



Recovery in the Empire State

REPORT ON FINDINGS

FOR-NY RECOVERY NEEDS SURVEY



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RECOVERY IN THE EMPIRE STATE

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Grateful Acknowledgements

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We are vastly grateful to **Faces & Voices of Recovery** – the leading national Recovery Community Organization (RCO) – and to **Alexandre Laudet, Ph.D.**, and author of the 2013 *“Life in Recovery”: Report on the Survey Findings*. Alexandre’s work partially provided the framework for our research. Her survey, which documented dramatic improvements in all areas of life for people in recovery of addiction was the first instrument to measure and quantify the effects of recovery over time.

We thank **FOR-NY Board members**: Charles J. Devlin (President), Bill Bowman (Vice President), Laurie Lieberman (Secretary, Co-Chair Education and Training Committee), Susan LaPorte (Treasurer), Richard Buckman, LCSW-R, CEAP, SAP, CASAC (Immediate Past President and Founding member), Rob Baum (Fundraising Chair), Debra Rhoades (Co-Chair Education and Training Committee), Orlando Hernandez, CASAC-G (Fundraising, Communications Committees); Joseph Turner, JD (Chair - Nominating Committee, Budget & Finance Committee) for their comments that greatly enhanced our research.

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We are exceedingly grateful to **William L. White, M.A.** - Emeritus Senior Research Consultant, for his review, insight and expertise which guided our research efforts. Bill has authored more than 400 articles, monographs, research reports and book chapters and 19 books. His book, *Slaying the Dragon – The History of Addiction Treatment and Recovery in America* received the McGovern Family Foundation Award for the best book on addiction and recovery. Bill has been featured in numerous documentaries and films, including Bill Moyers' PBS special "Close to Home: Addiction in America" and Showtime's documentary "Smoking, Drinking and Drugging in the 20th Century", as well as Greg William's documentary, "The Anonymous People".

The manual data entry for this research would not have been made possible without the immense dedication of three incredible volunteers – Rob Baum (FOR-NY Board member), Alyssa Toro (Burlington Labs), and Ashley Livingston (FOR-Warren/Washington). Their tireless efforts were critical to the manual entry of over 1000 surveys and we are deeply appreciative of their commitment.

We are immensely grateful to Rob Lillis President of Evalumetrics Research, for running the analytics on our data and synthesizing the data for this research. Rob has been providing planning, research and evaluation services to youth development, substance abuse, traffic safety, criminal justice, education, health and mental health programs at the state and local level for over 40 years. He provides planning, research and evaluation services for Drug Free Community Grant programs and numerous local substance abuse prevention and youth development programs.

We owe a profound debt of gratitude to Robert Pezzolesi, MPH, Founding Director of New York Alcohol Policy Alliance (NYAPA), whose narrative skills, analysis, and synthesize of our data made this report possible. Robert (Bob) Pezzolesi is an internationally recognized expert on public health policy, with particular expertise in alcohol problems, evidence-based alcohol policies, and engaging faith communities in public health advocacy. Bob is also the Founding Director of the New York Alcohol Policy Alliance (NYAPA) – a grassroots, statewide coalition devoted to the promotion of science-based, public health alcohol policies.

We are immeasurably grateful to **Dr. Jennifer I. Manuel**, Assistant Professor at NYU Silver School of Social Work for her comments on an earlier version of the survey instrument. Her research focuses on the delivery and quality of treatment services among persons with co-occurring substance use and mental health needs. She was recently awarded a NIDA Mentored Research Scientist Development Award (K01) to adapt and pilot test an assertive outreach and linkage program, *Critical Time Intervention*

for individuals with co-occurring substance use and mental health needs following residential substance abuse treatment.

We thank the many “**anonymous**” **reviewers and allies** in the prevention, treatment and recovery communities – including our friends at RAIS, NYS Alumni Association, FOR-Orange, FOR-Warren/Washington, NYRCC, for their insights, comments and suggestions on earlier versions of our survey instrument, although any errors are our own and should not tarnish the reputations of our esteemed partners.

And last, but certainly not least, we are profoundly grateful to **you** - the hundreds of individuals, family members, and friends in the prevention, treatment and recovery world – who took time out of your busy day to provide your knowledge in the survey. Without your honesty and willingness to share your experience, we would not have any data upon which to assess the needs of the recovery community. We thank you from the bottom of our hearts, and hope that the report you helped us create will bring help and hope to those struggling with the disease of addiction, and their families.

Executive Summary

Historically, addiction to alcohol and drugs has often been treated as a moral weakness or acute medical crisis. People suffering with addiction were often criminalized and institutionalized and their families were often shunned. Fortunately, this view of addiction is giving way to a more accurate and humane perspective. Research and the experience of over 23.5 million recovering people has shown that addiction is better understood as a chronic condition from which individuals can recover if long-term supports are available. These supports come in a variety of forms, including Recovery Community Organizations (RCOs), Recovery Community and Outreach Centers (RCOCs), recovery coaches, family support navigators, medicated assisted treatment, mutual aid, faith-based, educational and vocational training, legal aid, supportive housing, web-based resources, and other multiple pathways to recovery that meet individuals', families' and communities' needs and expectations.

To this end, Friends of Recovery New York (FOR-NY) created a state-wide survey to distribute to individuals and families living in recovery from addiction, families who have lost a loved one to addiction and people who have been otherwise impacted by addiction (professional allies and friends to the recovery community included). The survey was developed by FOR-NY, conducted and disseminated with help from our friends at OASAS, and analyzed in collaboration with Rob Lillis, President of Evalumetrics Research and Robert Pezzolesi, MPH, Founding Director of New York Alcohol Policy Alliance (NYAPA). Data collected will help advocates for the recovery community identify barriers that block or inhibit individuals during the various stages of recovery, including access to addiction treatment, healthcare, housing, education and employment.

The online survey was conducted from January 1 – March 31, 2016. It contained 38 questions that collected data on sociodemographics, mental health and substance use, and recovery history from individuals. A total of 1,689 surveys were completed, with respondents from across the state, which included both individuals and family members impacted by addiction, as well as friends and professional allies to the recovery community.

Summary of Findings: Report on 2016 FOR-NY Recovery Needs Survey

Many survey respondents were early in their recovery journey. More than half (55%) of survey respondents had been in recovery for one year or less. Early recovery is a critical period in the recovery process, and community-based recovery supports necessary to establish a strong foundation, to ensure ongoing success in recovery and achieve the associated personal and societal benefits.

Alcohol addiction remains a major problem. Nearly two of three (61%) respondents identified alcohol as their primary or co-primary drug of addiction. Considering the massive impacts of

excessive alcohol consumption on the health of NYS citizens and fiscal health of the state, prevention, treatment, and recovery efforts in NYS need to address alcohol with the same attention and energy as illicit drugs.

Veterans were nearly 40% more likely than general survey respondents to list “alcohol only” as their addiction and about 30% less likely to list “drugs only” as their addiction. This is consistent with recent research finding that more than 40% of US military veterans have a life-time history of alcohol use disorder and that levels of excessive alcohol consumption among active-duty U.S. military personnel have recently increased.

Recovery process began early for many. Almost two-thirds (62%) of survey respondents began their recovery journey in their youth or young adulthood (prior to age 25). This finding shows both the promise of long-term recovery and the intense need for community based recovery supports to assist younger people in treatment and recovery. This is all the more critical given that the adolescent brain (through early 20s) is particularly vulnerable to the harmful effects of alcohol and other drugs.

There are several common barriers to treatment. Lack of insurance coverage (42%) and/or inability to pay (25%), remain the primary barriers to receiving necessary treatment for addiction, even in light of recent expansion of coverage through Parity. Veterans, however, were less likely to designate lack of insurance coverage (35%) as a barrier. There were also some notable regional differences in perceived adequacy of insurance coverage.

Stigma and shame (29%) remain major barriers to seeking and maintaining recovery from addiction, for individuals and families, persisting despite advances in the view of addiction as a treatable, neurobiological disease. Fortunately, there are efforts in New York and nationally to educate the public regarding addiction and recovery. Much more needs to be done, however.

People in recovery identified several high priority Recovery Support Service needs in their communities. The highest priority was given to Support Meetings/Groups, Housing, Medical Insurance and, Job Training. Following the top three issues, the following services were seen as additional priorities: Legal Services, Relapse Prevention, Money Management, Education, Parenting and Social Skills.

Recovery Support comes from many sources. Survey respondents said they got the most helpful support from Mutual Aid Groups (12-step and non-12 step), local Recovery Community Organizations (RCO), Peer-to-Peer and the Faith Community.

People in recovery need peer recovery coaches who are empathetic, knowledgeable and available. Respondents were asked what attributes they would want in a coach or peer supporting them through the addiction and recovery process. The most frequently mentioned were availability 24/7, empathy and education or knowledge of addiction and recovery.

Recovery from addiction has profound benefits. The benefit of recovery most often cited by survey respondents was better health and a better life. Other benefits were improved family relationships and sobriety.

In summary, this evidence based research shows what we have long-known anecdotally: barriers to access to treatment must be removed, and recovery wrap-around services – including safe sober housing, legal support, employment and education – are all necessary to sustaining recovery and overall well-being. Similarly, individuals and families must have access to support from many “pathways” to recovery.

The process of recovery is very personal and may involve many pathways. These recovery pathways may include clinical services, medication-assisted treatment, faith-based practices, mutual aid, peer support, exercise, meditation, nutrition, and other forms of self-care and wellness. Community-based recovery supports and services are critical to help individuals build and sustain their recovery.

Survey Purpose and Objectives

FOR-NY Recovery in the Empire State survey was developed to determine the current needs, strengths, and gaps in community addiction recovery supports and services throughout New York State, with the objective to improve services and supports for individuals and families in recovery, those struggling with addiction and those living life in recovery. Data collected will help FOR-NY identify priority areas to address needs, resources and challenges of the recovery community. Additionally, information gathered through the survey will serve as an educational and advocacy tool to help guide decision makers and policy makers in establishing legislative, policy, regulatory, and funding initiatives. Ultimately, data will serve to improve the quality of addiction recovery services provided to members of the community, thus enhancing the quality of life of individuals and families residing in communities across the state.

The survey was guided by two primary objectives:

1. Identify the current strengths and priority needs to be addressed throughout the state related to addiction and recovery services.
2. Determine to what degree these priority needs are being met by organizations – (as indicated by existing gaps in services provided).

Survey Participants

FOR-NY distributed the survey in the winter of 2015 and spring of 2016 at a variety of community events throughout New York State, as well as via email, FOR-NY website, Recovery talks e-news and social media, and by word-of-mouth. Survey participants included individuals, family members, addiction recovery professionals and other recovery allies in prevention, treatment and recovery groups, treatment and residential facilities,

mutual aid support groups, faith-based groups and other community groups from throughout New York. The New York State Office of Alcoholism and Substance Abuse Treatment (OASAS) distributed a link to the survey to program directors and executive directors in OASAS-certified prevention, treatment and residential programs across the state. Recovery Community Organizations, such as the Long Island Recovery Association (LIRA), Recovery Advocacy in Saratoga (RAIS), local Friends of Recovery chapters in Albany, Orange, Oneida, Otsego-Delaware, Rockland, Sullivan, Warren and Washington Counties. In addition, the survey was distributed through the Council on Addiction in New York State (CANYS), Community-Based Recovery Supports group, the Alumni Association of New York, New York Recovery Community Coalition (NYRCC), the Medication Assisted Recovery Services (MARS) project, mutual-aid groups, faith-based communities, recovery coaches, peer coaches, alumni from residential and treatment communities, and individuals involved with the criminal justice system were among the groups FOR-NY contacted to help disseminate the survey to as wide an audience as possible.

Survey Methods and Development

The initial survey instrument was developed by reviewing existing surveys to identify concepts covered previously. Following extensive research around policy involving Substance Use Disorders (SUDs), consultation with professionals from the OASAS and SAHMSA agencies, many conversations with members of the recovery community, and consultation with the Long Island Recovery Association (LIRA), the survey was revised to include additional demographic and socio-economic questions mindful of cultural relevancy. The survey was developed to invite input from individuals and family members impacted by addiction, as well as professionals and allies of the recovery community, so that areas of community-based recovery supports and services could be examined, specifically focusing on geographic and demographic variations.

Upon completion of the initial draft, two separate focus groups – one held at a statewide conference of prevention, treatment and recovery professionals, and the other at a FOR-NY Recovery Talks: Community Listening Forum – were conducted to inform the final survey. A pool of 39 questions were included; each developed with consideration of the needs and sensitivities of diverse people and groups, and addressed diversity in treatment and recovery wrap-around supports and services. Basic socio-demographic questions for classification were balanced with questions about substance use and treatment history, and questions about family recovery.

Administration

The survey, which took an average of 10-15 minutes to complete, was administered both electronically in a web-based form using Survey Monkey and in print form that required

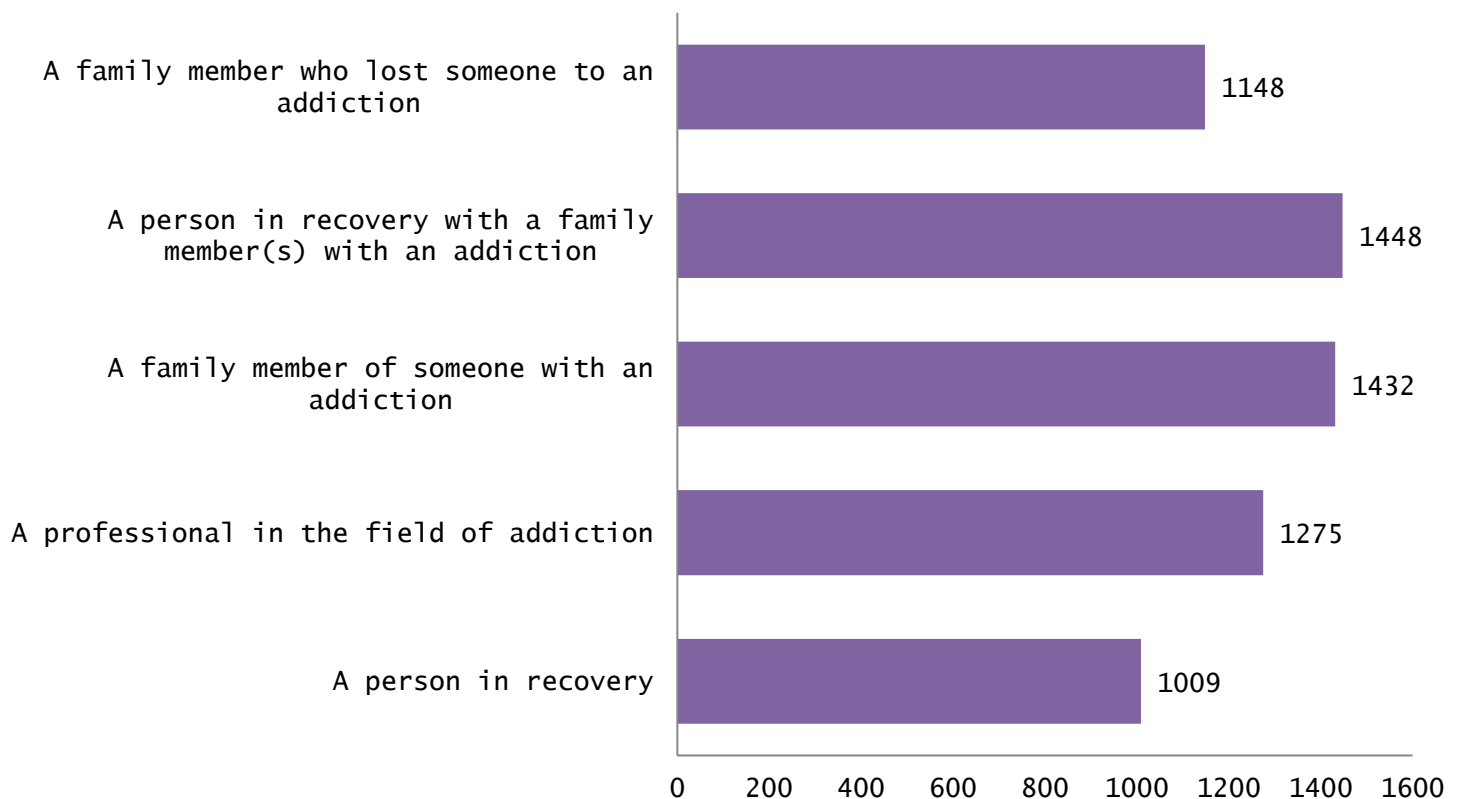
manual data-entry. The survey link was also posted on the FOR-NY and OASAS websites, on social media, as well as electronic postings “shared” by individuals and organizations with an interest in addiction recovery.

