



Recovery in the Empire State

2018 REPORT ON FINDINGS

BASED ON THE 2017 FOR-NY LIFE IN RECOVERY SURVEY



FRIENDS OF RECOVERY NEW YORK (FOR-NY)
 1529 Western Avenue, Albany, NY 12203
Phone: 518-487-4395
Web: www.for-ny.org
Email: FamilyRecovery@for-ny.org
Twitter: @Recovery_NY
FB: Recovery_NY
LinkedIn: FOR-NY

RECOVERY IN THE EMPIRE STATE

2018 REPORT ON FINDINGS FROM THE 2017 FOR-NY LIFE IN RECOVERY SURVEY

TABLE OF CONTENTS

About FOR-NY	Page 3
Message from the FOR-NY Executive Director	Page 5
Executive Summary	Page 6
Introduction	Page 9
2017 Survey / 2018 Report—Recovery in the Empire State	Page 13
Survey Purpose and Objectives	Page 14
Survey Methods and Development	Page 15
Administration/Participants	Page 15
SURVEY RESULTS	Page 16
SUMMMARY AND CONCLUSION	Page 58
Recommendations	Page 59
Acknowledgements	Page 60
References Cited	Page 62



Our Mission and Vision

WHO?

“Friends of Recovery - NY is comprised of NYS residents who are in 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



Board of Directors:

Joseph Turner, J.D.

President
New York City

Debra M. Rhoades, LCSW-R, CASAC

Vice President
Albany County

Chacku Mathai, CPRP

Treasurer
Monroe County

Dona Pagan, CASAC-GS, NCAC 1, CRPA

Secretary
New York City

Susan Laporte, J.D.

Ulster County

Laurie Lieberman, MPA, BS – Human Services

New York City

Jackson Davis

Onondaga County

Eric Dyer

Albany County

Edward L. Olsen, LCSW, CASAC, I-CDAC

Suffolk County

Staff:

Stephanie Campbell, MA, MS, MSW

Executive Director

Allison Weingarten, LMSW

Director of Policy

Theresa Knorr

Director of Education and Training Services

Shana Kaplanov

Development and Communications Manager

Debora Brosen

Office Manager

Message from the FOR-NY Executive Director

Addiction to alcohol and other drugs impacts an increasing number of families every year. Crises like the opioid epidemic are devastating the lives of individuals, families and communities across our country and state at alarming rates. In *Facing Addiction in America: the Surgeon General's Report on Alcohol, Drugs, and Health*, the former Secretary of the U.S. Department of Health and Human Services states that “substance misuse is a major public health challenge and a priority for our nation to address.”¹

In order to effectively address this major public health emergency in the state of New York, it is essential for accurate data to be collected about addiction and recovery in our own communities. “Research on alcohol and drug use, and addiction, has led to an increase of knowledge and to one clear conclusion: Addiction to alcohol or drugs is a chronic but treatable brain disease that requires medical intervention, not moral judgement.”² But what is it like for people and their families who seek out the services they need to achieve and stay in recovery? What challenges are encountered by those who take the brave step forward to achieve recovery? What gaps exist in treatment and support services in New York? And what achievements have been made over the past few years to close these gaps?

Friends of Recovery – New York (FOR-NY) has spent the past few years collecting data about people in recovery and their families in order to answer these questions. In 2016, FOR-NY released data from our Recovery Needs Survey which captured data on gaps in treatment and recovery support services across the state of New York. And we are proud to release the findings of our 2017 Life in Recovery Survey in this report which identifies challenges and measures the progress made in our efforts to increase access to the services people need in order to achieve and maintain their recovery.

Many thanks to the FOR-NY Director of Policy, Allison Weingarten, who spearheaded this survey and report - as well as to Robert Pezzolesi, MPH, and Robert Lillis, PhD for their consultation and expertise. Most importantly, a big thank you to the 794 people who completed the survey in 2017. Your participation in this survey as people in recovery, friends/family members of those in recovery, recovery health professionals, and allies to the recovery movement continue to make our work possible. Together, we are one community and one voice making possible a world where recovery is both common and celebrated.

Sincerely,



Stephanie Campbell, Executive Director
Friends of Recovery – New York

¹ Office of the Surgeon General (2016). *Facing Addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Washington, DC: U.S. Department of Health and Human Services (HHS), page 1-1. Retrieved on December 31, 2017 at <https://addiction.surgeongeneral.gov/chapter-5-recovery.pdf>

² Office of the Surgeon General, p. 1-3

Executive Summary

2017 Life in Recovery Survey and the 2016 Recovery Needs Survey

The 2017 FOR-NY Life in Recovery Survey was completed between September and November 2017. The 2017 Survey builds on the findings of the 2016 FOR-NY Recovery Needs Survey. The 2016 Recovery Needs Survey focused on two main objectives: (1) to identify the current strengths and priority needs to be addressed throughout the state related to addiction and recovery services and (2) to determine how well these priority needs are being met by organizations in order to identify the extent of gaps in treatment and recovery services. NYS invested \$42 million in the 2017 budget for recovery services after the 2016 Recovery Needs survey was established. The 2017 FOR-NY Life in Recovery Survey was conducted to explore the success of those recovery support services, and to provide initial data necessary for the government and local communities to make informed decisions about where and how investments in these services should expand.

Surgeon General's report recommendations

Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs and Health, released in 2016, recommends recovery support services (RSS) such as mutual aid groups, peer professionals, recovery coaching, recovery housing, recovery community and outreach centers, recovery based education, and social recreations recovery infrastructures as evidence-based strategies to increasing the success rates for people in recovery.³ The report states that, "ongoing RSS in the community after completing treatment can be invaluable for helping individuals resist relapse and rebuild lives that may have been devastated by years of substance misuse."⁴ Where RSS are used, the costs of outpatient care decreases, resulting in a decrease in cost per client and treatment expenses.⁵ This survey was created to measure the success and the need for these and other resources in NYS based on the findings of the Surgeon General's report that RSS are a successful model for recovery and its recommendations to increase the use of RSS.

Survey Overview:

Of the 794 people who completed the survey, 54% of respondents identify as being in recovery, 46% of respondents report being a family member or friend of someone in recovery or someone with an addiction and 27% report being a family members or friend who has lost someone to an addiction. Fifty percent of respondents report working in the addiction/recovery field. The 27% of people who have lost someone to an addiction is a percentage that should resonate with readers. NYS is in the midst of what may be the most significant pandemic in modern history, and understanding what resources are needed to help people find recovery is not just timely, but of critical importance.

³ Office of the Surgeon General, p. 1-10

⁴ Office of the Surgeon General, p. 1-10

⁵ Office of the Surgeon General, p. 5-7

Important findings

Over 80% of respondents who identify as being in recovery from addiction believe their community needs more of the following resources:

- Substance Free Recreational Activities (90.93%)
- Timely Access to Addiction Treatment (89.77%)
- Fitness Focused Recovery Activities (88.84%)
- Safe Addiction Withdrawal Management/Monitoring (88.6%)
- Recovery Community Outreach Centers (88.14%)
- Education Based Recovery Services (86.98%)
- Peer Advocates (86.98%)
- Recovery Residences (85.51%)
- Resources for Family and Friends (84.65%)
- Access to Mental Health Services (84.42%)
- Employment Based Recovery Services (82.79%)
- Grassroots Advocacy for People in Recovery (82.33%)
- Recovery Community Organizations (81.65%)

Over 50% of respondents who identify as being in recovery in addiction indicate a need for more of the following resources:

- Secular Mutual Support Organizations (70.23%)
- Medication Assisted Recovery Services (68.84%)
- Faith Based Mutual Support Organizations (59.3%)
- 12-step Mutual Support Organization (52.56%)

Successes

The survey findings show improvements in awareness of services available to help people who struggle with addiction. The survey shows that much important work is happening in New York State from efforts of the Governor, to the NYS legislature, to the Office of Alcohol and Substance Abuse Services (OASAS), to treatment providers, to prevention efforts, to peer professionals and family support navigators. Some improvements in outcomes between our 2016 and 2017 surveys are highly noticeable. One particular improvement between the 2016 and 2017 surveys is the awareness among survey participants of recovery support services. In the 2016 survey, it was clear there was a lack of awareness and understanding of recovery support services. The 2017 survey shows that awareness increased in the following ways:

Recovery Resource	2016 Survey	2017 Survey
Peer Advocates	45% (Respondents indicate an understanding of this resource)	87% (Respondents indicate an understanding of this resource)
Recovery Community Outreach Centers (RCOCs)	31% ("I do not know about this resource")	7% ("I don't know enough about this resource to comment")
Recovery Community Organizations (RCOs)	33% ("I do not know about this resource")	10% ("I don't know enough about this resource to comment")

Need for more recovery support services

Although we aimed to survey a geographically representative population, 15 counties have no representation in the results of this survey. Each of these counties has one or zero formal Recovery Support Services in the county (including RCO, RCOC, Youth Clubhouse, Peer Specialists, Family Navigators). This survey result shows a need to implement recovery support services in those counties in order to engage those populations.

Strength in Recovery

One finding that continues to be a strong sign of hope and strength in the recovery movement is the overwhelming showing of success and positivity from people in recovery. Since finding recovery, survey respondents indicate that they:

- Love their life (78%)
- Are highly educated (79%)
- Work and pay taxes (66%)
- Are community oriented (72%)
- Take care of their health: (72%)
- Are family-oriented: (74%)

This survey supports our experience at FOR-NY and is backed up by the findings of the Surgeon General's 2016 report which states that for people in recovery, "fulfilling important roles and being civically engaged, such as paying taxes, holding a job, and being a responsible parent and neighbor, became much more common after their substance use ended.⁶ The chronic disease of addiction is deadly and recovery is the remedy. An investment in recovery will be paid back ten-fold to the community and is an extremely cost-efficient investment.

⁶ Office of the Surgeon General, p. 5-5

Introduction

Historically, in the United States, 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/or institutionalized and their families were often shunned. Fortunately, this view of addiction is giving way to a more accurate and humane perspective. This shift in perspective is timely given the present addiction and drug overdose emergency transpiring in this country. Consider these facts:

- 63,600 Americans died from drug overdose in 2016 – an average of 174 a day⁷
- 3,638 New Yorkers died from drug overdose in 2016, an increase of 31% from 2015 and 61% from 2014⁸
- Excessive alcohol consumption is responsible for about 88,000 deaths in the United States each year.⁹ Moreover, alcohol-induced deaths (those with an explicitly alcohol-related cause) have been increasing in recent years.¹⁰
- Life expectancy among Americans actually decreased for the second straight year – led largely by “deaths of despair” – including drug overdose, the harmful use of alcohol, and suicide.¹¹

Not only are these statistics grim, but they are the most up-to-date numbers available, a frustrating realization, given the daily loss of life which is rapidly increasing in this country.

Yet, despite these alarming statistics, there is **promise in recovery**. A growing body of research - and the experience of over 23.5 million recovering people - has demonstrated that addiction is better understood as a chronic condition from which individuals can recover if long-term supports are available, rather than as an acute

⁷ Trust for America's Health (2017). *Pain in the Nation: The Drug, Alcohol and Suicide Epidemics and the Need for a National Resilience Strategy*. Retrieved on December 31, 2017 from <http://healthyamericans.org/reports/paininthenation/>

⁸ CDC (2017). NCHS Data Brief, Number 294, December 2017, Retrieved on December 31, 2017 from https://www.cdc.gov/nchs/data/databriefs/db294_table.pdf#page=3

⁹ Office of the Surgeon General, p.1-1.

¹⁰ Ingraham, C. (2017). “Here’s how many people would die as a result of the Senate’s tax cut on booze” *Washington Post*. Retrieved on December 30, 2017 from https://www.washingtonpost.com/news/wonk/wp/2017/11/27/heres-how-many-people-would-die-as-a-result-of-the-senates-tax-cut-on-booze/?utm_term=.50f18f85b10a

¹¹ Bernstein, L. & Ingraham, C. (2017, December 21). “Fueled by drug crisis, U.S. life expectancy declines for a second straight year.” *Washington Post*, Retrieved on December 31, 2017 from https://www.washingtonpost.com/national/health-science/fueled-by-drug-crisis-us-life-expectancy-declines-for-a-second-straight-year/2017/12/20/2e3f8dea-e596-11e7-ab50-621fe0588340_story.html?utm_term=.1f4168cb4266

crisis.¹² These recovery supports come in a variety of forms, and include Recovery Community Organizations (RCOs), Recovery Community and Outreach Centers (RCOCs), peer professionals including 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 needs and expectations of individuals, families, and communities.

The historic, science-based document, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs and Health* (2016), outlines these various “recovery supports” which we call “pathways to recovery” that are included in our survey in order to collect data on the need and success of these supports.

National Response

Today in the United States, according to the U.S. Surgeon General,

Only about 1 in 10 people with a substance use disorder receive any type of specialty treatment. The great majority of treatment has occurred in specialty substance use disorder treatment programs with little involvement by primary or general health care. However, a shift is occurring to mainstream the delivery of early intervention and treatment services into general health care practice.¹³

Fortunately, the addiction emergency in this country is beginning to get the attention it requires.

On July 22, 2016, President Obama signed into law the *Comprehensive Addiction and Recovery Act*. This was the first major federal addiction legislation in 40 years.¹⁴ The Act addresses all six pillars necessary for such a coordinated response – prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose reversal. While it authorizes over \$181 million each year in new funding to fight the opioid epidemic, monies must be appropriated every year through the regular appropriations process in order for it to be distributed in accordance with the law.

¹² Acharya-Abrahams, I., Evans, A. C., & King, J. K. (2011). Recovery-focused behavioral health system transformation: A framework for change and lessons learned from Philadelphia. In J. F. Kelly & W. L. White (Eds.), *Addiction recovery management: Theory, research and practice*. (pp. 187-208). Totowa, NJ: Humana Press.

¹³ Office of the Surgeon General, 4-2. Emphasis added.

¹⁴ Comprehensive Addiction and Recovery Act. (Community Anti-Drug Coalitions of America. Retrieved from <http://www.cadca.org/comprehensive-addiction-and-recovery-act-cara>

On October 26, 2017, President Donald Trump declared the opioid crisis a “National Public Health Emergency” under federal law.¹⁵ Following that declaration, the President’s Commission on Combating Drug Addiction and the Opioid Crisis published a report making several recommendations in line with FOR-NY’s mission and policy agenda, including:

- Recommendation #4: Calling for an education campaign in middle and high schools as well as colleges;
- Recommendation #13: Requiring hospitals to screen and stabilize patients in an emergency department regardless of insurance status or ability to pay;
- Recommendation #34 Calling for Enforced Insurance Parity Laws;
- Recommendation #37: Calling for Medication Assisted Treatment as a pathway to recovery;
- Recommendation #39: Increasing the number of Recovery Coaches;
- Recommendation #44: Calling for hospitals to hire appropriate staff to handle patients needing care related to drug misuse;
- Recommendation #46: Creating reimbursement policies for recovery support services;
- Recommendation #48: Calling for college recovery programs and sober college housing;
- Recommendation #49: Calling for workplace supports for those who struggle with addiction;
- Recommendation #50: Calling for decoupling felony convictions and eligibility to start a business or to apply for an occupational license; And,
- Recommendation #51: Calling for best practices for Recovery Housing.

New York State Response

In New York State, there is a strong commitment from the recovery community and policymakers to address addiction on a statewide level. According to the NYS Office of Alcohol and Substance Abuse Services, “each year, more than 260,000 New Yorkers begin the journey to lasting recovery from the disease of addiction.”¹⁶ In May 2016, Governor Andrew Cuomo launched the statewide Heroin Task Force, charged with ending the heroin and opioid crisis in New York. Responding to the crisis immediately, in June 2016, the Task Force produced a report which included recommendations to support a three-pronged approach to tackling addiction through Prevention, Treatment

¹⁵ Report by the President’s Commission on Combating Drug Addiction and the Opioid Crisis (November 1, 2017). Retrieved December 11, 2017 by

https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-15-2017.pdf

¹⁶ NYS OASAS (2017). *Addiction Services for Prevention, Treatment and Recovery*, A Publication by the New York State Office of Alcoholism and Substance Abuse Services. Retrieved December 11, 2017. <https://www.oasas.ny.gov/publications/pdf/addiction%20services%20ptr.pdf>

and Recovery Support Services.¹⁷ Recovery recommendations were exceptionally in line with Friends of Recovery's mission statement and policy objectives. Recommendations included:

- Establishing Recovery Community and Outreach Centers
- Investing in Youth Clubhouses
- Investing in Continuum of Care or wraparound services; and
- Investing in transitional and supportive housing

Furthermore, in March 2014, the New York State Senate Majority Coalition created the Joint Senate Task Force on Heroin and Opioid Addiction to examine the alarming rise in use of heroin and opioids. The Task Force meets regularly and addresses addiction on a local and state-wide level.¹⁸

NYS OASAS and FOR-NY Collaborative Efforts

The Governor, the NYS Legislature and NYS OASAS have followed through on the recommendations of the Governor's Task Force report. In 2017, the Governor and the NYS Legislature passed a budget allocating \$42 million in additional funding in order to improve prevention, treatment and recovery services in communities throughout New York. With the advocacy efforts of the NYS Recovery Community, as of December 2017, in New York State, we are grateful to have:

- Recovery Community Organizations serving 19 counties
- Recovery Community Outreach Centers serving 19 counties
- Recovery Youth Clubhouses serving 12 counties
- Peer Engagement Specialists serving 10 counties
- Family Support Navigators serving 10 counties

These programs and services are saving lives every day. At the same time, continued advocacy is critically needed to establish and maintain funding for each of these services in all 62 counties of NYS in 2018.

Additionally, thanks to the 21st Century Cures Act of 2016, New York State was awarded funding to establish the statewide infrastructure to support local communities of youth and young adults in recovery from substance use disorders. FOR-NY was awarded a \$450,000 grant enabling the organization to hire three young adults in

¹⁷ NYS Heroin and Opioid Task Force (2016). *Combating the Heroin and Opioid Crisis: A Report by the NYS Heroin and Opioid Task Force*. Retrieved on December 11, 2017 from

https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/HeroinTaskForceReport_3.pdf

¹⁸ Cf. <https://www.nysenate.gov/newsroom/press-releases/fred-akshar/new-york-state-senate-joint-task-force-heroin-and-opioid>

recovery to work throughout the state to develop a youth network. This team named the network *Youth Voices Matter - NY* and is engaging with young people all over the state to help support the young people's movement.

The consequence is that people in recovery and those advocating for recovery support services finally have a place at the decision-making table. In October 2017, FOR – NY hosted its second Annual NYS Recovery Conference which drew more than five hundred (500) attendees. This conference is unlike any other that focuses on substance use disorder, in that it celebrates the authentic faces and voices of the recovery movement in New York State, and recognizes the value of recovery. In the course of two days, presenters used their lived experience to demonstrate how they are advancing public policies and practices that promote and support recovery from addiction. Panelists and attendees also shared the many ways they are addressing the pandemic of addiction. These champions of recovery toil in the trenches daily, working tirelessly to help people in their communities find multiple pathways to recovery.

FOR-NY is also meeting with local communities through our *Recovery Talks: Community Listening Forums*. Since 2015, we have hosted 19 forums throughout New York State. These forums are held to provide community members the opportunity to share about their personal experiences with alcohol or drug addiction, the loss of a family member or friend to addiction, and/or their (or a family member's) recovery from addiction. The forums provide an opportunity to raise awareness about addiction in the community and educate local residents, law enforcement, elected officials, and other stakeholders about the various barriers to achieving (and challenges of sustaining) addiction recovery. The forums are also a means of collecting data in order to inform policy making decisions. While we have heard much about loss in these forums, we have also heard the promise of recovery. People in recovery, young people in recovery, family members, friends and allies, have been able to express what has helped them sustain their recovery and what in the system has failed. Real time connections are made in these forums between people in recovery and the decision makers in their communities.

2017 Life in Recovery Survey and 2018 Report—Recovery in the Empire State

Until recently, little data has been collected and made publicly available analyzing the need for recovery resources on both a state and national level. Such data is indispensable to support the community's need for continued and growing investments in recovery services. These recovery services are having a significant impact in New

York State, and we are seeing more and more data to support the need for recent critical investments.

It is for this reason that FOR-NY created its **second 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).

Survey Purpose and Objectives

The 2017 FOR-NY Life in Recovery Survey was developed to allow us to better understand what recovery resources are most needed in our communities. As we know, sustained recovery requires ongoing support from individuals, families and communities. The results compiled from all responses will help us make recommendations to decision makers about what recovery resources are currently available in our communities and what resources need to be added.

The survey was guided by four primary objectives which we shared with survey participants:

- 1) **Strength in Numbers.** By participating in the survey, respondents helped to show our strength in numbers, as well the diversity of our movement; thus demonstrating that recovery spans a wide and beautiful spectrum. Survey results show policymakers that we come from all corners of the state—rural, urban, and suburban—and we represent all cultures and communities. This helps policymakers to understand that we are constituents of consequence.
- 2) **Recovery is Possible.** We know that recovery is attainable, sustainable and powerful. We also know that recovery is a critical and under-resourced part of the the solution to the public health crisis of addiction (along with prevention and treatment strategies). The survey results show some of the benefits of recovery with policymakers and the community at large. Whether a survey respondent has been in recovery for 6 months, 30 years or longer, recovery in New York is real and it's growing.
- 3) **Community Resources are Key.** The survey's primary purpose is to let our policymakers know which resources are strong in our communities and which additional resources are needed, but lacking. The survey looks at multiple pathways to (and of) recovery, education and employment assistance, mental health services, and more. The survey results show policymakers which resources are helping build and maintain recovery.
- 4) **Sharing Our Voices.** Finally, the end of the survey allows for individuals to cite the resources that have been most helpful in their own recovery processes. This part of the survey is a chance to share specifics about what has worked and what is needed to help individuals adopt and embrace healthier lifestyles, support families, and build stronger communities.

Survey Methods and Development

This survey used the previous 2016 FOR-NY Life in Recovery survey as a starting point, which was then modified in the following ways:

- 1) Some questions were modified or added to capture additional demographic information (e.g., expanded age categories).
- 2) Some terminology was changed to reflect recent understanding (e.g., “recovery residences” instead of “halfway housing”).
- 3) Questions were added or modified in order to more effectively gauge recovery resources and community needs – a key goal of this survey.
- 4) Several questions which did not substantially contribute to the goal defined in 3) were eliminated entirely.

The survey was developed by FOR-NY, conducted and disseminated with consultation from our partners NYS OASAS, and analyzed in collaboration with Robert Lillis, PhD, and Robert Pezzolesi, MPH.

