutual aid group	28 years
70+	White	Counselor	Master's degree	\$30K-\$59K	12-step mutual aid groups, Therapy, Bodywork (yoga, traditional Chinese medicine, reiki), Faith-based	12 years

Findings

A total of 33 people participated in the focus groups and IDIs combined, including 16 men and 17 women. Participants' ages ranged from 18 to 70+. Individuals represented different religious and ethnic backgrounds, including Black, Hispanic/Latino, American Indian, and White. They also resided in different geographic areas of the country, representing 11 States. The participants were diverse in terms of socioeconomic status and profession; their current occupations included cab driver, legal aide, therapist, educator, and corporate executive. They had been addicted to different substances, used different pathways in their recovery process, and had been in recovery for lengths of time varying from six months to over 30 years.

Definitions of Terms

A great deal of effort went into eliciting and exploring the terminology the participants used to describe their histories with alcohol and other drug problems and their current status. The most common terms that emerged as appropriate and without prompting from the moderator were "addiction" and "recovery." While these terms were used most frequently and generally understood, they were not the first choice for everyone, as explained below, and this was particularly true of the term "recovery."

**"I see addiction as an obsession of the mind and an allergy of the body."
- Life Coach, CA**

After terms are defined in this section, the "Descriptions of Experiences" section will describe the emotional and physical aspects of addiction.

Addiction

Most participants agreed that "addiction" is the most appropriate term to describe a dependence on a substance and the inability to control that dependence, and when probed further they offered the following descriptive terms:

- Sick
- Disgusting/disgusted
- Pain
- Self-destructive
- Suffering
- Cheating
- Afraid
- Rebellious
- Out-of-control
- Dependent
- Disaster
- Obsessive
- Extremist
- Self-centered
- Coward
- Lost/Lacking purpose
- Manipulative
- Insane

Some participants viewed the word "addiction" as a clinical term, and provided the additional terms listed above to explain the experience of dependence on alcohol and other drugs. The key themes that emerged were pain and suffering, despair, dishonesty, self-centeredness, self-loathing, and lacking purpose and control over one's life.

Recovery

While discussing addiction, participants described their lack of control, low self-esteem, loneliness, and dependence. In discussing recovery they described a process of realization and healing.

“I don’t think I’ve ever used the term ‘recovered.’ I don’t believe that you’re ever recovered ... I feel that you’re always recovering.”
- Nursing School Student, IL

Participants largely agreed that “recovery” is an appropriate term to describe the triumph over addiction. The participants generally understood the term “recovery” and no one was offended by its use. However, some did not associate

themselves with the word and did not use it. For those who did use the term “recovery,” there were differing opinions on what it meant.

Participants listed many terms for what it means to no longer be addicted. These terms allowed them to explain the struggle and the change that occurred in their lives:

- Sober
- Stopped
- Recovered
- Clean and dry
- Okay
- Great
- Happy
- Healed
- Self-aware/sense of self-worth
- Goal-oriented
- Enlightened
- Peace
- Equilibrium
- Mature
- Changed
- Balance
- Control
- Healing
- Relaxed
- Proud
- Free
- Connected

Participants who primarily used 12-step based programs were more likely to **immediately identify with the term “recovery”** but to strongly resist use of the past-tense construction “recovered.” As illustrated in the quote above, individuals often identify recovery as an ongoing process and therefore do not identify themselves **as “recovered.”** Those participants who had participated largely in 12-step based programs described their disease as in remission, with the lifelong potential for relapses. In contrast, many of the participants who preferred programs outside of the 12-step tradition such as natural recovery, yoga, faith, and energy healing felt comfortable with **the term “recovered.”** They often also described **themselves as “healed” or having “quit.”** They viewed their disease as in the past and no longer directly affecting their present life. As one young adult explained, **“I would say I’m healed. I wouldn’t say I’m in recovery. I’m just a completely different person.”**

Descriptions of Experiences

Addiction

Addiction was described in many ways, but a common theme associated with the disease was loss of control. One male respondent from New York City (NYC) explained, "I was not self-sufficient whatsoever ... I had absolutely no way of expressing my own feelings or dealing with life's speed bumps. I resorted to drugs to make me feel better." Feelings of pain and an inability to cope reverberated strongly in all of the focus groups and interviews when addiction was being described.

"Addiction is like death. It was a very slow and painful death until the point where I lost everything."

- Addiction Counselor, NC

When asked to explain what it was like to be addicted, some spoke of a downward spiral that eventually led them to steal and lie to support their addictions. One young woman explained that she had routinely taken money from her mother's wallet to pay for drugs. A young man shared the fact that he had put his family in harm's way by taking them to the worst areas of his city to find drugs. Others admitted to feelings of disgust, contributing to their overwhelming loneliness and self-hatred.

"As a kid I found drugs and it worked for me for a while. But after everyone else had stopped [using drugs] I was still partying ... I knew my life had spiraled out of control until I was compromising not just my belief system but my integrity and my career."

-Cab Driver, CA

Although pain, lack of control, and lack of self-esteem were quick to emerge as a common thread through nearly all of the experiences of addiction, not everyone's experience involved a downward spiral into poor functioning. One woman explained that while she was in the throes of her addiction she also successfully served as the vice president of a group of four corporations. Her struggle involved hiding her addiction from her direct boss—the president and owner of the company—and at the same time maintaining her performance at work. As a complicating factor, her boss did not support addictions treatment, and expected her to remove any employees with drug problems from the company. Knowing his views made her condition all the more difficult to deal with. It was only through the support of her husband that she was able to seek help.

Recovery

Participants described recovery or being recovered as a feeling of: being in control; changing; becoming self-aware, independent, and/or happy; and healing or becoming healed. The discussion concentrated on the positive feelings, experiences, and actions that become part of people's lives when they are no longer misusing substances.