Hard copies were distributed to RCOs and RCOCs throughout the state, as well as a variety of groups such as the Alumni Association of New York, the New York Recovery Community Coalition (NYRCC), and at FOR-NY’s Recovery Advocacy Day. Completed surveys were mailed to FOR-NY from communities throughout the state, including Hempstead, Troy, Utica, Bath, Brentwood, Middletown, Riverhead, Lexington, Saratoga Springs, Oswego, Johnston, Cortland, Batavia, Geneseo, Brooklyn and Staten Island.

Hard copies were collected from January 1 – March 31, 2016 and entered into Survey Monkey by five volunteer data analysts. A total of 1,669 surveys were completed, with a final count of 1,608 valid surveys. Survey data were imported into a statistical software package for analysis by research consultants, Rob Lillis and Robert Pezzolesi, MPH.

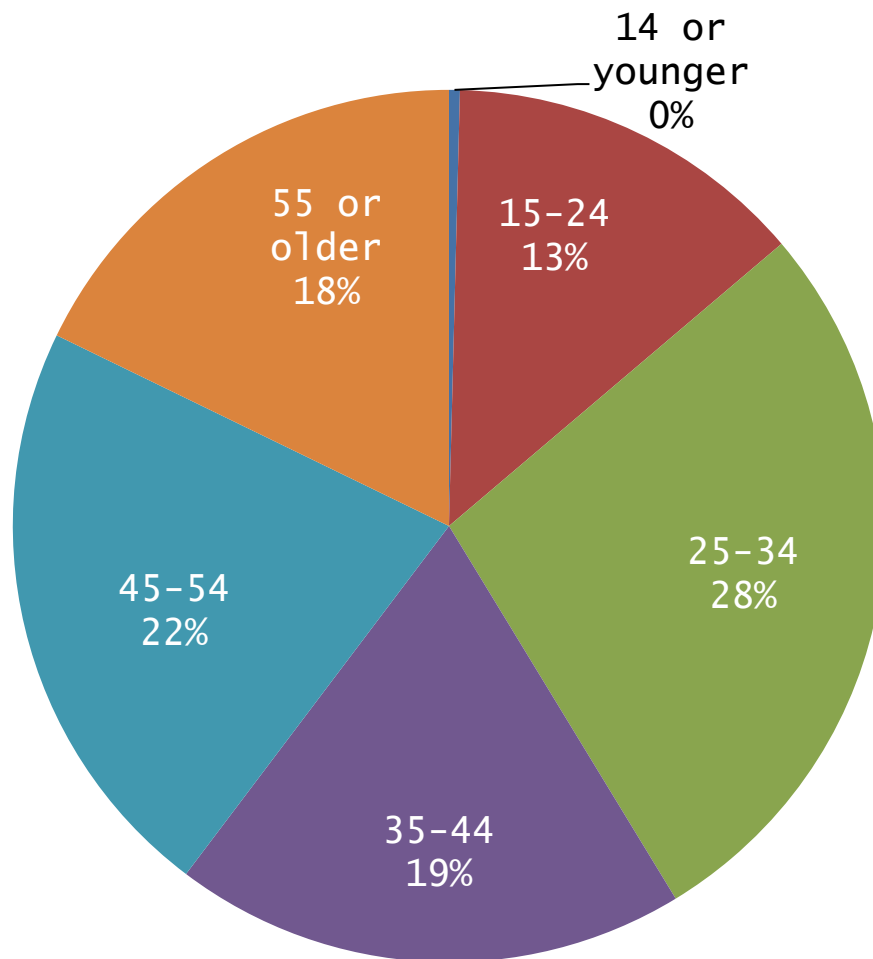
Survey Results

Q1: Are you answering this survey as:

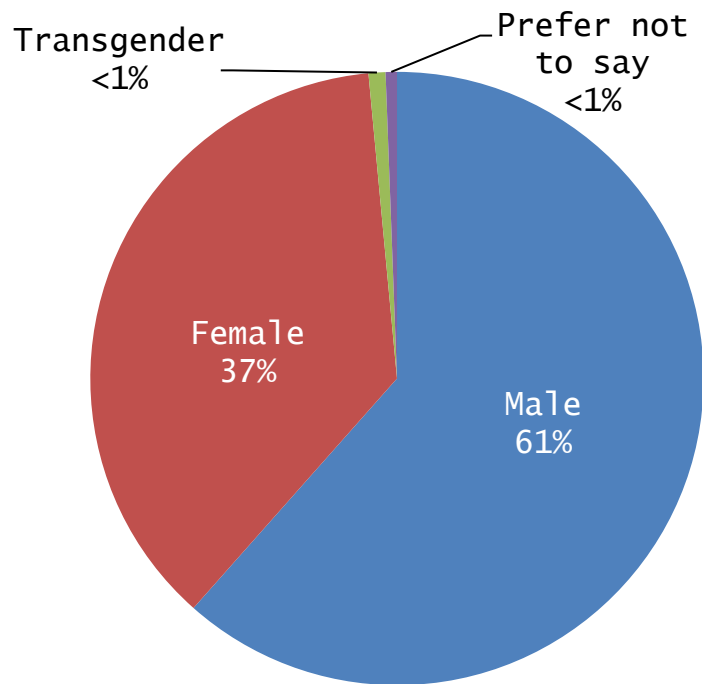


NOTE: Participants were asked to check as many that apply. As a result, totals exceed the 1,608 total valid surveys.

Q2: Please identify your current age



Q3: What's your gender?



Q4: What racial/ethnic background best describes you? *(please select all that apply)*

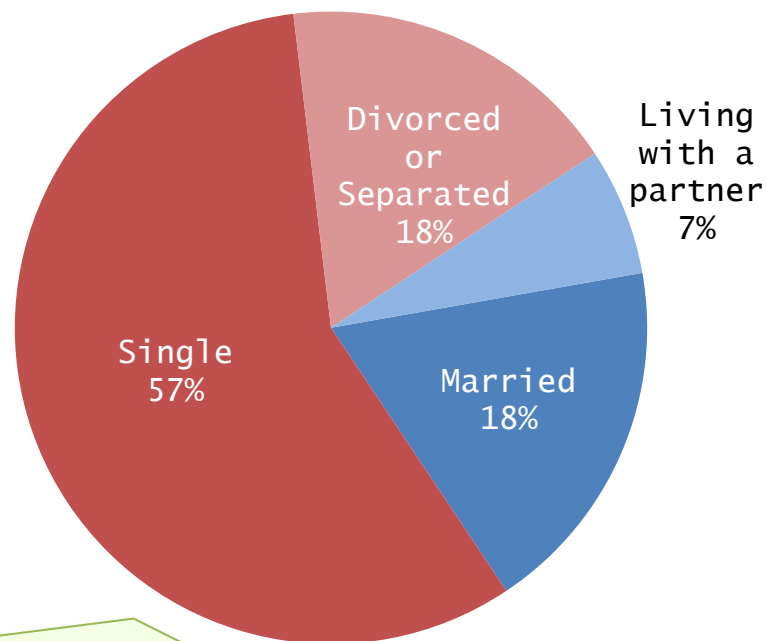
Responses by people self-identified as in recovery

Race/Ethnic Group	N	%	NYS % ¹
Caucasian	636	63.3%	67.9%
African-American	193	19.2%	17.2%
Hispanic/Latino	131	13.0%	17.6%
Native-American	24	2.4%	1.1%
Asian/Pacific Islander	12	1.2%	8.4%
Non-Hispanic/Latino	9	0.9%	

¹ 2010 demographic figures for NYS, per U.S. Census Bureau, 2010 Census

Q5: What is your marital status?

Reponses by people self-identified as in recovery



Our Interpretation: Marital Status

Our survey found that about 75% of respondents were not currently married or living with a partner. Given the research evidence regarding the positive health impacts of marriage/partnership (1) - including reduced alcohol use - this survey finding suggests the importance of community-based supports for people in recovery to bolster their social and recovery capital.

(1) Koball, H. L., Moiduddin, E., Henderson, J., Goesling, B., & Besculides, M. (2010). What do we know about the link between marriage and health? *Journal of Family Issues*. 31(8), 1019-1040.

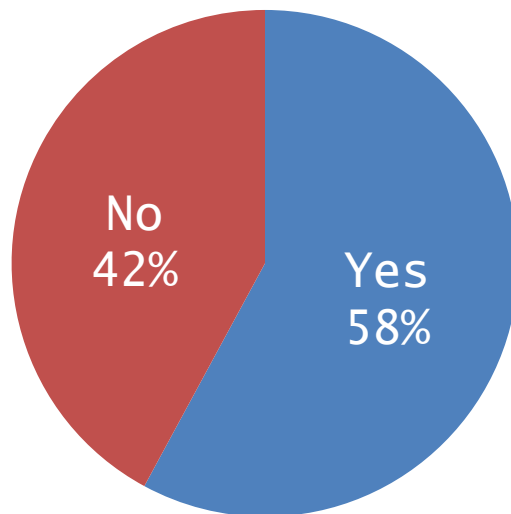
Blumberg, S.J., Vahratian, A., & Blumberg, J.H. (2014). Marriage, cohabitation, and men's use of preventive health care services. *NCHS data brief, no 154*. Hyattsville, MD: National Center for Health Statistics. Available at

<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.649.4863&rep=rep1&type=pdf>

Dinescu, D., Turkheimer, E., Beam, C. R., Horn, E. E., Duncan, G., & Emery, R. E. (2016). Is marriage a buzzkill? A twin study of marital status and alcohol consumption. *Journal of Family Psychology*

Q6: Do you have any children?

Reponses by people self-identified as in recovery



Our Interpretation: Children

The majority (58%) of our respondents had children. Addiction can have serious long-term consequences on children and families including, initiating or continuing cycles of poor health and social problems (1). According to the American Academy of Pediatrics (2), “children whose parents or caregivers use drugs or alcohol are at increased abstract risk of short- and long-term sequelae ranging from medical problems to psychosocial and behavioral challenges.”

Accordingly, people in recovery in NYS and their families require a continued investment of resources to support recovery from addiction and prevention of future addiction.

- (1) Stein, J. A., Leslie, M. B., & Nyamathi, A. (2002). Relative contributions of parent substance use and childhood maltreatment to chronic homelessness, depression, and substance abuse problems among homeless women: Mediating roles of self-esteem and abuse in adulthood. *Child Abuse & Neglect*, 26(10), 1011-1027.
- (2) Smith, V.C., Wilson, C.R., AAP Committee on Substance Use and Prevention. Families affected by parental substance use. *Pediatrics*, 16, 138(2), e20161575
cf. also. National Association of Children of Alcoholics <http://www.nacoa.org/randor.htm>
- (3) Newlin, C. (2011). Overview of the Adverse Experiences in Childhood (ACE) Study. National Children's Advocacy Center.

Q7: What is your highest level of education?

Reponses by people self-identified as in recovery

Education	N	%
Some High School	143	14.2%
GED	129	12.8%
High School Graduate	154	15.3%
Some College	231	22.9%
College Graduate (Associates/Bachelors)	189	18.8%
Graduate Degree	100	9.9%
Trade School	62	6.2%

Over half of respondents (51.6%) had at least some college experience

Q8: What is your employment status?

Reponses by people self-identified as in recovery

Employment Status	N	%
Employed Full-Time	340	33.7%
Employed Part-Time	104	10.3%
Retired	41	4.1%
Unemployed	407	40.3%
Disabled	78	7.7%
Student	39	3.9%

Current unemployment rate (as of 7/16) in NYS is 4.7% (per NYS Dept. of Labor)

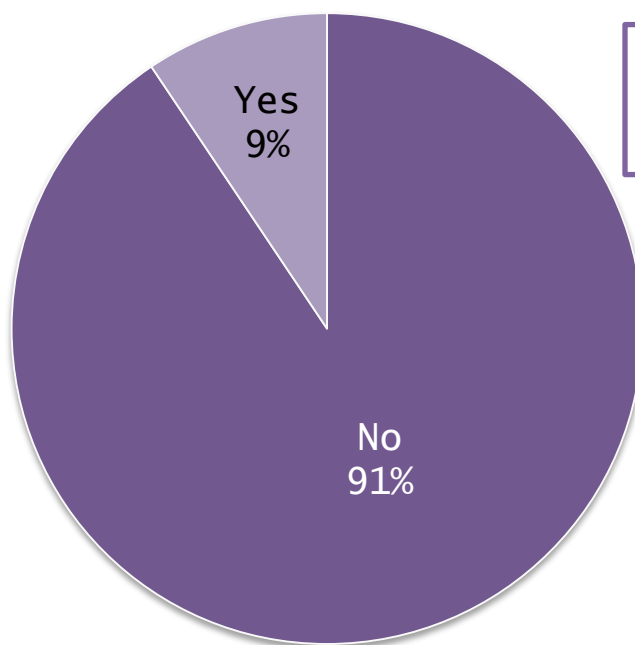
Q9: What is your annual income?

Reponses by people self-identified as in recovery

Income Level	N	%
Less than \$20,000	364	36.1%
\$20,000 - \$49,000	212	21.0%
\$50,000 - \$74,000	84	8.3%
\$75,000 or more	76	7.5%
Prefer not to answer	273	27.1%

Q10: Have you served in the military?

Reponses by people self-identified as in recovery



See page 37 for more
veteran-focused data.

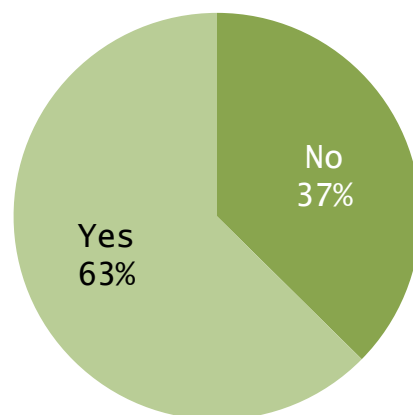
Q11: In what county do you live?