Administration/Participants

The survey, which took an average of 10-15 minutes to complete, was administered by the following methods:

Electronic distribution (utilizing the Survey Monkey Platform)

- Link posted on FOR-NY and NYS OASAS websites.
- Distributed via email on FOR-NY distribution list (6000+) contacts.
- Shared via FOR-NY Recovery Talks e-news.
- Shared via FOR-NY social media platforms.
- Distributed by NYS OASAS to Executive Directors and Program Directors of OASAS-certified prevention, treatment and residential programs across the state.
- Included in newsletters of the NYS Medical Society, the National Association on Mental Illness - NY Chapter, and the NYS Conference of Local Mental Hygiene Directors.
- Posted on websites of Queens Borough President Melinda Katz and Brooklyn Borough President Eric Adams.
- Distributed by the Alumni Association of New York, the New York Recovery Community Coalition (NYRCC), and the Council on Addiction of NYS (CANYS).
- Distributed through other individuals and organizations with an interest in addiction recovery, including 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.
- Administered via six iPads at FOR-NY 2017 Recovery Conference in October 2017.

Print copies (requiring after-the-fact required data-entry).

- Distributed at public forums, meetings, and trainings – including the FOR-NY 2017 Recovery Conference in October 2017.
- Distributed to RCOs and RCOCs throughout the state, including Long Island Recovery Association (LIRA), Recovery Advocacy in Saratoga (RAIS), Columbia Pathways to Recovery, the Alumni Association in New York City, New York Recovery Community Coalition (RCC), Save the Michaels, Best Self Western NY, and Seaway Valley.

Friends of Recovery chapters in Albany, Dutchess, Greater Monroe, Mohawk Valley, Greater Erie, Steuben, Orange, Oneida, Otsego-Delaware, Putnam, Rensselaer, Rockland, Sullivan, Warren and Washington Counties also helped distribute the survey.

The online survey was conducted from August 17 – November 17, 2017, and hard copies were collected until November 17, 2017 and entered into Survey Monkey by FOR-NY staff. A total of 794 valid surveys were completed. Survey data were imported into a statistical software package for analysis by research consultants.

Survey Results

The following pages contain charts and additional information displaying the survey results.

Caveats: This is not a scientific survey and is not intended to be interpreted as such. Instead it is designed to present an overview of recovery and spur discussion, awareness, and further research.

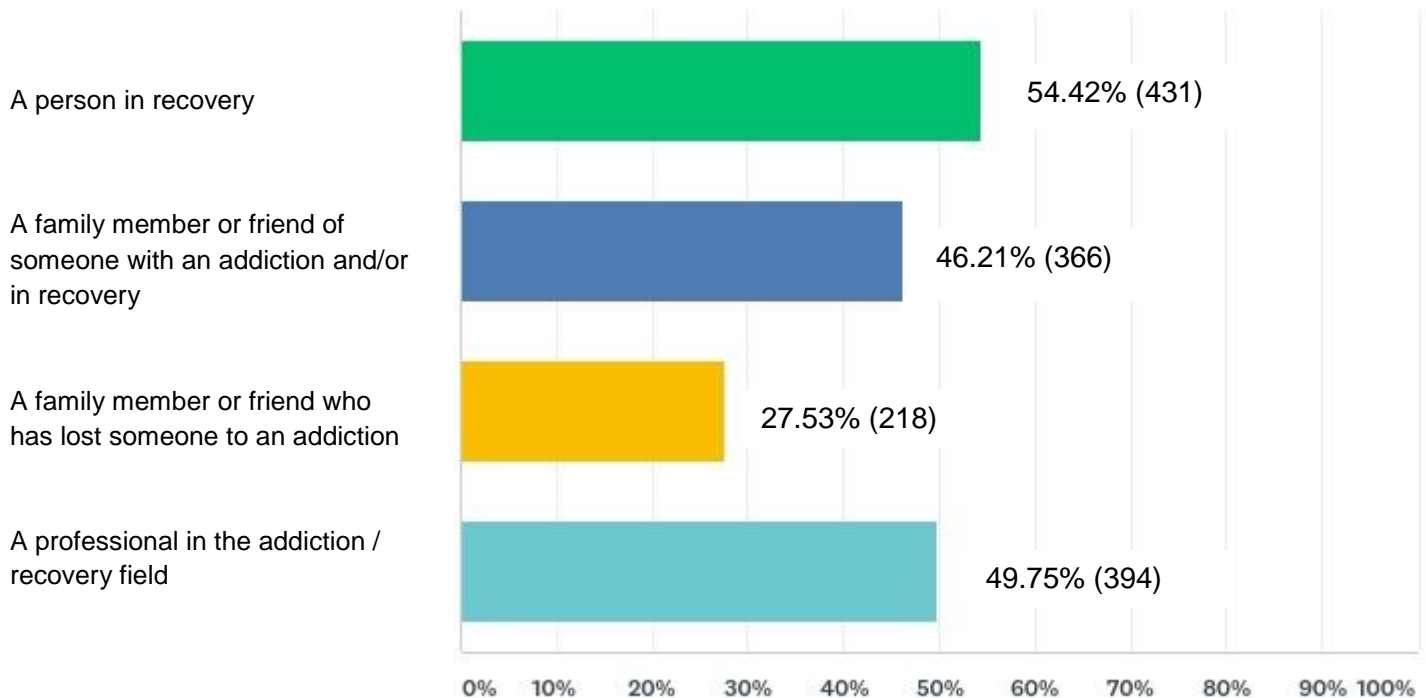
 = answers of people in recovery

 = focus on people with military service

 = focus on family & friends of people in recovery

 = connections to Surgeon General's report

Q1. Please identify your relationship to recovery: (check all that apply)



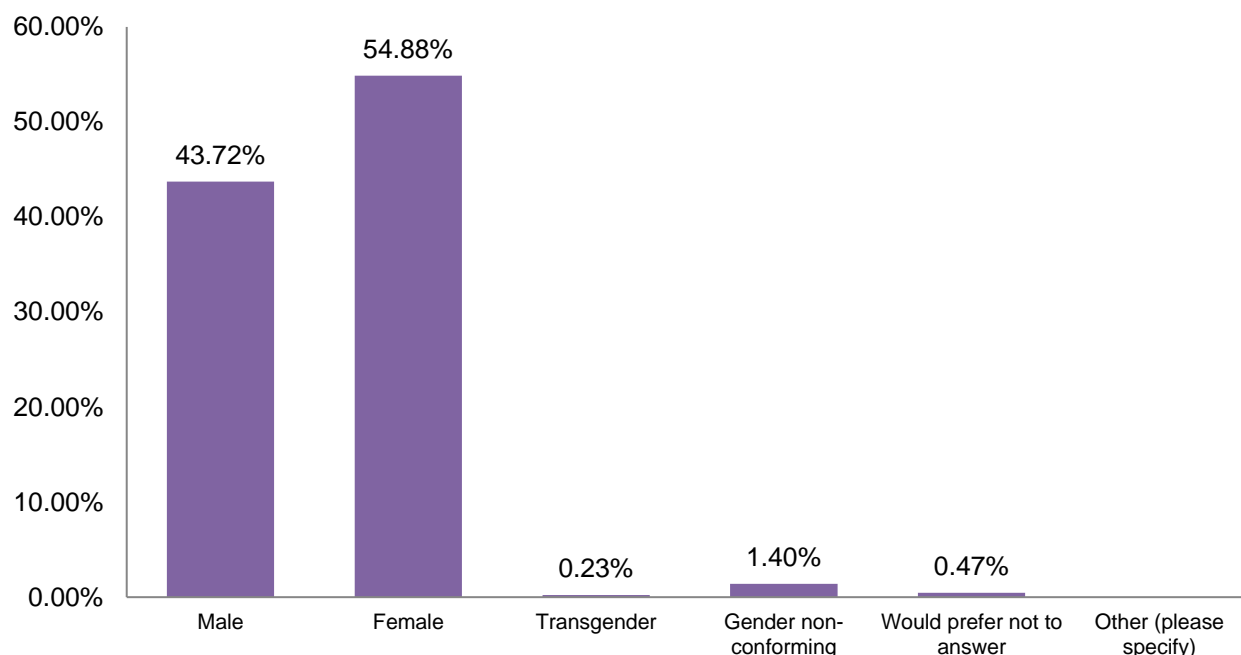
Note: Respondents could check more than one category

Key Points:

1. This survey featured a relatively balanced perspective among categories of respondents
2. A high number of respondents (218) had lost someone to addiction

What's Changed? Our last survey had a higher number of respondents who checked multiple categories.

Q2. How do you describe your gender? (check all that apply) ®



Key Points:

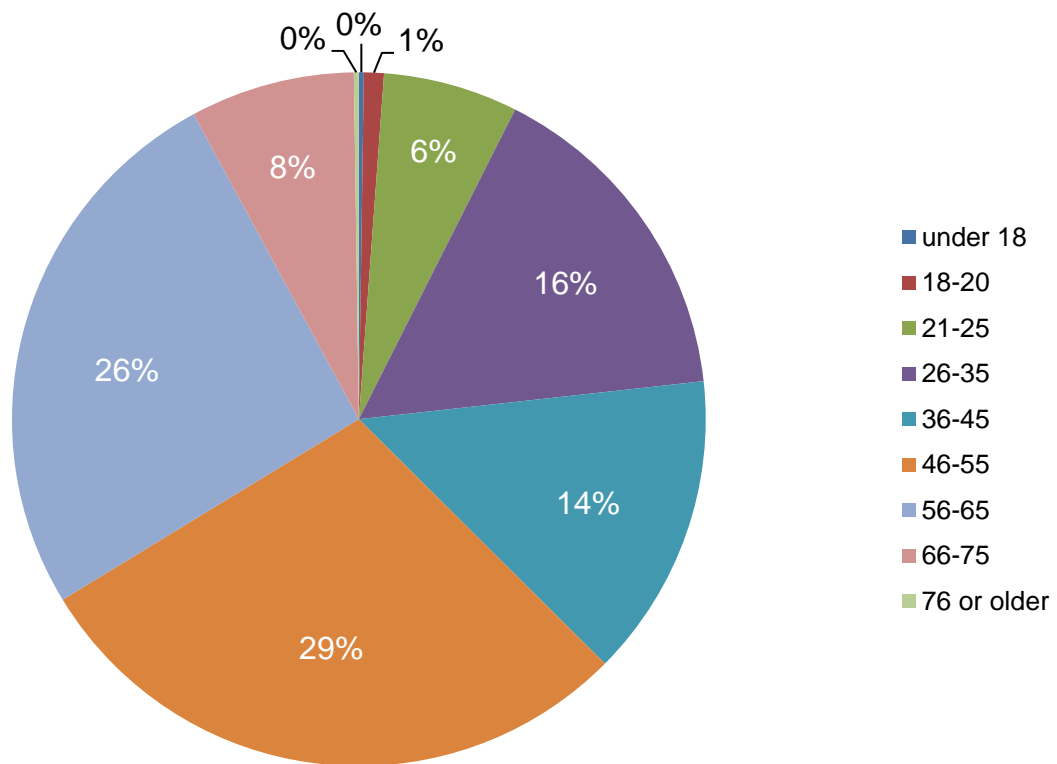
1. There was a slight increase in transgender/gender non-conforming respondents, possibly reflecting FOR-NY outreach efforts to the LGBT community. Further outreach is necessary due to the high needs of this community.

What's Changed? Our last survey had a relatively higher percentage (61%) of male respondents

Why It Matters:

Persons who are transgender have been found to be at elevated risk for substance use problems, including alcohol use, illicit drug use, and nonmedical use of prescription drugs, as well as evincing more severe misuse of these substances compared with nontransgender individuals (Glynn & van den Berg, 2017).

Q3. Please identify your current age: ®



Key Points:

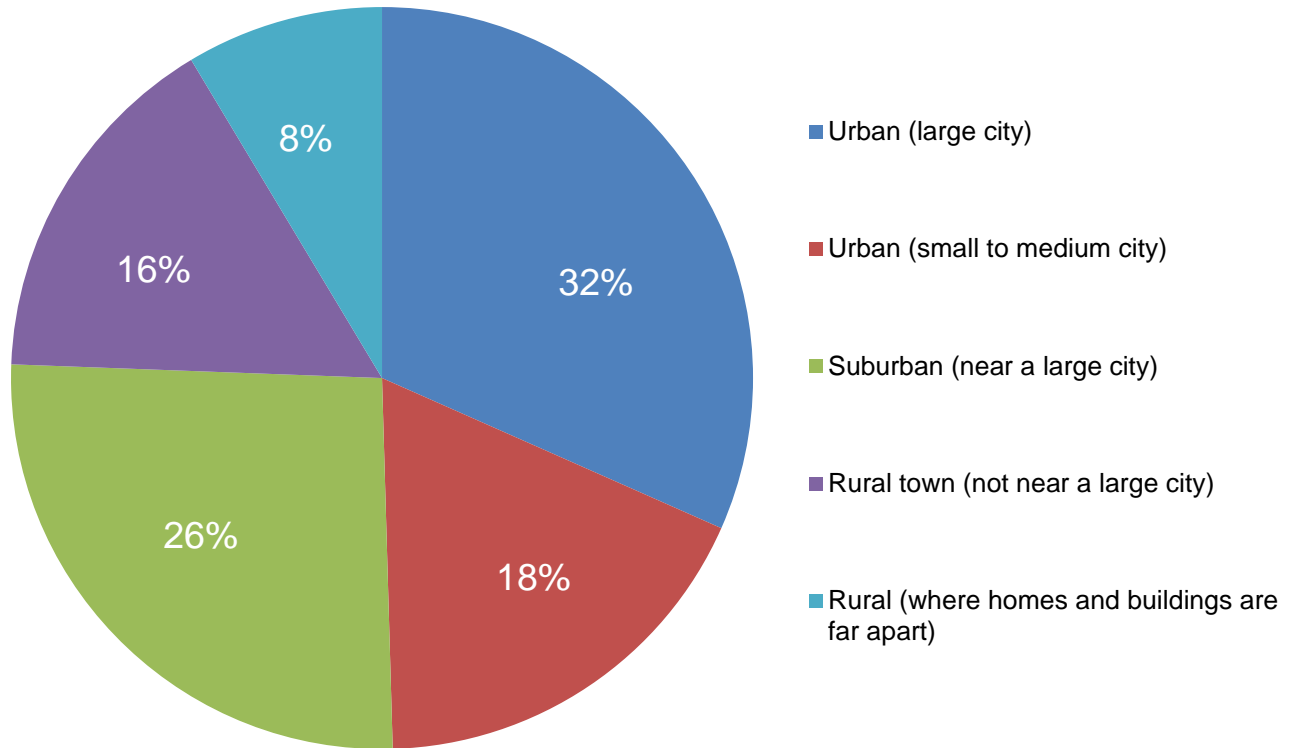
1. People in recovery ages 36-65 accounted for a combined 69% of survey respondents.
2. The relatively small number of young adult respondents suggests a need and opportunity for outreach to that group. FOR-NY has recently begun a campaign toward that end: *Youth Voices Matter - NY*.

What's Changed? Although the age categories don't correspond exactly to our previous survey, there was a considerably higher proportion of older (55+) respondents with this survey.

Why It Matters:

Addiction and other problem drug use – including nonmedical prescription drug use (Schepis & McCabe, 2016); binge drinking and alcohol use disorders (Han, et al., 2017); and, use of “hard” drugs like heroin and cocaine/crack (Chhatre, et al., 2017) – are increasing (and, for some drugs, disproportionately so) among older adults.

Q4. In what type of setting do you currently live? ®



Key Points:

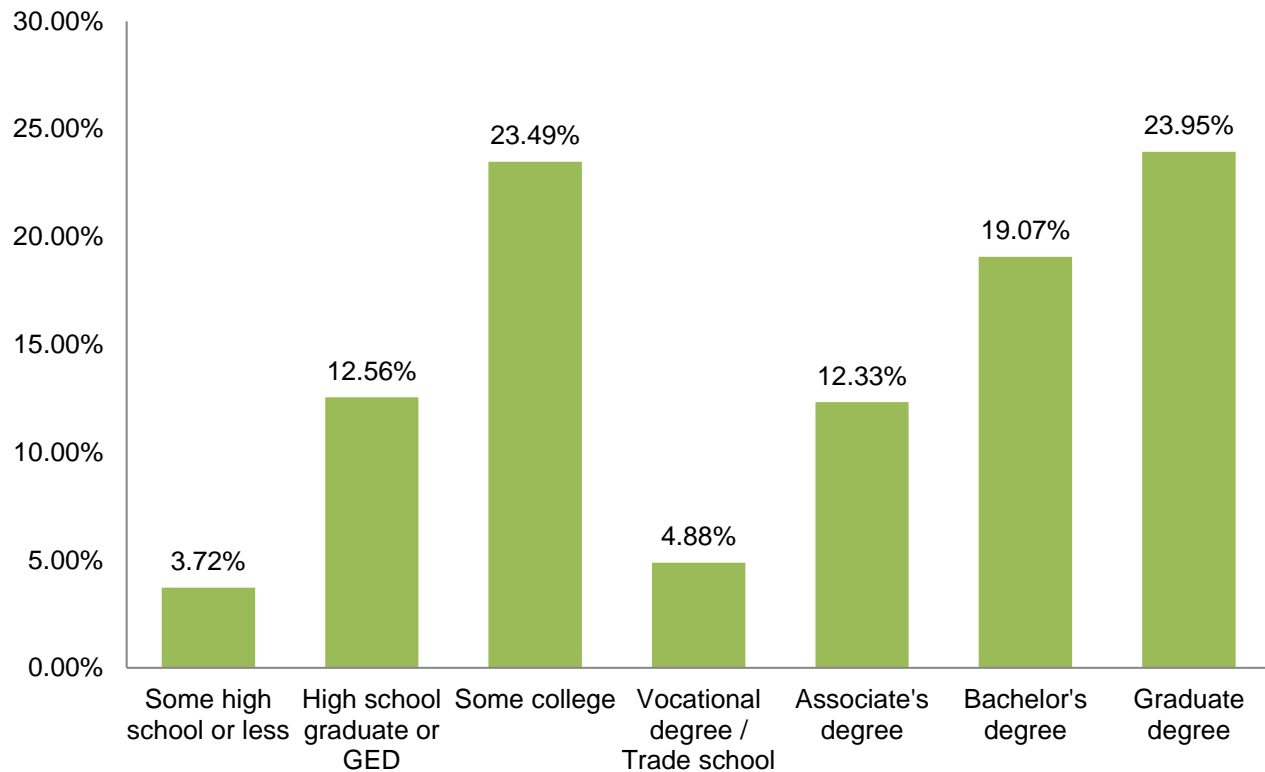
1. 50% of survey respondents came from an urban setting.
2. The percentages of respondents for these categories roughly correspond to statewide demographics.

What's Changed? This category is new for this survey.

Why It Matters:

People in rural areas have been shown to have less access to treatment for addiction and other substance use problems (Chavez, et al., 2017). Rural addiction counselors may also face circumstances within their communities that present special challenges to treatment efficacy (Pullen & Oser, 2014).

Q5. What is your highest level of education? ®



Key Points:

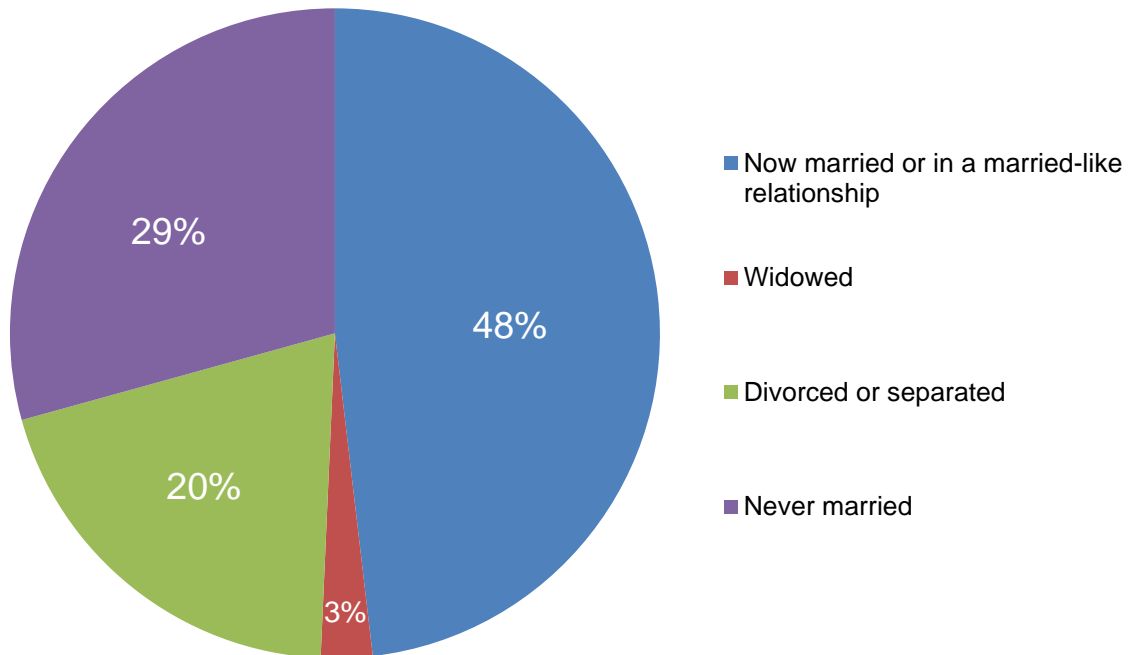
1. Survey respondents represent a well-educated population, with about 79% having at least some college experience. That is higher than the U.S. general population (about 59%).
2. This may identify a need to reach less educated members of the recovery community.

What's Changed? The percentage of college-educated respondents surpassed the last survey (51.6%). More than ever, this suggests that people in recovery have much to offer the NYS workforce.

Why It Matters:

Higher levels of education have been found to be a protective factor against drug use disorders (Grant et al., 2016) and reaching and maintaining recovery (Charney, et al. 2010).

Q6. What is your current marital situation? ®



Key Points:

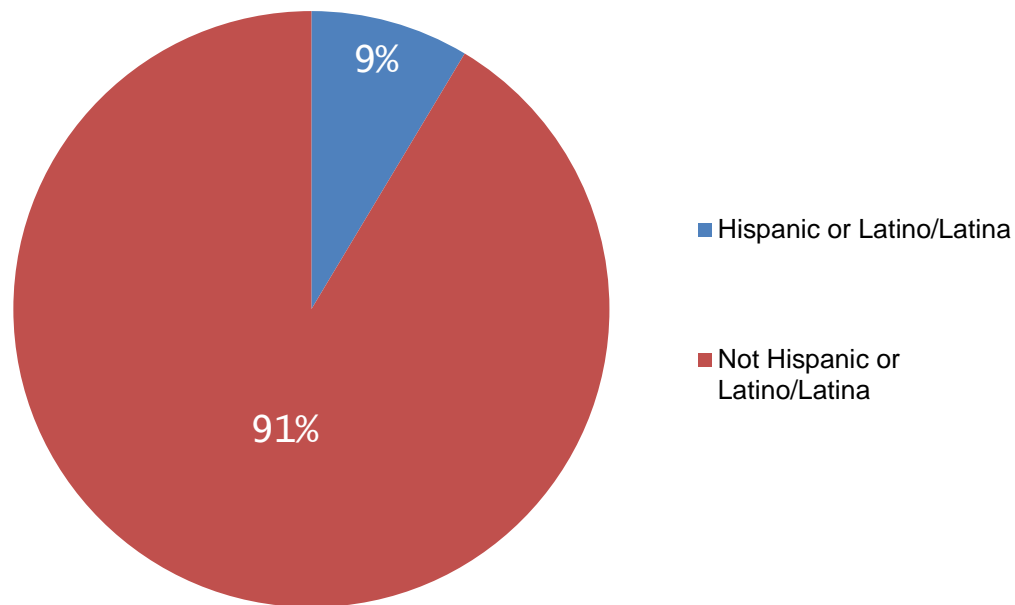
1. There was a nearly equal percentage of married/near-married and single respondents.
2. This suggests that our survey population tended toward community stability.