**"Recovery is not about what I don't do; it's about what I do."
-Communications Specialist, NY**

Participants explained that recovery is about continual forward growth and engagement, leading a positive life, and engaging in rewarding relationships with

family and friends, as well as making positive career moves and taking an interest in activities. For many it is **about changing one's lifestyle** and establishing a new way of thinking and living. Several participants explained that recovery and healing involve facing difficult personal issues, and not only being honest with others but also being honest with oneself. The healing process begins with recognizing the addiction in order to deal with it and move forward in life.

Participants generally agreed on these central themes, but differences arose when the discussion turned to the place of alcohol in recovery. The majority of participants

"It creeps back in, that thought, maybe I can just drink. Maybe it was all a phase. Maybe, I never really had a problem [but I know I cannot drink]."

-Facilities Manager, CT

expressed the belief that an essential part of recovery is no longer using alcohol and other drugs, but a minority said that they have recovered from the substance(s) they were addicted to (e.g., prescription medications, methamphetamines, cocaine), and drink alcohol moderately. For these participants

alcohol had never been **their "drug of choice."** They believed they could drink moderately and maintain their recovery, with their recovery being evidenced by the changes occurring in their lives, e.g., buying a house, being engaged in artistic endeavors, starting a family, and helping others not take the same path they did.

Individuals who participated in a 12-step program, such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), felt particularly strongly about abstinence from all drugs and alcohol to maintain recovery. Many could immediately name the number of days that had passed since their last use of alcohol or other drugs, even if it had been three or more decades.

The difference in opinion over the use of alcohol in recovery was largely between age groups. Many participants from the younger adult age group stated that one could be in recovery from illicit and prescription drug use while still consuming alcohol on occasion. A young woman in the NYC group, now in her mid-twenties and with a history of teenage cocaine use, worked as a bartender in upstate New York and explained it this way: **"I wouldn't say 'I'm sober' because I still go out. I still drink now. I'm just a completely different person ... I guess I could say in a clinical sense that I've relapsed, but I can't look at my life like that."** Participants agreed that while the process and end result might vary, **"recovery"** means that individuals are now in control of their lives and functioning in a manner that gives them satisfaction and improved health.

Pathways

The recruitment process was designed to find people who had experience with diverse pathways to recovery, including traditional and non-traditional pathways. The desired diversity of pathways was found, but as the focus groups and interviews were conducted, the list of pathways that individuals participated in grew in length and variety. The pathways used by the focus group and IDI participants include the following:

- Natural recovery
- Mutual aid groups, 12-step based programs (e.g., AA, NA)

- Mutual aid groups, non-12-step based programs (e.g., Women for Sobriety, SMART Recovery)
- Faith-based recovery
- Cultural recovery (e.g., traditional Native American sweat lodges)
- Criminal justice (e.g., incarceration, drug court)
- Outpatient treatment
- Inpatient treatment
- Bodywork (e.g., yoga, traditional Chinese medicine, and Addiction Energy Healing)
- Other therapies (e.g., art or music) and giving back

Participants frequently spoke of the need to find the right pathway, because what works for some may not work for others. Several said they tried many methods to end their addiction before finding a method or methods that worked for them.

Natural Recovery

Natural recovery is a pathway that does not include formal therapy and a designated support system. A few of the participants (9%) cited their pathway as “natural.” In natural recovery a person stops using alcohol or other drugs on his or her own. In describing this pathway participants often discussed the support of friends and family, and the value of education. One male participant explained, “I stopped drinking because I told myself I was going to stop drinking, but nobody came along the next day and challenged me by doing something that would cause me to have a drink.” He said that although he was never in a formal recovery program he had a strong informal support group of former drinkers, who encouraged him to quit drinking. “Communication helped ... being able to talk ... with a group of people who understood what I was experiencing.” Although he succeeded in stopping on his own and refraining from a relapse, he still said that it was largely due to the people around him. He reported that quitting drinking was less of a struggle for him than quitting smoking, which continued to be a challenge.

Mutual Aid Groups (12-Step-based programs)

Twelve-step based mutual aid programs, including AA and NA, constituted one of the recovery pathways most frequently cited by participants. A significant percentage of the participants (45%) cited 12-step based programs as important to their recovery.

“I’m a product of AA for 32 years. I know it works. I see miracles every day. Alcoholism is a lonely disease, very lonely, and AA provides a fellowship for men and women.”

- Substance Abuse Counselor, NY

Twelve-step mutual aid programs are based on the 12 principles of Alcoholic Anonymous, and have been adapted for many other substances and behaviors. Examples of the 12 steps include: Step 1) admit that one is powerless over **one’s** addiction; Step 2) accept the premise that a power greater than oneself could restore **one’s** sanity; and Step 3) decide to turn **one’s** will and life over to this higher power. The programs are based on a fellowship where men and women share their personal experiences to support one another, and follow a 12-step program to guide

them to sobriety by looking to a higher power. Most participants had attended a 12-step program for at least a short period of time to aid them in their recovery, and others had relied nearly exclusively on AA or other 12-step based programs for their recovery over many years.

An adult NYC participant explained his source of support in times of need as follows. "I just want to go back to AA because AA is a simple program for complicated people. **It's individualized ... I don't think anybody can get sober without AA.**" Participants cited AA and other 12-step based programs as an extraordinarily important and useful pathway, and particularly noted the fellowship such programs offer.

Other participants felt that 12-step based programs made them uncomfortable and could be judgmental. One woman said that when she attended meetings she was made to feel weak and guilty for drinking. She explained, "[AA] can be almost like a trap of weakness, that it's my fault, or that I'm bad." Others echoed the idea that AA can be too strict, particularly in its view that participants who have experienced a relapse must start counting their recovery all over. A handful of participants pointed out that AA and other 12-step based programs can also create dependence on the program; some people, even those who found success through mutual aid groups, are reluctant to ever stop attending meetings for fear that without the program they will not be able to maintain the progress they have achieved.