Reponses by people self-identified as in recovery

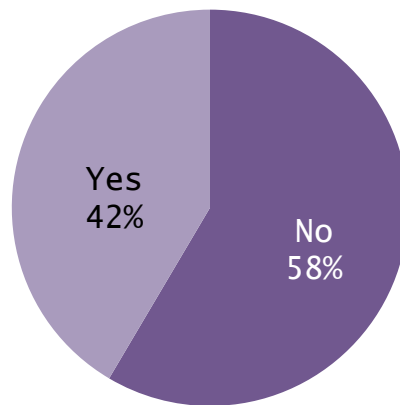
NYS OASAS Region	N	%
Central	128	12.7%
Finger Lakes	55	5.5%
Long Island	194	19.3%
Mid-Hudson	239	23.8%
Northeast	158	15.7%
NYC	208	20.7%
Western	24	2.4%

See page 40 for more regionally-focused data.

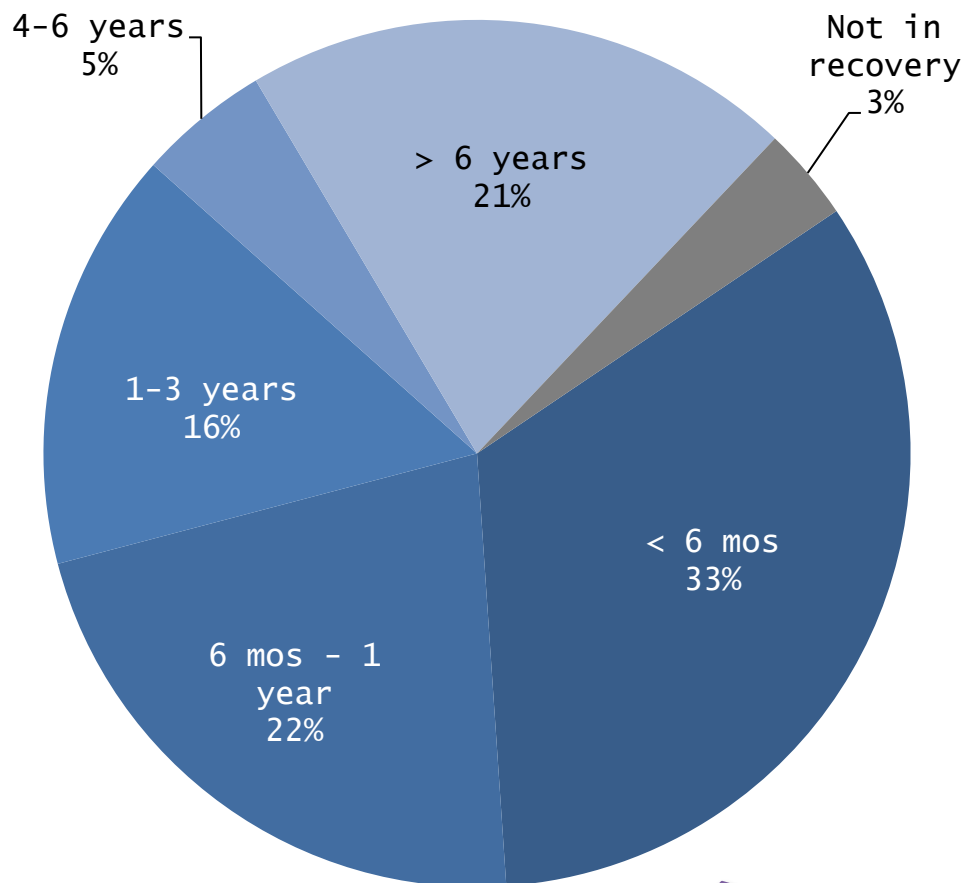
Q12: Have you ever wanted treatment for emotional or mental health issues (*i.e. therapy, counseling, medication*)?



Q13: Are you currently receiving treatment for emotional or mental health issues (*i.e. therapy, counseling, medication*)?



Q14: How long have you been in recovery from addiction? (*Recovery as you see it*)



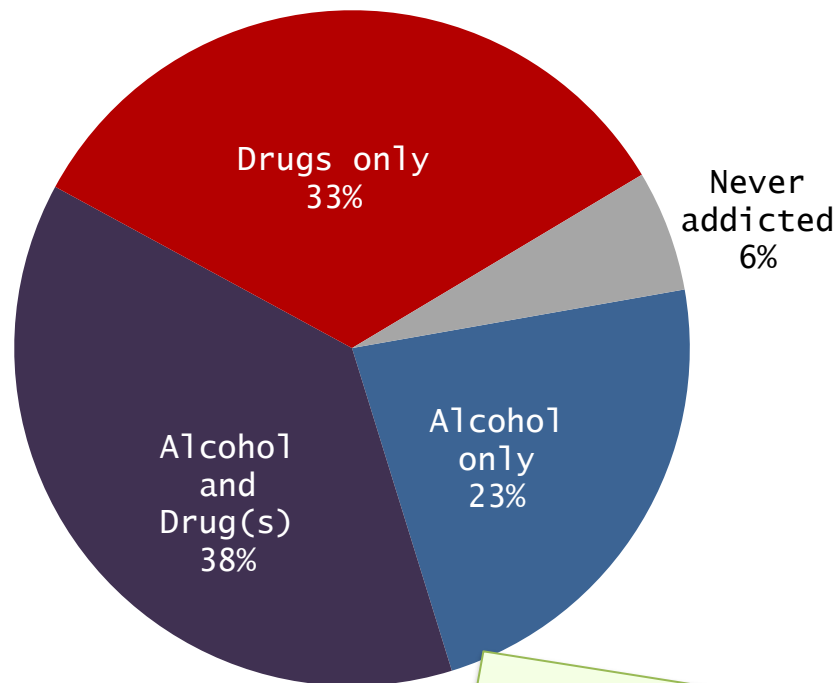
Our Interpretation: Length of Recovery

About 55% of survey respondents had been in recovery for one year or less. Early recovery is a critical period in the recovery process (1), and community recovery supports are necessary to establish a strong foundation, (2) to ensure ongoing success in recovery and achieve the associated personal and societal benefits.

(1) Charney, D. A., Zikos, E., & Gill, K. J. (2010). Early recovery from alcohol dependence: factors that promote or impede abstinence. *Journal of Substance Abuse Treatment*, 38(1), 42–50.

(2) Laudet A. Life in Recovery Survey. Washington, DC: Faces and Voices of Recovery; 2013. Available: <http://www.facesandvoicesofrecovery.org/publications/lifeinrecoverysurvey.php>

Q15: What was your primary addiction?



Our Interpretation: Primary Addiction

The survey found that – even in the context of New York State’s opioid epidemic – alcohol addiction remains a major problem, with about 61% of respondents identifying alcohol as their primary or co-primary drug of addiction.

Considering the massive impacts of excessive alcohol consumption on the health of NYS citizens (1) and fiscal health of the state (2), prevention, treatment, and recovery efforts in NYS need to address alcohol with the same attention and energy as illicit drugs.

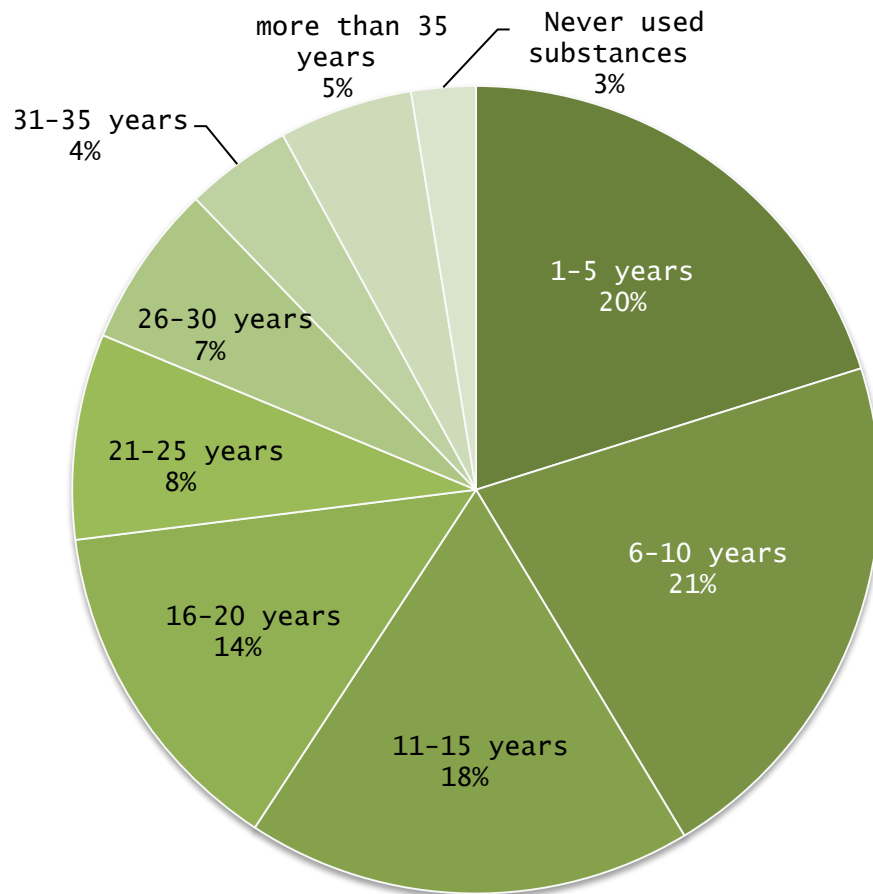
(1) Centers for Disease Control and Prevention (2013). Alcohol Related Disease Impact (ARDI) application. Available at www.cdc.gov/ARDI.

(2) Sacks, J. J., Gonzales, K. R., Bouchery, E. E., Tomedi, L. E., & Brewer, R. D. (2015). 2010 national and state costs of excessive alcohol consumption. *American Journal of Preventive Medicine*, 49(5), e73–e79.

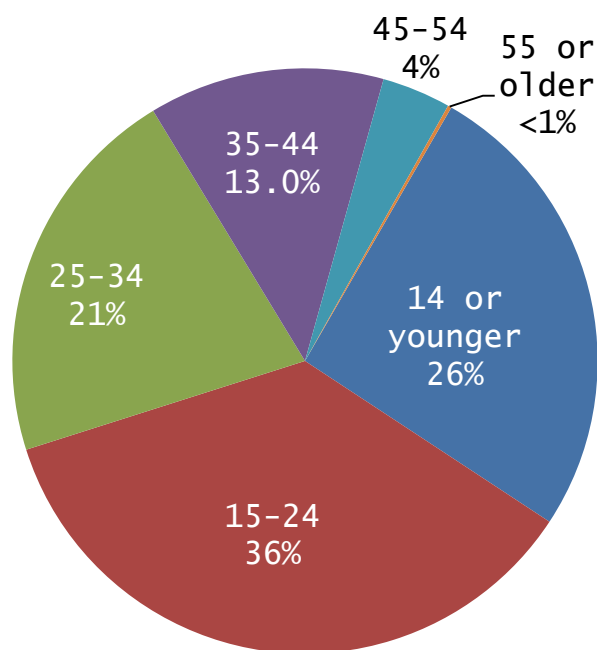
(3) Lopez, G. (2016). “Imagine if the media covered alcohol like other drug” [blog post]. Vox.com. Available at <http://www.vox.com/2015/6/15/8774233/alcohol-dangerous>

Q16: How long did you use substances?

Reponses by people self-identified as in recovery



Q17: How old you were when you began recovery?



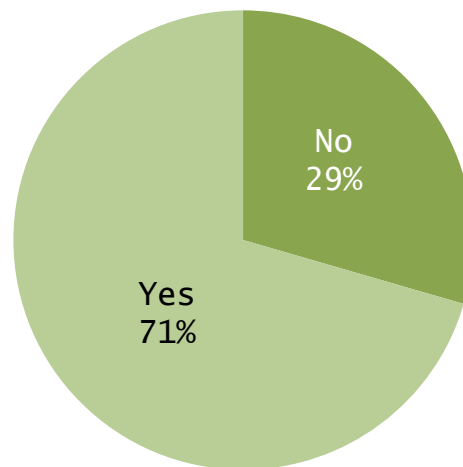
Our Interpretation: Age Starting Recovery

Almost two-thirds (62%) of survey respondents began their recovery journey in their youth or young adulthood (prior to age 25). This finding shows both the promise of long-term recovery and intense need for community supports to assist younger people in treatment (1) and recovery. This is all the more critical given that the adolescent brain (through early 20s) (2) is particularly vulnerable to the harmful effects of alcohol and other drugs (3).

- (1) Brorson, H. H., Arnevik, E. A., Rand-Hendriksen, K., & Duckert, F. (2013). Drop-out from addiction treatment: A systematic review of risk factors. *Clinical Psychology Review*, 33(8), 1010-1024.
- (2) National Institute of Mental Health (2011). The teen brain: Still under construction Available at <http://www.nimh.nih.gov/health/publications/the-teen-brain-still-under-construction/index.shtml>
- (3) Lisdahl, K. M., Gilbert, E. R., Wright, N. E., & Shollenbarger, S. (2015). Dare to delay? The impacts of adolescent alcohol and marijuana use onset on cognition, brain structure, and function. *Brain Reward & Stress Systems in Addiction*, 25.
Lisdahl, K. M., Thayer, R., Squeglia, L. M., McQueeny, T. M., & Tapert, S. F. (2013). Recent binge drinking predicts smaller cerebellar volumes in adolescents. *Psychiatry Research: Neuroimaging*, 211(1), 17-23.
Dager, A., Squeglia, L., Castro, N., & Tapert, S. F. (2013). Addiction and the human adolescent brain. Biological Research on Addiction. *Comprehensive Addictive Behaviors and Disorders*, 2, 353-364.

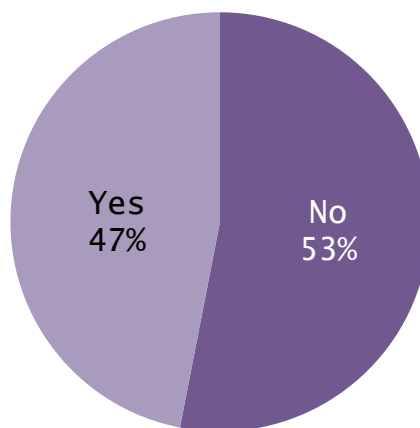
Q18: Have you ever been in an addiction treatment program, such as a methadone clinic, DUI program, inpatient, residential or outpatient as a result of a drug or alcohol problem?