What's Changed? A much higher (48%) of respondents were married or in a married-like relationship than in the previous survey (25%).

Why It Matters:

A broad research base indicates that being in a married or married-like relationship has beneficial health impacts, including reduced alcohol use (Koball, et al., 2010; Blumberg, et al., 2014).

Q7. Hispanic/Latino background ®



Key Points:

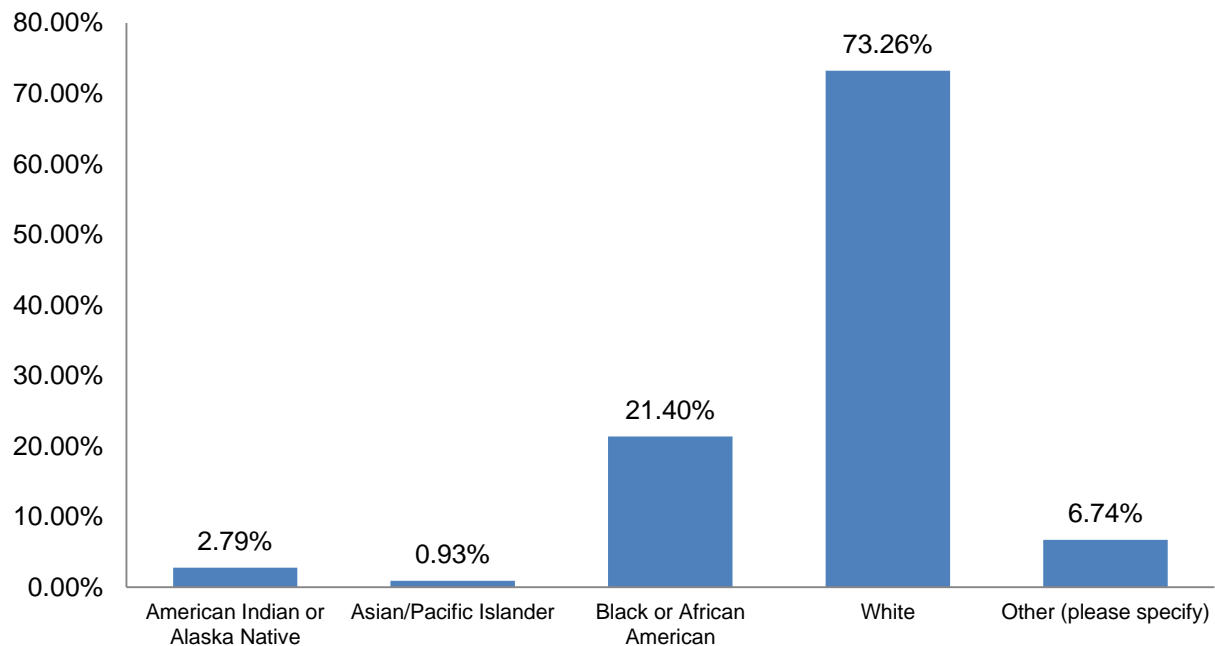
1. The percentage of Hispanic/Latinx respondents (about 9%) is only about half as much as NYS percentage (17.6%).
2. This may identify a need to reach this community. Offering the next survey in Spanish may assist in that regard.

What's Changed? Our last survey had a relatively higher percentage (13%) of Hispanic/Latinx respondents.

Why It Matters:

Hispanic/Latinx people experience a significant treatment gap (disparities in access and quality of care) with respect to many other ethnic groups (Guerrero, et al, 2013).

Q8. Racial/ethnic background (check all that apply) ®



Key Points:

1. The racial/ethnic make-up of survey respondents roughly corresponded with NYS demographics, with the exception of Asian-Americans, who were underrepresented considerably.
2. This may identify a need to reach out to the Asian-American members of the recovery community.

What's Changed? This survey had a higher percentage of African-American respondents, possibly reflecting FOR-NY's efforts to connect to that community.

Why It Matters:

Addiction and other substance use problems and their persistence can vary by race/ethnicity (Evans, et al, 2017).

“Blacks or African Americans have been well represented in recovery research, including in the studies of ROSC, mutual aid groups, and recovery housing discussed in this chapter.”
- *Facing Addiction in America*, p. 5-16

Q9. In what county/borough of NYS do you currently live? ®

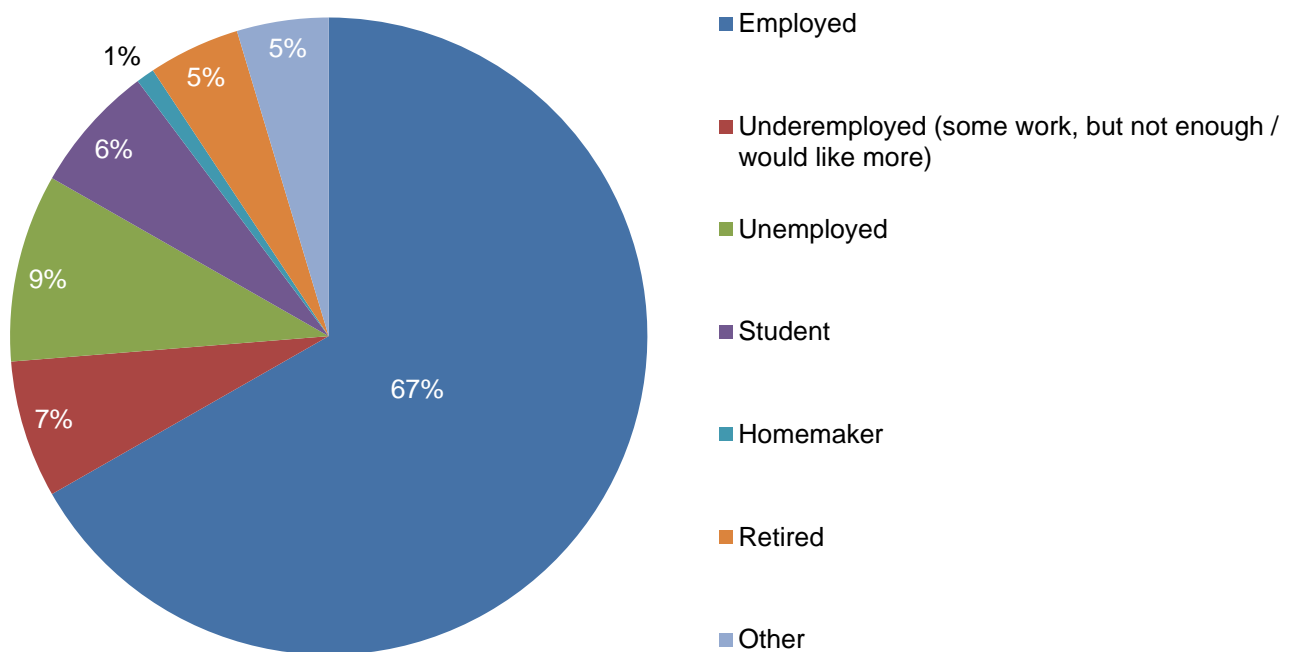
County	#
Albany	21
Allegany	1
Bronx	40
Brooklyn (Kings)	39
Broome	4
Cattaraugus	1
Cayuga	3
Chautauqua	0
Chemung	1
Chenango	0
Clinton	12
Columbia	2
Cortland	1
Delaware	3
Dutchess	7
Erie	8
Essex	2
Franklin	4
Fulton	3
Genesee	1
Greene	3
Hamilton	0
Herkimer	1
Jefferson	8
Lewis	0
Livingston	0
Madison	7
Monroe	18
Montgomery	1
Nassau	14
Niagara	0

County	#
Oneida	8
Onondaga	23
Ontario	2
Orange	10
Orleans	0
Oswego	4
Otsego	4
Putnam	2
Queens	17
Rensselaer	11
Rockland	6
Saratoga	12
Schenectady	6
Schoharie	3
Schuyler	0
Seneca	0
Staten Island (Richmond)	9
Steuben	15
St. Lawrence	6
Suffolk	25
Sullivan	6
Tioga	0
Tompkins	0
Ulster	8
Warren	3
Washington	4
Wayne	5
Westchester	9
Wyoming	0
Yates	0

Counties in red have no formal Recovery Support Services in the county (including RCO, RCOC, Youth Clubhouse, Peer Specialists, Family Navigators)

Key Point: Many areas of NYS – particularly in rural areas - still lack adequate recovery support services

Q10. Which of the following best describes your employment status? ®




Key Points:

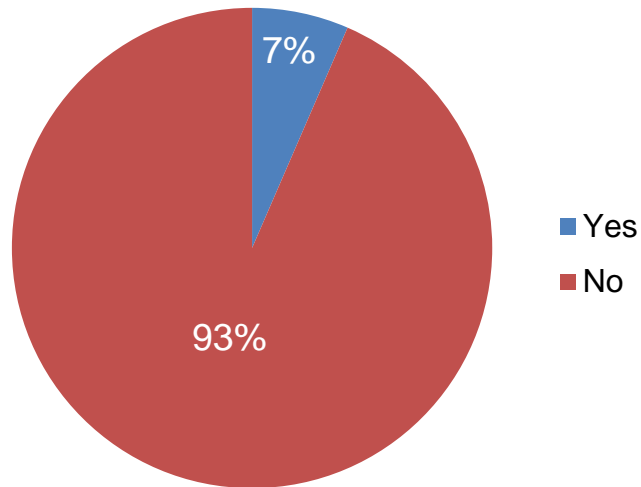
1. A full two-thirds of respondents were fully employed, with many others contributing to the economy in other ways.
2. Nonetheless, the number of unemployed respondents was about twice as high as the NYS unemployment rate of 4.8% (as of October 2017).


What's Changed? This survey had a much higher percentage of employed respondents, again demonstrating the benefits of recovery and people in recovery to the NYS economy.

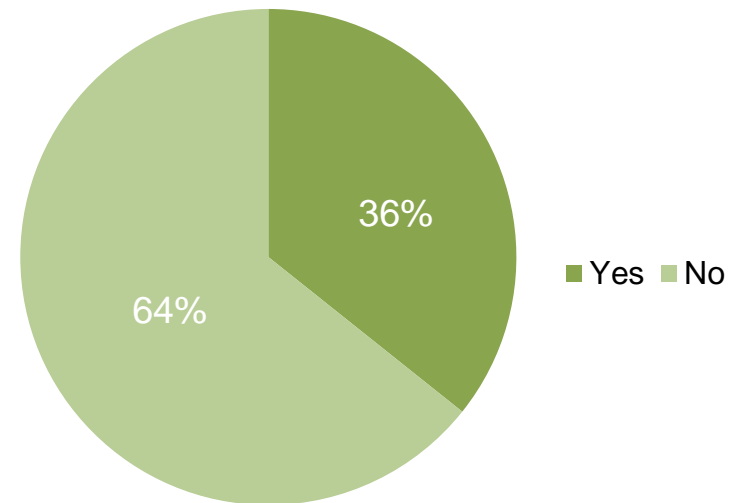
Why It Matters:

Stable employment is likely to “strengthen a person’s resilience to prevent or overcome substance use difficulties” (Davis, et al., 2015), as well as contributing to the community.

Q11. Have you ever served in the U.S. military, active or reserve? ® 



Q12. Have you ever served in a combat role? ® 
[for those who answered “yes” to Q11]



Key Points:

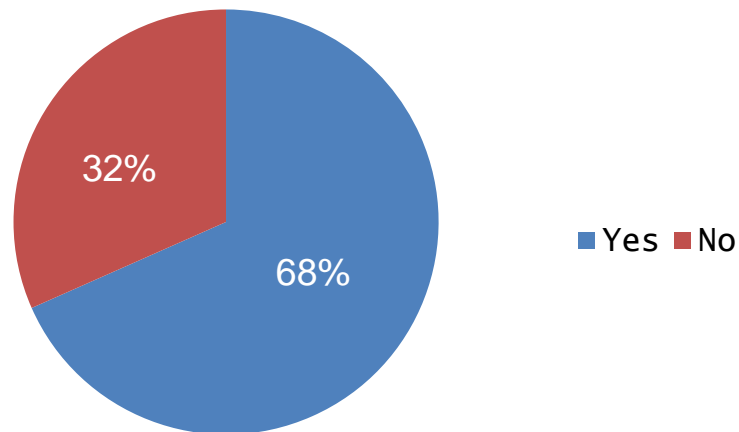
1. The percentage of military is roughly similar to the population-at-large (7.3%).
2. A relatively high percentage of military/veteran respondents had combat experience – although the overall number was small.
3. This is an important area of outreach given the high needs of this population. Given the relatively low numbers of respondents, a conscious outreach strategy is called for here.

What's Changed? This survey had a somewhat smaller percentage of military/veteran respondents than the last survey (9%). The question about combat role was new for this survey.

Why It Matters:

Active-duty military and veterans have been found to disproportionately suffer from addiction and other substance use problems (Fuehrlein, et al., 2016; Kelsall, et al., 2015). Additionally, post-traumatic stress disorder (PTSD) typically adds a further layer of risk for these problems (Back, et al., 2014).

Q13. Do you have any children? ®



Key Points:

1. This was another indicator of the family-focused nature of this pool of survey respondents.
2. It also points to the need to provide family-based resources to stabilize recovery and prevent addiction and other harmful outcomes among children of people in recovery.
3. Answers to Q14 (about number of children under age 18) were omitted because of technical problems with responses.

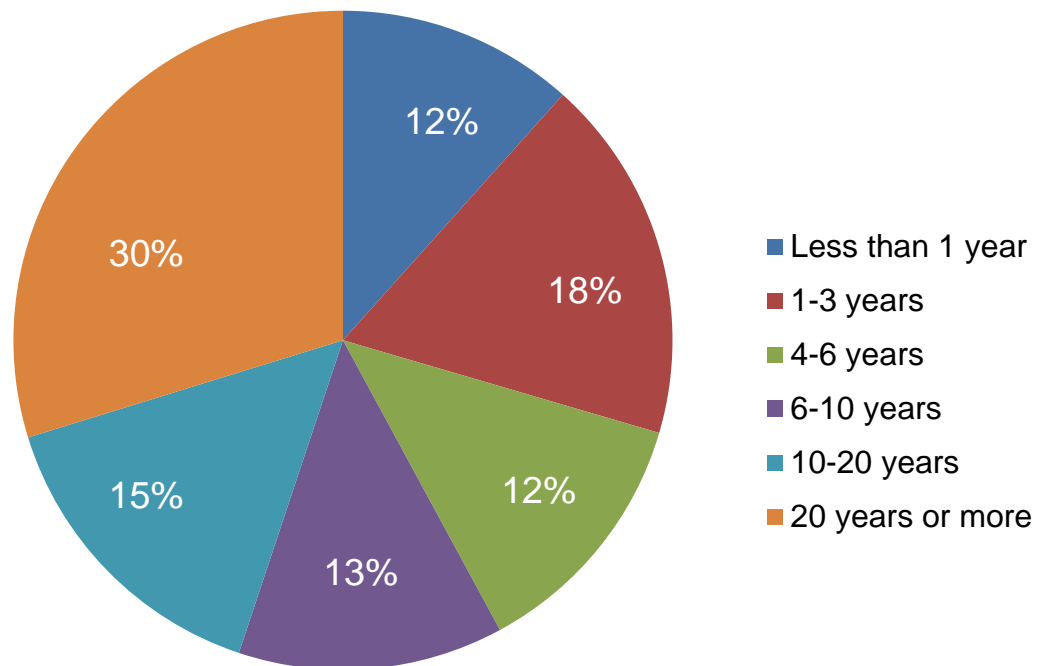
What's Changed? This survey had a higher percentage of respondents with children than the last survey (58%).

Why It Matters:

As we noted in our previous survey, addiction can have serious long-term consequences on children and families including, initiating or continuing cycles of poor health and social problems (Stein, et al., 2002). According to the American Academy of Pediatrics (Smith & Wilson, 2016), “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 problems. Cf. also. National Association of Children of Addiction at <http://www.nacoa.org>.

Importantly, the **Adverse Childhood Experiences (ACE)** research shows that addiction and other substance use problems are both a *cause* and *consequence* of childhood trauma (Felitti, 2003; Newlin, 2011). Community-based recovery supports are necessary to break the vicious circle of addiction.

Q15. How long have you (or your family member/friend) been in recovery/recovered from addiction? (recovery as you see it)? ®



Key Points:

1. Many survey respondents (45%) had 10 or more years of recovery. A majority (58%) had 6 or more years of recovery.
2. Respondents to this survey were largely recovery “veterans” with a lot of experience and investment in the recovery process.

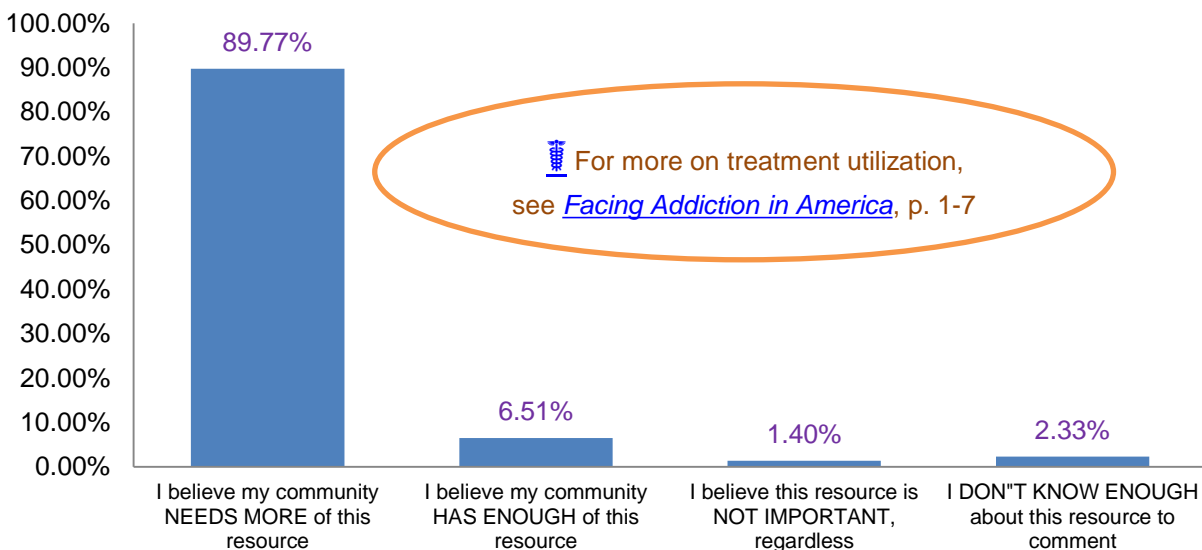
What’s Changed? Our previous survey had a much higher percentage of respondents with a year or less of recovery (55%), possibly reflecting a large number of respondents currently in treatment.

Why It Matters: Early recovery is a critical period for the recovering person (Charney, et al. 2010).

🏛️ “By some estimates, it can take as long as 8 or 9 years after a person first seeks formal help to achieve sustained recovery..”

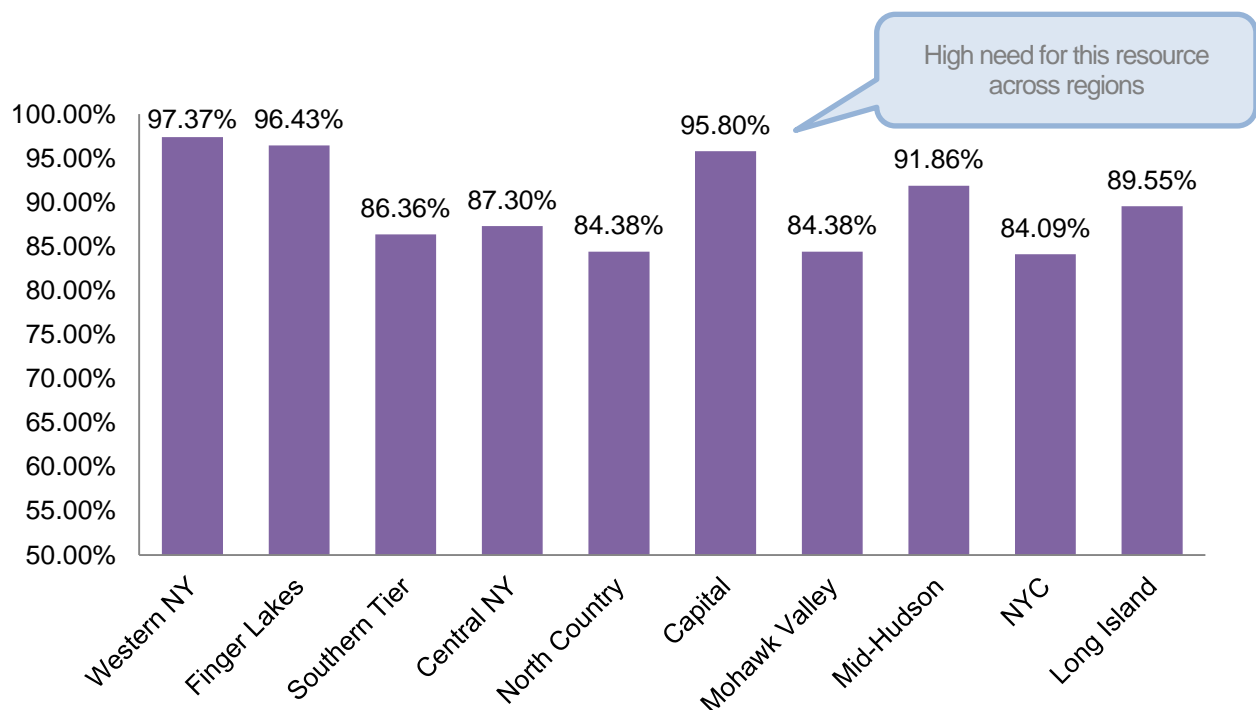
- [Facing Addiction in America](#), p. 5-6