Mutual Aid Groups (Non-12-Step based programs)

Participants discussed the value of non-12-step-based mutual aid groups, such as Women for Sobriety and SMART Recovery. A few of the participants (9%) view non-12 step based programs as instrumental to their healing process. There are many other non-12-step-based mutual aid programs, including Life Ring Secular Recovery and Secular Organization for Sobriety/Save Our Selves (SOS). These programs differ by not using the 12 steps as a foundation for their teachings, instead using other core elements to assist individuals in abstaining from substances.

Women for Sobriety

Women for Sobriety is designed specifically for women to help them with alcoholism and other addictions. The program is based on 13 affirmations that promote emotional and spiritual awareness tailored to the psychological needs of women. One woman, who had found 12-step based programs too rigid, felt that she would not have overcome her addictions without Women for Sobriety. The program helped her to develop a plan and to write a contract with herself. When she attended group meetings, they concentrated on building her self-esteem and working toward her goals. Each morning she is renewed by reciting the affirmations she developed in the program.

"It's wonderful for women because it's such a positive program. It met my needs and built my self-esteem."

-Counselor, NJ

SMART Recovery

**"SMART Recovery has helped me because I am a free thinker who is more oriented to understand addiction in logical and behavioral terms rather than spiritual or disease terms."
- Social Worker, NY**

Another successful program for participants is SMART Recovery, a secular approach based on a "4-Point Program" comprising: 1) enhancing and maintaining motivation; 2) coping with urges; 3) problem-solving; and 4) lifestyle balance. Participants valued the focus on cognitive therapy in this mutual

aid group, and the smaller size of the program. This smaller size has enabled program participants to make social connections over the years and to volunteer for leadership roles to expand the organization. Study participants also felt they benefited from the program's logic-based approach to understanding addiction.

Faith-Based Recovery

Faith and spirituality are a factor in many pathways; 21% of the participants said that "faith in a higher power" was the main path to overcoming their addictions. Participants often relied on religious organizations in their communities. Some returned to their religions and others became religious for the first time to help them with their addiction.

**"When I found faith it said to find the truth and I could be free ... When I came to the Lord, all of the past was old ... It molded me into a stronger person by drawing on past experience. I have peace now."
-Addiction Counselor, NC**

The idea of finding inner strength is at the core of why some people find success through faith. Their connection with a greater purpose and a spiritual or religious force provides the support to overcome their addiction. Participants often explained that faith provides a source of peace, comfort, and acceptance that helps to alleviate the pain associated with addiction.

Religion was often cited as a critical support. As one example, an Albany participant said, "I was a manipulator, and it dug a hole [in] my life. As I began to read the Word, what Jesus spoke, I began to see my faults. I said, that's why I'm in this hole. My thinking was contrary to [the Word]. The Word works for me, and it transformed my thinking." While embracing faith is fundamental to this particular pathway, many of the underlying themes of healing through faith resonated among participants who did not use faith at all. Finding inner strength, facing one's personal demons, and being empowered are experiences that were widely acknowledged among all participants.

Cultural Recovery

A few (6%) of the participants spoke about how culture, specifically traditional Native American culture and Chinese medicine work, served as a pathway for them. The Native American pathway to recovery includes many spiritual and cultural norms that must be followed. A young adult explained: "What we're taught is we're not able to dance, we're not able to go to sun dances, we're not able to go to ceremonies, we're not able to smudge, we're not able to hold an eagle feather if we're using [alcohol and using drugs]. We have to be [abstinent]

because these are sacred items.” These spiritual supports—the use of cultural items and the prohibition of others, such as the eagle feather—helped this woman on her way to recovery. For her, the support of her community and the importance of her culture provided a natural and effective pathway.

Other participants found cultural supports to be pivotal to their recovery process even if the support was not originally part of their culture. One woman used Chinese medicine work as a pathway that was outside her heritage. Additionally, sweat lodges, a traditional Native American ritual, can be very helpful to non-Native Americans on their road to recovery. At a traditional sweat lodge people gather in a tent outside of which rocks are first heated in a fire and then brought in one by one; water is then poured over the rocks to create steam that fills the tent, making everyone in the tent sweat. One woman reported that although she attended AA meetings and support groups, the sweat lodge is what really allowed her to overcome her addiction.

“I’d wake up the next morning feeling like a load had been taken off me, literally. I kept going back because it was such a welcoming place. People didn’t care what I’d done or what drugs I’d [taken]. It ... became spiritual for me.”

- Customer Service Representative, CA

Criminal Justice

Twelve percent of the participants stated recovery began with an arrest and incarceration. The judicial process is a pathway lauded by some but seen as a barrier by others. Often the way people viewed this process depended on their incarceration experiences. One woman said she had been arrested many times and spent short stints in jail before finding an effective pathway. Although arrest and incarceration were described as barriers, many participants stated that being arrested was where they hit “**rock bottom**,” and the impetus for getting help.

“Putting people in jail for drugs and alcohol really doesn’t work. You have to have some kind of treatment program and provide supports after they get out.”

-Counselor, NY

Participants who received detoxification and treatment services and/or participated in a mutual aid group while incarcerated tended to have a more positive view of the criminal justice system. A male in the Albany group described a positive experience with a 90-bed therapeutic community while incarcerated. Inmates in the program followed strict rules, including a structured schedule and specific work tasks. He felt that the program enabled them to learn personal responsibility and build their self-worth.

A couple of participants discussed drug courts as instrumental in supporting their recovery. They felt that this alternative to incarceration provided therapeutic support and emphasized personal accountability. They stated that increasing the availability of these recovery programs would reduce alcohol and drug use and the rate of recidivism for drug-related offenses.

While many participants considered incarceration and drug courts helpful, others were quick to point out the consequences of incarceration and involvement with the criminal justice system. Participants mentioned that a criminal record can make acceptance back into society extremely difficult. Individuals with a criminal record often have a hard time getting a good job and earning the right to be trusted. These experiences can be significant barriers to staying in recovery.

Outpatient Treatment

Some participants (9%) referenced outpatient services as their pathway. There was near unanimous agreement that recovery involves a mental shift gaining, control, self-esteem, and strength.