Reponses by people self-identified as in recovery

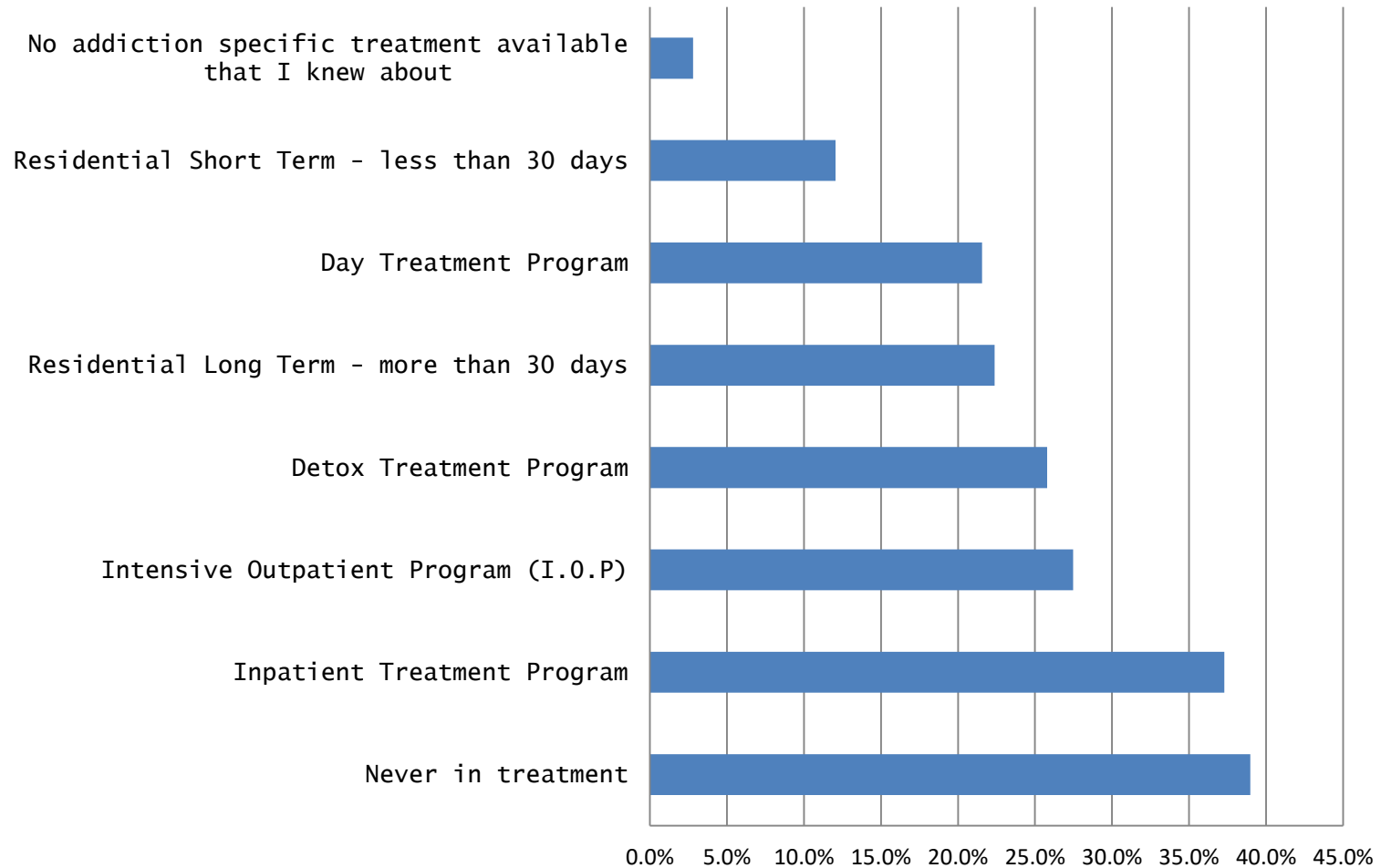


Almost 1/3 of the respondents have never been in addiction treatment.

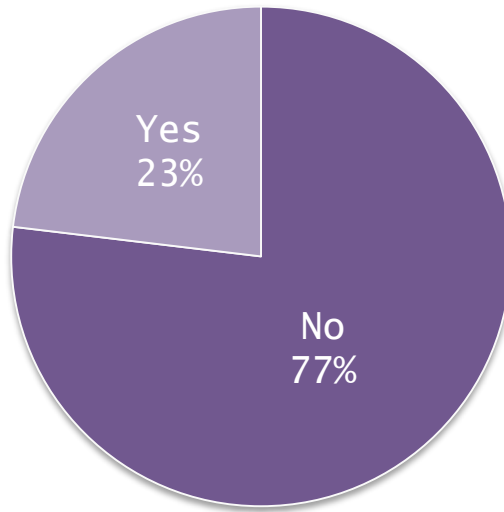
Q19: Are you a member of a treatment program's alumni group? Reponses by people self-identified as in recovery



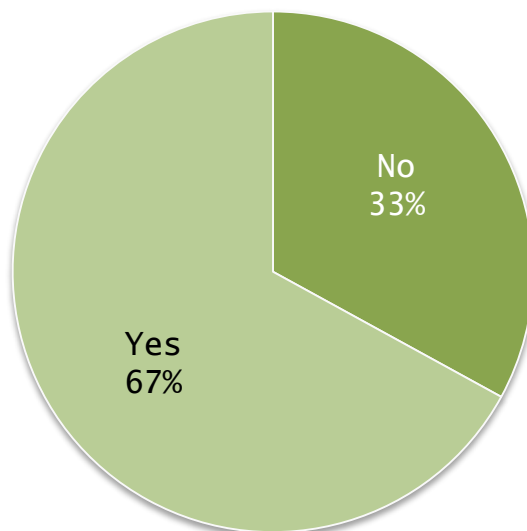
Q20: What types of treatment have you received for your addiction?
(please select all that apply)



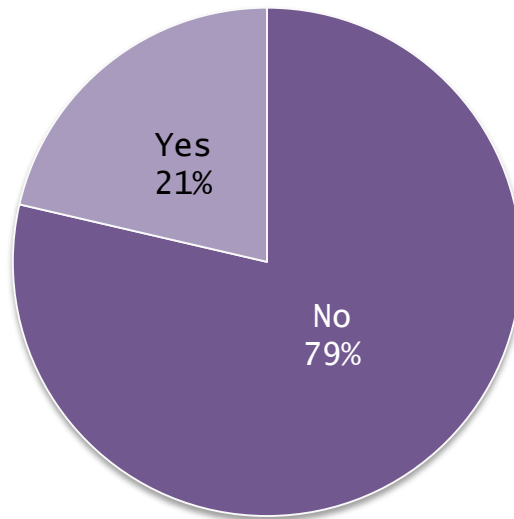
Q21: Are you currently taking prescribed medication to support your recovery?



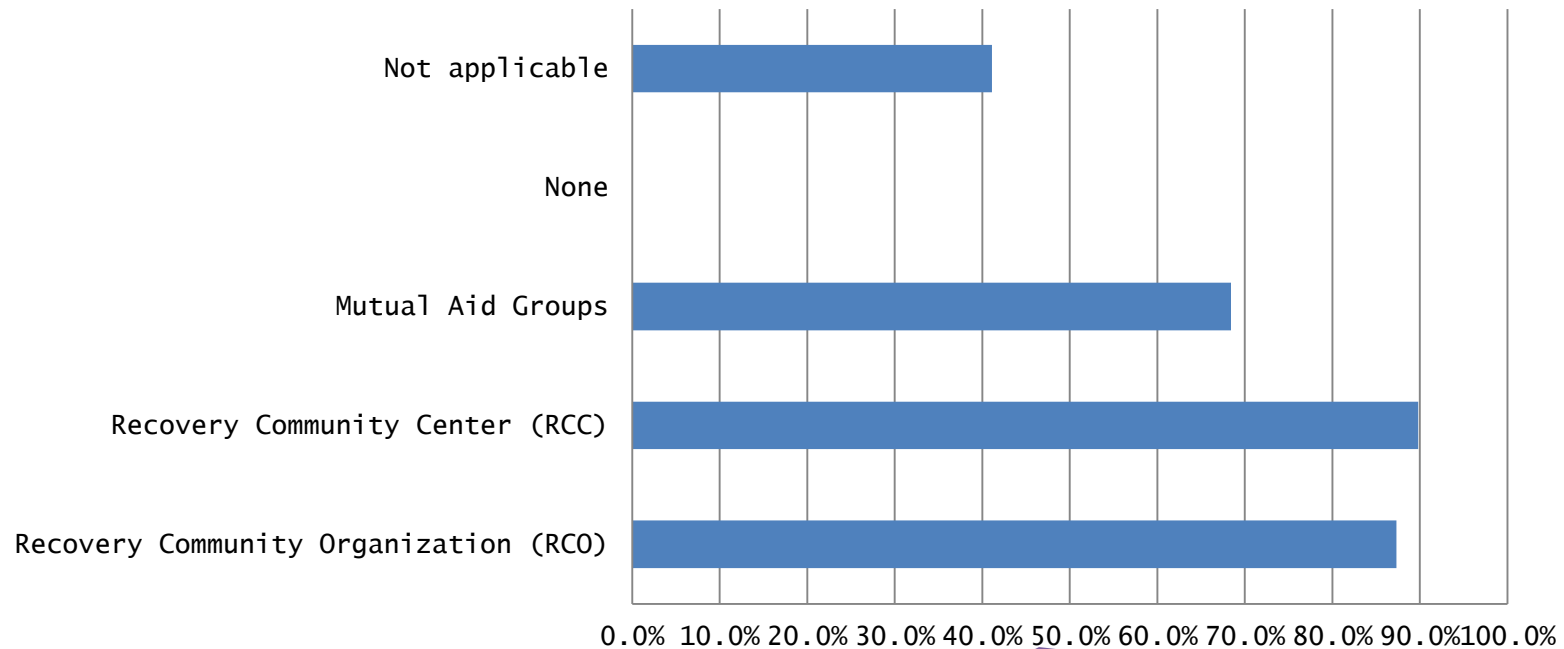
Q22: Have you ever attended a mutual aid recovery meeting such as Alcoholics Anonymous or Narcotics Anonymous?



Q23: Have you ever attended a NON-12-step addiction recovery support group (i.e., SMART Recovery)



Q24: Are there local Addiction Recovery Community Organizations (RCOs) or support groups in your neighborhood that have been beneficial to you? *(Please select all that apply and fill in other if applicable)*

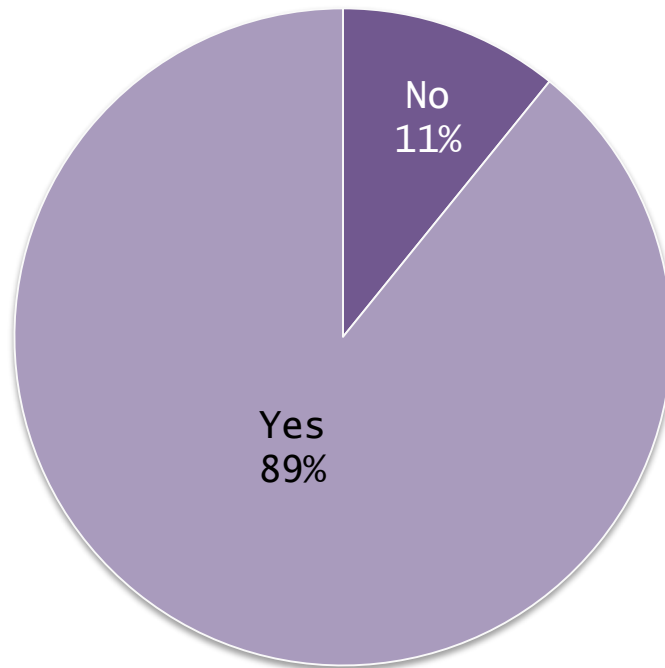


Our Interpretation: Recovery Community Organizations (RCOs) and Recovery Community and Outreach Centers (RCOCs)

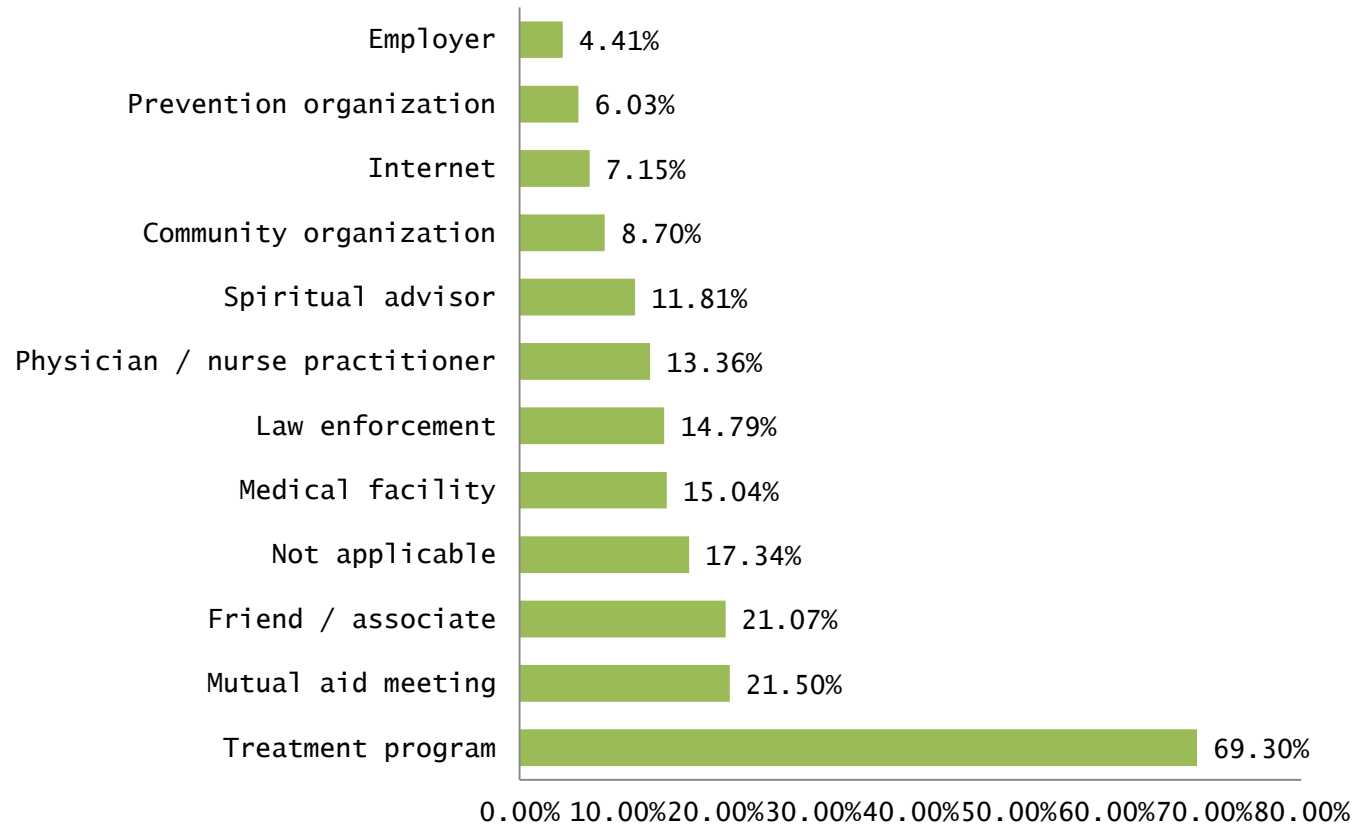
Considering that there are only 9 RCOs and 3 RCOCs in NYS, it is highly likely that respondents misunderstood this question - perhaps interpreting other forms of community based recovery support to be RCOs/RCOCs.