Q16. Timely access to treatment for alcohol/drug addiction ®

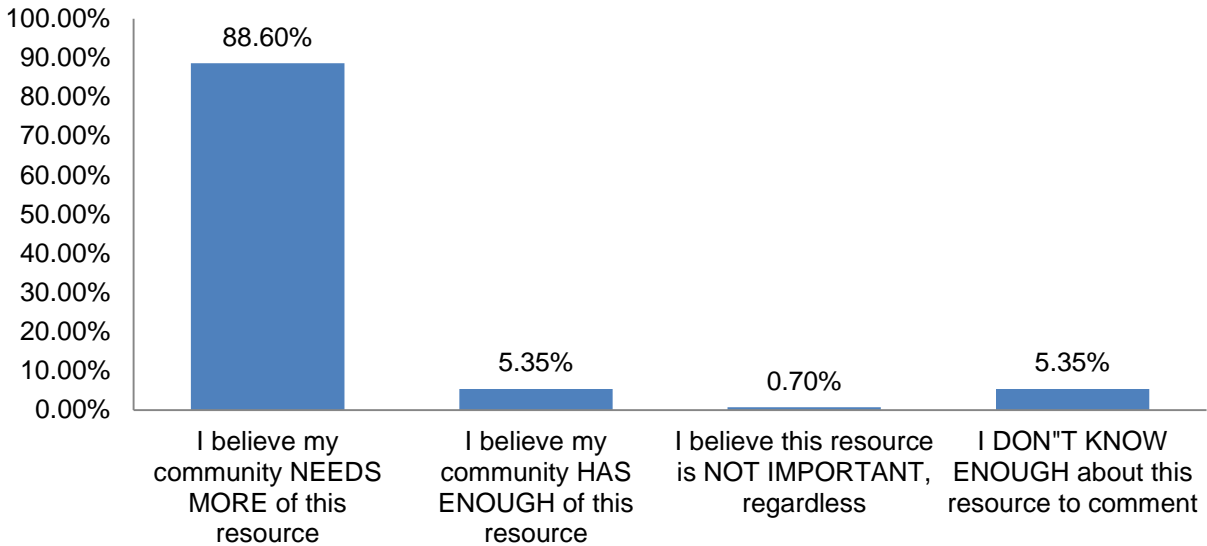


Regional Breakdown (all respondents)

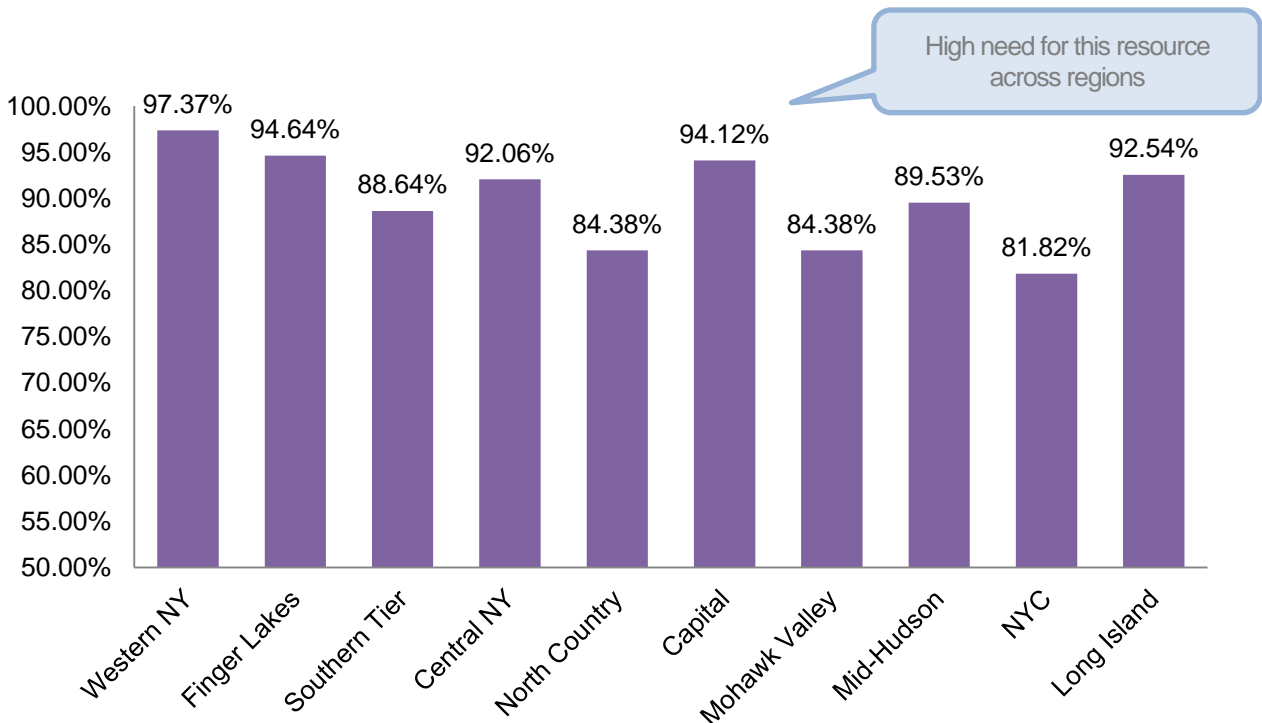
I believe my community NEEDS MORE:
Timely access to treatment for alcohol/drug addiction



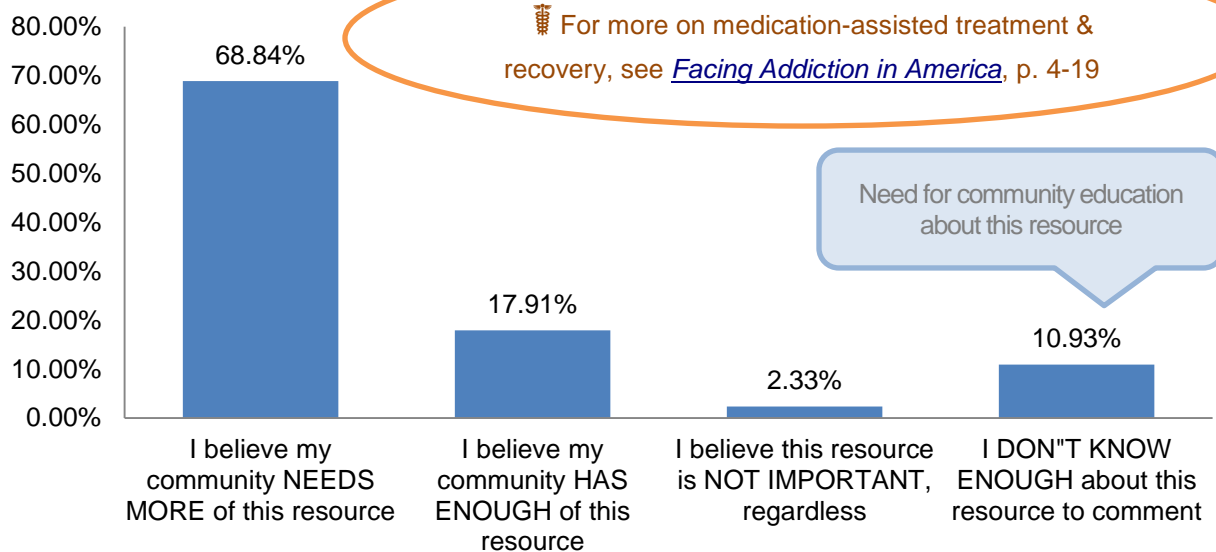
Q17. Safe addiction withdrawal management/monitoring [®] (Community withdrawal management, etc.)



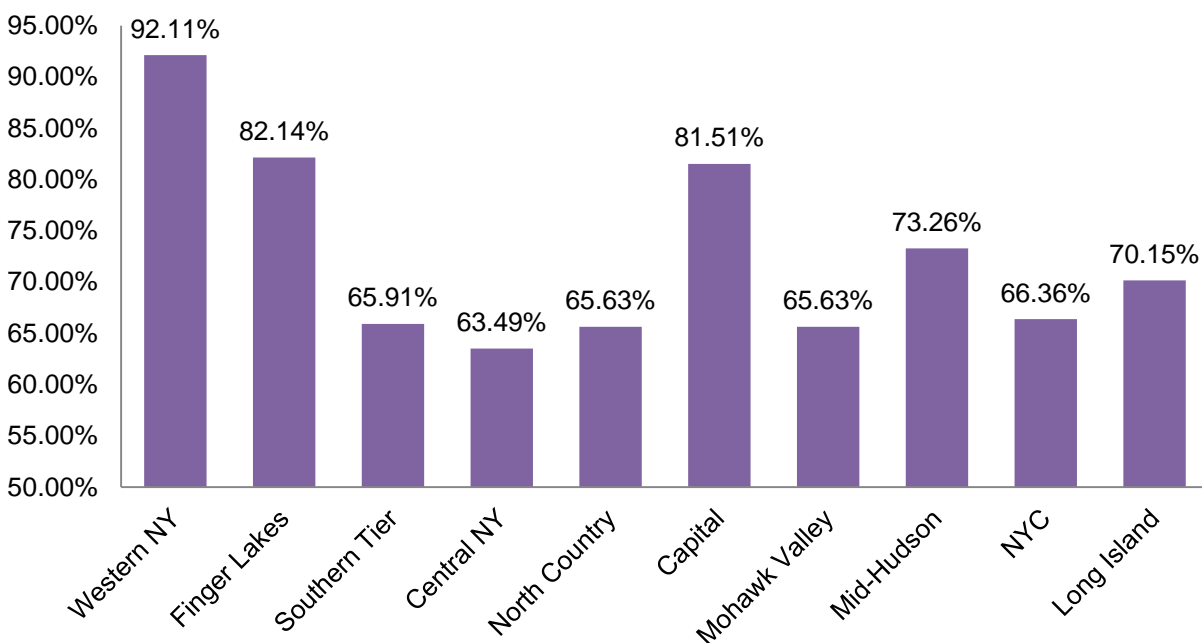
Regional Breakdown (all respondents) I believe my community NEEDS MORE: Safe addiction withdrawal management/monitoring



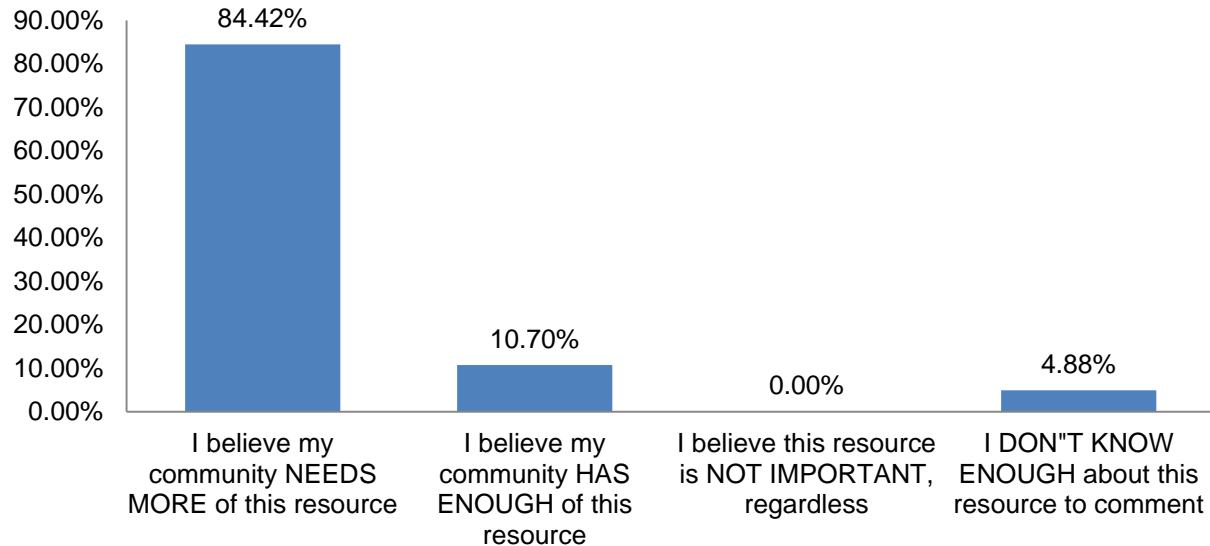
Q18. Medication-assisted recovery services [®] (Recovery support through the use of medication, such as Methadone, Buprenorphine, Naltrexone, Vivitrol, etc.)



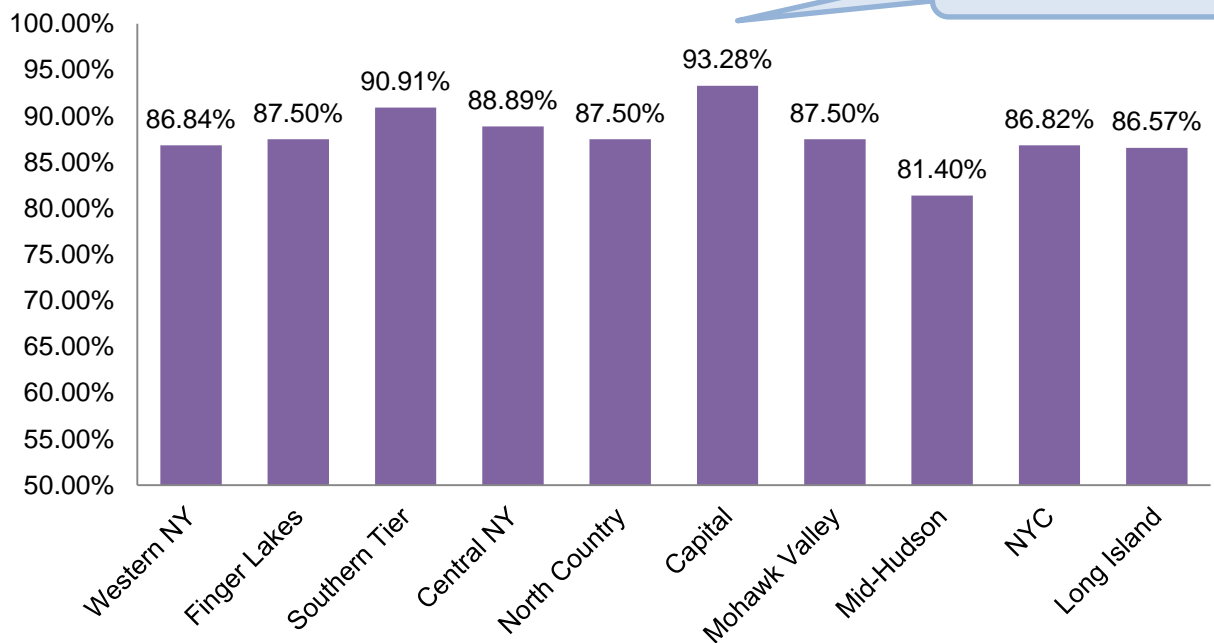
Regional Breakdown (all respondents) I believe my community NEEDS MORE: Medication-assisted recovery services



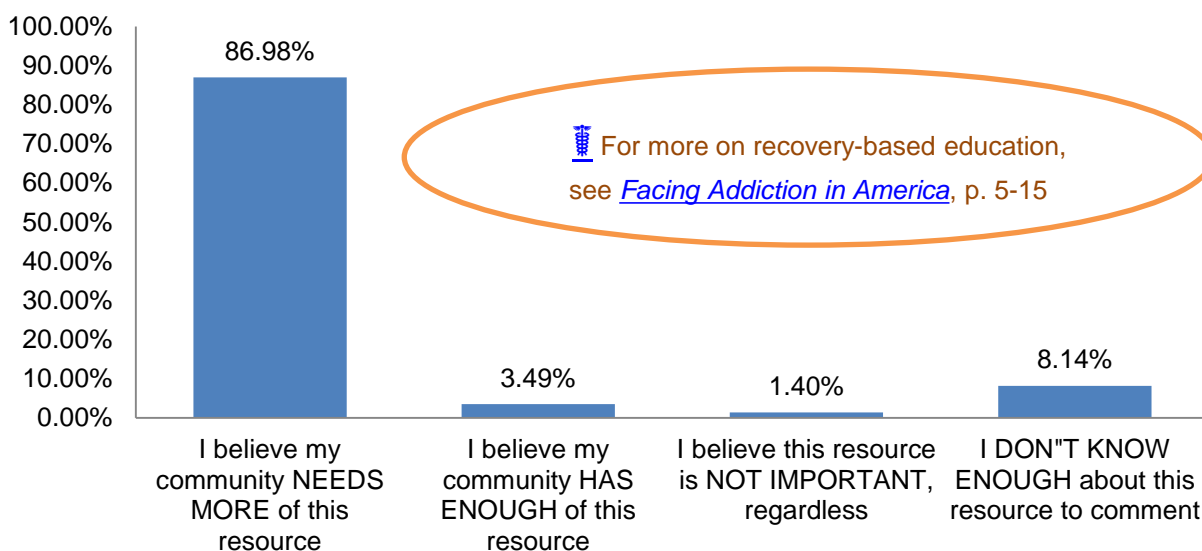
Q19. Access to mental health services [®] (Counseling/therapy, crisis support, etc.)



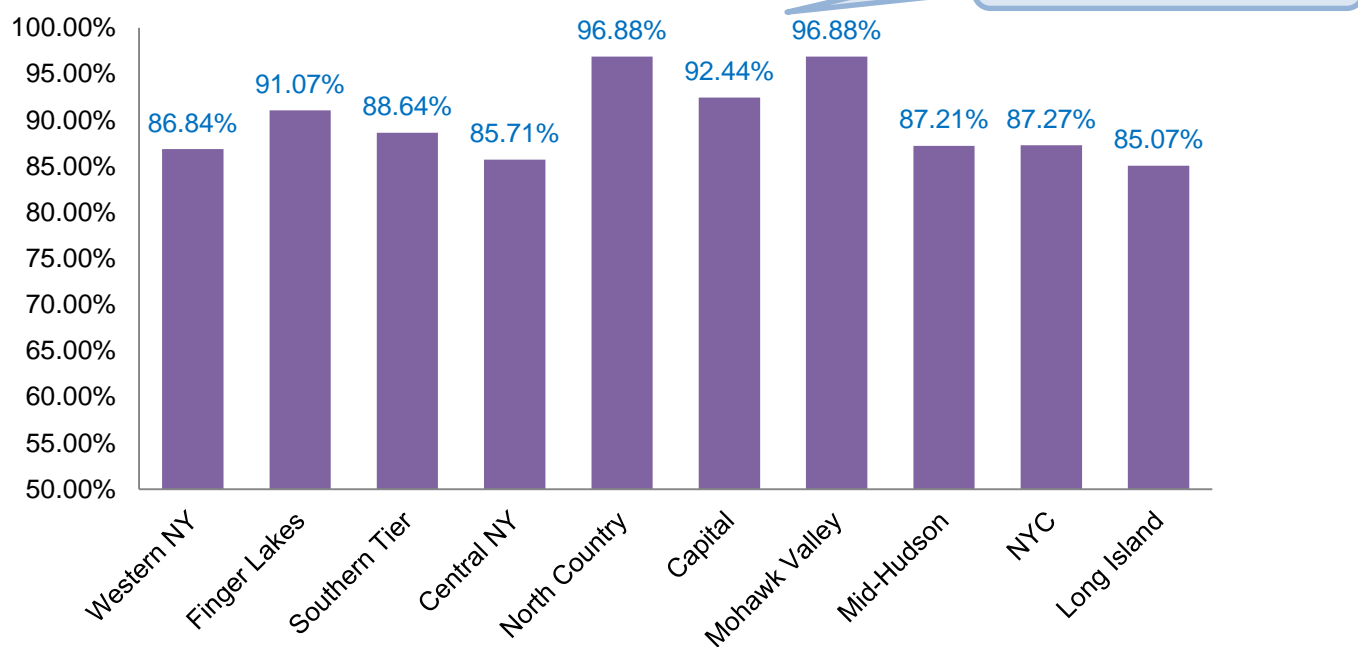
Regional Breakdown (all respondents) I believe my community NEEDS MORE: Access to mental health services



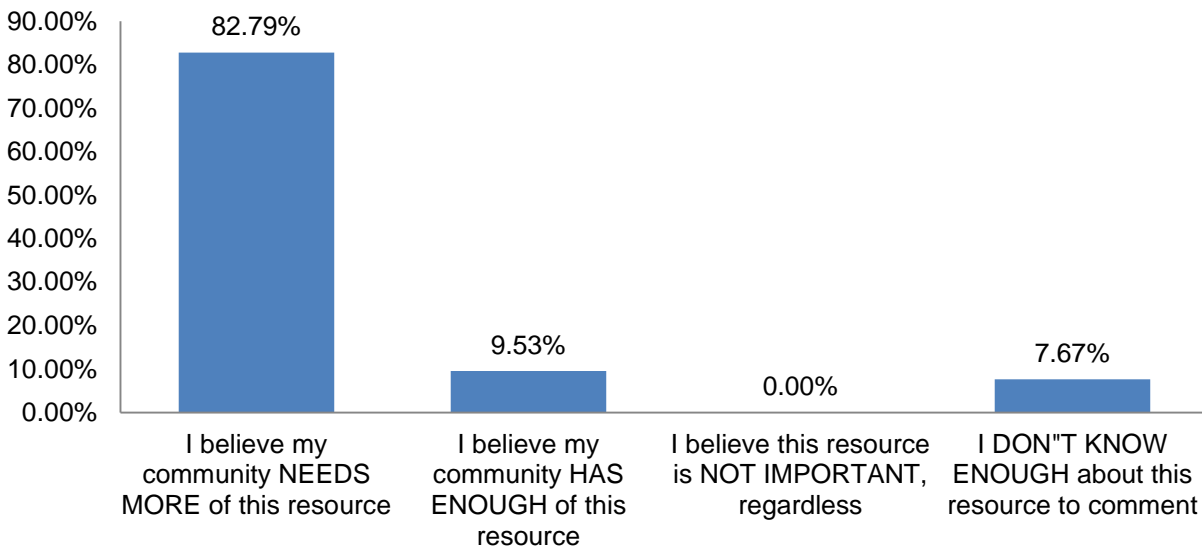
Q20. Education-based recovery services [®] (Collegiate Recovery Programs, recovery high schools, etc.)



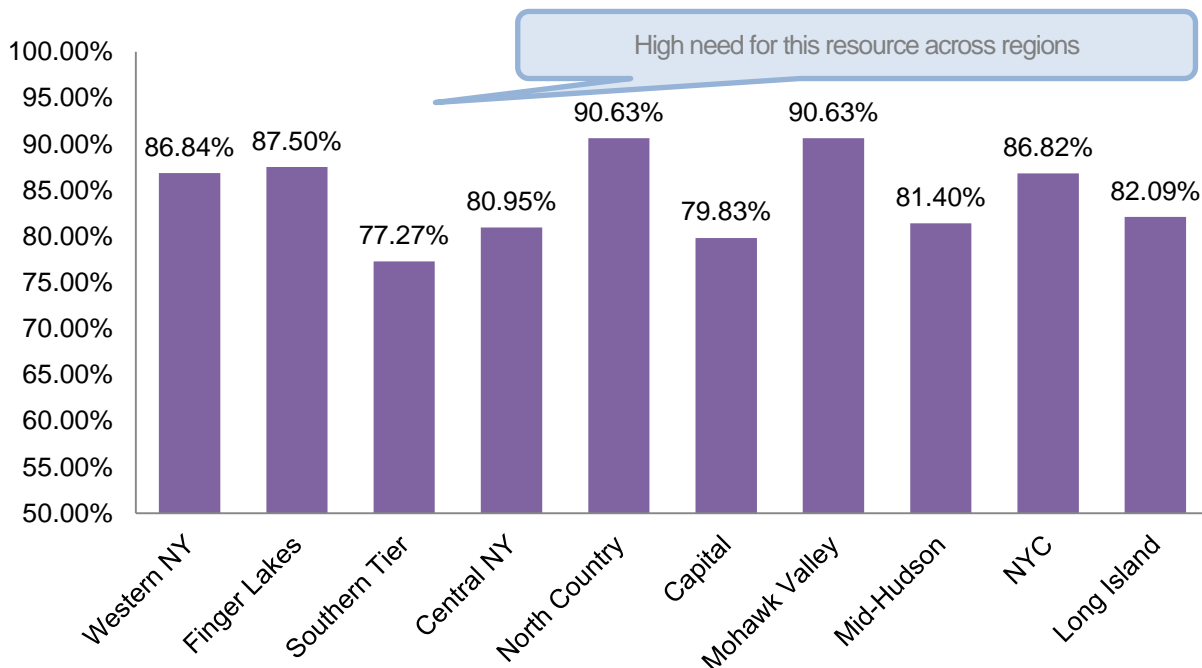
Regional Breakdown (all respondents) I believe my community NEEDS MORE: Education-based recovery services



Q21. Employment-based recovery services [®] (Employment and workforce training, Employee Assistance Programs [EAP], entrepreneurial programs, etc.)