“I think it’s important ... to receive as much therapy as possible to understand why we drank. Because once we understand and get to the root of those things, once we put those issues away, it helps us not continue.”

-Corporate VP, PA

Several participants discussed the importance of understanding the “why” behind their addiction. One woman in an NYC group put it this way: “I think that a very critical point in my journey, which was a pretty medicinal journey, is the question ‘why?’ Why are you doing this?” She felt that **she had to truly delve into the “why” side of her addiction** in order to overcome her harmful behaviors. This theme was reiterated by many participants in the focus groups.

Inpatient Treatment

Inpatient treatment varies widely in terms of duration, recovery philosophy, and degree of structure. Participants described residential programs with variable lengths of stay and treatment approaches; therapeutic communities that use participative, group-based approaches; and halfway houses, which provide a combination of treatment and housing support. A couple of the younger participants described the extended (i.e., 12 months) length of their inpatient treatment experience as a key element of their success. They felt that a minimum of a year is required to maintain a healthy lifestyle, saying that people need adequate time in treatment to adjust to the healing process if they are to sustain improvement.

“I think a year was good for me. Going into it was scary, because I was on my own ... but I think that it was spot on. ”

-Real Estate Agent, CT

The participants also discussed the importance of having access to psychiatrists, support groups, and a strong support structure to promote lasting wellness. One woman who was addicted to crack and heroin reported that receiving methadone **and therapy was vital to her recovery. She said, “Therapy was really important to me. It helped uncover more of you, get rid of the pain, the guilt and reach for something new when I had nothing.” She felt that without the psychiatric support** she received from doctors at the halfway house she would not have been able to overcome her addiction. Inpatient treatment was a valuable pathway for many because it provided the therapeutic structure and time they needed to get better. It also provided a range of medical, therapeutic, and social supports necessary for their recovery.

Inpatient treatment varies in degree of structure, but most participants agreed that a certain amount of structure within inpatient treatment is helpful. However, what works for some people may not work

“In the good [treatment] programs people want to be sober, you have rules, you have curfew, you go to meetings. You hold each other accountable. You care about each other and that helps you stay sober.”

-Bartender, GA

for others. Although the majority of participants agreed that an element of structure is helpful, others found it stifling. One young woman explained that when she first entered a rehabilitation facility she felt as though the people running the program did not understand her. The program’s strict rules felt confining to her. Since she was unable to relate to the program she did not find it helpful to her personally, and it became a barrier to her recovery.

Most participants who were treated in an inpatient facility stated the value of immediate and continual support systems. One young male participant said that he attended mutual aid meetings while admitted to an inpatient program. Through these meetings he was able to connect with other patients and move towards recovery. When he left the facility the connections he had made with others provided him a strong, ongoing support system and helped him maintain a successful recovery.

Bodywork

Twenty-one percent of the participants used bodywork, including yoga, meditation, traditional Chinese medicine, and Addiction Energy Healing to aid in their healing process. For these participants, different types of bodywork taught relaxation and other techniques that allowed them to overcome a physical need for substances, while meditation and reflective thinking often provided greater insight.

Yoga

One woman told of overcoming her addictions, and her subsequent ability to achieve sustained recovery through yoga. She explained that while AA and medication helped with her addiction, at least in taking the first steps, yoga helped her achieve a healthy lifestyle and refrain from relapsing. Yoga helped her find a mental balance that did not exist before, and a calmness and stability in her life.

Traditional Chinese Medicine

Traditional Chinese medicine includes various relaxation and physical health practices—for example, herbal medicine, acupuncture, and qigong, a breathing technique used to relax the mind and body. Practitioners of traditional Chinese medicine believe the roots of disease stem from the organs and the health of bodily tissue. One younger participant who described her experience with traditional Chinese medicine said, “I believe traditional Chinese medicine provides physiological explanations for addiction and other behaviors, correlating it to various organs and how well they function.”

Addiction Energy Healing (the Lenair Technique)

The Lenair Technique, also known as the Self(S)-Healing Experience, is one form of addiction energy healing. Those who have successfully used this method stated that energy was used for healing purposes and their addiction disappeared almost immediately. The process involves three sessions. The first session

is approximately an hour and is an introduction to the experience. The individual begins the process by understanding what is blocking their ability to heal. The second session moves into the process of eliminating any obstacles (e.g., triggers, vulnerability, etc.) that are still pending. The third session is intended to resolve any remaining issues that have not been cleared in the first two sessions. A follow-up session is held via phone within one to three months after the last session. Participants who have used this method do not consider themselves in recovery. They simply do not have a desire to use alcohol and drugs any longer. Individuals communicate a changed lifestyle as a result of the healing method. Although they had difficulty explaining the mechanics of the method, they believed the factors that caused their drug use had been addressed and that they had been healed. They had been relieved of stress and anxiety. Clients said that after years of addiction they now experience a total absence of desire for drug use and have never felt happier. Other pathways used in conjunction with this method include cognitive-behavioral therapy and physician-assisted methods.

“I don’t know how to articulate it, but for me, it was my treatment because I worked with an energy person. She changed my energy and the addiction disappeared. After 11 years, you don’t ever look back.”

-Master Electrician, MA

Other Therapies and Giving Back

Participants also used a variety of alternative methods/therapies that involve creative expression in their recovery. For some, art or music was important to their understanding and healing.

One participant found that continuing her creative writing, though difficult, helped her overcome her addiction. This experience proved so powerful, she explained, that she now helps others achieve healing and recovery while using their own creative abilities. She felt that it is very important to continue these expressions of creativity while recovering.

“One of my early sponsors played flute, and suggested I get sober with my flute in my hand.”

-Legal Proofreader, NY

Other participants spoke of “giving back” as a pathway. They explained that community service and helping individuals with alcohol and drug problems allows them to make a positive contribution to society. Knowing that they are helping others keeps them grounded and therefore serves as a great aid on their own pathway to recovery.