This suggests a need for broad community education as to the nature, function, and value of RCOs and RCOCs.

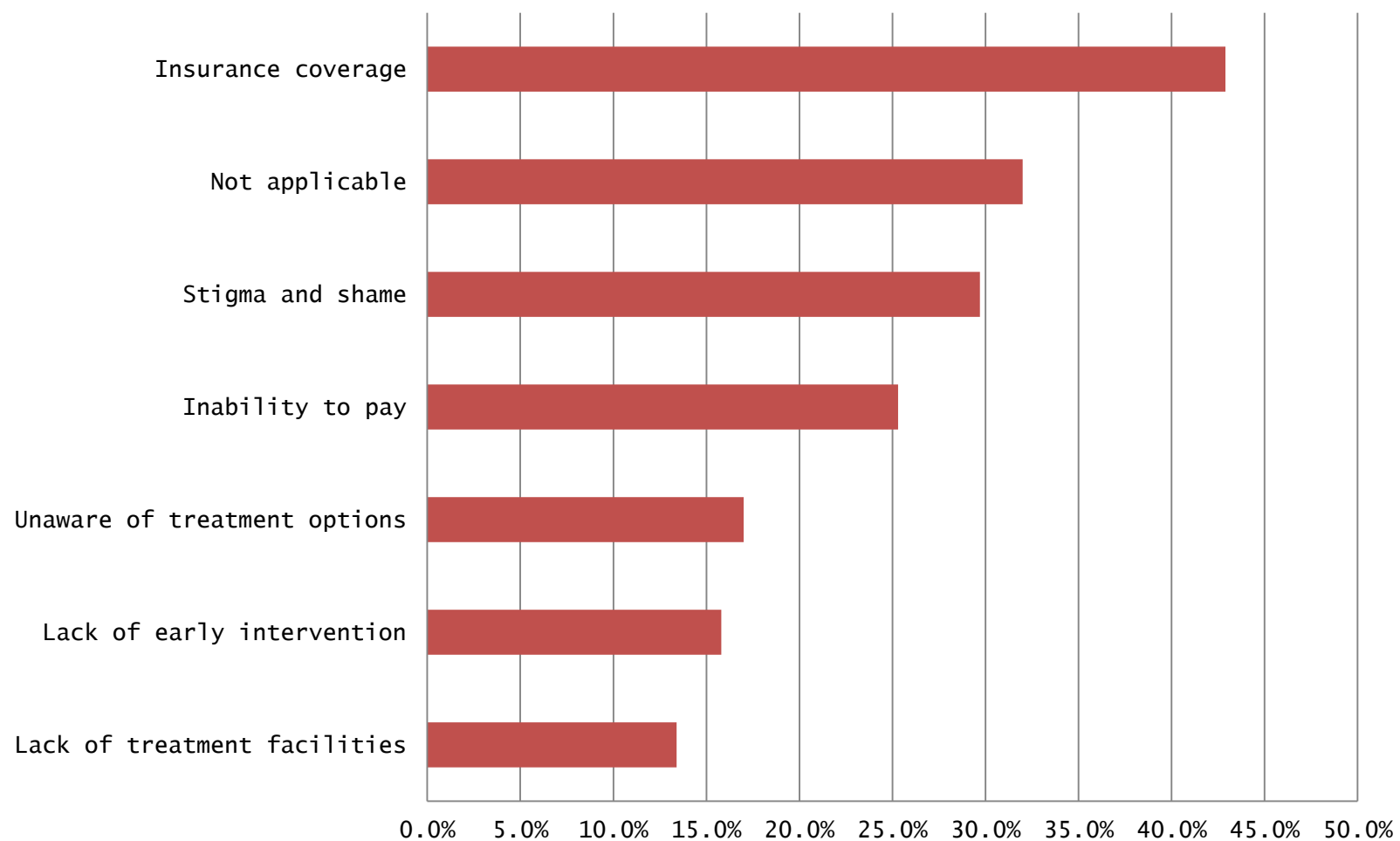
Q25: If you or a family member needed help for an addiction, would you know where to turn?



Q26: If you or a family member received help for an addiction, what was the source of that help *(if both you and a family member received help, select more than one)*



Q27: What are the barriers you've experienced in trying to access treatment? *(Please circle all that apply, and write in if different)*



Our Interpretation: Barriers to Treatment Access – Insurance

Lack of insurance coverage/inability to pay remain prime barriers to receiving necessary treatment for addiction, even in light of recent expansion of coverage (1).

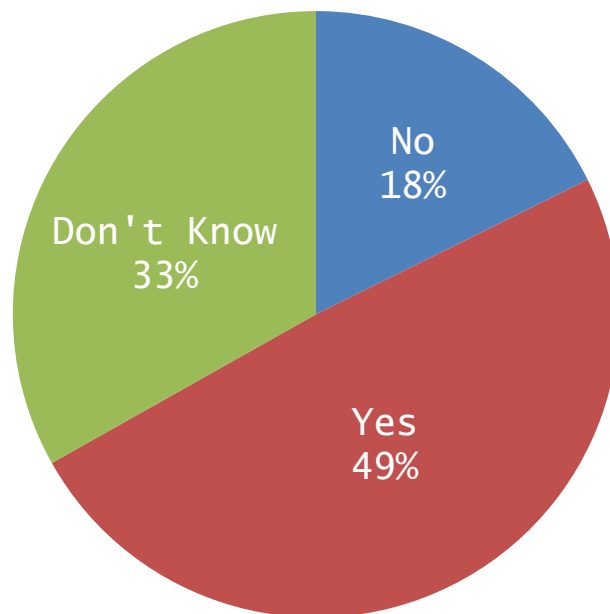
- (1) Andrews, C., Abraham, A., Grogan, C. M., Pollock, H. A., Bersamira, C., Humphreys, K., & Friedmann, P. (2015). Despite resources from the ACA, most states do little to help addiction treatment programs implement health care reform. *Health Affairs*, 34(5), 828-835.
<http://doi.org/10.1377/hlthaff.2014.1330>
- Timko, C., Schultz, N. R., Britt, J., & Cucciare, M. A. (2016). Transitioning from detoxification to substance use disorder treatment: Facilitators and barriers. *Journal of Substance Abuse Treatment*.

Our Interpretation: Barriers to Treatment Access– Shame and Stigma

Stigma and shame remain major barriers to seeking and maintaining recovery from addiction for individuals and families, persisting despite advances in the view of addiction as a treatable, neurobiological disease. Fortunately, there are efforts in New York (2) and nationally (3) to educate the public regarding addiction and recovery. Much more needs to be done, however.

- (1) Barry, C. L., McGinty, E. E., Pescosolido, B. A., & Goldman, H. H. (2014). Stigma, discrimination, treatment effectiveness, and policy: Public views about drug addiction and mental illness. *Psychiatric Services*, 65(10), 1269-1272.
- Olsen, Y., & Sharfstein, J. M. (2014). Confronting the stigma of opioid use disorder—and its treatment. *JAMA*, 311(14), 1393-1394.
- (2) cf. #ThriveNYC campaign – <https://thrivenyc.cityofnewyork.us/>
- (3) cf. National Addiction Recovery Month <https://www.recoverymonth.gov/>

Q28: Does your community need a Recovery Community Organization (RCO)?

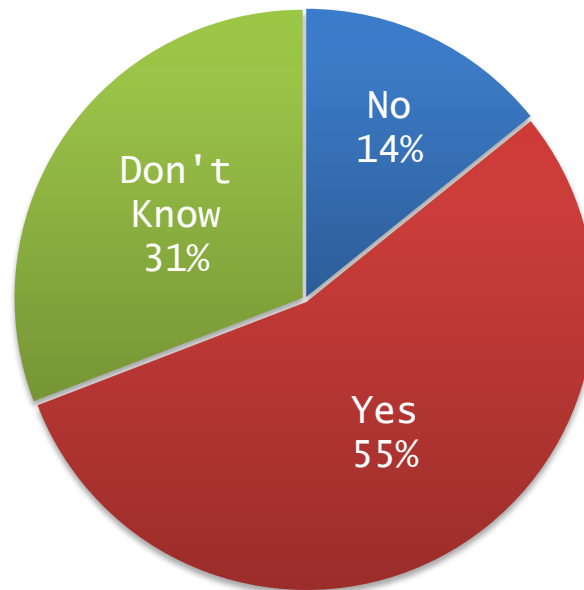


Definition: “A Recovery Community Organization (RCO) is an independent, non-profit organization led and governed by representatives of local communities of recovery. These organizations organize recovery-focused policy advocacy activities, carry out recovery-focused community education and outreach programs, and/or provide peer-based recovery support services (P-BRSS). Public education, policy advocacy and peer-based recovery support services are the strategies through which this mission is achieved.”

<http://www.williamwhitepapers.com/pr/2007DefiningRecoveryCommunityOrganization.pdf>

As of August 2016, there are 9 RCOs in New York State, and a number of others in active development.

Q29: Does your community need a Recovery Community Center (RCC)?

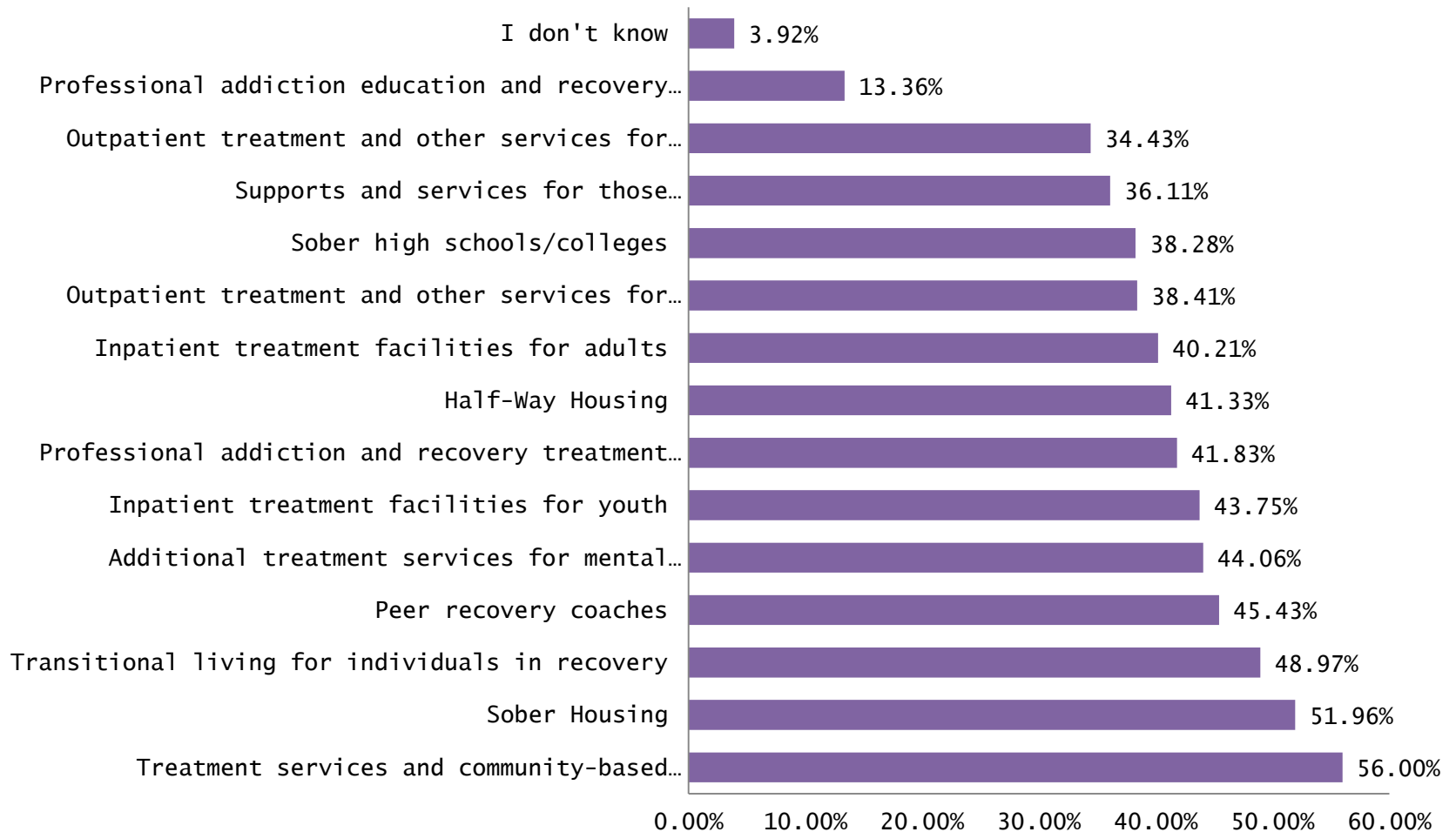


Definition: “A Recovery Community and Outreach Center (RCOC) is a resource for skill-building education, information, support and socialization for those in recovery and their loved ones. It makes real the belief that recovery from addictive disorders is possible. The basis for available services and programming through an RCC are Peer-Based Recovery Support Services (P-BRSS). These are non-clinical services that focus on removing barriers and providing invaluable resources to those who are seeking to achieve and maintain long-term recovery. Peer-driven and peer-delivered support services are fueled by the energy of volunteers who seek to share their experience and knowledge with others. The support offered is not meant to replace treatment, Twelve-Step support or other Mutual Aid support groups. RCCs acknowledge multiple pathways to recovery.”

<http://friendsofrecoverydo.org/what-is-a-recovery-community-center/>

As of August 2016, there are 3 fully established RCOCs in New York State. Funding has been approved for 7 new youth club houses and 6 new RCOCs.