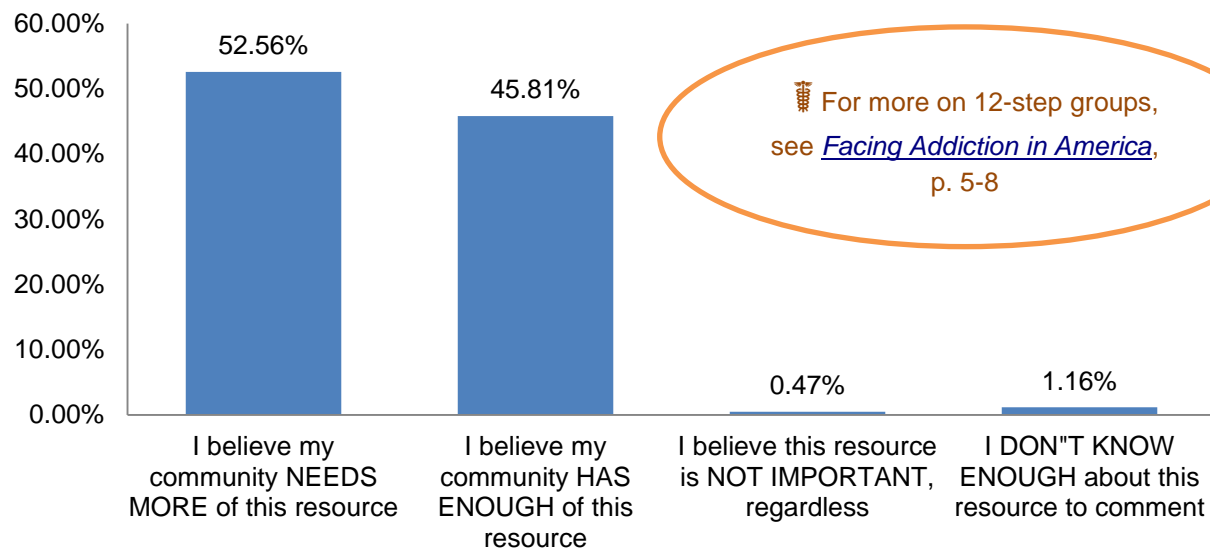


Regional Breakdown (all respondents) I believe my community NEEDS MORE: Employment-based recovery services



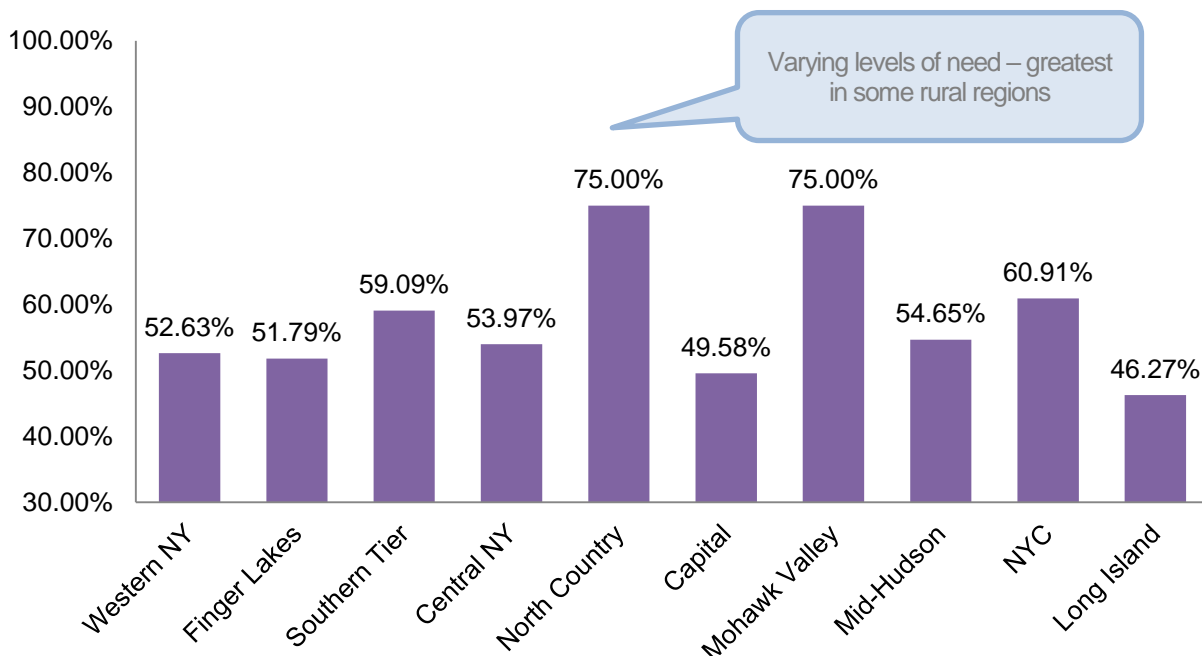
Q22. 12-step mutual support organizations [®]

(Alcoholics Anonymous, Narcotics Anonymous, Heroin Anonymous, etc.)

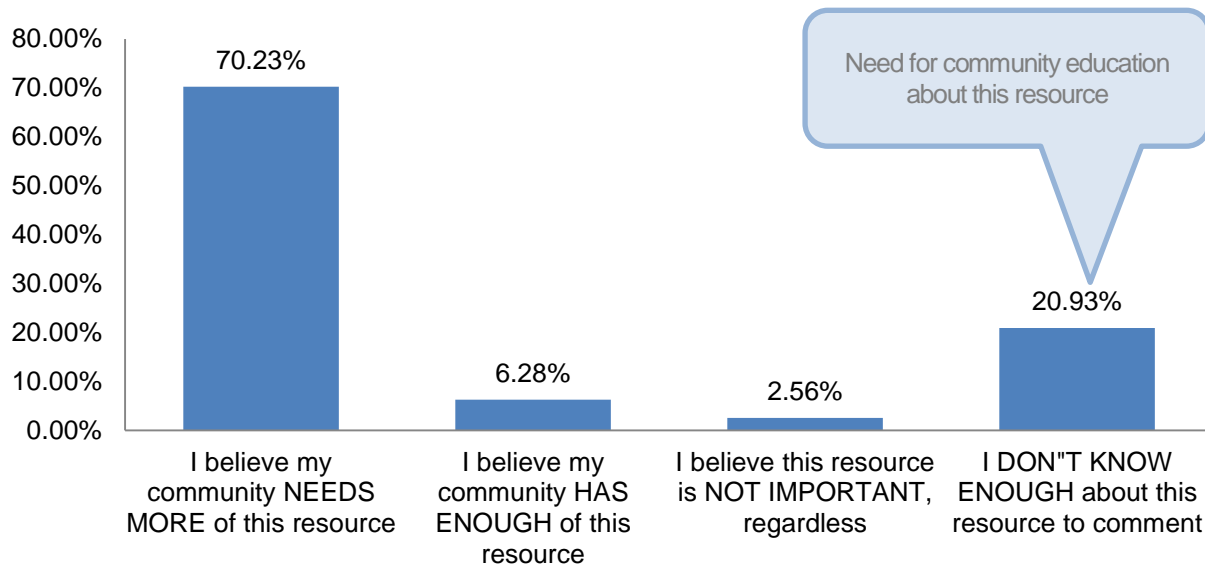


Regional Breakdown (all respondents)

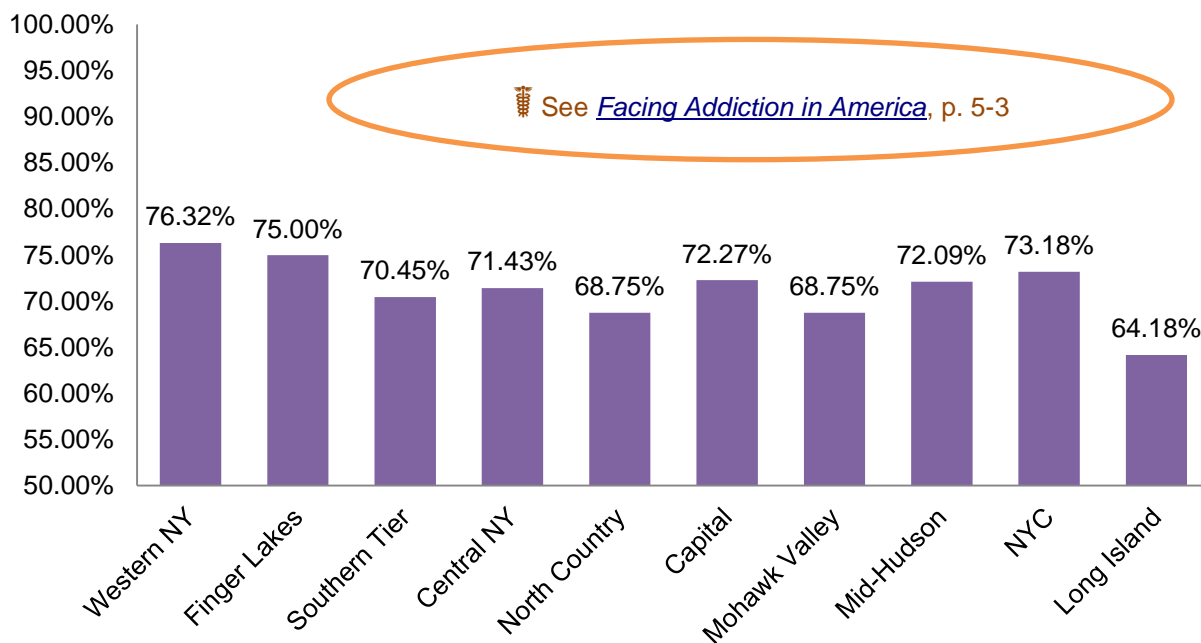
I believe my community NEEDS MORE: 12-step mutual support organizations



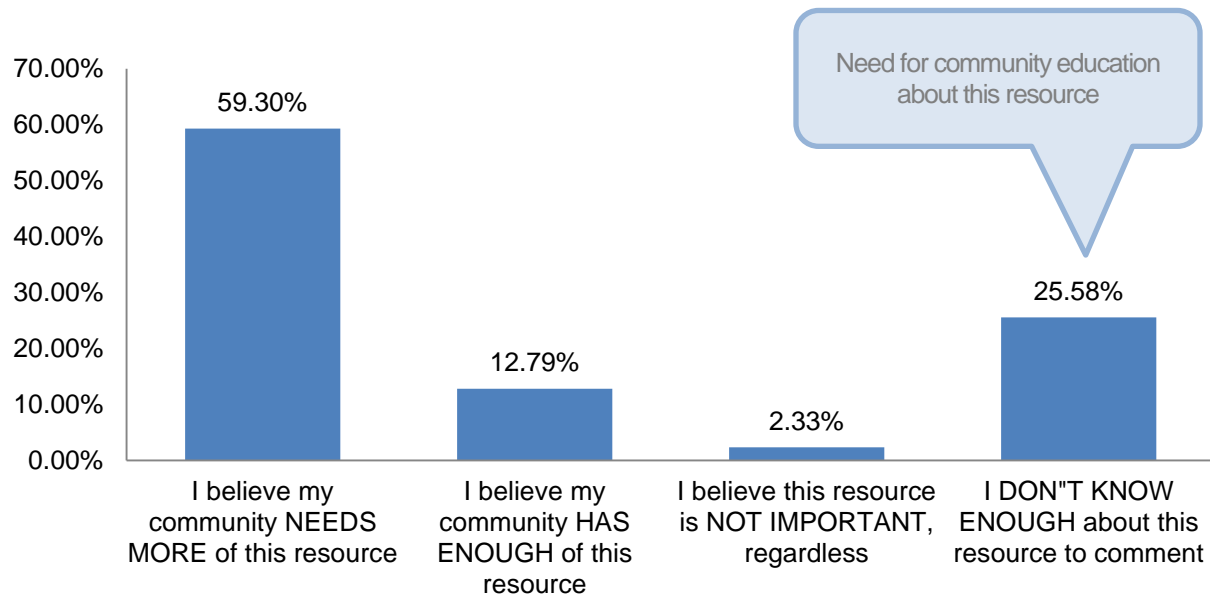
Q23. Secular mutual support organizations [®] (SMART Recovery, LifeRing, Rational Recovery, etc.)



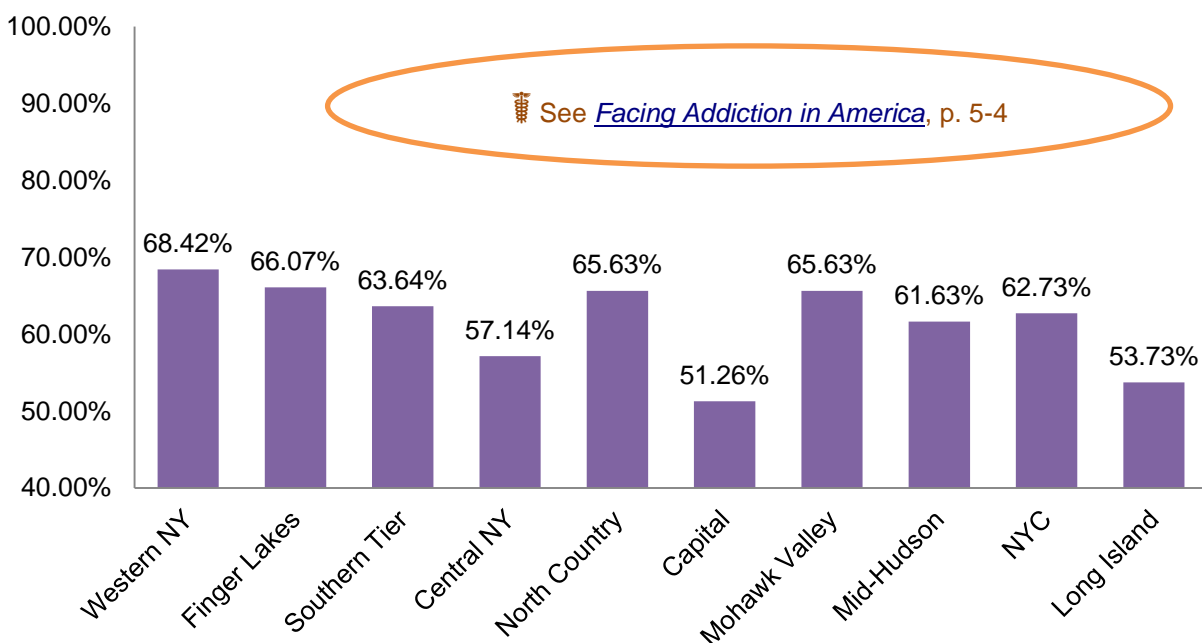
Regional Breakdown (all respondents) I believe my community NEEDS MORE: Secular mutual support organizations



Q24. Faith-based mutual support organizations [®] (Celebrate Recovery, Alcoholics Victorious, etc.)

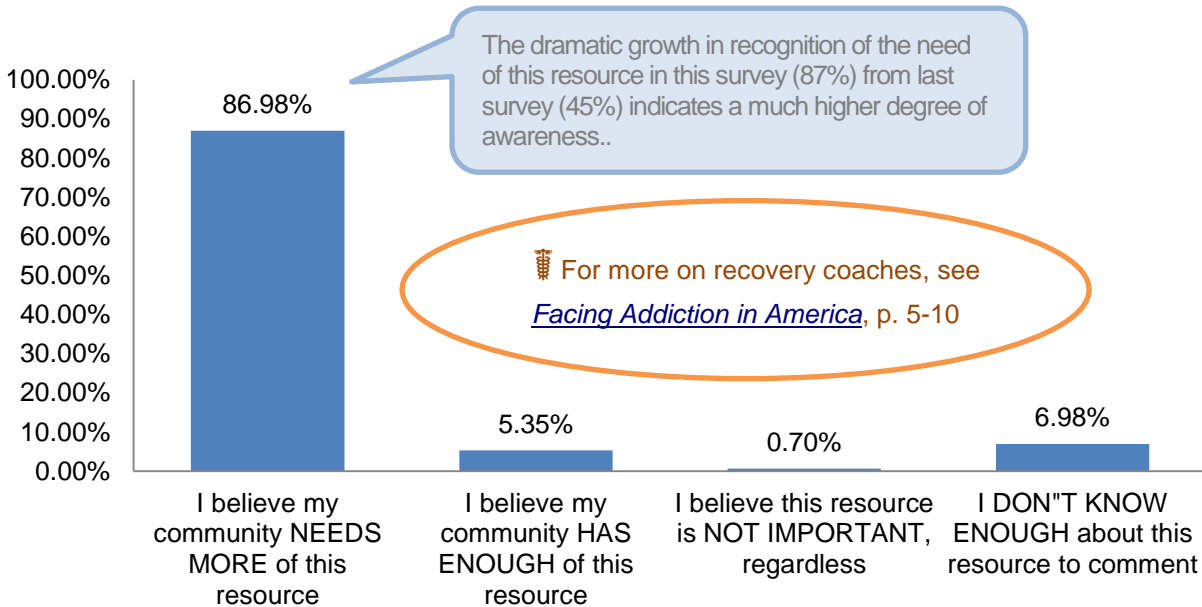


Regional Breakdown (all respondents) I believe my community NEEDS MORE: Faith-based mutual support organizations



Q25. Peer advocates ®

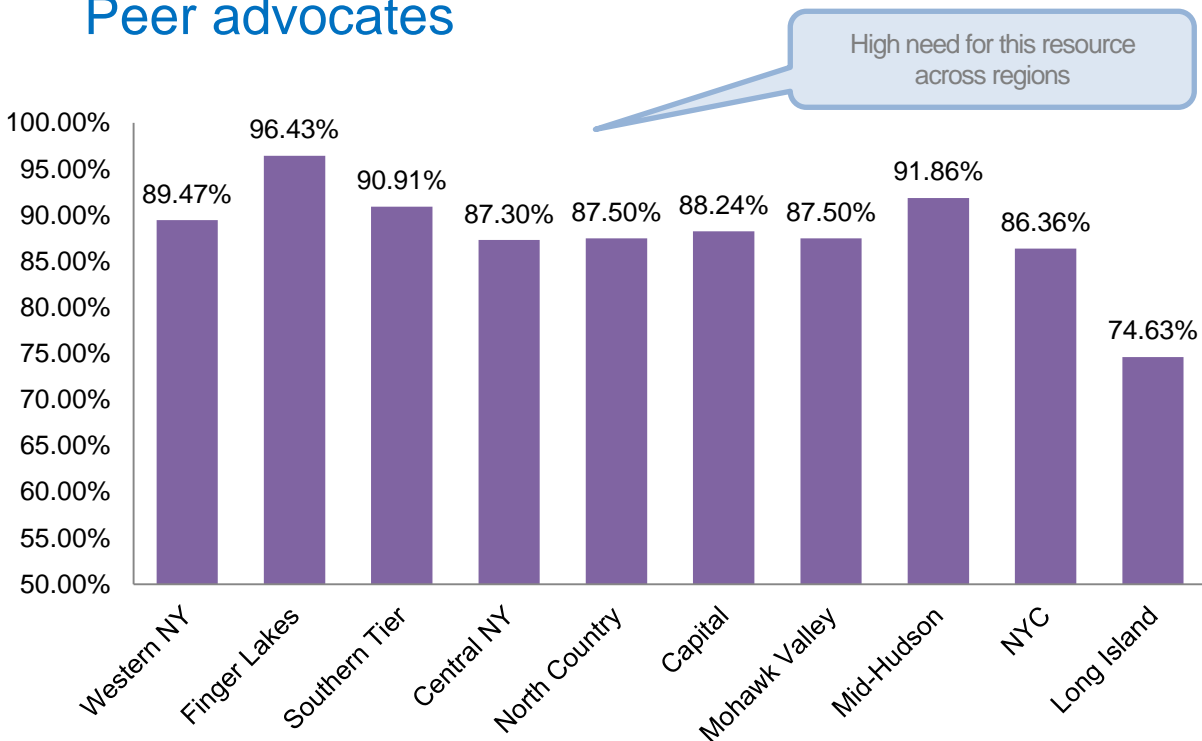
(Certified Recovery Peer Advocates, Recovery Coaches, Family Support Navigators, etc.)