Combinations of Pathways

An important theme that emerged during the discussions is that most people (78%) have used multiple pathways in their effort to achieve wellness. While some participants (21%) primarily used a single pathway, the large majority of participants used two to five pathways. Many described trying one method and failing, perhaps several times, until a treatment or combination of treatments, methods, and supports led to a breakthrough in long-term recovery or healing. One method was effective in aiding one part of their recovery, while another method helped address another aspect. It was the combination of multiple programs and multiple support systems that eventually worked in treating their addiction. As one participant explained, **"It took me everything!"**

Combinations of pathways were used in a linear fashion by some, and others used multiple pathways simultaneously. Sometimes a pathway was useful initially in the recovery process and another was more helpful at a later point. Often, a range of services and supports are needed over a period of time. As an **individual's condition changes and improves**, the **person's** needs will also change. For instance, one participant said that while he needed inpatient care to start the process and treat the symptoms of addiction, it was the assistance of a longer-term mutual aid program that allowed him to recover. As with other chronic diseases, the treatment and management of addiction to alcohol and other drugs requires a long-term response using a number of methods.

Finding the Right Pathway

Although participants expressed that a combination of pathways may lead to healing or recovery, the likelihood of success is increased and the recovery process shortened if the pathway(s) are individualized. Many individuals try the wrong pathway one, two, three, four, or more times before achieving a state of long-term recovery. Different avenues work for different people depending on their addictions, the supports they need, the barriers they face, the places they are in their lives, and other factors. Many participants pointed out that achieving recovery can be a long, arduous process that requires persistency.

"One size does not fit all. You must have options to fit you at different stages, options appropriate to your age, your background, where you are in your recovery path; you may need different things when you're 22 than when you're 40."

-Social Worker, NY

Complex Views of 12-Step Programs

Due to peoples' familiarity with and the availability of AA and NA, a significant number of individuals had tried these programs. Some participants had participated in AA or NA infrequently, while others had committed themselves fully to the program. Many of the participants held strong views about these programs, both positive and negative.

Several viewed 12-step programs as the best way to sustain recovery, due to their immediate support systems, the structure that the programs provide, and the

"Through AA, I learned how to look at other modalities and accept them because we are all individuals, and we all got sober differently."

-Counselor, NY

continuing commitment required. Many participants discussed the fellowship they received from other members of the self-help group. A male participant in the younger adult Albany group explained **how important AA was to him**: “I found [my 12-step program] to be a huge tool in my recovery process. Young people around my age offered peer-to-peer support. That was huge. If I didn’t have people around me that wanted to recover, I can guarantee I wouldn’t be sitting here doing this today. It was vital.” For him, the 12-step program allowed a connection with others in the same position.

The man quoted above connected well with the fellowship because it included young people, but younger people can also have a more difficult time finding a 12-step group that meets their needs, because youth groups are far less available. A young woman shared her experience of reaching out to 12-step programs in her rural area and feeling ostracized in an AA group because of her age, the fact that she was newly sober, and her having been a previous drug user. She said that it felt very “cliquey” to her and that in the end she stayed away from AA in her path to recovery, which included residential treatment and online support.

Other participants did not experience exclusion, but felt a lack of connection, realizing immediately that it was not the place for them. One man puts it this way: “I was put in AA and NA. Just going there didn’t do it for me at all. I often felt every single time that I went there that I was hearing the same sob story ... And I just got tired of it.”

The range of views on 12-step programs was very diverse. Some viewed these programs as a place where people sometimes “hide out”; others felt the program was a good place to learn how to handle one’s disease. Some found the program inviting, and others found it to be exclusive.

“There were a few things that appealed to me about AA. The only requirement to being in AA is the desire to stop using. It was the first place where I felt like I was accepted unconditionally.”

-Cab Driver, CA

While AA/NA evokes very different reactions in different people, the participants agreed that it is an important program that helps many people.

Barriers and Supports

On every participant’s pathway to healing/recovery there were a multitude of barriers and supports that aided or slowed down the recovery process. Participants were quick to share stories from both experiences and to point out that many of the same items appeared on the lists of barriers and supports.

Barriers

- Family
- Friends
- Stigma and shame
- Fear
- Lack of resources in high school
- Lack of insurance
- Police and criminal justice system
- Child Protective Services and inability to see children
- Wrong programs and lack of programs
- Media

Supports

- Family
- Friends
- Community
- Insurance
- Therapy/therapists
- Spiritual teachers
- School
- Emergency room
- Drug court
- Police and criminal justice system

For some, the same entities served personally as both a barrier and a support; for example, many people listed their family or the criminal justice system as both a barrier and a support.

Another item appearing on both lists is insurance. One woman experienced an obstacle involving insurance when she tried to reach out and get help. She felt it was very important that she attend an inpatient program after other pathways had failed, but her insurance company did not consider her condition severe enough for inpatient services, and would not authorize payment for treatment. However, another woman in the same focus group had a very different experience with her insurance company: she called them when she was out of other alternatives, and they immediately connected her to several affordable treatment options.

A common barrier for youth is the lack of age-appropriate services and supports. Younger participants discussed receiving services that were not designed for adolescents. They said they had been admitted to psychiatric facilities that did not understand their addictions. Participants who spent time in these facilities as adolescents expressed the belief that these facilities are not suitable environments for treating alcohol and drug problems, and can further complicate rather than treat problems.

Many participants also pointed to their networks as both positive and negative forces in their recovery process. One participant said that her high school, including her teachers and her friends, was a huge barrier. She said, **“The thing that made it a barrier was that nobody wanted to [help], there were no resources for me to go to.”** She tried to reach out to her immediate community at the time and no one directed her to any kind of treatment. Other participants were more successful—for example, one young woman found support in her college when an educator reached out to her and she realized for the first time that she had an addiction.

“I have the biggest support system ever. On visitation days, it was like a family reunion.”
- Nursing School Student, IL

For many, family was very important. Families in most cases provided tremendous support and encouragement. The strong presence, love, and support of family helped individuals in their efforts to get better and stay better.