Q30: What resources does your community need for treatment and/or recovery? *(Please select all that apply)*

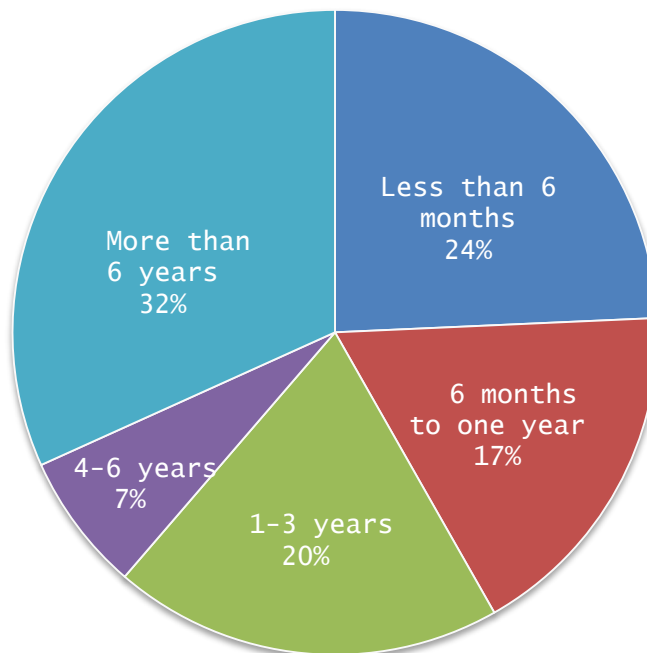
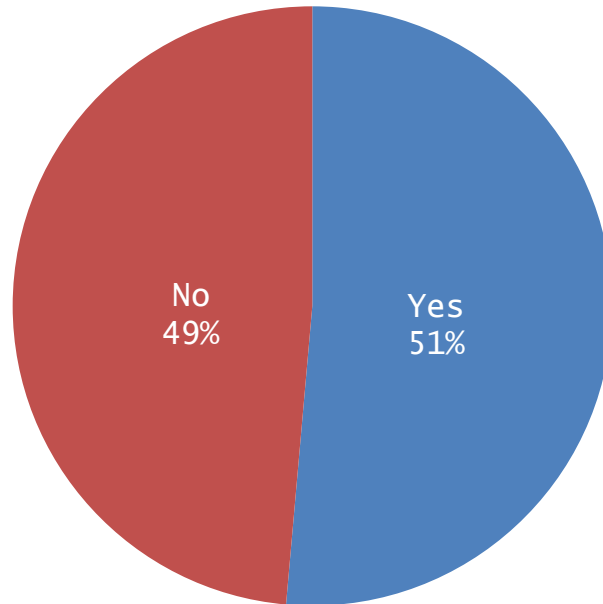


Q31: Please rank the recovery support services that you need in your community, #1 being most important:

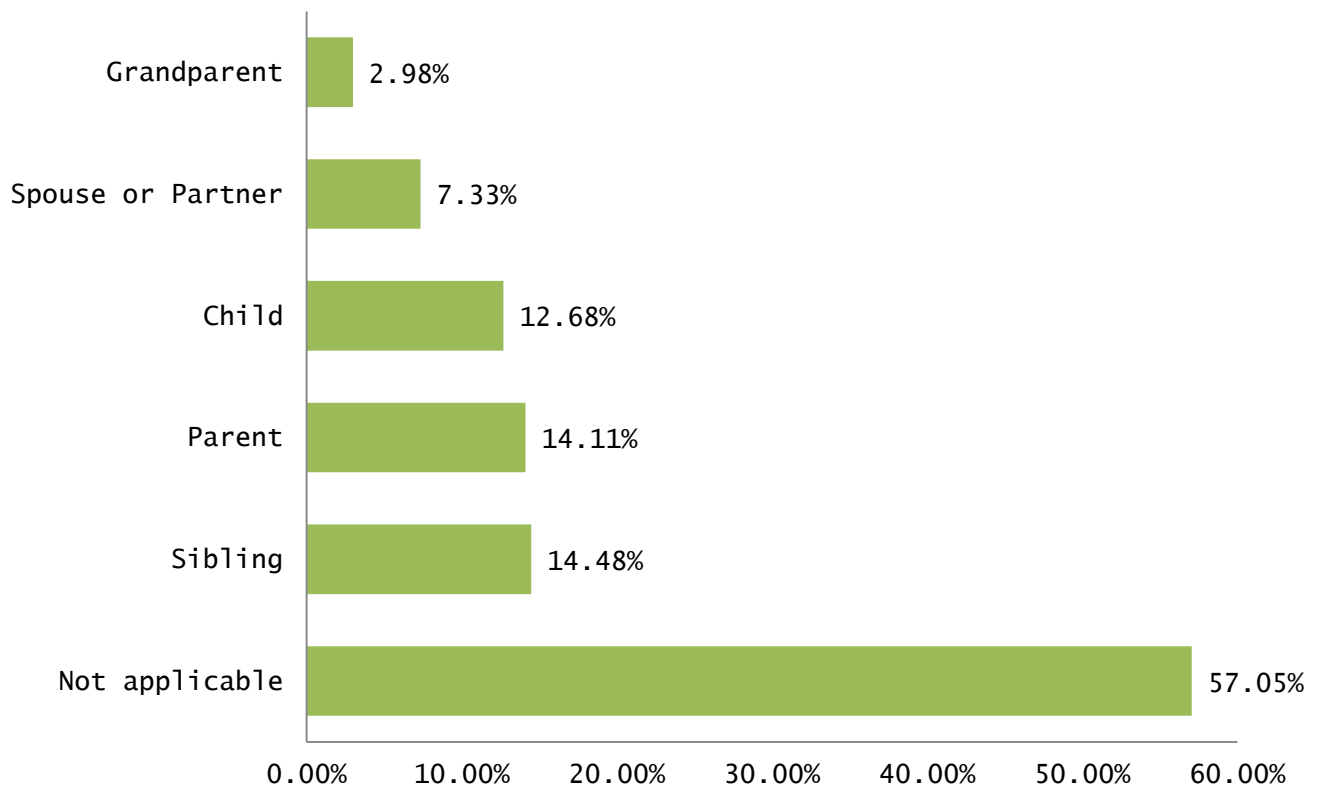
Note: The lower the score, the more important to respondents

Recovery Support Service	Mean Score
Support Meetings/Groups	4.146
Housing	4.644
Medical Insurance	4.663
Job Training	4.822
Legal Services	6.705
Relapse Prevention	7.180
Money Management	7.342
Education Services	7.509
Parenting Skills	7.675
Social Skills	7.741
Transportation	8.042
Stress Management	8.590
Clothing/Food	9.365

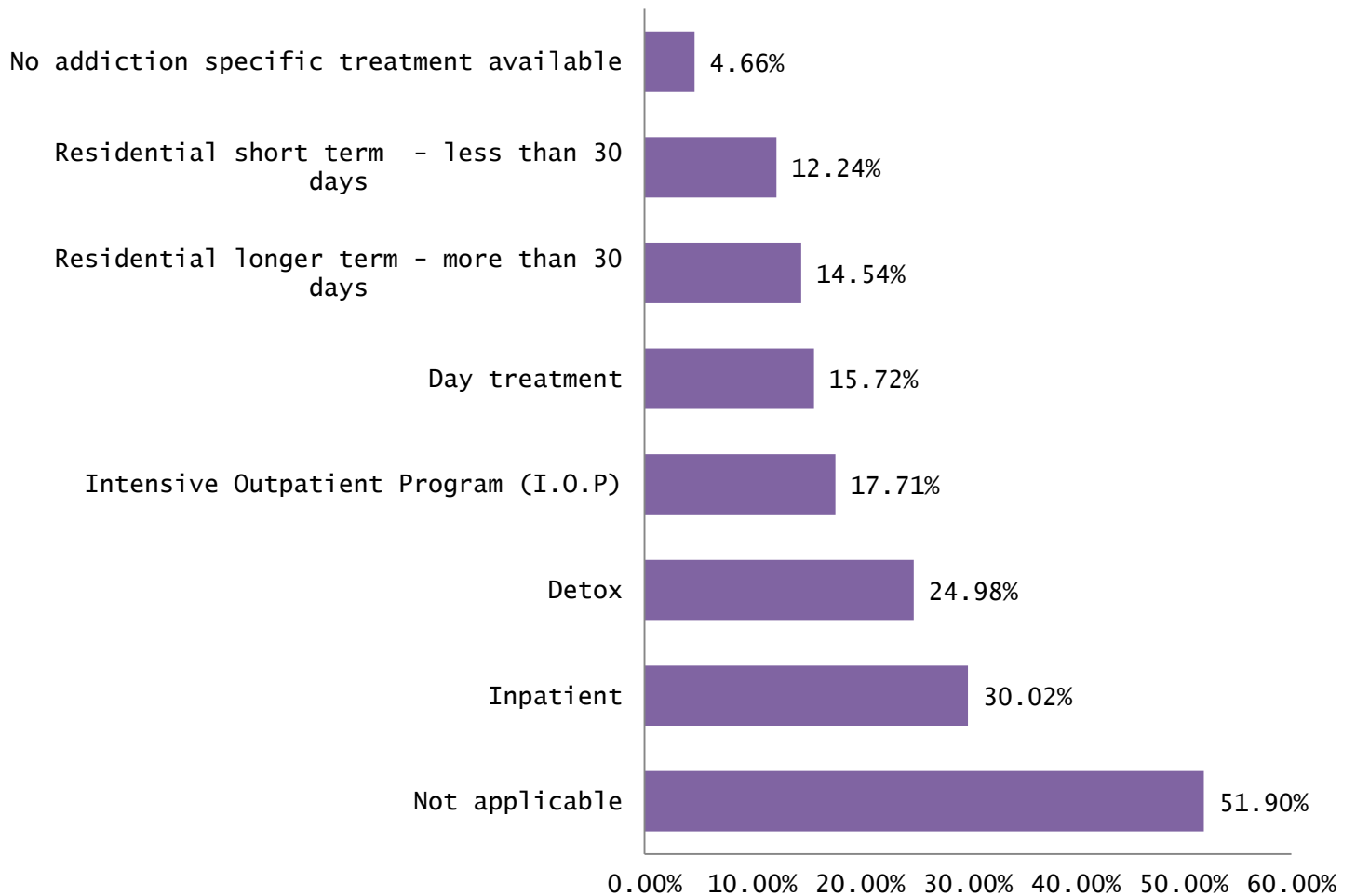
Q32: Are you a family member of someone living in recovery, and if so, how long have they been in recovery?



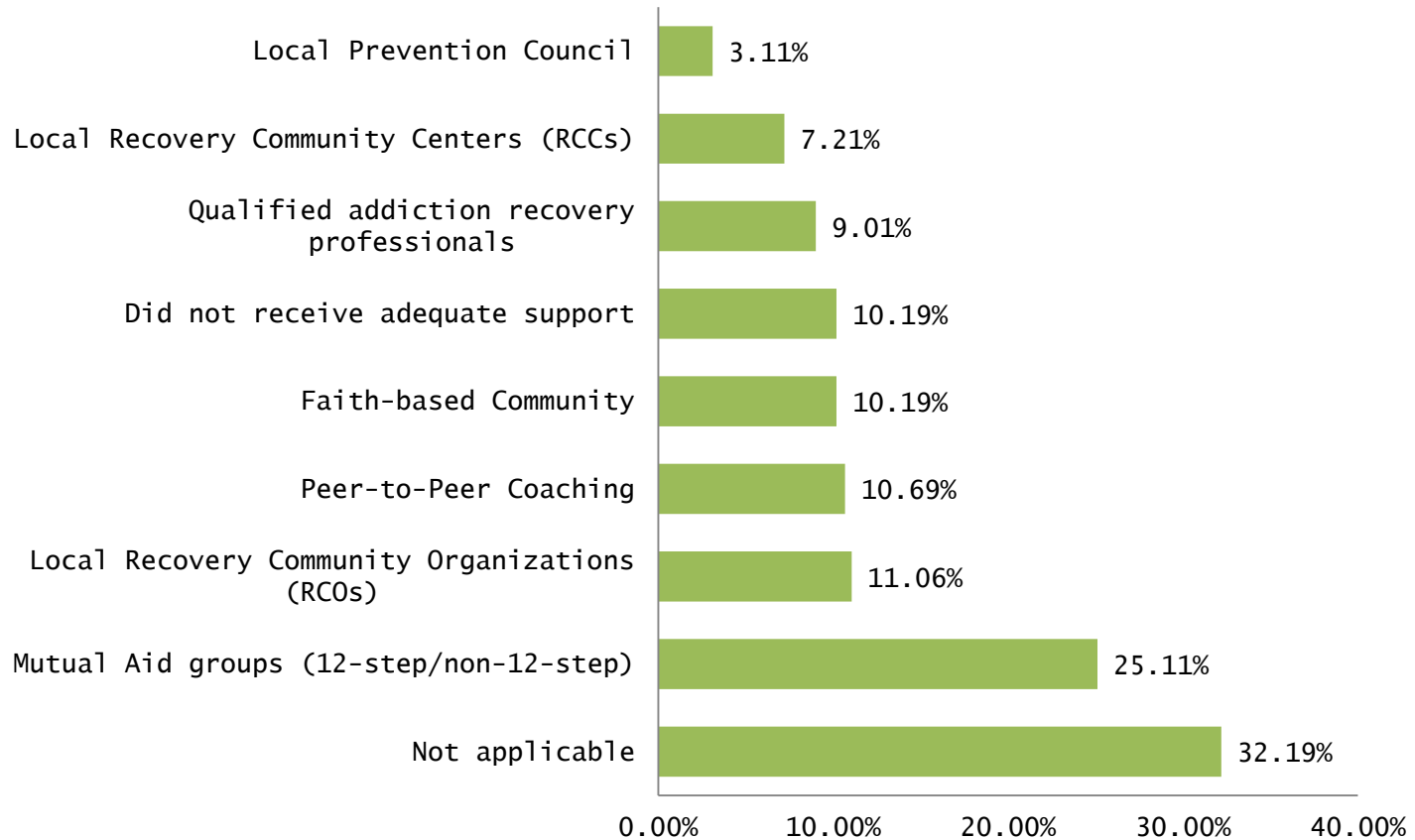
Q33: If your family member is in active addiction, in recovery, or deceased, are they your:



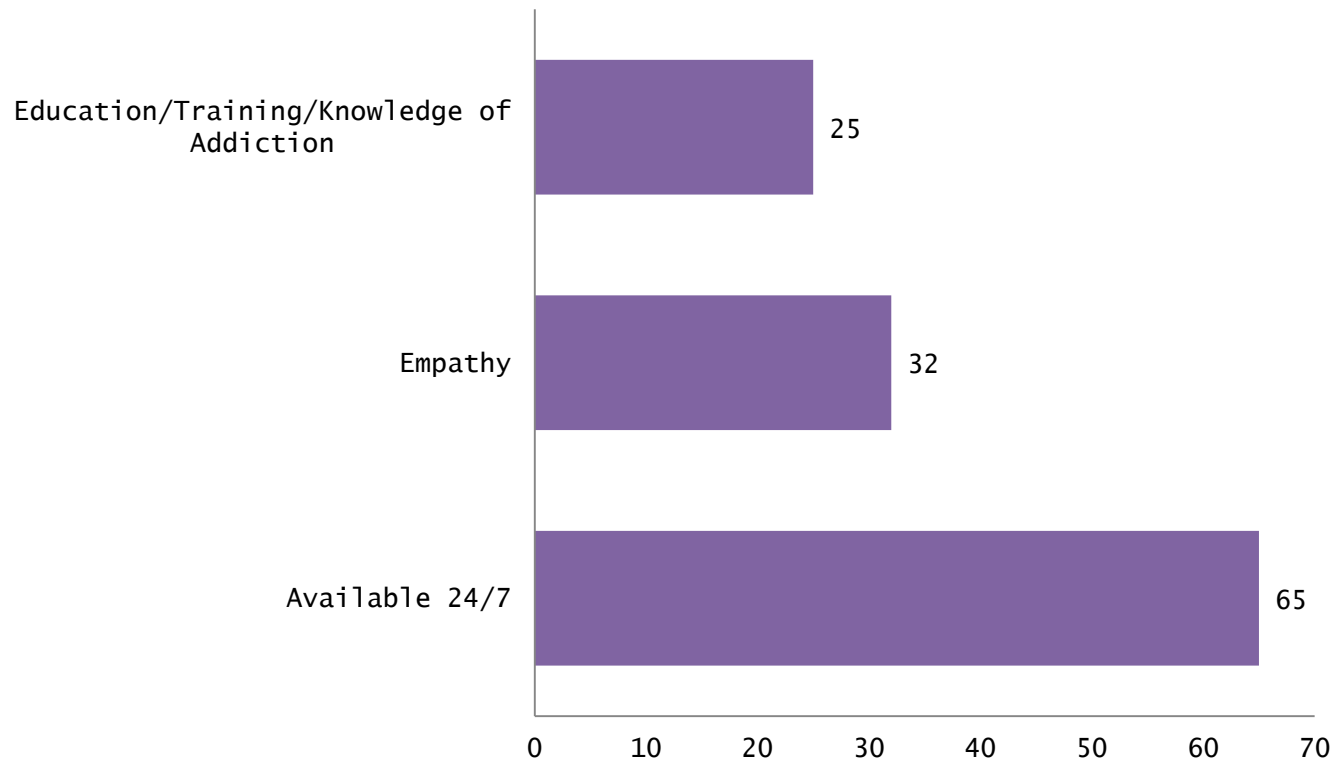
Q34: What types of addiction treatment has your family member(s) received? *(please circle all that apply)*