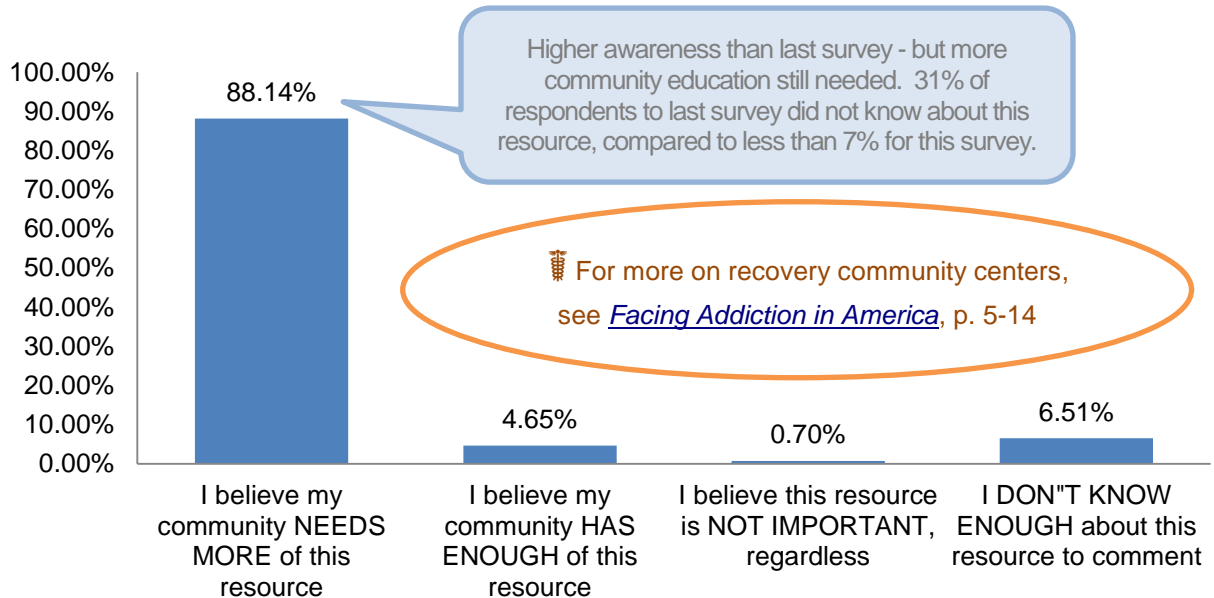
Regional Breakdown (all respondents)

I believe my community NEEDS MORE:

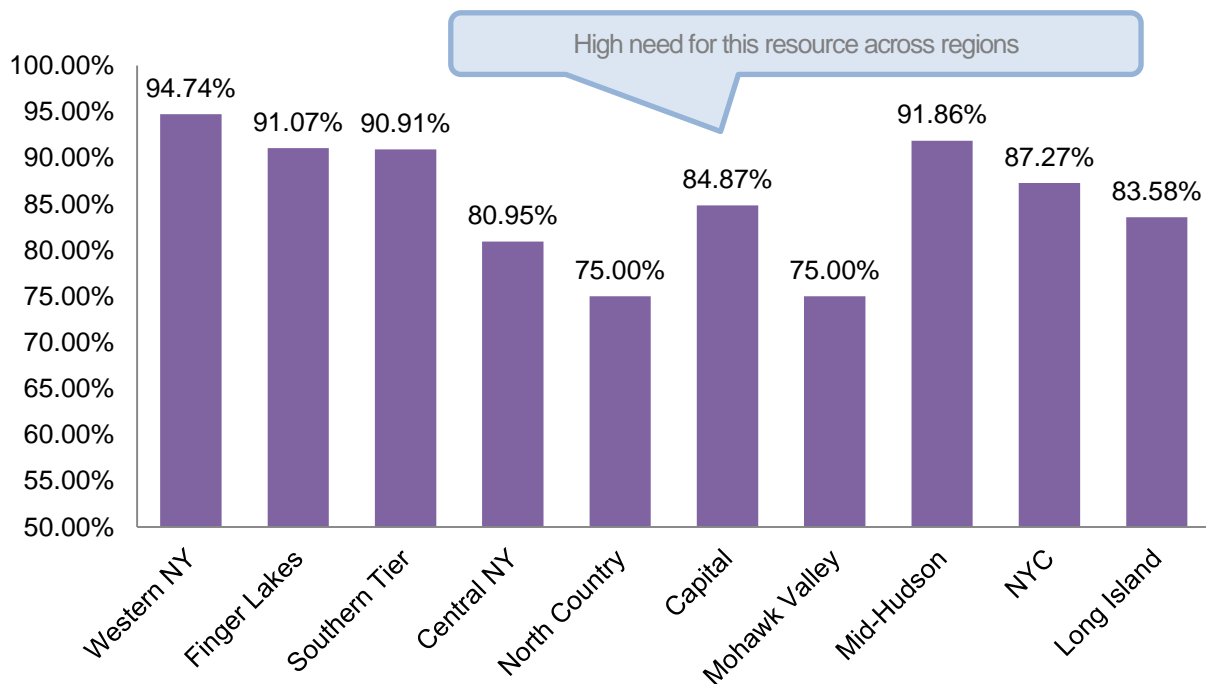
Peer advocates



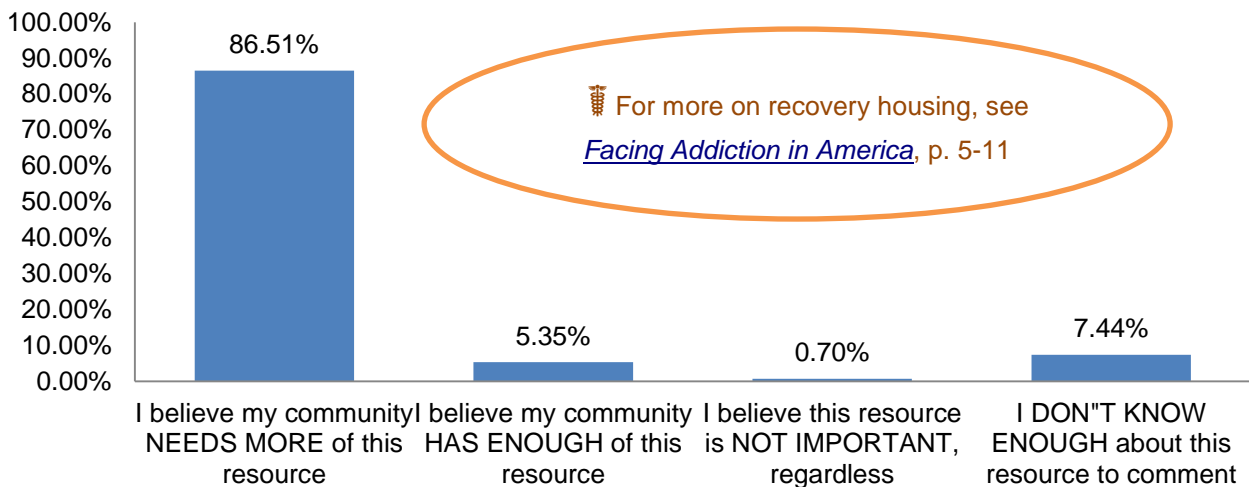
Q26. Recovery Community Outreach Centers (RCOCs) [®] (Non-profit centers for the recovery community that offer local networks of non-medical, recovery support services)



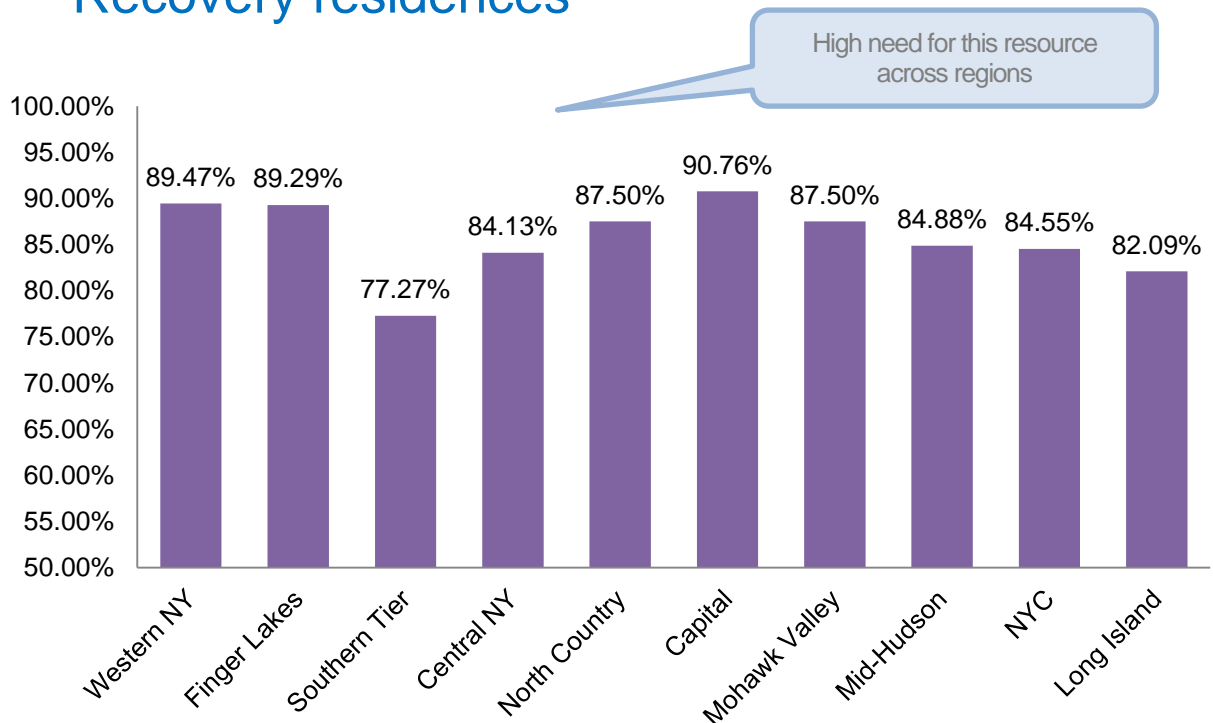
Regional Breakdown (all respondents) I believe my community NEEDS MORE: Recovery Community Outreach Centers (RCOCs)



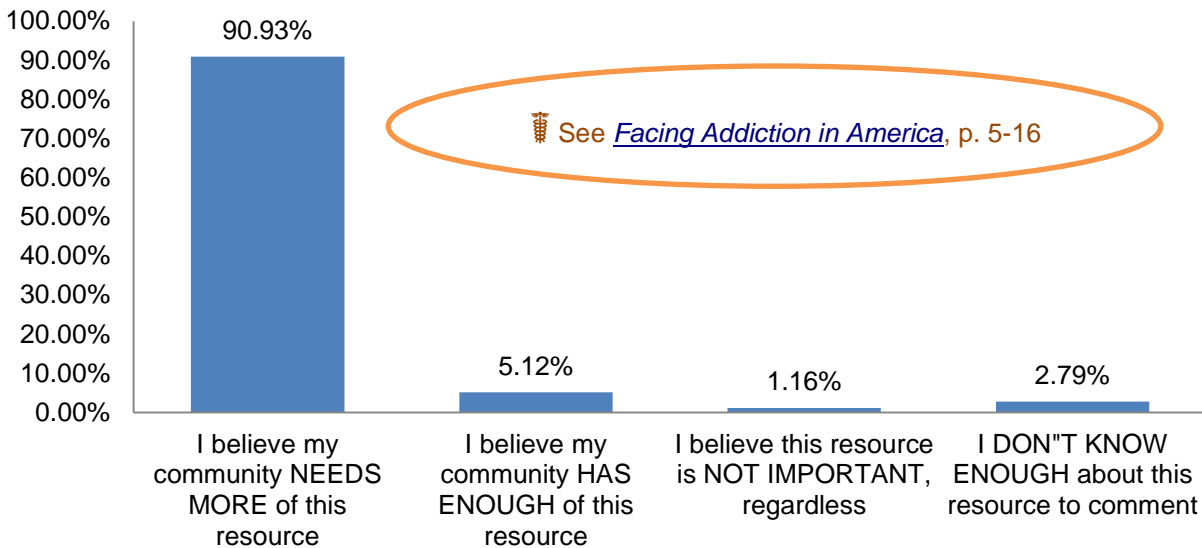
Q27. Recovery residences ® (Recovery homes, supportive living, etc.)



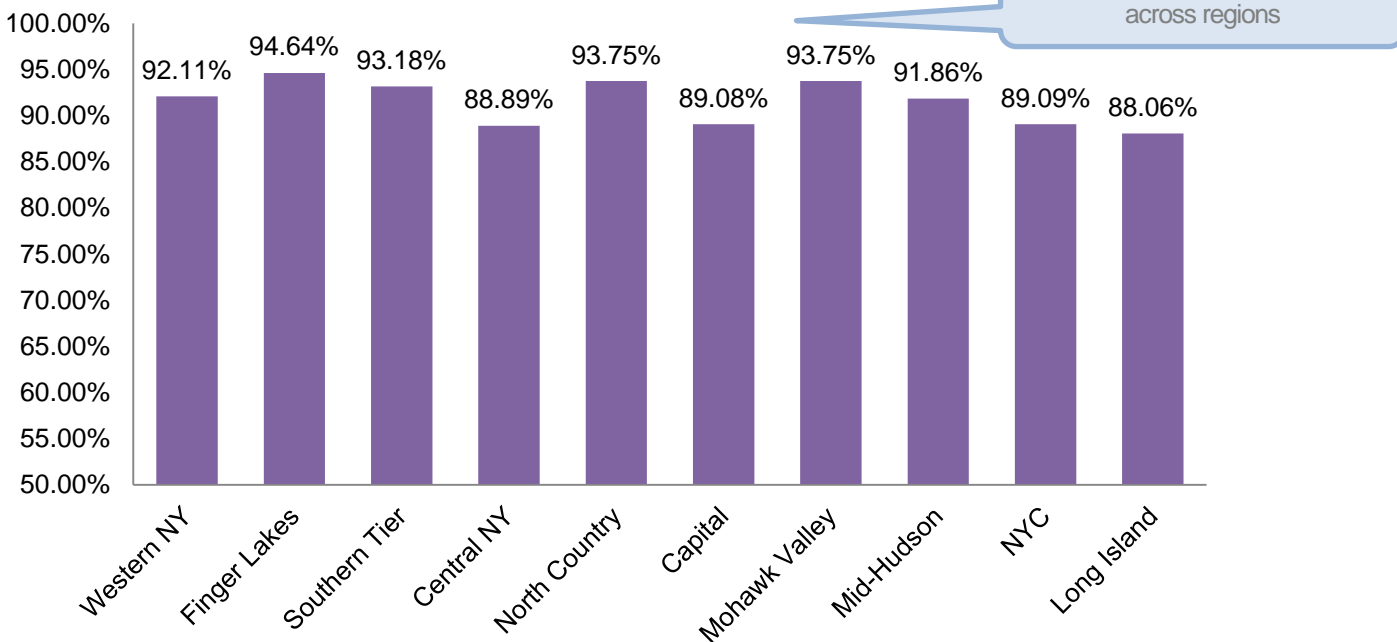
Regional Breakdown (all respondents) I believe my community NEEDS MORE: Recovery residences



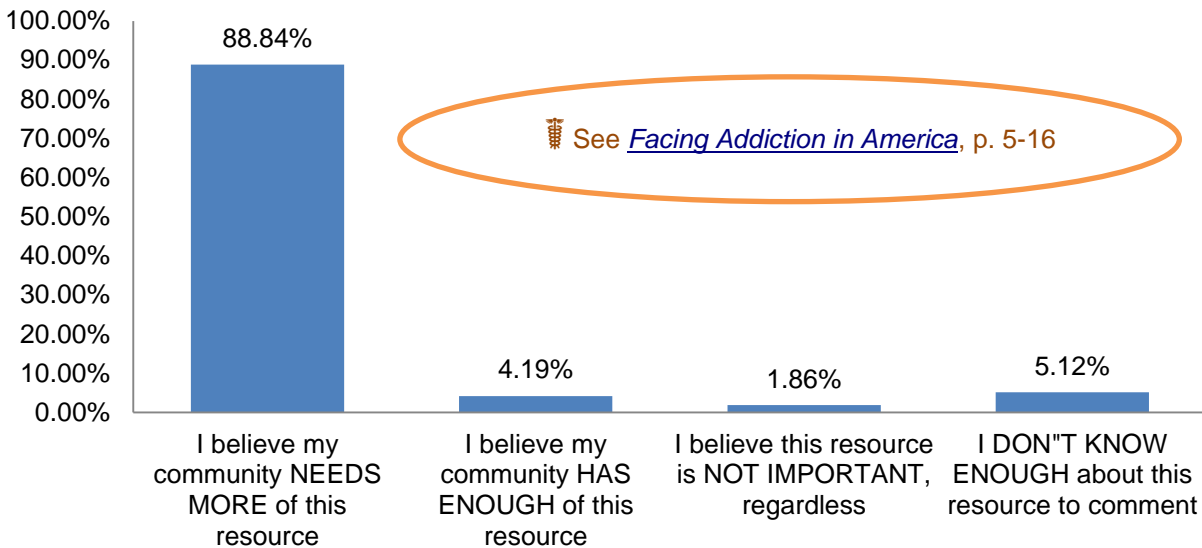
Q28. Substance-free recreational activities [®] (Alcohol- and drug-free community celebrations, etc.)



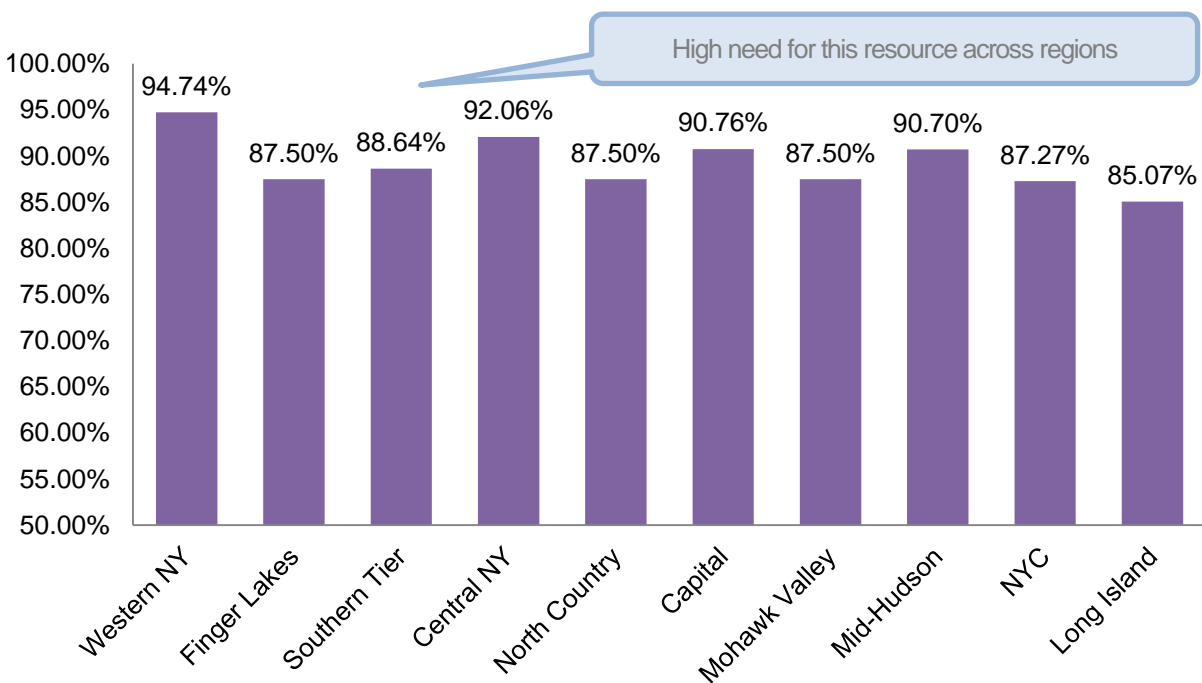
Regional Breakdown (all respondents) I believe my community NEEDS MORE: Substance-free recreational activities



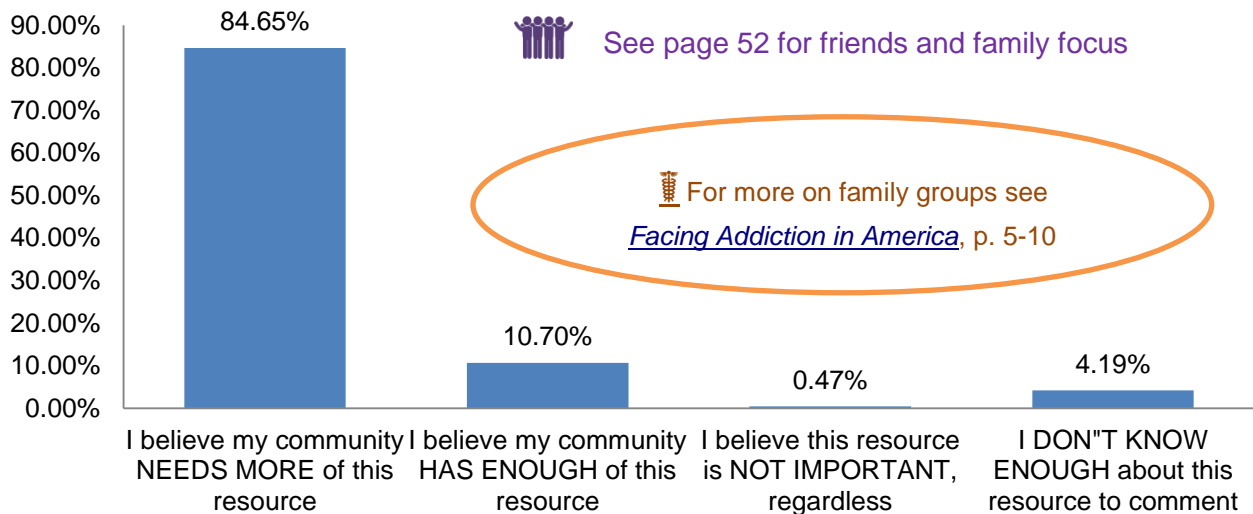
Q29. Fitness-focused recovery activities [®] (Exercise classes and coaching, etc., expressly for people in recovery)



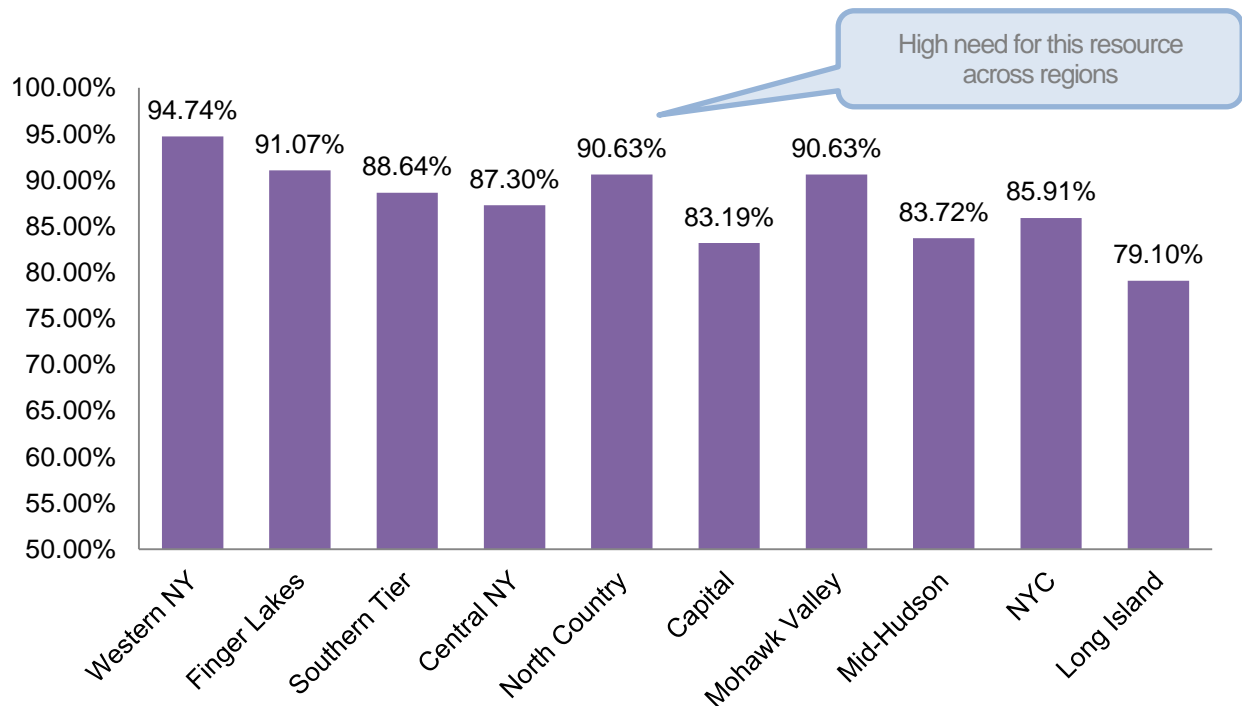
Regional Breakdown (all respondents) I believe my community NEEDS MORE: Fitness-focused recovery activities



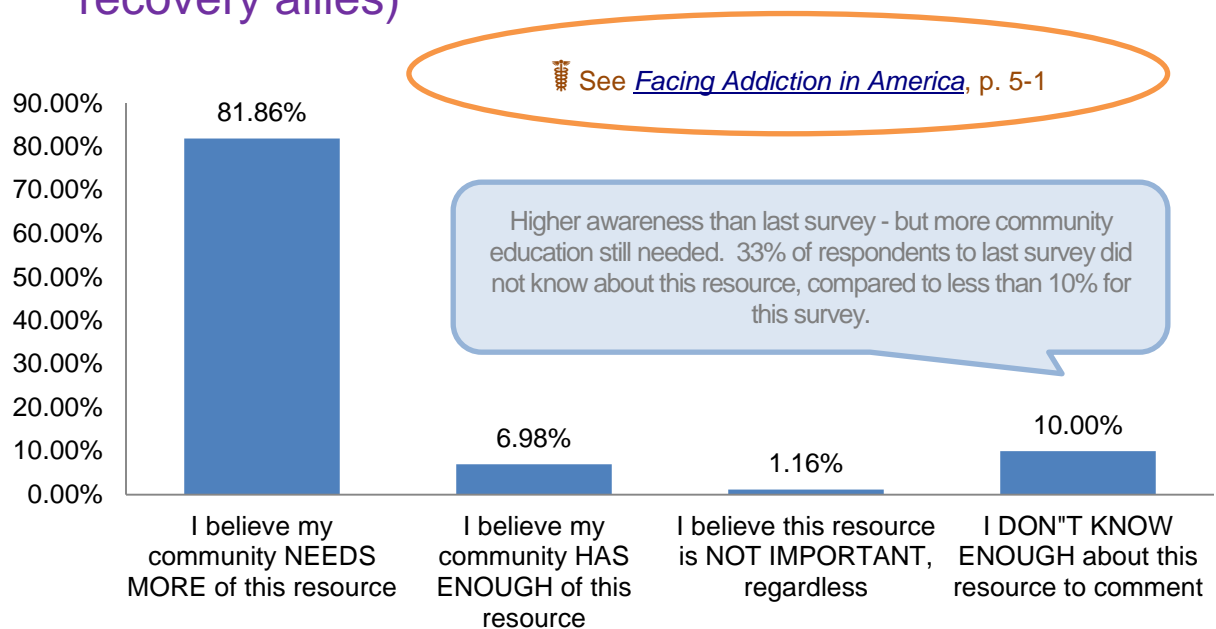
Q30. Resources for family & friends of people in recovery [®] (Educational resources, peer support meetings [Al-Anon], etc.)



Regional Breakdown (all respondents) I believe my community NEEDS MORE: Resources for family & friends of people in recovery

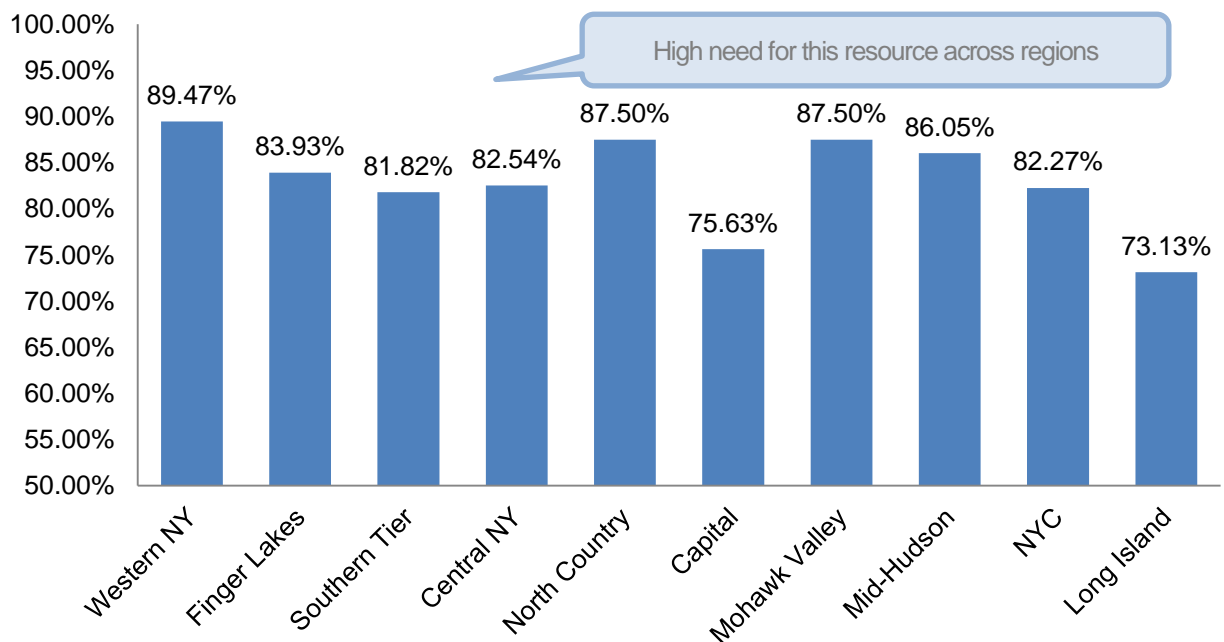


Q31. Recovery Community Organizations (RCOs) ® (Independent, non-profit organizations led by local recovery allies)

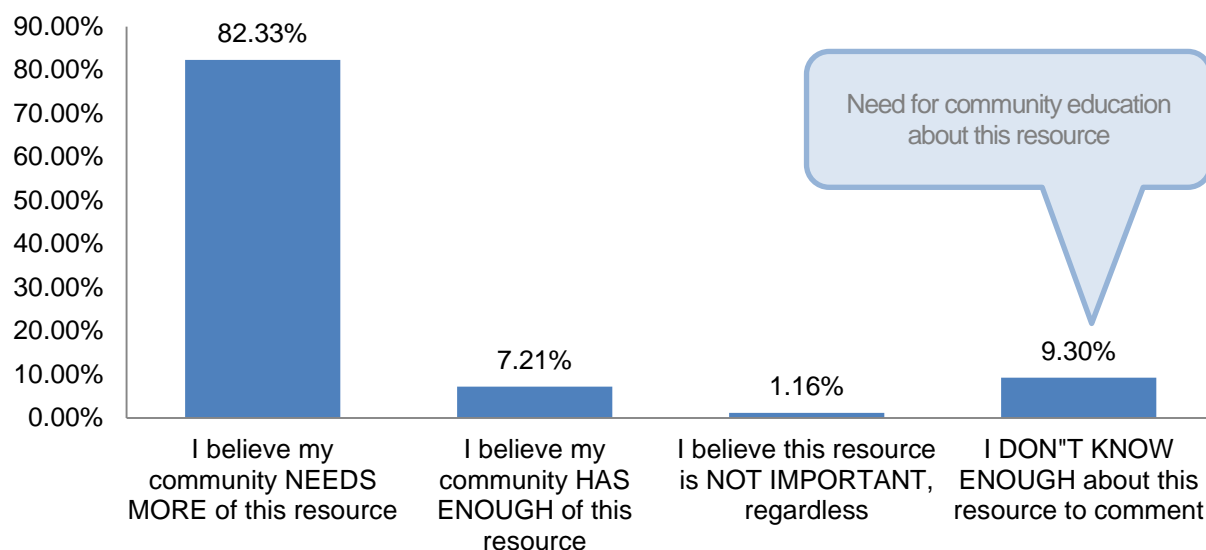


Regional Breakdown (all respondents)

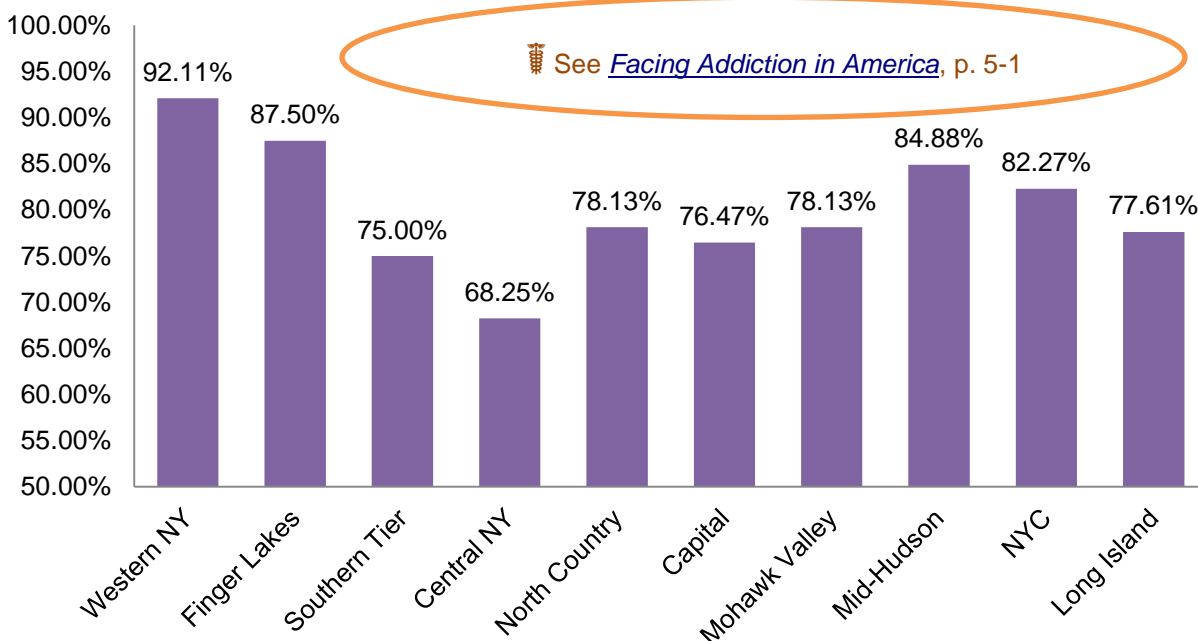
I believe my community NEEDS MORE: Recovery Community Organizations (RCOs)



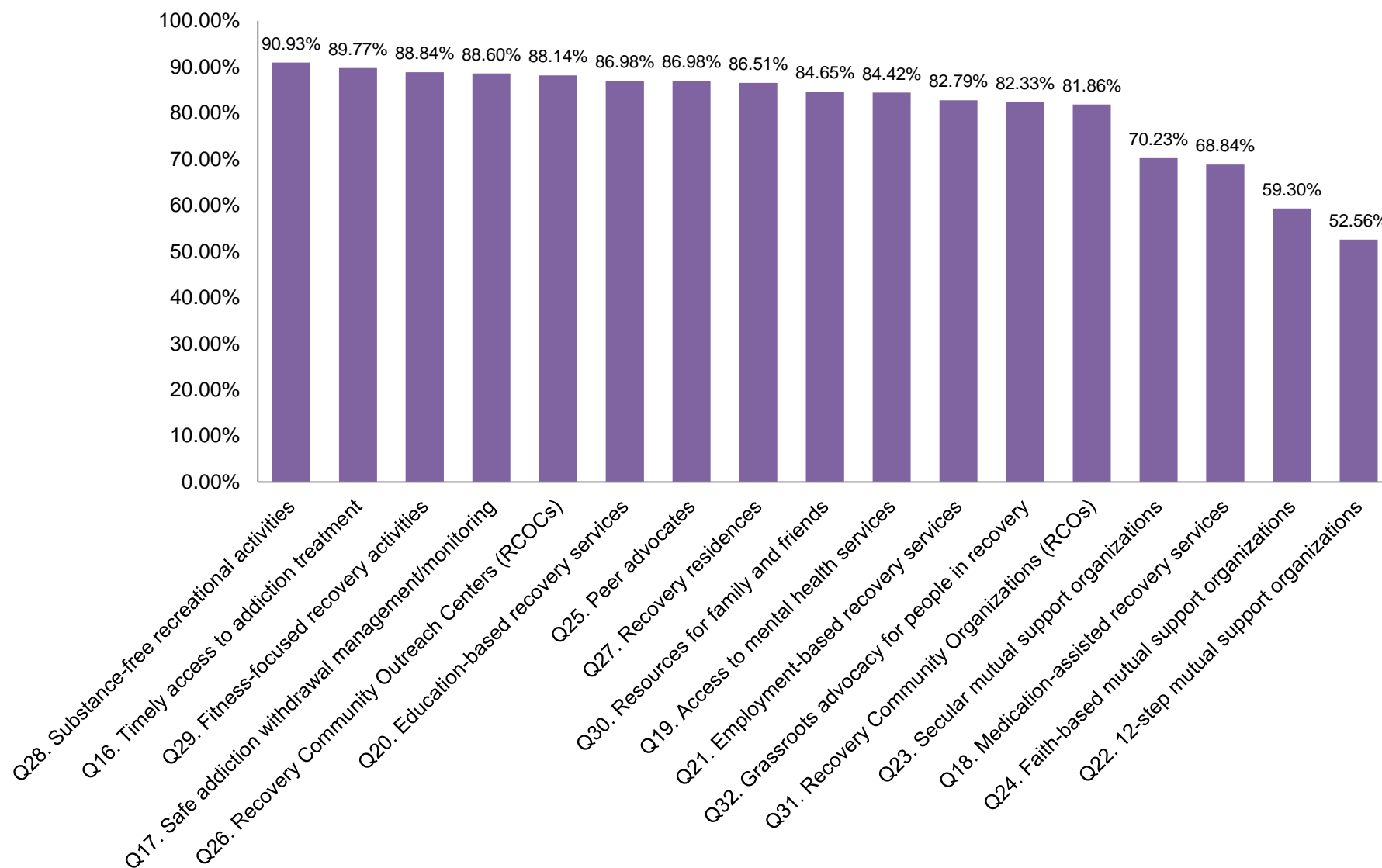
Q32. Grassroots advocacy for people in recovery [®] (Rallies and other efforts to promote the needs of the recovery community)



Regional Breakdown (all respondents) I believe my community NEEDS MORE: Grassroots advocacy for people in recovery



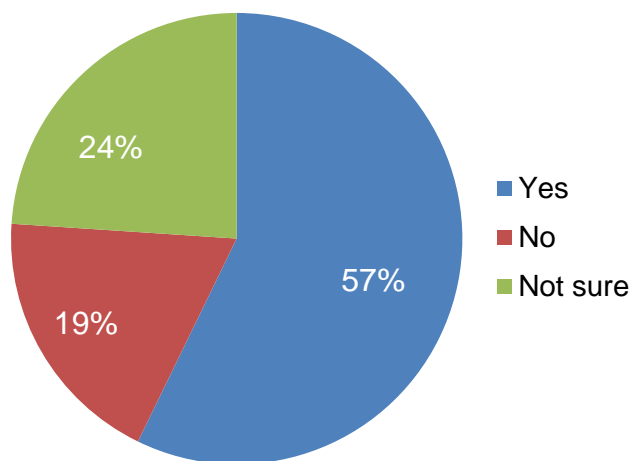
I believe my community **NEEDS MORE** of this resource (ordered by “yes” answers) ®



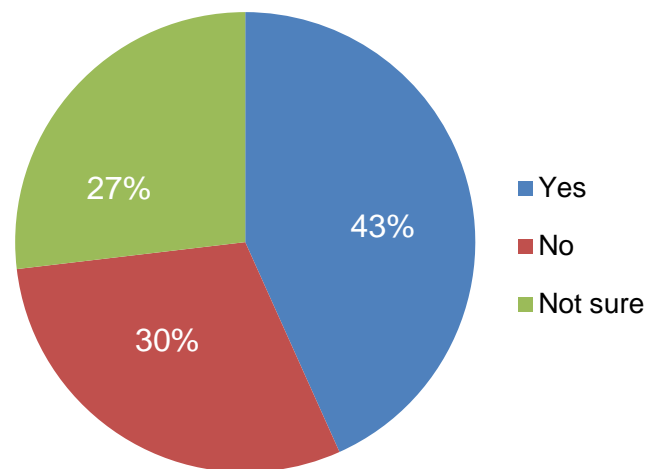
Region	Top 3 Identified Resource Needs (all respondents)
Capital	Q16. Timely access to treatment (95.80%) Q17. Safe addiction withdrawal management/monitoring (94.12%) Q19. Access to mental health services (93.28%)
Central NY	Q17. Safe addiction withdrawal management/monitoring (92.06%) Q29. Fitness-focused recovery activities (92.06%) Q19. Access to mental health services (88.89%) Q28. Substance-free recreational activities (88.89%)
Finger Lakes	Q16. Timely access to treatment (96.43%) Q25. Peer advocates (96.43%) Q17. Safe addiction withdrawal management/monitoring (94.64%) Q28. Substance-free recreational activities (94.64%)
Long Island	Q17. Safe addiction withdrawal management/monitoring (92.54%) Q16. Timely access to treatment (89.55%) Q28. Substance-free recreational activities (88.06%)
Mid-Hudson	Q16. Timely access to treatment (91.86%) Q25. Peer advocates (91.86%) Q26. Recovery Community Outreach Centers (91.86%) Q28. Substance-free recreational activities (91.86%) Q29. Fitness-focused recovery (90.70%)
Mohawk Valley	Q20. Education-based recovery (96.88%) Q28. Substance-free recreational activities (93.75%) Q21. Employment-based recovery services (90.63%) Q30. Resources for family and friends (90.63%)
North Country	Q16. Timely access to treatment (97.01%) Q29. Fitness-focused recovery activities (95.52%) Q17. Safe addiction withdrawal management/monitoring (94.03%)
NYC	Q28. Substance-free recreational activities (89.09%) Q20. Education-based recovery (87.27%) Q26. Recovery Community Outreach Centers (87.27%) Q29. Fitness-focused recovery activities (87.27%)
Southern Tier	Q28. Substance-free recreational activities (93.18%) Q19. Access to mental health services (90.91%) Q25. Peer advocates (90.91%) Q26. Recovery Community Outreach Centers (90.91%)
Western NY	Q16. Timely access to treatment (97.37%) Q17. Safe addiction withdrawal management/monitoring (97.37%) Q26. Recovery Community Outreach Centers (94.74%) Q29. Fitness-focused recovery (94.74%) Q30. Resources for family & friends (94.74%)

Q33. Do you think that people that you (or your family member / friend) receive services from are sensitive to your cultural background (race, religion, sexual orientation, etc.)? ®

All ethnicities



Hispanic/Latinx respondents



Key Points:

1. The high percentage of people “not sure” if they are receiving culturally sensitive services may indicate a need for community education.
2. Hispanic/Latinx respondents were less likely to find services to be culturally sensitive.

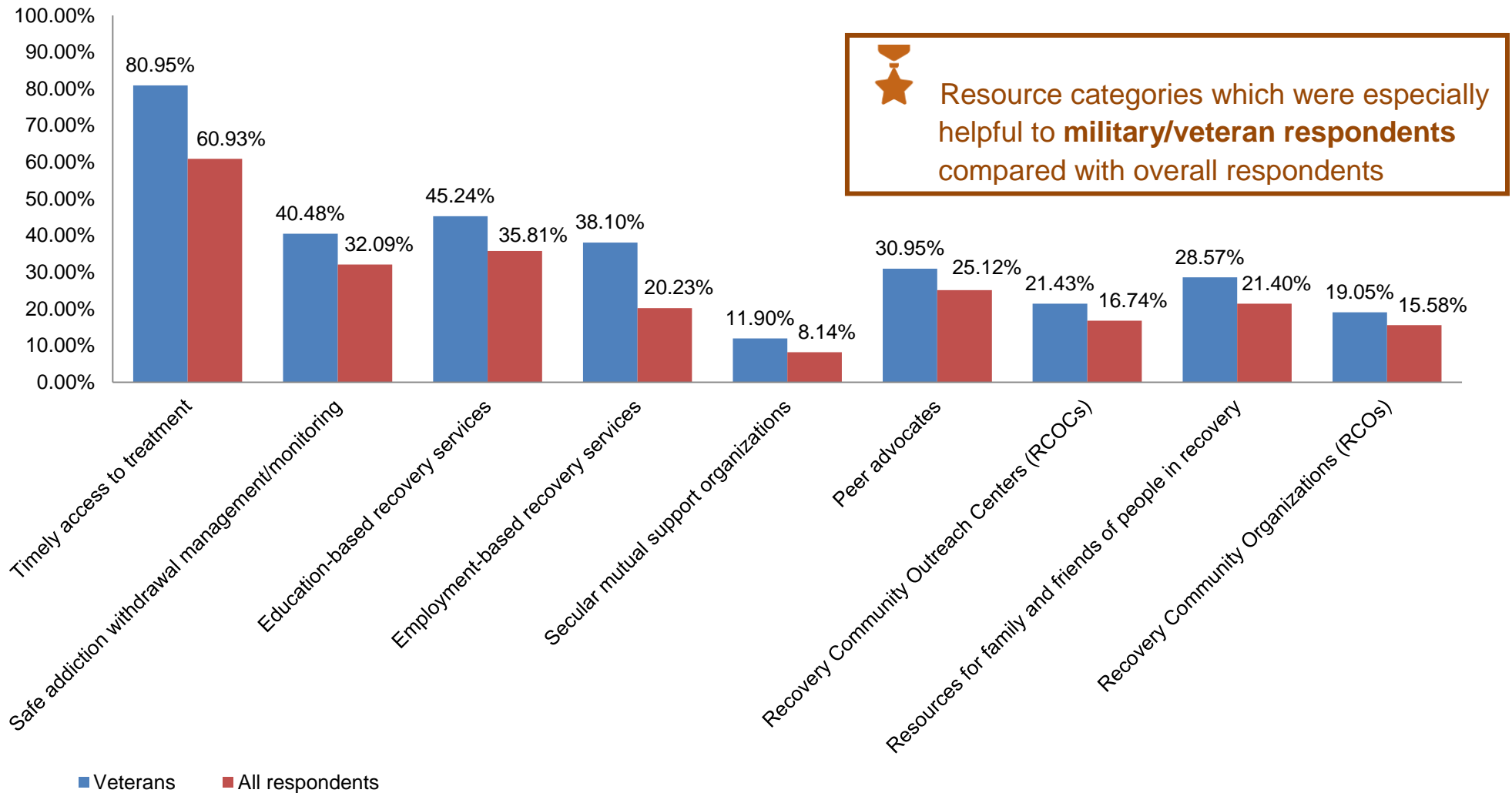
⚠ See [Facing Addiction in America](#), p. 5-3 for perspectives on recovery through the lenses of different cultural groups.

Q34. Which of the following resources have been helpful in YOUR recovery (or that of your family member / friend)? (check all that apply) ®

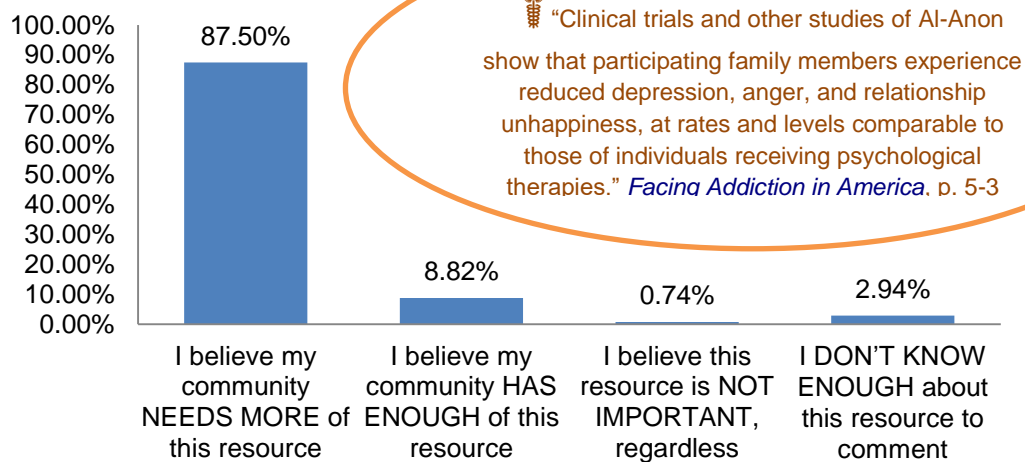
Ordered by number of yes answers

12-step mutual support organizations (AA, NA, HA, etc.)	78.37%
Timely access to treatment for alcohol/drug addiction	60.93%
Access to mental health services	53.49%
Substance-free recreational activities	36.98%
Education-based recovery services	35.81%
Safe addiction withdrawal management/monitoring	32.09%
Peer advocates	25.12%
Medication-assisted recovery services	24.88%
Recovery residences	24.88%
Resources for family and friends of people in recovery	21.40%
Employment-based recovery services	20.23%
Fitness-focused recovery activities	20.00%
Grassroots advocacy for people in recovery	17.91%
Faith-based mutual support organizations	17.21%
Recovery Community Outreach Centers (RCOCs)	16.74%
Recovery Community Organizations (RCOs)	15.58%
Secular mutual support organizations	8.14%

Q34. Which of the following resources have been helpful in YOUR recovery (or that of your family member / friend)? ®



Q30. Resources for family & friends of people in recovery (Educational resources, peer support meetings [Al-Anon], etc.)

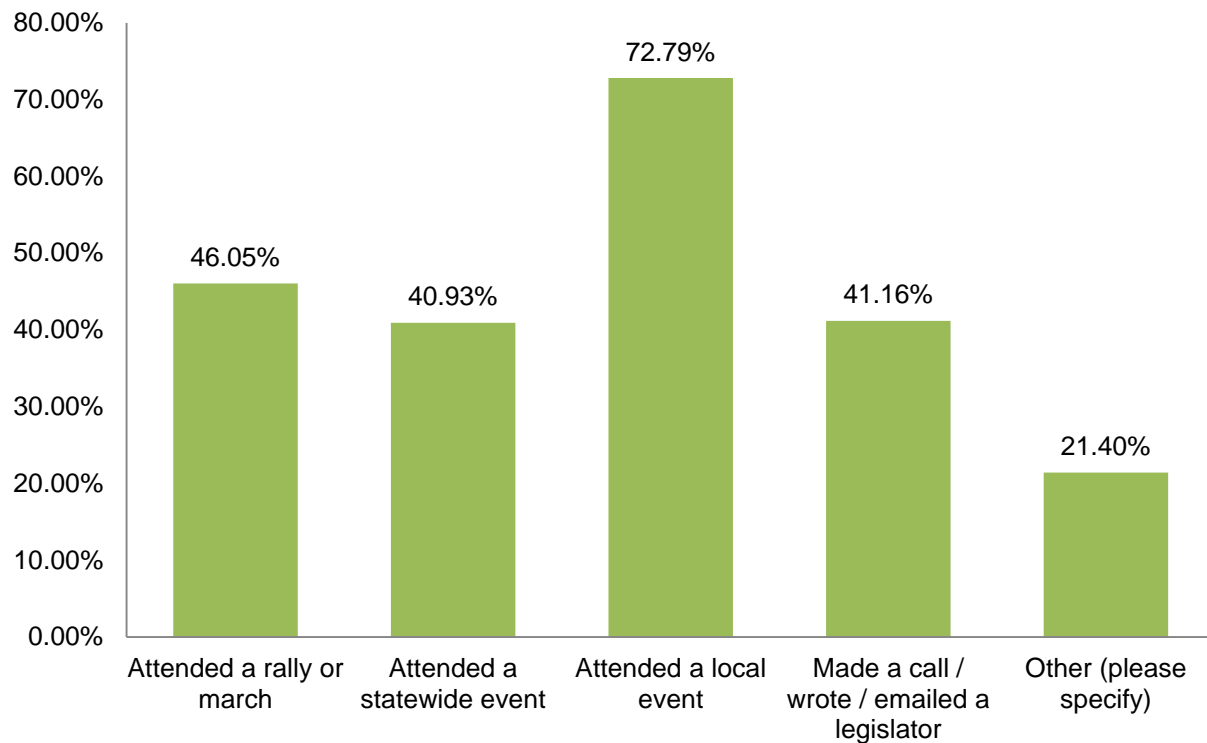


Q34. Which of the following resources have been helpful in YOUR recovery (or that of your family member / friend)? (check all that apply)

Ordered by number of yes answers

12-step mutual support organizations	68.38%
Access to mental health services	53.43%
Timely access to treatment for alcohol/drug addiction	50.74%
Safe addiction withdrawal management/monitoring	34.56%
Education-based recovery services	29.90%
Medication-assisted recovery services	29.41%
Substance-free recreational activities	28.68%
Resources for family and friends of people in recovery	26.96%
Recovery residences	24.26%
Peer advocates	21.08%
Faith-based mutual support organizations	18.87%
Grassroots advocacy for people in recovery	18.87%
Fitness-focused recovery activities	18.38%
Employment-based recovery services	17.16%
Recovery Community Outreach Centers (RCOCs)	13.97%
Recovery Community Organizations (RCOs)	13.73%
Secular mutual support organizations	8.09%

Q35. Have you (or your family member / friend) been involved in any of the following advocacy activities in support of recovery? (check all that apply) ®



Key Points:

1. Nearly 3 of every 4 respondents had attended a local recovery advocacy event.
2. This shows a high level of motivation and community engagement in this survey population.

What's Changed? This question is new to this survey.

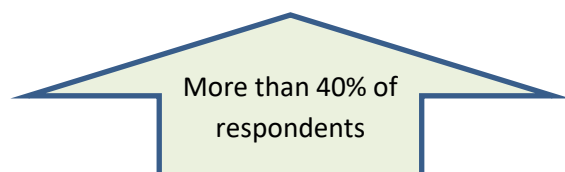


See [Facing Addiction in America](#), p. 5-1

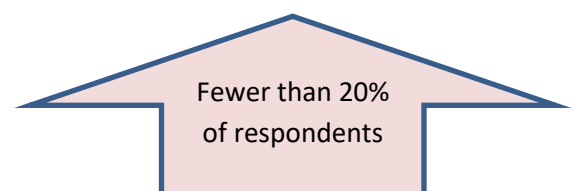
Q36. Please indicate which of the following events/situations you (or your family member / friend) have experienced/engaged in SINCE YOU (OR THEY) CAME INTO RECOVERY. If not applicable, do not check. ®

Selected responses:

Healthy Outcomes	
Participate in family activities	73.76%
Have primary care provider	73.05%
Take care of my health (e.g., get regular medical checkups, take necessary medications, seek help if needed)	71.63%
Pay bills on time	70.45%
Plan for the future (e.g., saving for retirement & taking vacations)	69.98%
Have a bank account	67.14%
Have my own place to live	65.72%
Vote in elections	65.25%
Get healthy amount of sleep (6-8 hours per night regularly)	62.41%
Volunteer in community and/or civic group	62.41%
Get good job/performance evaluations	60.05%
Furthered my education and/or training	58.63%
Steadily employed	56.50%
Got regular dental checkups	56.26%
Have healthy eating habits/good nutrition	56.03%
Have no involvement with the criminal justice system	51.30%
Have good credit /restored credit	48.46%
Exercise regularly	47.99%
Pay taxes /paid back taxes	43.03%
Pay back personal debts	42.55%
Got my driver's license back	15.13%
Started my own business	15.13%
Got off probation/parole	12.29%
Regained child custody from protective services or foster care	7.09%
Restored professional or occupational license	5.67%



Harmful Outcomes	
Have debts / bad credit / bankruptcy / can't pay bills	41.13%
Experience untreated emotional/mental health problems	18.20%
Lost teeth	16.78%
Got my driver's license back	15.13%
Owe back taxes	13.24%
Was victim or perpetrator of intimate partner violence	11.82%
Frequent use of health care services (e.g., hospitals, clinics, detox)	10.17%
Got arrested	8.51%
Got fired/suspended at work	8.51%
Contracted an infectious disease (e.g., Hepatitis C or HIV/AIDS)	7.33%
Have no health insurance	6.15%
Served jail or prison time	5.67%
Frequently miss work or school	5.44%
Expunged my criminal record	4.96%
Lost/suspended driver's license	4.96%
Damage property (your own and/or others) e.g., cars	4.49%
Lost custody of children (other than through divorce)	4.02%
Dropped out of school	3.78%
Frequent Emergency Room visits	1.89%
Arrested for driving under the influence	1.65%
Lost right to vote	1.65%
Lost professional or occupational license	0.95%



Q37. Has any other significant event - good or bad - happened since you (or your family member / friend) entered recovery? Please share.
(all respondents)

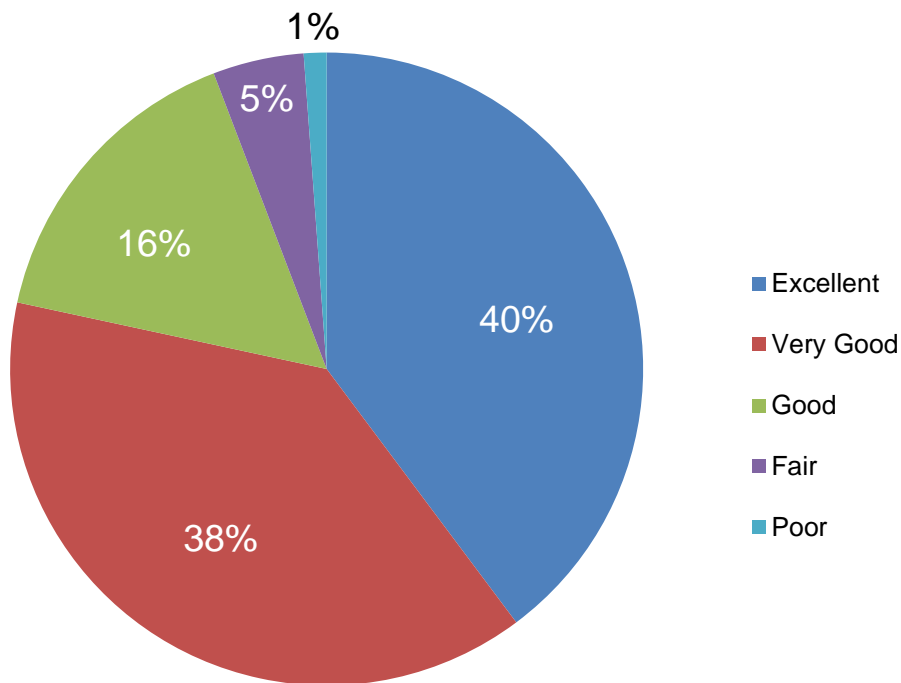
Death Met Child Divorce Love Sister Job Mental Health
Lost Employment Life Treatment Family Degree
Recovery Career Relationship Peer
Addiction Marriage Married Clean Died Relapse
Started Changed for the Better School College

The responses to this question demonstrated both the powerfully positive effects that recovery was contributing to the lives of New Yorkers, and also the deadly consequences of substance use and addiction.

All point to the need for robust recovery resources and services.

In the words of recovery scholar John F. Kelly: “As in a burning-building scenario, the first job, to be sure, is to extinguish the fire and try to prevent it from immediately re-igniting. However, missing in our treatment scenario has been a focus on the subsequent architectural planning and rebuilding process once the fire is out.” (Kelly, 2017).

Q38. Overall, how would you describe your quality of life (or that of your family member / friend in recovery) right now? ®



Key Points:

1. A full 78% of respondents evaluated their quality of life as “Excellent” or “Very Good.”
2. These numbers show that the hope and promise in recovery from addiction is very real and attainable with the right services and supports. These findings are supported by Facing Addiction in America: the Surgeon General’s Report on Alcohol, Drugs, and Health: Recovery benefits include “improved health, improved finances and a better social life.”

What’s Changed? This question is new for this version of the survey.

Q39. Is there anything you would like to add about the costs of addiction and/or the benefits of your recovery (or the recovery of your family member / friend) in your life?

Money Productive Member of Society Inpatient Young People Sober
Future Able Loss Community Job Family Care
Addiction Long Term Recovery School
Life Heroin Treatment Daily Programs
Insurance Companies Benefits Health Insurance Access
Mental Health

This word cloud represents the words most used by survey respondents in recovery. Survey respondents in recovery showed pain in their responses including words like “heroin,” “loss” and “addiction.” But the words that are more used in the cloud by respondents are overwhelmingly positive including: “Community,” “Family,” “Recovery,” “Sober,” “Productive Member of Society,” “Life,” “Benefits,” “Access,” and “Mental Health.”

These words show the hope and promise in recovery and exemplify the return on investing in support services for people who suffer from the disease of addiction. The returns go well beyond the costs.

Summary & Conclusion

The results of this year's Life in Recovery Survey show marked differences from the 2016 Recovery in the Empire State Survey. The 2016 survey focused primarily on gauging the nature of peoples' addiction struggles, and the services needed to combat addiction and help people find recovery. The 2017 Life in Recovery Survey instead focuses more on the current strengths of people in recovery, and the resources they need to maintain and expand that recovery throughout their families and communities.

FOR-NY is not surprised that the 2017 Life in Recovery Survey results show people in recovery are thriving. But the profound degree of health, wellness, and community engagement in this group is notable.

Examples found in the report showing the promise of recovery include:

- 78% of participants report their quality of life to be either "Excellent" or "Very Good"
- 79% of participants have some level of college education
- Nearly half of participants are in a married or married-like relationship
- Two-thirds of respondents are fully employed
- 58% of respondents report having 6 or more years of recovery
- 72% have attended a local recovery advocacy event
- 66% now have their own place to live
- 70% plan for the future (e.g. saving for retirement and taking vacations)
- 74% participate in family activities
- 65% vote in elections
- 48% exercise regularly
- 56% visit a dentist regularly
- 56% have healthy eating habits/good nutrition
- 72% take care of their health (e.g. hospitals, cleanup, detox)
- 62% get healthy amounts of sleep
- 58% have furthered their education and/or training during their recovery
- 60% get good job/performance evaluations

These numbers show that the hope and promise in recovery from addiction is very real and attainable with the right services and supports. This may be attributed to increase in funding for Recovery Support Services by NYS OASAS and by Friends of Recovery New York and our affiliates spreading awareness about addiction and recovery daily throughout the state.

Additionally, we saw a modest increase in survey participation among the African American Community, possibly attributable to FOR-NY efforts to engage that community

At the same time, the survey responses in conjunction with the growing addiction pandemic point to a critical need for more resources for addiction treatment and recovery in NYS. For example, there was a low turnout in the survey amongst youth and young adults, Hispanic/Latinx people, and Asian Americans. This shows a need for FOR-NY and the State to focus efforts in these areas and make sure these communities are engaged. We hope to offer the survey in multiple languages next year. Young people are being engaged through a new Federal Grant administered by OASAS to bring a Youth Recovery Community to New York State. The movement is called *Youth Voices Matter – NY* and it is meant to engage young people in recovery.

The report also highlights the need for multiple pathways to recovery. While a majority of participant list 12 step programming as a very important tool in their recovery, communities also feel like they have enough of this resource more than any other resource. Participants showed a very strong need for other resources. On a statewide level the five most desired resources that survey participants noted were:

1. Substance Free Recreational Activities
2. Timely access to addiction treatment
3. Fitness focused recovery activities
4. Safe addiction/withdrawal management/monitoring
5. Recovery Community Outreach Centers

Recommendations

Based on the findings of this survey, the context of our broader work and experience around recovery in NYS, and the finding of the Surgeon General's report, FOR-NY recommends the following:

1. 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). RCOs and RCOCs are necessary to provide 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.
2. We also call for the **removal of barriers to access to treatment**, 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 for many “pathways” to recovery.

3. **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. 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.
4. Finally, as FOR-NY partners with individuals, families, and allies of the recovery community across the state, we call for continued efforts to **reduce negative public perception and related 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 23.5 million Americans still struggling with addiction, but also that in recovery, people lead full, productive, and healthy lives.”¹⁹

Grateful Acknowledgements

The research for this project was supported by NYS Office of Alcoholism and Substance Abuse (NYS OASAS). In particular, we express much appreciation for Susan Brandau – Director of the NYS OASAS Bureau of Recovery. Her insight and expertise greatly assisted our research, though her views may not reflect all of the interpretations / conclusions of this report. In addition to our gratitude to Susan, we would be remiss not to thank our friends at NYS OASAS, and to the Program Directors of licensed NYS OASAS facilities across the state for their efforts to help FOR-NY disseminate the survey instrument to individuals and family members.

We thank FOR-NY Board members: Joseph Turner, J.D. (President), Debra M. Rhoades, LCSW-R, CASAC (Vice President), Chacku Mathai, CPRP (Treasurer), Dona Pagan, CASAC-GS, NCAC 1, CRPA (Secretary); Susan Laporte, J.D; Laurie Lieberman, MPA, BS – Human Services; Jackson Davis; Eric Dyer; and, Edward L. Olsen, LCSW, CASAC, I-CDAC. We also honor the memories of our past presidents Laura Elliott-Engel and Charlie Devlin.

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.

¹⁹ Laudet A. (2013). *Life in Recovery Survey*. Washington, DC: Faces and Voices of Recovery. Available at: www.facesandvoicesofrecovery.org/publications/lifeinrecoverysurvey.php

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.

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.

References Cited:

- Back, S. E., Killeen, T. K., Teer, A. P., Hartwell, E. E., Federline, A., Beylotte, F., & Cox, E. (2014). Substance use disorders and PTSD: An exploratory study of treatment preferences among military veterans. *Addictive Behaviors*, 39(2), 369-373.
- 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>
- 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),
- Bugbee, B.A., Caldeira, K.M., Soong, A.M., Vincent, K.B., Arria, A.M. (2016). *Collegiate recovery programs: A win-win proposition for students and colleges*. College Park, MD: Center on Young Adult Health and Development. Available at <http://www.cls.umd.edu/docs/CRP.pdf>. doi:10.13140/RG.2.2.21549.08160
- 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.
- Chavez, L. J., Kelleher, K. J., Matson, S. C., Wickizer, T. M., & Chisolm, D. J. (2017). Mental health and substance use care among young adults before and after Affordable Care Act (ACA) implementation: A rural and urban comparison. *The Journal of Rural Health*.
- Chhatre, S., Cook, R., Mallik, E., & Jayadevappa, R. (2017). Trends in substance use admissions among older adults. *BMC Health Services Research*, 17(1), 584.
- Davies, G., Elison, S., Ward, J., & Laudet, A. (2015). The role of lifestyle in perpetuating substance use disorder: The Lifestyle Balance Model. *Substance Abuse Treatment, Prevention, and Policy*, 10(1), 2.
- Evans, E. A., Grella, C. E., Washington, D. L., & Upchurch, D. M. (2017). Gender and race/ethnic differences in the persistence of alcohol, drug, and poly-substance use disorders. *Drug and Alcohol Dependence*, 174, 128-136.
- Felitti, V. J. (2003). Origins of addictive behavior: Evidence from a study of stressful childhood experiences. *Praxis der Kinderpsychologie und Kinderpsychiatrie*, 52(8), 547-559. English version available at : <http://www.nijc.org/pdfs/Subject%20Matter%20Articles/Drugs%20and%20Alc/ACE%20Study%20-%20OriginsofAddiction.pdf>
- 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*, 111(10), 1786-1794.

- Glynn, T. R., & van den Berg, J. J. (2017). A systematic review of interventions to reduce problematic substance use among transgender individuals: A call to action. *Transgender Health, 2*(1), 45-59.
- Grant, B. F., Saha, T. D., Ruan, W. J., Goldstein, R. B., Chou, S. P., Jung, J., et al (2016). Epidemiology of DSM-5 drug use disorder: results from the National Epidemiologic Survey on Alcohol and Related Conditions–III. *JAMA Psychiatry, 73*(1), 39-47
- Guerrero, E. G., Marsh, J. C., Khachikian, T., Amaro, H., & Vega, W. A. (2013). Disparities in Latino substance use, service use, and treatment: implications for culturally and evidence-based interventions under health care reform. *Drug and Alcohol Dependence, 133*(3), 805-813.
- Han, B. H., Moore, A. A., Sherman, S., Keyes, K. M., & Palamar, J. J. (2017). Demographic trends of binge alcohol use and alcohol use disorders among older adults in the United States, 2005–2014. *Drug and Alcohol Dependence, 170*, 198-207.
- Kelly, J. F. (2017). Tens of millions successfully in long-term recovery—let us find out how they did it. *Addiction, 112*(5), 762-763.
- Kelsall, H. L., Wijesinghe, M. S. D., Creamer, M. C., McKenzie, D. P., Forbes, A. B., Page, M. J., & Sim, M. R. (2015). Alcohol use and substance use disorders in Gulf War, Afghanistan, and Iraq War veterans compared with nondeployed military personnel. *Epidemiologic Reviews, 37*(1), 38-54.
- 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.
- Newlin, C. (2011). *Overview of the Adverse Experiences in Childhood (ACE) Study*. National Children's Advocacy Center [slide presentation]. Retrieved on December 30, 2017 from <http://calio.org/images/ace-study-overview-ppt.pdf>
- Pullen, E., & Oser, C. (2014). Barriers to substance abuse treatment in rural and urban communities: Counselor perspectives. *Substance Use & Misuse, 49*(7), 891-901.
- Schepis, T. S., & McCabe, S. E. (2016). Trends in older adult nonmedical prescription drug use prevalence: Results from the 2002–2003 and 2012–2013 National Survey on Drug Use and Health. *Addictive Behaviors, 60*, 219-222.
- 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.
- Smith, V.C., Wilson, C.R., AAP Committee on Substance Use and Prevention (2016). Families affected by parental substance use. *Pediatrics, 16*, 138(2), e20161575