Along with the more traditional networks, online networks are becoming increasingly important to the recovery process. Although participants infrequently indicated families or on-line support as a primary or secondary pathway, they

often mentioned them as important supports. The younger adults in particular spoke of the connections they have made online and how important they continue to be. For some in more rural areas, online connections provide the opportunity to connect with young people when it is difficult to make connections locally. Many felt that online peer networks will become increasingly beneficial in the future.

Messages to the Public and Policymakers

Participants wanted to communicate to the public and policymakers what they have learned from their personal recovery. They wished to educate the public about the facts related to addiction, to inform policymakers about the importance of treatment and prevention, and to raise awareness that addiction is a disease from which people can recover. Too often, they explained, the public holds very inaccurate views of what “addiction” and “recovery/healing” mean.

Stigma and Discrimination

Participants expressed the view that there is stigma and discrimination against those with addiction to alcohol and other drugs, and even those who are healed and/or in recovery. One woman explained that her boss would try to discharge people in her company if he found out they had suffered from an addiction, and that she kept her own problems a secret until attending the focus group in NYC.

“There is stigma in some small, privately held companies because they know [from] insurance claims who went [to rehab], and who’s costing the company money.”

-Corporate VP, PA

Discrimination often continues many years after people get better. One man said the most important factor for policymakers to understand is that people do get better. He shared his experience of going through a nine-month hiring process in which he disclosed his history with addiction. At the conclusion of the process, it was determined that he was too much of an employment risk. He felt strongly that he was discriminated against because of his past addiction. His desire was for the public and policymakers to give people in recovery a fair opportunity to succeed. The need for widespread education about the disease of addiction was at the forefront of messages that participants want the public and policymakers to receive. Participants felt it is critical for the public to understand what addiction is and what recovery means, along with the methods to treat addiction and the challenges individuals experience. They believed that by helping society understand that addiction is a disease, stigma can be reduced. They suggested that education be provided through strategies including public awareness campaigns, school outreach programs, and web-based resources.

Prevention

The participants also discussed the value of prevention, particularly targeted to youth. Participants spoke of the importance of helping others with addictions and of preventing others from experiencing the illness and suffering associated with addiction. One man commented, **“I think the country, [and] the city, needs to work more on alcohol and substance abuse prevention in the schools. People should be**

hired to provide prevention in elementary schools. **That's where it** can be most effective. **We talk about recovery. It's too late then.**" He felt very strongly, and was supported by others, that the most effective "recovery" is prevention.

Treatment and Recovery Support Services

Respondents expressed strong support for both traditional and alternative treatment, including inpatient, outpatient and yoga, meditation, etc. Participants also wanted policymakers to be aware of the lack of knowledge within the general health care community about how to recognize, treat and refer patients with substance use problems. They felt that it was important that general health care providers be trained to assist in reaching people in need of help.

In addition to treatment services, participants discussed the value of and need for recovery support services, such as employment services, housing, and educational services. These services are critical to improving an **individual's** quality of life and ability to achieve and sustain recovery. Participants mentioned a range of recovery supports they viewed as essential, including peer recovery coaching, child care, and transportation.

The participants also emphasized the need for supports for specific populations, including adolescents and people involved with the criminal justice system. Participants discussed the importance of student-assistance programs, recovery centers for adolescents, and age-appropriate support groups for adolescents. They discussed the need for recovery support services for individuals reentering the community from the criminal justice system—specifically, peer recovery coaches, vocational training, help with parenting, anger management classes, and legal assistance.

Treatment Options in Lieu of Incarceration

Participants wanted the public and policymakers to know that they are not criminals, but rather suffer from a medical illness. Individuals expressed the importance of providing treatment options in lieu of incarceration to improve the health and safety of communities. Participants particularly emphasized this point when discussing adolescents and younger adults. They wanted young people to be offered treatment for their disease in order to intervene in the multi-generational cycle of addiction. One man said, "... young kids are suffering from addiction and alcoholism. They are our future and it seems to me that there are more and more kids getting into drugs at an early age ... there needs to be funding for prevention and rehabilitation. I think they just throw them into jails, throw them into juvenile **centers.**" He said that young adults should take responsibility for their actions, but also should be given the opportunity to get better.

Several participants also discussed the barriers that a criminal record can create, such as difficulty obtaining a job, or feeling unwelcomed in a community. **Unfortunately, these additional barriers can jeopardize an individual's well-being** and recovery. Participants wanted policymakers and the public to acknowledge addiction as a medical condition and to decriminalize substance use.

Recovery is Possible

Participants wanted to communicate to the public and policymakers that recovery and healing from addiction is possible. They felt that it is important for more individuals who are in recovery/healing to speak openly about their experiences so that others can learn and receive inspiration from them. While participants said that the experience can be hard and sometimes filled with temporary setbacks, they believe that with determination and support, recovery is achievable.

Participants also stated that they received support from many individuals throughout their recovery process. They expressed gratitude for those who helped them, and were very thankful for their health and life in recovery/healing. As one respondent stated, "Recovery is about being in a better place and being happier than before."

Conclusion

This is the first study of its kind. Its examination of a diverse group of people and the myriad of approaches used in their recovery process makes clear there is no one method or single pathway to recovery/healing. The study participants cited 18 different pathways to recovery, providing a new level of understanding about this subject. Many of the pathways discussed in this report have never been studied by the research community, yet indications are they play a significant role in how people recover.

Recovery is a personal and complex process, and an approach that succeeds for one person may not work for another. Success typically depends on finding the right mix of services and supports that meet the specific needs of an individual.

Furthermore, many individuals and systems in a **person's life**, ranging from family members to the criminal justice system, may help or hinder recovery or may hinder it at one point and help it at another.

The one theme that emerged consistently besides the sheer diversity of experiences that respondents described is that recovery is possible, is a profoundly positive experience, and that it equates with quality of life. Respondents emphasized the need to view addiction as an illness rather than a crime or a weakness, remove the stigma attached to addiction and those in recovery from it, and make traditional and non-traditional treatment options available to those who need them.