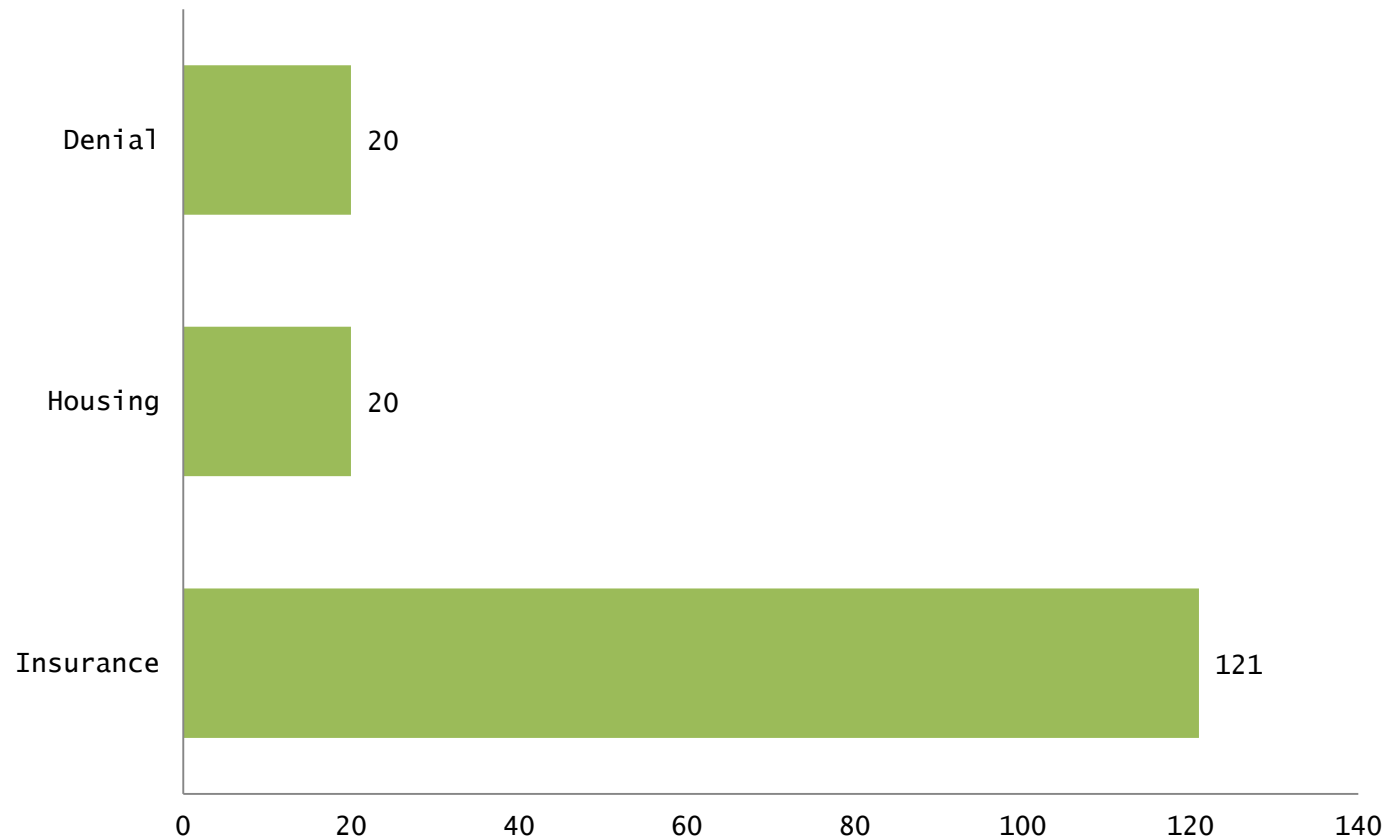
Q35: Where did you receive the best support? (*check all that apply*)



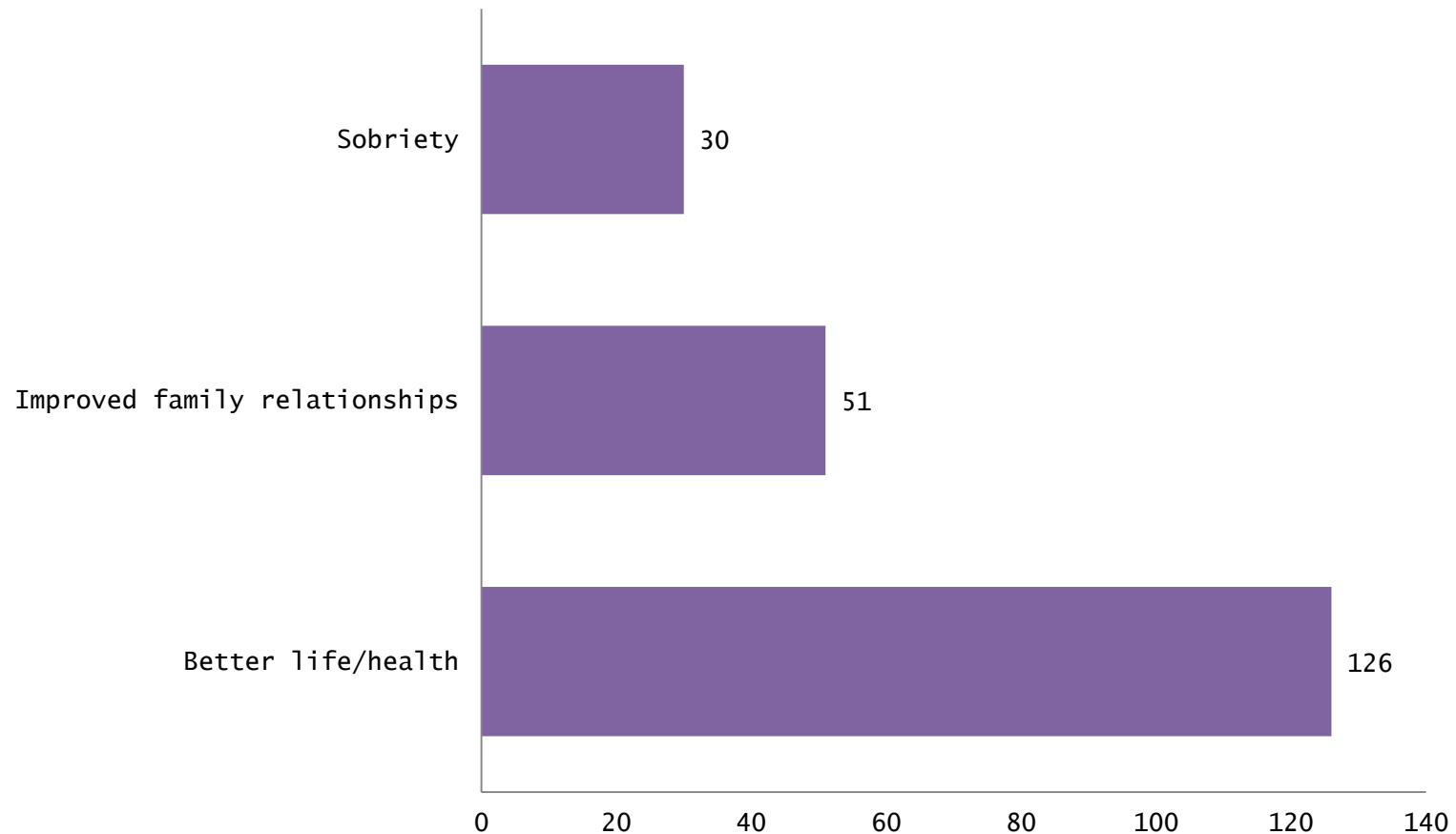
Q36: If you had a coach or peer supporting you or someone else through the addiction and recovery process, what are the top three things that would be helpful?



Q37: Is there anything else you would like to add about the barriers to recovery that you, a family member, or someone else faced?



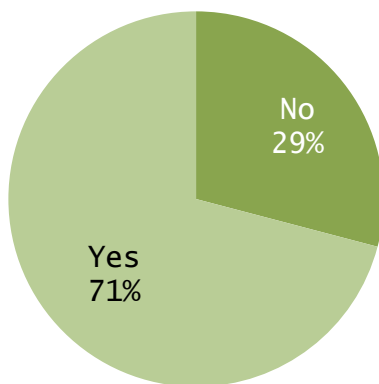
Q38: Is there anything else you would like to add about the benefits of your recovery, your family member's, or someone else's recovery?



Special Focus: Veterans

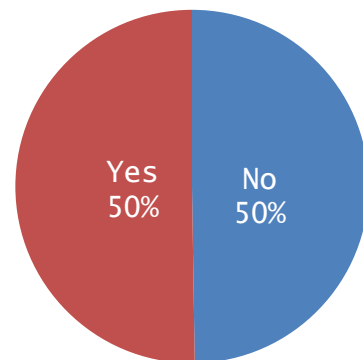
Q12: Have you ever wanted treatment for emotional or mental health issues (*i.e. therapy, counseling, medication*)?

Veterans



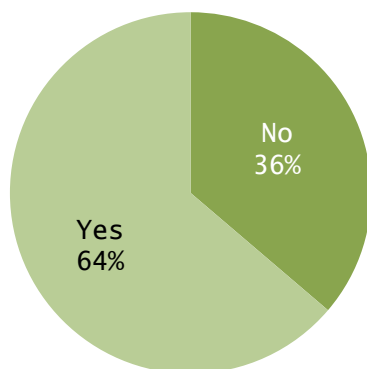
Q13: Are you currently receiving treatment for emotional or mental health issues (*i.e. therapy, counseling, medication*)?

Veterans



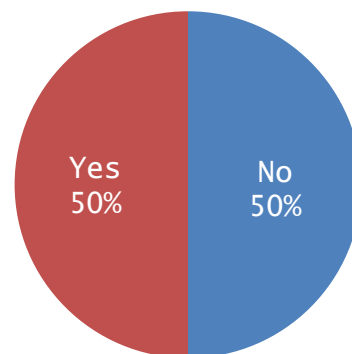
Q12: Have you ever wanted treatment for emotional or mental health issues *i.e. therapy, counseling, medication*)?

People in Recovery (overall)



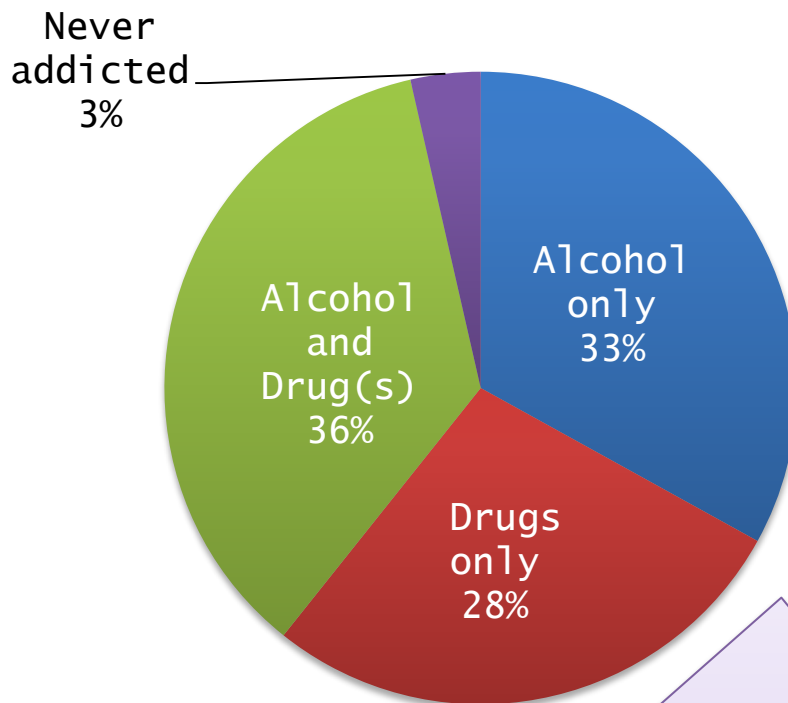
Q13: Are you currently receiving treatment for emotional or mental health issues (*i.e. therapy, counseling, medication*)?

People in Recovery (overall)



Special Focus: Veterans

Q15: What was your primary addiction?



Our Interpretation: Veterans- Primary Addiction

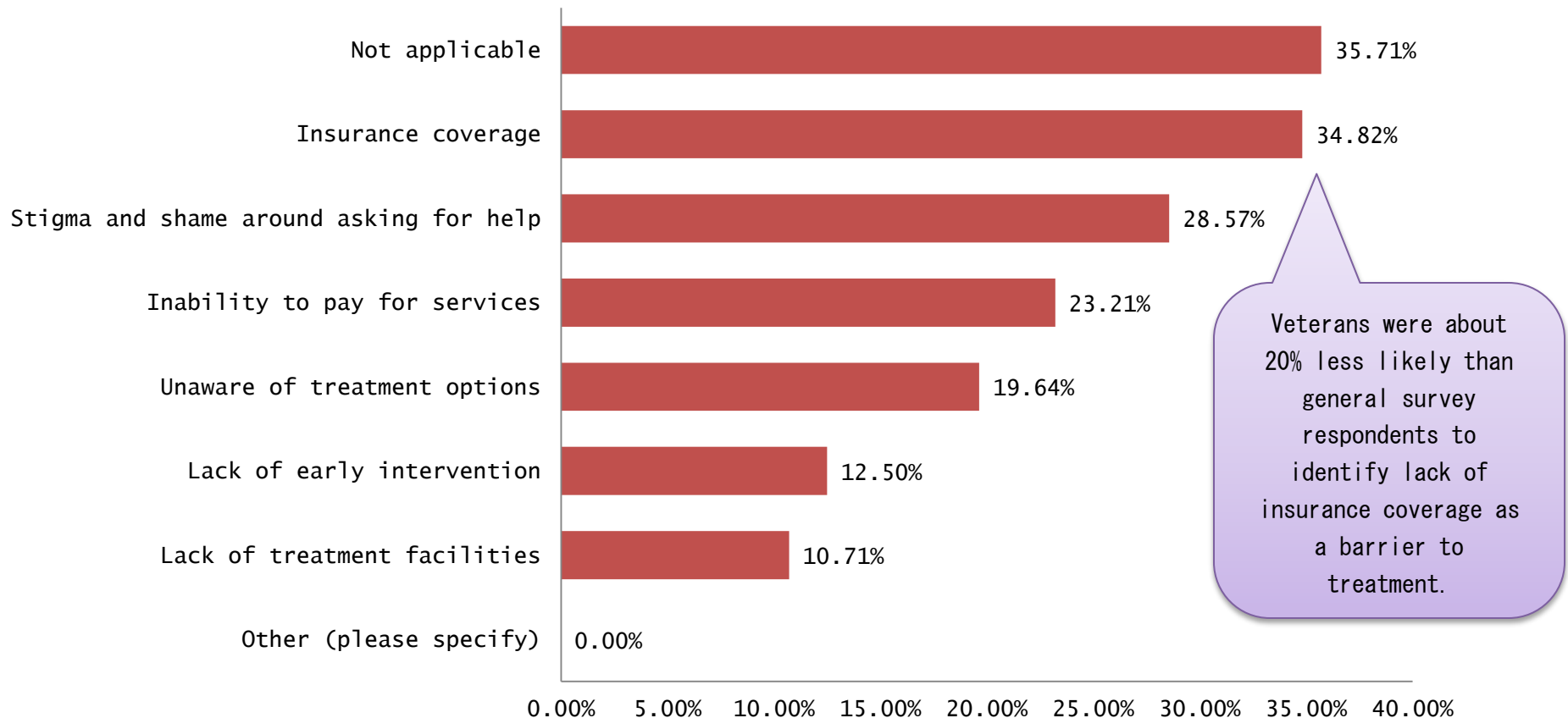
Veterans were about 40% more likely than general survey respondents to list “alcohol only” as their addiction and about 30% less likely to list “drugs only” as their addiction. This is consistent with recent research findings that more than 40% of US military veterans have a life-time history of alcohol use disorder (1) and that levels of excessive alcohol consumption among active-duty U.S. military personnel have recently increased (2).