Appendix

Invitation Letter

[FirstName] [LastName]
[Address1]
[Address2]
[City], [ST] [ZipCode]

Dear [FirstName],

Abt Associates is conducting a study about people who have experienced addiction to alcohol or other drugs and have followed different pathways to healthy and quality lives. We received your name as someone who might be willing to help us with this study. The study will provide information that will be helpful to other people who are struggling with addiction.

The study is being funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and conducted by Abt Associates. Abt Associates has a lot of experience leading conversations on addiction. We would very much like to include your experiences, views, and insights in this study.

You are under no obligation to participate in this study. Your participation in this project is entirely voluntary. If you do chose to participate, we are able to offer a small payment of \$75 to cover your time and any costs associated with local travel.

If you do choose to help us, participating in this study will involve a small group discussion about addiction and different ways the participants have found helpful in getting better. There will only be about 8 or 9 people in the discussion and all of them will also have had experience with addiction. The discussion will last about two hours and then you will be completely done with this project, having done your part to help out. The discussion will be completely confidential.

If you are able to help us please contact Julia Kurnik with Hart Research Associates, who is helping us out with our study, within the next three days. You can reach her at Hart Research's free phone number: 1-866-793-4278 or e-mail her at jkurnik@hartresearch.com. She will provide more details about when and where the discussion will take place.

Thank you for taking the time to read this letter and we hope to hear from you soon!

Thank you,

Abt Associates

Informed Consent

Focus Group Informed Consent – Recovery Measures

Thank you for agreeing to participate in this focus group. This group is part of a study to help better understand the needs of persons in recovery from drugs and/or alcohol use. Abt Associates and Hart Research are working together to lead several focus group discussions. The purpose of the focus group is to give you an opportunity to talk about issues with a small group of people like you. The discussions will last about two hours. These focus groups will help enrich our understanding of your experiences as a person in recovery. We are conducting groups in other areas of the State with approximately 36 people in all.

The information you provide will be kept in strict confidence by the study staff. At the same time we request that you please do not share the things that are talked about in the group, or who you knew in this group, with others. The study staff will not reveal your name to anyone and your name will never be associated with the responses that you give during the group.

Your participation in this study is completely voluntary. If there are any questions that you prefer not to answer, please do not feel pressured in any way to do so. You may refuse to answer any question, and you can stop participating in the discussion at any time.

We will audiotape the discussion so that we do not miss anything that you say. The tapes will never be shared with anyone outside the study team and they will be destroyed as soon as the study is completed. If you prefer not to be taped, please let the focus group leader know.

After each group, a summary will be written that contains information from all participants. It will not be possible to identify who said what in the discussion in the report. The audiotapes of the group will be used by Abt Associates and Hart Research to summarize the group and then they will be destroyed as soon as the study is completed.

If you have any questions about the study or experience a conflict with the scheduled date and time, you can call Jennifer Kasten at (301) 634-1796. If you have any questions about your rights as a study participant, you can call Abt Associates' Internal Review Board at 301-634-1786. This call may also involve a toll.

Participant signature: _____ Date: _____



Abt Associates Inc.

Institutional Review Board
Approval Date: 6/17/2009
Expiration Date: 6/16/2010
IRB#0433

Moderator Guide

Recovery Focus Group Guide

Site of Focus Group: _____ Number of Participants:

Note-taker:

Date/time:

Greet participants as they arrive and:

- Collect signed consent forms
- Give incentive envelope
- Collect participant profile form
- Offer refreshments

1. Introduction

a. Study Description and Background

Welcome, and thank you for coming. My name is _____, and I will be leading our discussion today; _____ will be taking notes. We are assisting Abt Associates, a research organization, in conducting a study for the Substance Abuse and Mental Health Services Administration through the Department of Health and Human Services.

This focus group is part a study to learn more about the experiences and needs of people who have used drugs, alcohol, or both.

b. Purpose of Focus Groups

We will be asking about what your experience has been. We are interested in both your experiences with people that were important to you throughout your journey toward better health, as well as your interaction with organizations that provide assistance and services. The information you give us will be used to better understand experiences of persons with a history of substance use and the personal journeys they have taken. By having a better understanding of these issues, more effective services and supports can be provided to help others who have used alcohol and drugs.

c. Consent and Confidentiality

- Your participation in this focus group is voluntary, and will have no effect on any services you receive.
- If there are any questions that you do not want to answer, you may simply pass and not answer.
- We want to hear about your experiences and opinions, but if there are any questions you prefer not to answer, that's absolutely fine. There is no pressure to speak on any topic.
- We will use what we learn from this group and others as part of a report on the experiences of persons. The report will not contain any individual names or details that could identify specific people.
- We will also ask that you consider what others discuss here as confidential.
- We would like to tape record this session as a backup to our written notes. Only my project team will use these tapes, and they will be destroyed immediately after we complete the study. If anyone prefers that we do not tape, you may choose to not participate in the session but instead receive a follow-up telephone call.

d. Logistics

In the discussion today, I will be asking questions about your experiences and opinions. There are no right or wrong answers. We are interested in hearing about both what has worked well and what might be done differently. We've got a lot of questions for you, and my job will be to keep the discussion moving along so we can cover them all. However, I hope you will be doing most of the talking. There is no need to raise your hand before speaking, but we need for one person to talk at a time, so we can get everything you're telling us. Feel free to help yourselves to more refreshments during the group. Are there any questions on anything I've told you so far?

Start Tape Recorder!

2. Introductions

I'd like to start by asking you to introduce yourselves. Please tell us your first name and something about the past substance use and current situation.

- *Probe to get picture of past use and current situation*
- *Participants may relate how they came into "recovery"; encourage with your response, but don't press for details.*
- *Note any details of specific pathways to help introduce topic later.*
- *Note what terms participants use to refer to recovery.*

3. Defining Recovery and Other Terms

Q1. *If indicated: [Some of you have referred to being in recovery.]* Many people who have used drugs and alcohol in the past refer to being in recovery. Recovery, however, is a term that means different things to different people. For our discussion today, we ask you to think about your past use and your current situation today. How do you define or describe where you are in your life right now?