(1) Fuehrlein, B. S., Mota, N., Arias, A. J., Trevisan, L. A., Kachadourian, L. K., Krystal, J. H., et al. (2016). The burden of alcohol use disorders in US Military veterans: Results from the National Health and Resilience in Veterans Study. *Addiction*.

(2) Bray, R. M., Brown, J. M., & Williams, J. (2013). Trends in binge and heavy drinking, alcohol-related problems, and combat exposure in the US military. *Substance Use & Misuse*, 48(10), 799-810.

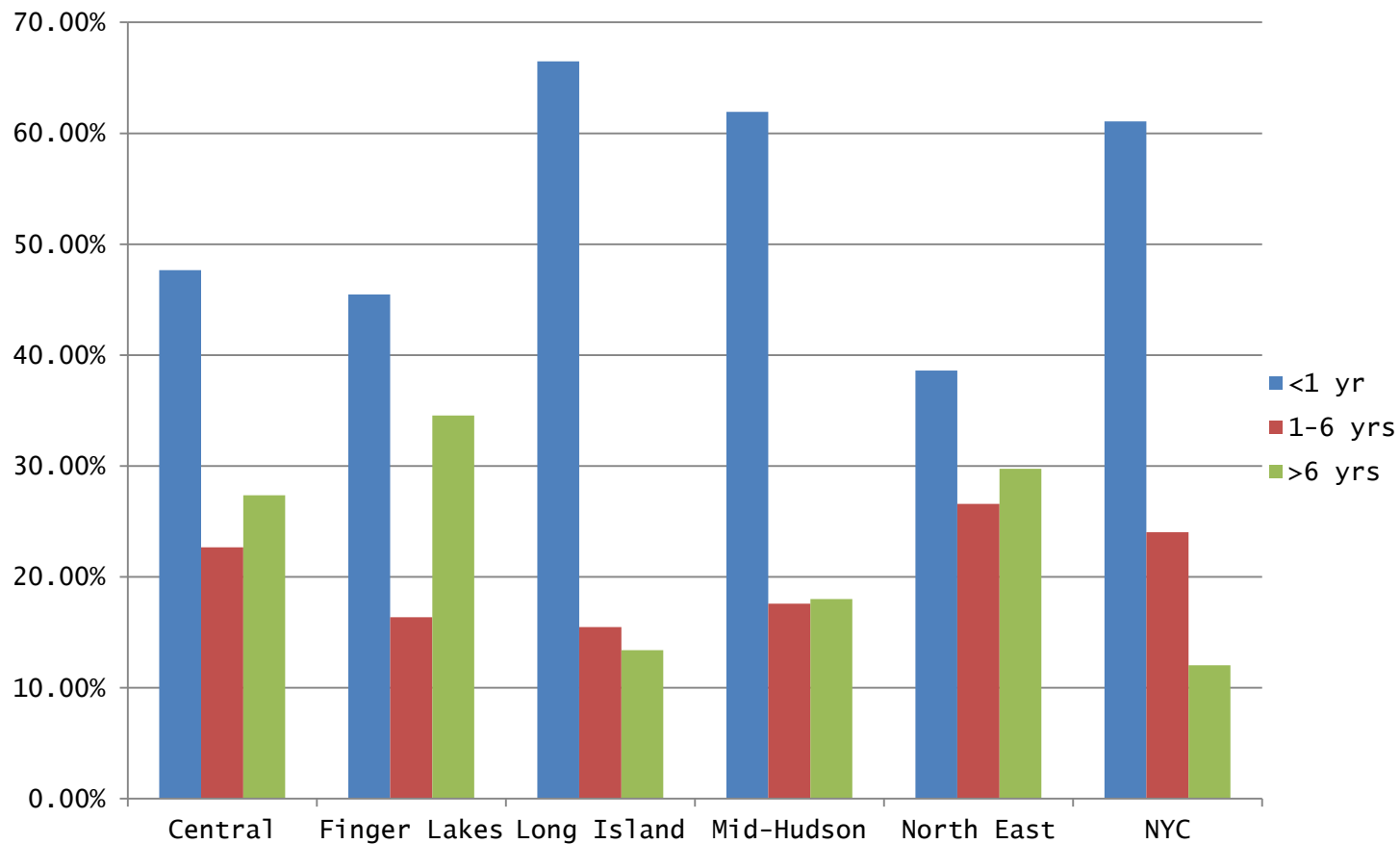
Special Focus: Veterans

Q27: What are the barriers you've experienced in trying to access treatment? (Please circle all that apply, and write in if different)



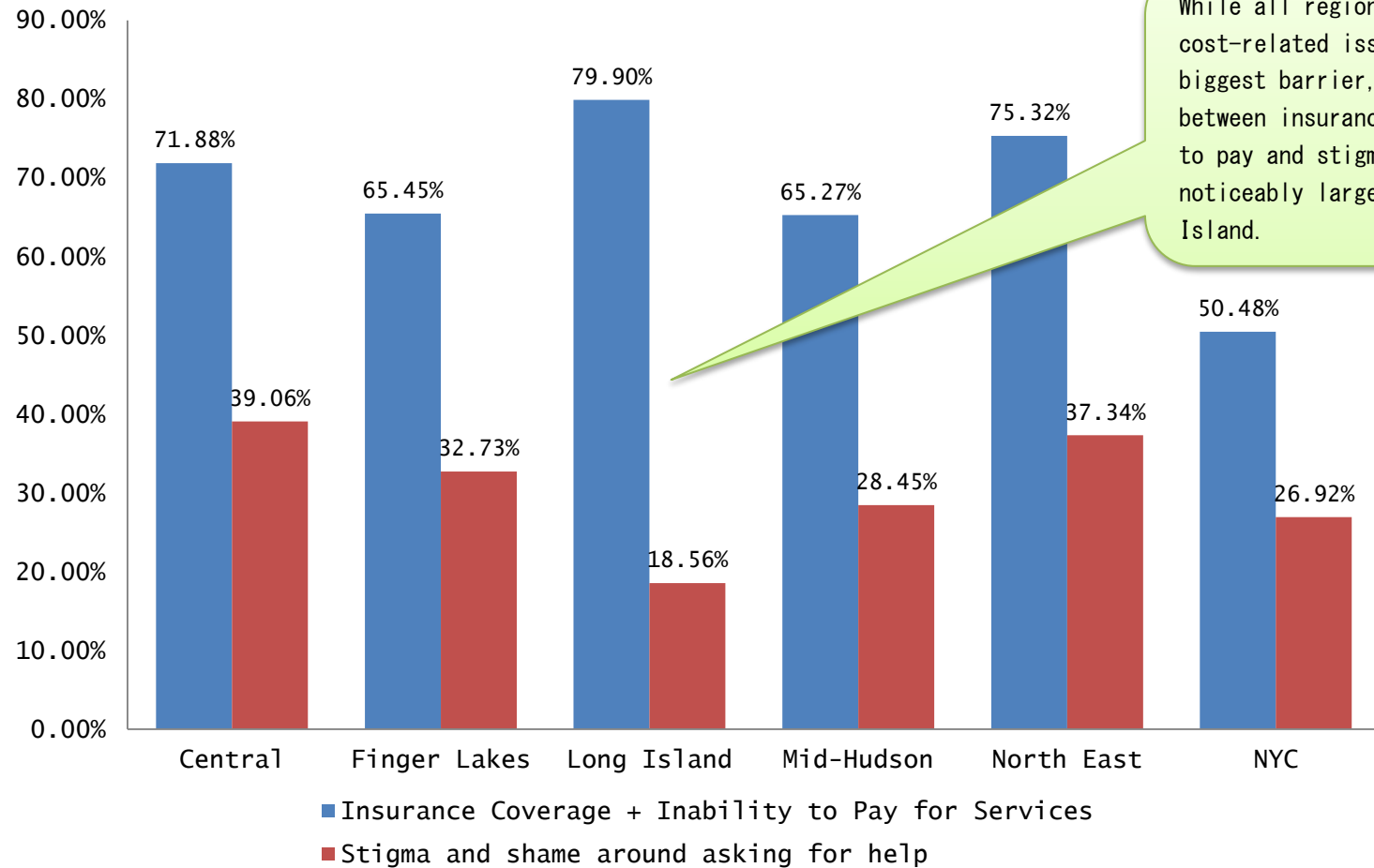
Special Focus: Regional Comparisons

Q14: How long have you been in recovery from addiction? (*Recovery as you see it*)



Special Focus: Regional Comparisons

Q27: What are the barriers you've experienced in trying to access treatment? *(Please circle all that apply, and write in if different)*



Conclusion

Drug overdose is now the leading cause of accidental death in the US.¹ Given the magnitude of this public health crisis that took the lives of almost 50,000 Americans last year, the urgent need to treat the disease of addiction with community-based recovery supports and services is undeniable. Addiction is a progressive, chronic, treatable, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences,² and requires ongoing supports and services, like other chronic diseases – in all stages of recovery.

The data collected from the **2016 Friends of Recovery – New York (FOR-NY) Recovery Needs Survey** makes it clear that there is an immediate need among those most vulnerable to relapse (those in early recovery from active addiction) for community-based recovery supports and ongoing services to help them stabilize in all the major life areas so that recovery becomes as critical to the healing process as treatment itself. For the 23.5 million Americans who have overcome the crisis of active addiction and are now living in remission, ongoing supports and services have been essential to their recovery.³

FOR-NY strongly advocates that additional resources for individuals and families impacted by addiction include the development of Recovery Community Organizations (RCOs) and Recovery Community & Outreach Centers (RCOCs) that providing peer recovery support services, in every county in New York State. It is well-documented that both peer practitioners (including peer recovery advocates and coaches) and the organizations that provide peer services must be qualified, recovery-oriented and ethically and legally sound.

Barriers to access to treatment must be removed, and recovery wrap-around services – including safe sober housing, legal support, employment and education – are all necessary to sustaining overall well-being. Similarly, individuals and families must have access to support from many “pathways” to recovery. Additional research on the science of recovery is critical so that empirical data is made available to create effective and cost effective recovery-oriented systems of care (ROSC), and that lives and dollars are saved, communities are restored, families are reunited, employment rates are increased, and people are given the support they need to rejoin society as productive and healthy citizens.⁴ Further research on recovery will help to create an effective response to the public health crisis of addiction, support prevention and help people build and sustain their recovery.

Finally, as FOR-NY partners with individuals, families, and allies to the recovery community across the state, continued efforts will focus on reducing stigma and discriminatory policies and practices around addiction and recovery, to spread the message of hope that recovery is not only possible – but available to all who want it.

Research shows that “recovery is not only possible for the over 23 million Americans still struggling with addiction, but also that in recovery, people lead full, productive, and healthy lives.”⁵

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- ¹ Center for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Mortality File. (2015). Number and Age-Adjusted Rates of Drug-poisoning Deaths Involving Opioid Analgesics and Heroin: United States, 2000–2014. Atlanta, GA: Center for Disease Control and Prevention. Available at http://www.cdc.gov/nchs/data/health_policy/AADR_drug_poisoning_involving_OA_Heroin_US_2000-2014.pdf
- ² American Society of Addiction Medicine. (2011). Public Policy Statement: Definition of Addiction. Chevy Chase, MD: American Society of Addiction Medicine. Available at http://www.asam.org/docs/publicpolicy-statements/1definition_of_addiction_long_4-11.pdf?sfvrsn=2.
- ³ The Partnership for Drug-Free Kids, New York State Office of Alcoholism and Drug Abuse (OASAS). 2012. Survey: Ten Percent of American Adults Report Being in Recovery from Substance Abuse or Addiction. Available at <http://www.drugfree.org/newsroom/survey-ten-percent-of-american-adults-report-being-in-recovery-from-substance-abuse-or-addiction/>
- ⁴ Center for Substance Abuse Treatment (CSAT). 2009. Building the Science of Recovery. Available at <http://www.attcnetwork.org/learn/topics/rosc/docs/buildingthescience.pdf>
- ⁵ Laudet A. 2013. Life in Recovery Survey. Washington, DC: Faces and Voices of Recovery. Available at: www.facesandvoicesofrecovery.org/publications/lifeinrecoverysurvey.php.



Friends of Recovery New York

Mission and Vision

WHO?

“Friends of Recovery - NY is comprised of NYS residents who are in long-term recovery from addiction, their families, friends and allies. We represent all sectors of the community, all regions of the state, and the numerous and diverse paths to recovery. We actively organize and mobilize the recovery community so as to speak effectively with one voice.”

WHAT?

“Our mission is to demonstrate the power and proof of recovery from addictions and its value to individuals, families and communities throughout NYS and the nation. We actively seek to advance public policies and practices that promote and support recovery.”

WHY?

“We envision a world in which recovery from addiction is both a commonplace and a celebrated reality, a world in which the entire spectrum of effective prevention, treatment and recovery support services are available and accessible to all who might benefit from them.

FOR-NY Believes:

- Recovery is possible for everyone
- Everyone achieves recovery in his or her own way
- Adequate resources and support are necessary for sustained recovery
- Recovery is about reclaiming a meaningful life and role in society

FOR-NY Stands For:

- Addressing addiction as a public health issue
- Responding to illicit drug use as a health issue rather than a crime
- Eliminating barriers to getting help
- Developing non-punitive, non-judgmental recovery service models
- Creating a system that engages and supports people to reclaim a meaningful life
- Including recovering individuals and our families at all levels of budget and policy development in the system



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FOR-NY:
The Power of Community
The Power of Recovery



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