- *Do not offer specific words, but probe for terms used to describe current situation (e.g., better, clean and sober, healing, surviving, stable, on the right path, etc.)*
- *Probe for how length of time contributes to the definition*
- *Probe for how use, abuse, and dependence contribute to the definition*

Q2. *If possible, use examples from earlier discussion, i.e., _____ talked about how he had stopped using many times before but that this time was different.* Do you think people can reach this stage in their lives and then begin using again?

- *Do not provide words or examples, but probe whether participants believe you can relapse or have a reoccurrence after being “in recovery.”*

3A. Pathways

Q1. *Now that we have discussed what “recovery” means, I would like to talk about how people get there. There are many ways people can get clean and sober. What do you think are the main ways people get [insert terminology used]?*

- *Do not offer suggestions, but probe for pathways (e.g., natural recovery, faith-based services, self-help groups, detoxification, specialty treatment, private practitioner, physician, criminal justice involvement, medication-assisted, etc.)*
- Thinking about your own life or others you may know, what are other ways people get better?
- What else helps people who are facing this problem?

Q2. *If possible, list some of the pathways discussed above. Talk to me about the strengths and weaknesses of different pathways. In what ways do you think it makes sense to combine different pathways?*

- *Probe for discussion on relapse – if some pathways are more prone to relapse or eventual success than others*
- *Probe for multiple pathways working together*
- *Probe for pros and cons of various pathways*
- What does it mean to say a particular pathway is a “good fit” with someone? How do people find the pathway that is right for them?

Q3. Let's combine these two topics, recovery and pathways, that we have been discussing.

- In what ways would you say these pathways are more or less prone to relapse or reoccurrence?
- In what ways are these pathways more or less appropriate for someone who has had a relapse or reoccurrence?

Now I would like to talk about some of your specific experiences as you moved from your substance use to where you are today.

4. Barriers

Q4. From your experiences, what are barriers to getting better?

- *Participants may want to talk about themselves as a barrier. This is a valid response, but we are most interested in external barriers to recovery. If the participant talks about themselves as a barrier try to probe for:*
 - *what services acted as barriers (e.g., lack of transportation, limited service availability, no insurance/no money, etc.)*
 - *what people served as barriers (e.g., past using friends, parents that did not believe in treatment, treatment did not provide age appropriate services, etc.)*

5. Supports

Q5. From your experiences, what promotes getting better?

- *This question may promote lengthy answers. Make sure to give all participants a chance to speak.*

Q6. We may have already mentioned some of these, but what services and/or people supported you getting better?

- *Probe for*
 - *what services supported “recovery” (e.g., regular self-help meetings, community services, faith services, etc.)*
 - *what people supported getting better (e.g., sponsors, supportive parents, physicians, exercise, meditation, etc.)*

6. Measuring Recovery

Q7. What is better or different about your life now compared to when you were using drugs and/or alcohol?

- *Probe for: employment, better health, education, stable friends, relationships with family, etc.*

Q8. What is better or different about the lives of your families and friends?

- *Probe for specific examples*

We have talked at length about your past experiences while using drugs and/or alcohol and how you have reached the place you are in your lives today. I would like to spend some time now talking about recommendations you have for improving current support for those persons currently using drug and/or alcohol who want to change and get better.

7. Recommendations and Closing

Q9. Tell me more about the kinds of help that would support persons who want to change their drug and/or alcohol use and get better?

- *Probe for specific examples*

Q10. Tell me more about the kinds of help that would support persons who are in recovery?

- *Probe for specific examples*

Q11. Thinking about the things we've talked about, how would you change things to help more people?

- *Probe for specific examples:*
 - *Are there changes to the current service system that you would make?*
 - *Are there supports you would recommend making available?*

Q12. What does the public need to understand about recovery?

Q13. What do policymakers need to understand about recovery?

Those are all the questions we have for you. Are there any topics we haven't covered that you think are important to mention?

It's been a pleasure to talk with you today. We appreciate your taking the time to talk with us. Thank you for taking the time and sharing your experiences with us.

Demographic Survey

Date __ / __ / ____

Thank you for your participation in the focus group held in New York City on June 30, 2009. Your input was extremely valuable.

This brief questionnaire is a follow-up to the focus group and will further inform the study on the needs and journeys of individuals who have experienced addictions to alcohol, drugs, or both.

Your participation is completely voluntary. The responses will be confidential.

1. What is your gender?

- Male
- Female
- Other. Please specify _____

2. How old were you on your last birthday?

- 18 - 29
- 30 - 39
- 40 - 49
- 50 - 59
- 60 - 69
- 70 or over

3. Are you Hispanic or Latino?

- Yes
- No

→ *If you marked "Yes", what ethnic group do you consider yourself? Please check the appropriate options:*

- Central American
- Cuban
- Dominican
- Mexican
- Puerto Rican
- South American
- Other. Please specify _____

4. What is your race? Please select one or more of the categories below:

- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- Alaskan Native
- White
- American Indian
- Other. Please specify _____

5. What is the highest level of school you have **completed**?

- Elementary School
- Junior High/ Middle School
- High School
- Some College, no degree
- Associate's Degree
- Bachelor's Degree. Please specify _____
- Master's Degree. Please specify _____
- Doctoral Degree. Please specify _____

6. What was your total household income from all sources in 2008?

- less than \$10,000
- \$10,000 - \$29,999
- \$30,000 - \$49,999
- \$50,000 - \$69,999
- \$70,000 - \$89,999
- \$90,000 - \$149,999
- more than \$150,000

7. In what kind of business or industry do/did you work?

8. Please list all services that you have participated in to deal with alcohol and drug problems and rank the top three you attribute your success:

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

Other Services:

9. Please describe why your top ranked service or services led to your success:

