



Georgia Council
on **Substance**
Abuse

www.gasubstanceabuse.org

The
Science of

Addiction

Recovery

FACES & VOICES
OF RECOVERY

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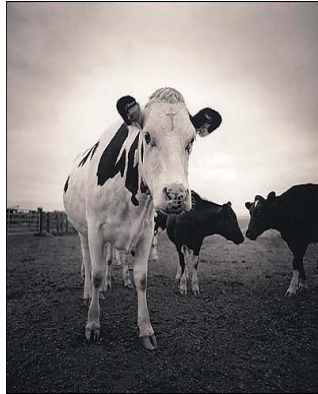


www.brauchtworks.com

www.facesandvoicesofrecovery.org



Schedule



1:00pm – 3:30pm:
~2:30: 15 minute break




**Please turn off cell phones,
pagers and any other PDAs
(personally disrespectful
accessories)!**



Why the SOAR is important



For the Family and the User:

-  Helps explain behavior that often seems unexplainable: cravings & returns to AOD use (relapse)
-  Reduces stigma, blame and anger toward the family and the person identified as having the problem
-  Promotes recovery for more people & their family members





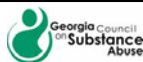
Three Key Takeaways

Like other chronic health conditions:



↳ **AOD addiction**, affects the _____, **mind** and **behavior**

↳ _____ requires **daily** management



Three Key Takeaways (cont.)

Like other chronic health conditions,

↳ Over _____ Americans are in **long-term recovery** from AOD use and we carry the message of HOPE!



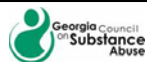
Faces and Voices of Recovery (FAVOR) began in 2001





Participants will learn to...

- 1) List at least five pathways to recovery;
- 2) Explain alcohol and other drug tolerance, craving and recovery based on changes that occur in the brain; and
- 3) Compare the recovery rates for alcohol and other drug use and other chronic illnesses.



The Problem



**Addiction
is a
chronic
health
condition**



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The solutions: Listen to recovery stories

Until lions have historians, tales of hunting will always glorify the hunter.

African Proverb



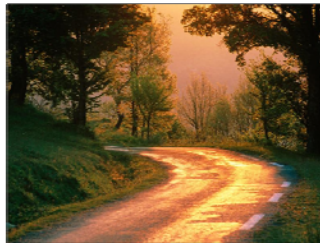
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Attitudes About Addiction & Recovery

- 👁️ Disease!
- 👁️ Behavior problem!
- 👁️ Moral/emotional weakness!
- 👁️ Different causes for different people!

Each view values a particular pathway to recovery!



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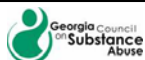


What is Recovery?







- ❖ Talking about recovery
FAVOR messaging

Two definitions in handout

- SAMHSA, 2011
- Betty Ford Institute Consensus Panel, 2007



Many Pathways to Recovery

-  Mutual support groups
-  Professional treatment
-  Faith-based groups
-  Medication-assisted treatment
-  "Natural" or on your own
-  And more indigenous routes



A menu of recovery pathway options





Traditional, Acute-Care Treatment

- I. Substance use disorders are common, but treatment participation rates are low
 - ☹ 1 in 17 adolescents
 - ☹ 1 in 22 young adults
 - ☹ 1 in 12 adults
- II. Few stay in treatment 90 or more days
- III. Less than half of treatment admissions discharge successfully



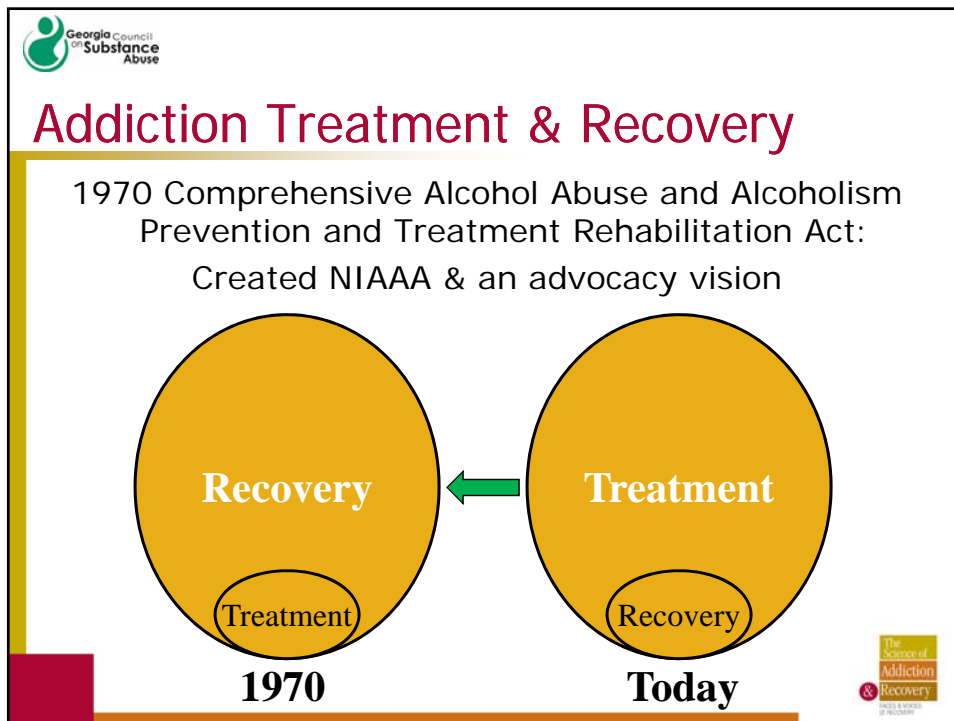
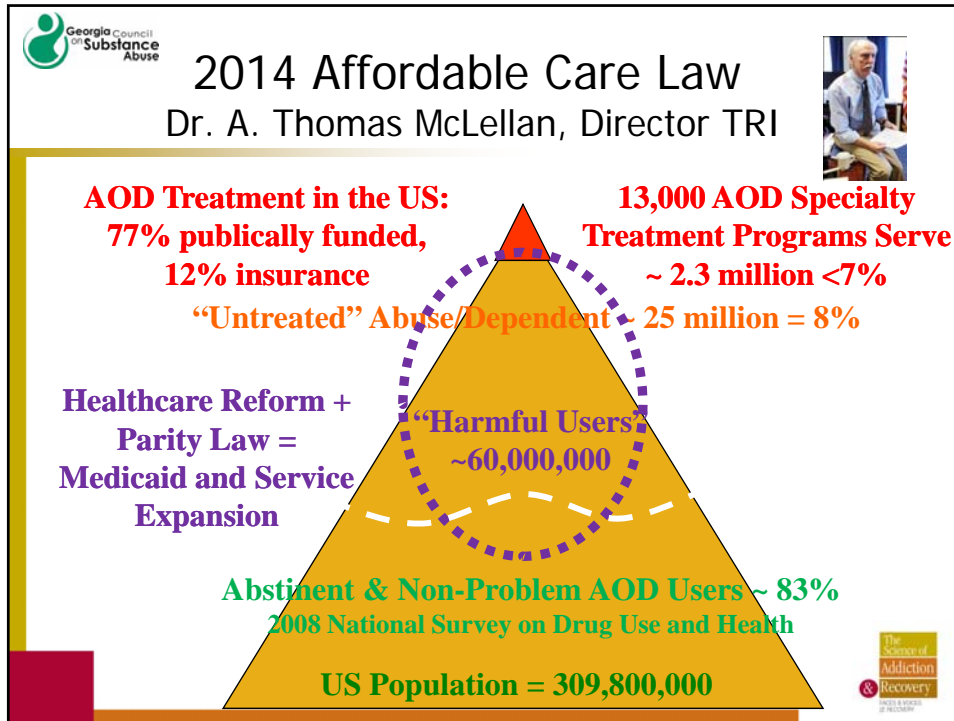
Dennis, M. L. (June 11, 2009). Presentation at the Congressional Addiction, Treatment, and Recovery Caucus Briefing, "Reducing Health Care Costs: Chronic Disease Management for Alcohol & Drug Problems". Data Source: OAS, 2006 – 2003, 2004, and 2005 NSDUH



The stigma & discrimination suffered by addicts is a major barrier to treatment.

- ☺ Conversely, ending discrimination against people in recovery and improving access to care will encourage recovery and result in healthier individuals and safer communities.





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Emerging Recovery-Oriented Systems of Care

Traditional Acute-Care Addiction Treatment Continuum

Outpatient Inpatient Residential

Short-Term, Expert-Determined Treatment, Intensity and Environmental Restrictions

is being enhanced by...

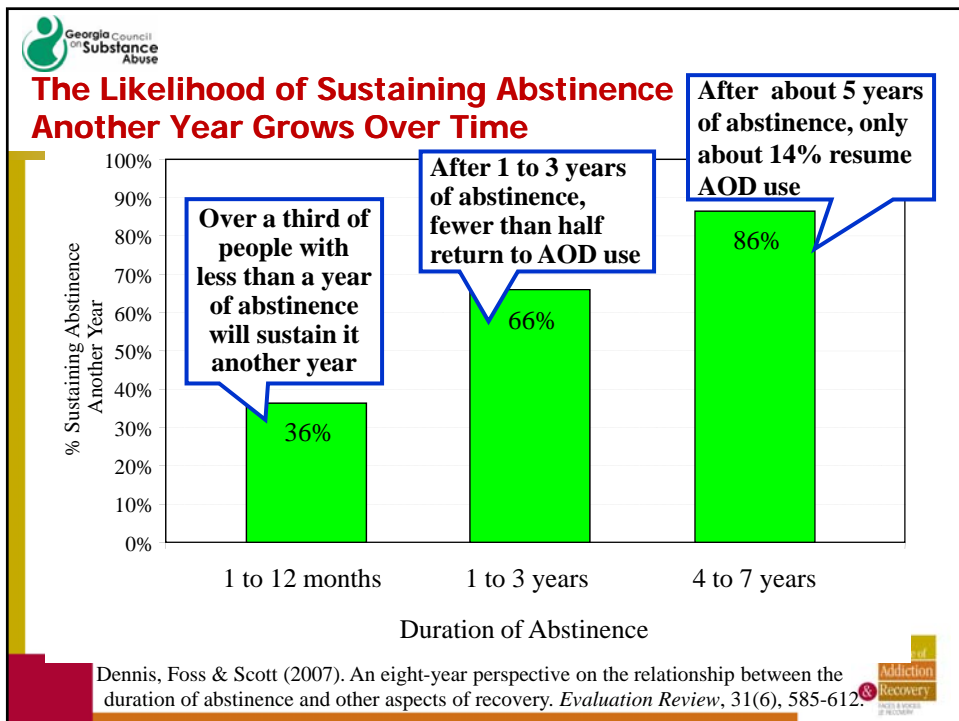
Long-Term Recovery-Oriented Systems of Care

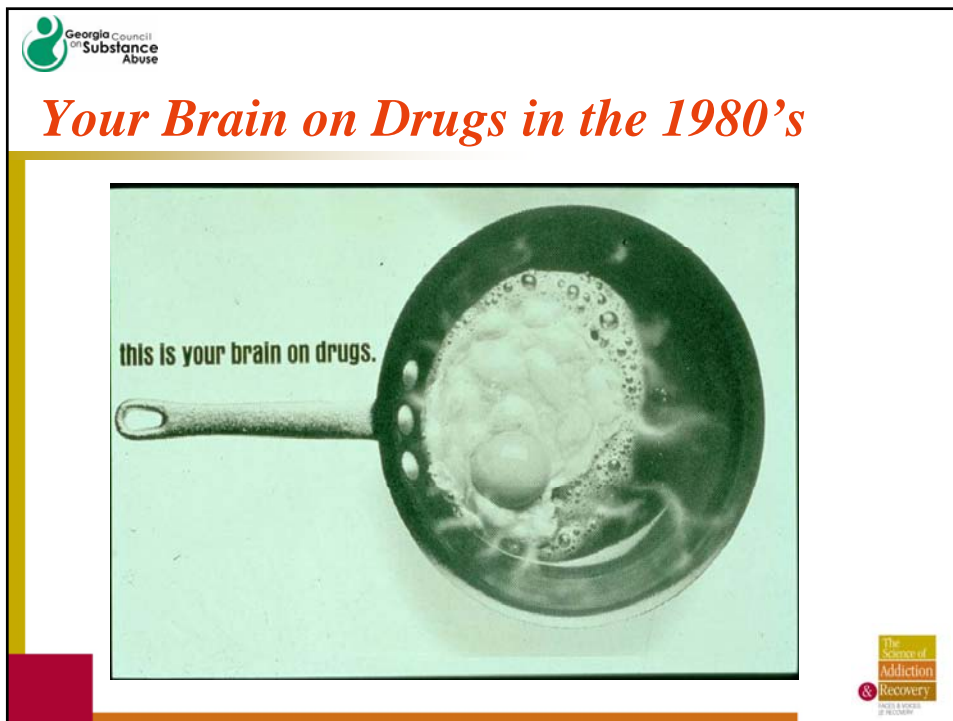
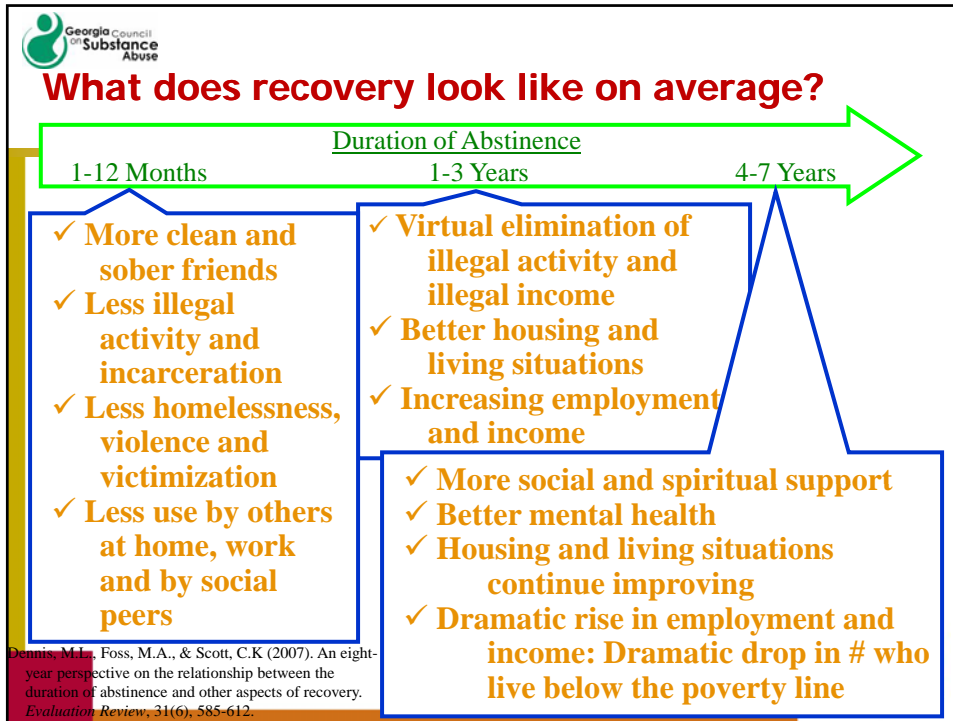
Self Help Outpatient IOP Residential Institutional

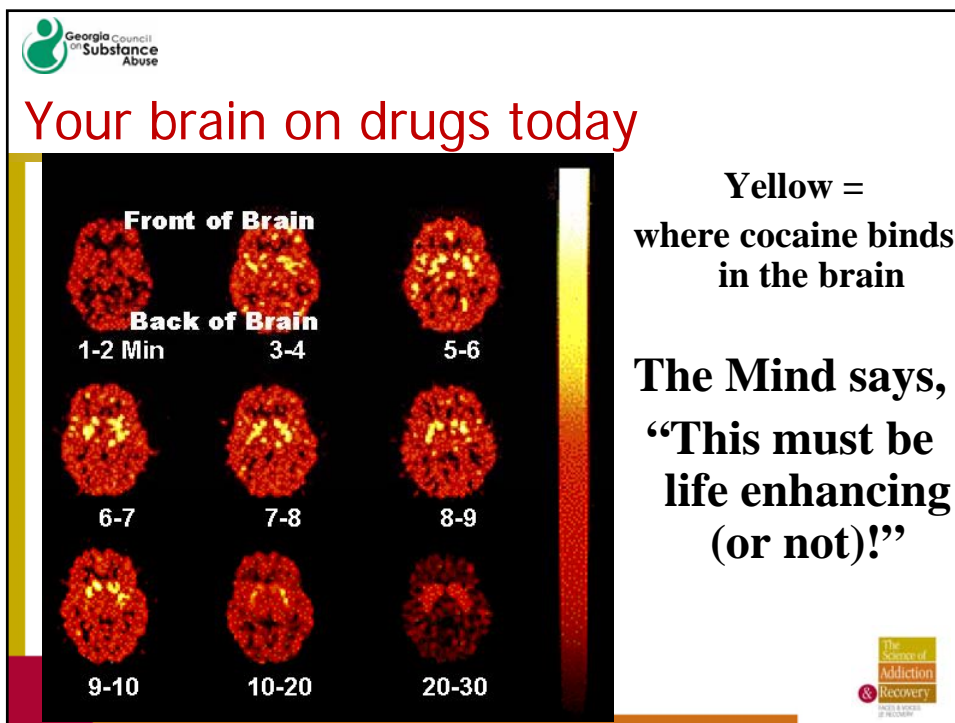
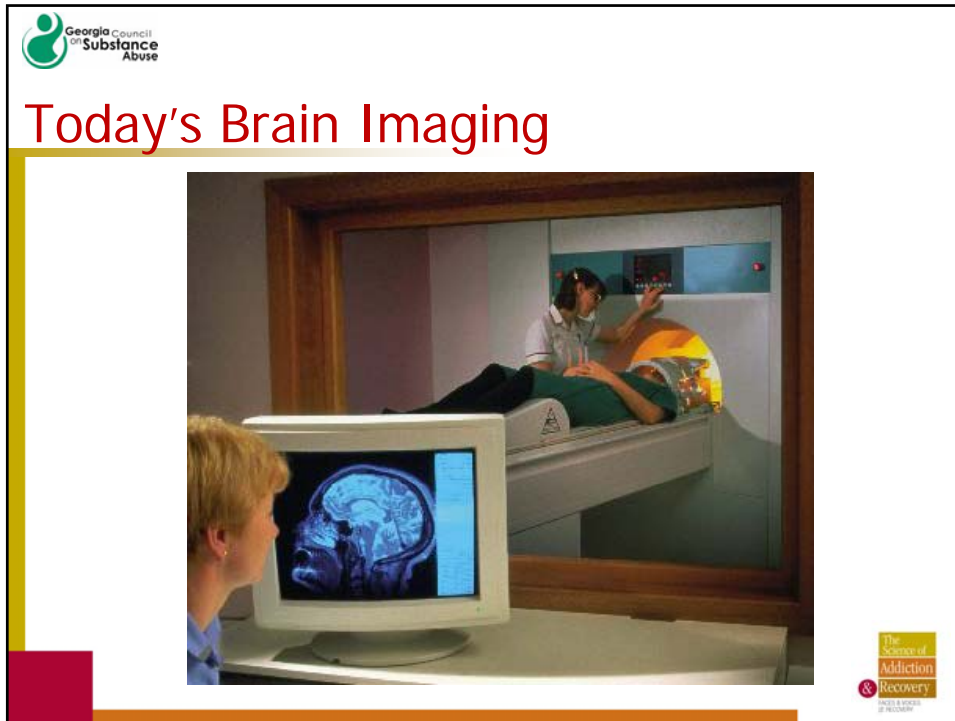
- Risk Level & Recovery Capital ⇒ Service Intensity
- Person-Directed, Outcome-Informed Services:


Check-In Sessions **Peer Recovery Coaches** In-Community Visits
Indigenous Recovery Supports Telephone/Internet-Based Contacts

Recovery












Vulnerability: The \$1 Million Question

Why do some people become addicted while others do not?









Vulnerability

- There is a genetic contribution to how the brain reacts to AODs...
- But the nature of the genetic & environmental contributions is not yet fully understood









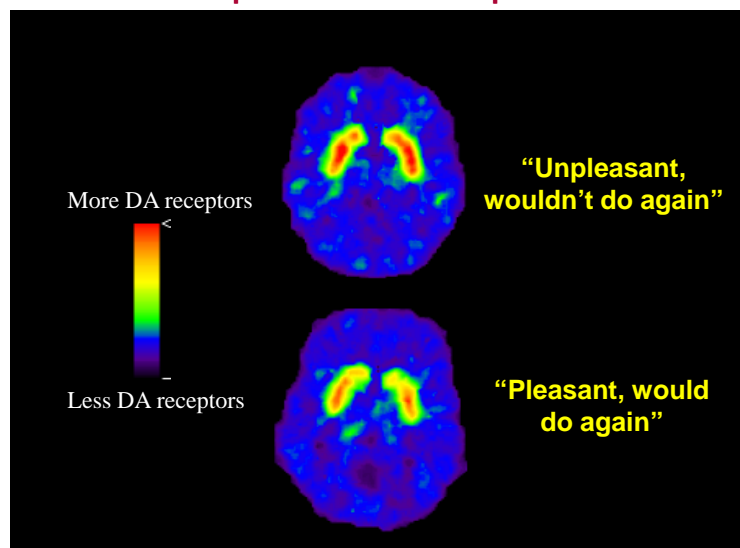
Vulnerability

People vary in what they find pleasurable because of how their brain reacts to experiences:

sex, drugs...



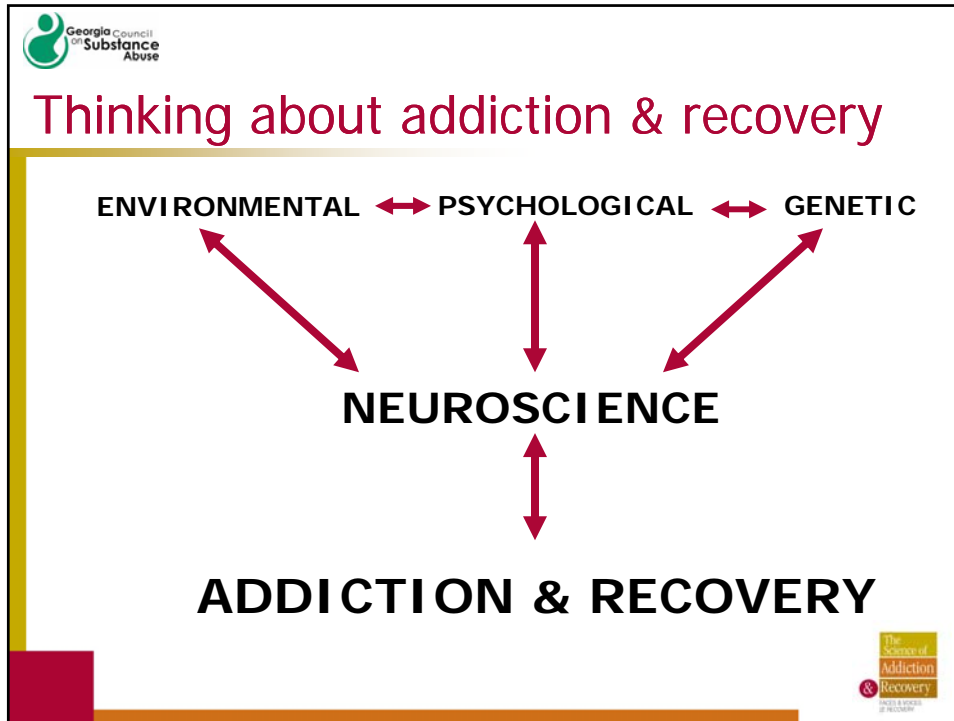
Dopamine Receptors and Responses to Ritalin



Subjects with less DA receptors found MP pleasant while those with higher numbers found MP unpleasant

Adapted from Volkow et al. (1999). American Journal of Psychiatry. 56,9.





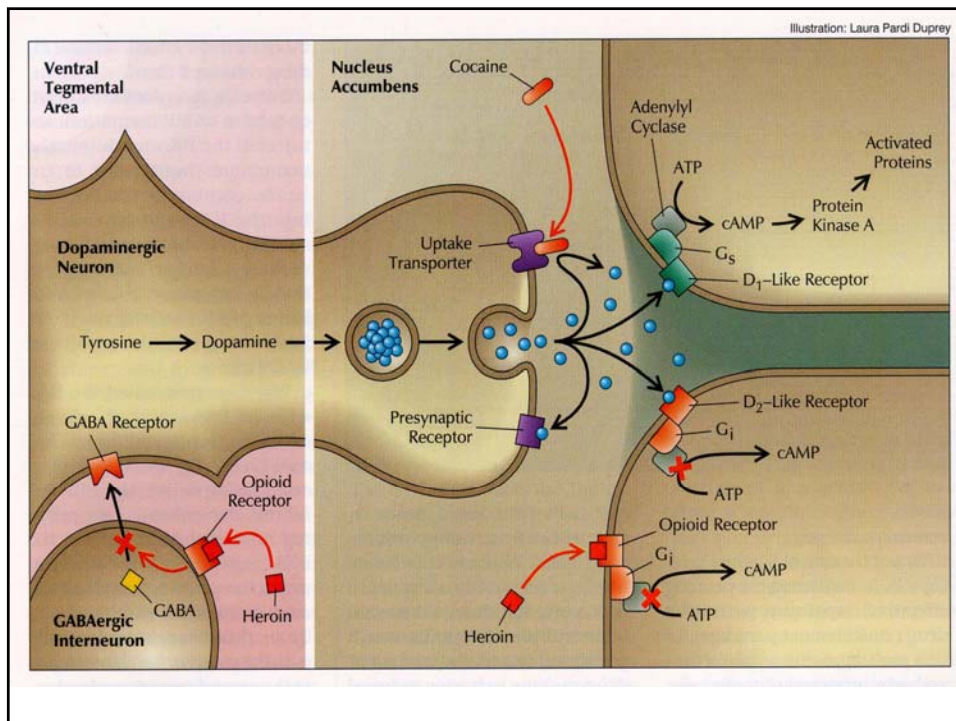
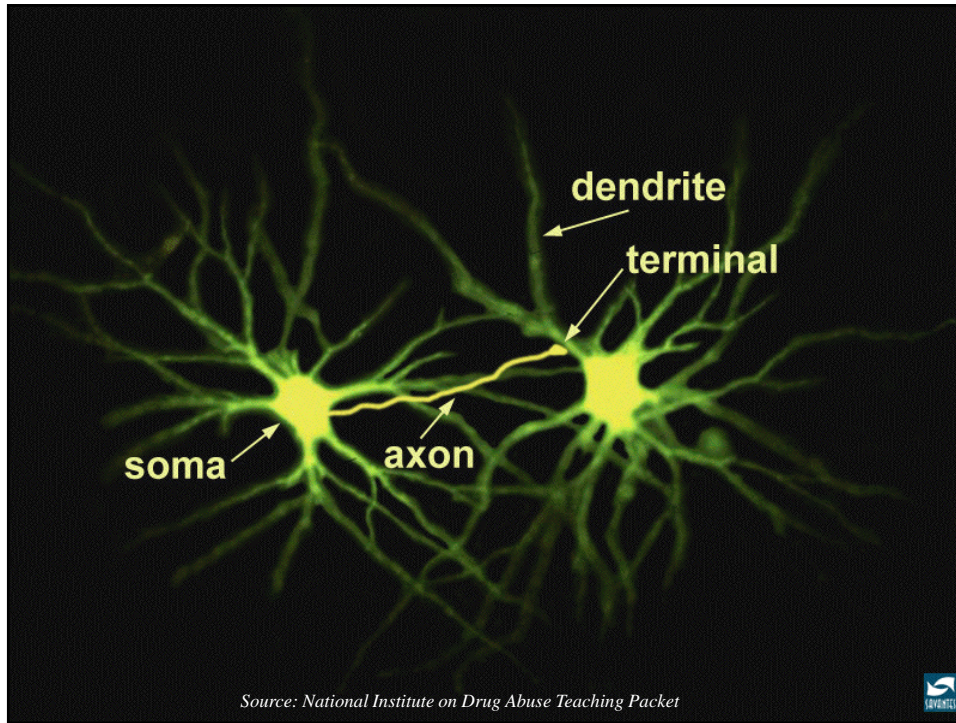
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The brain's complexity

- Approximately 4-6 pounds
- An estimated 100 billion neurons
- 10,000 varieties of neurons
- Neurons communicate via an electro-chemical process
- Miles of blood vessels
- Connections among neurons estimated at 10^{10}
- A sensory pattern-detection and map/meaning-making organ → **The Mind**

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ALL DRUGS OF ABUSE TARGET THE BRAIN'S PLEASURE CENTER

Brain reward (dopamine) pathways

These brain circuits are important for natural rewards such as food, music, and art.

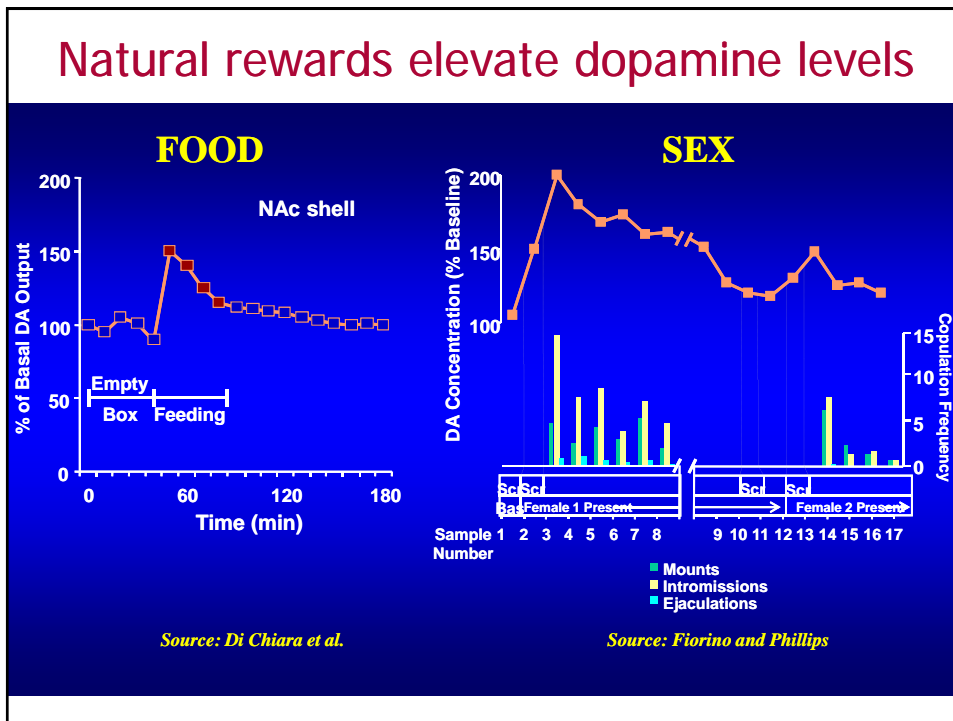
All drugs of abuse increase dopamine

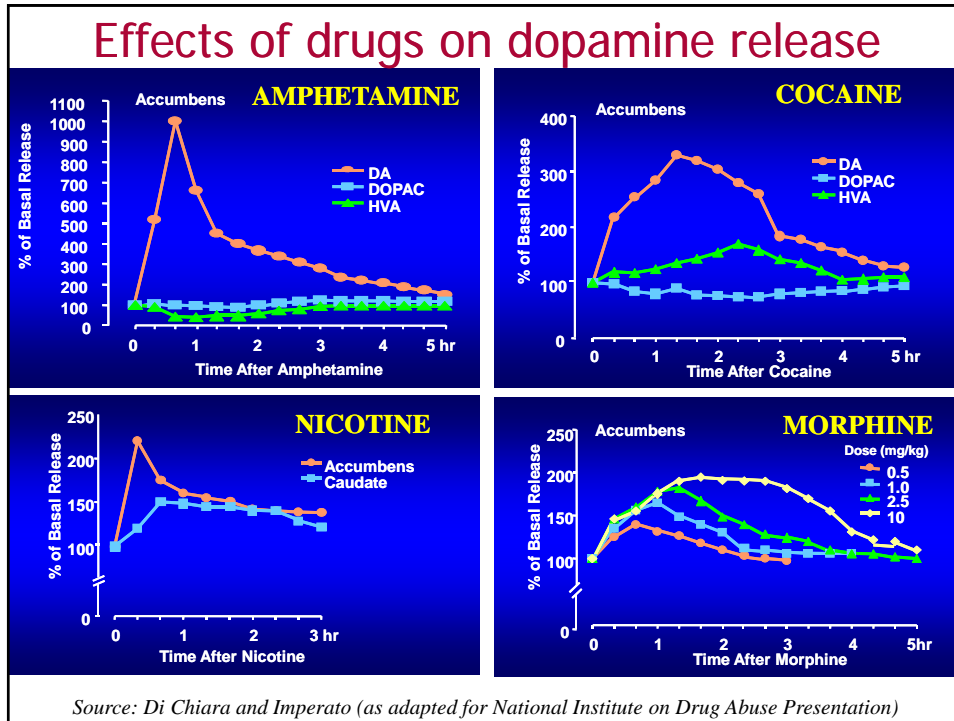
FOOD

COCAINE

Typically, dopamine increases in response to natural rewards such as food. When cocaine is taken, dopamine increases are exaggerated, and communication is altered.

NAcc = Releases oxytocin, dopamine, etc. →
VTA = Prediction error learning →
FC = Integrates body-based AND others' emotion into the decision-making process

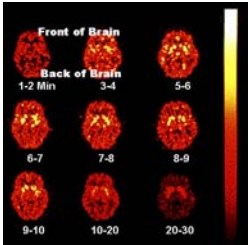




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Brain Adaptation to AOD Use

1. Use → change (increase) in neurotransmitter levels
2. Brain → stops neurotransmitter production to re-establish biological balance (homeostasis)
3. Result → a period of reduced brain functioning before returning to normal → Craving

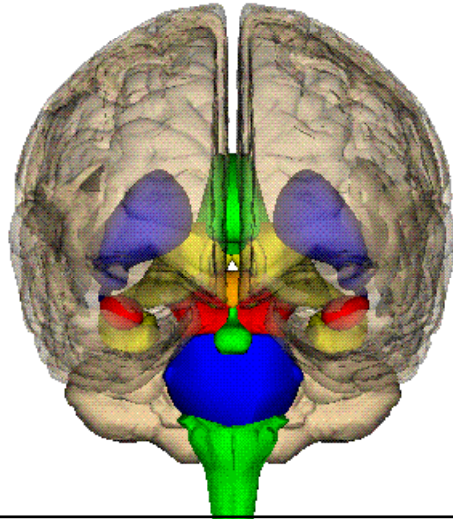


3. Result → a period of reduced brain functioning before returning to normal → Craving

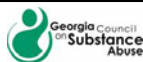
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The Brain: Three sections evolved over time and changes continue from conception to death



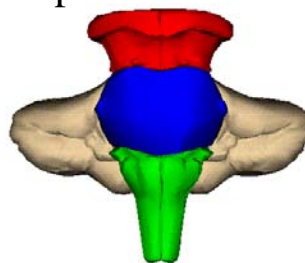
During an individual's development:
Oldest first,
Newest last =
Bottom → Up
Back → Front



Reptilian Brain = Maintains Homeostasis

Subconscious Mind: Autonomic functions

- Alertness/sleep
- Balance/startle response
- Breathing
- Blood pressure
- Digestion
- Heart rate
- Perspiration
- Respiration
- Body temperature



Cerebellum

Midbrain

Pons

Medulla



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Limbic System = Emotions & Memory

Subconscious mind & autonomic functions

Arousal & appetitive behaviors: the 4Fs

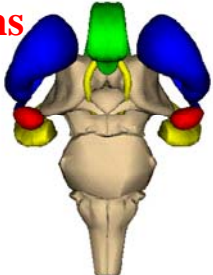
Memory formation & storage **Amygdala**

Regulating **emotions and pain** **Cingulate Gyrus**

Managing stress **Hippocampus**

Self-regulation by predicting then avoiding/repeating - and + experiences **Hypothalamus (not pictured)**

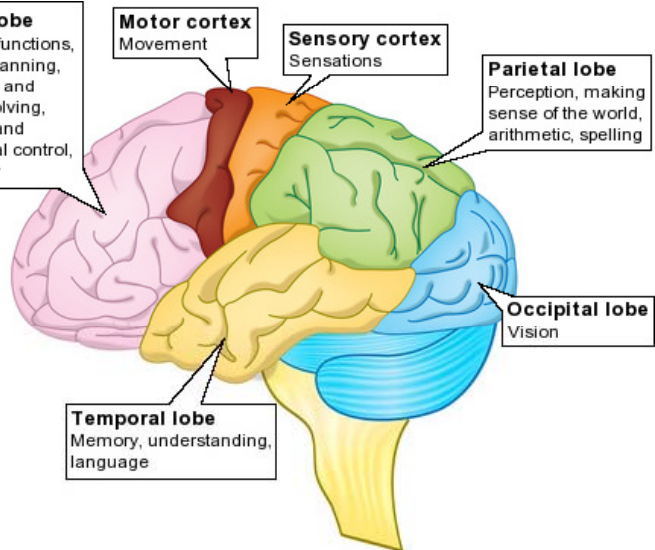
Thalamus



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Neocortex = Cerebral cortex



- Frontal lobe**
Executive functions, thinking, planning, organising and problem solving, emotions and behavioural control, personality
- Motor cortex**
Movement
- Sensory cortex**
Sensations
- Parietal lobe**
Perception, making sense of the world, arithmetic, spelling
- Occipital lobe**
Vision
- Temporal lobe**
Memory, understanding, language

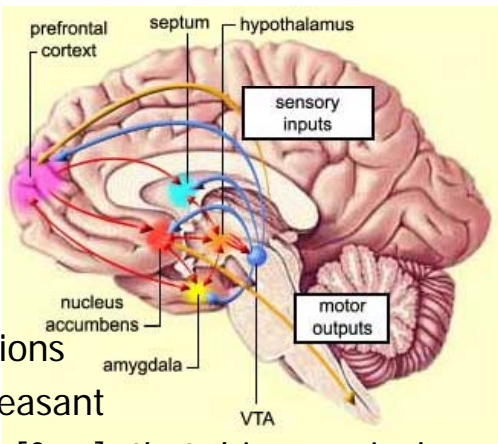
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Where addiction starts in the brain

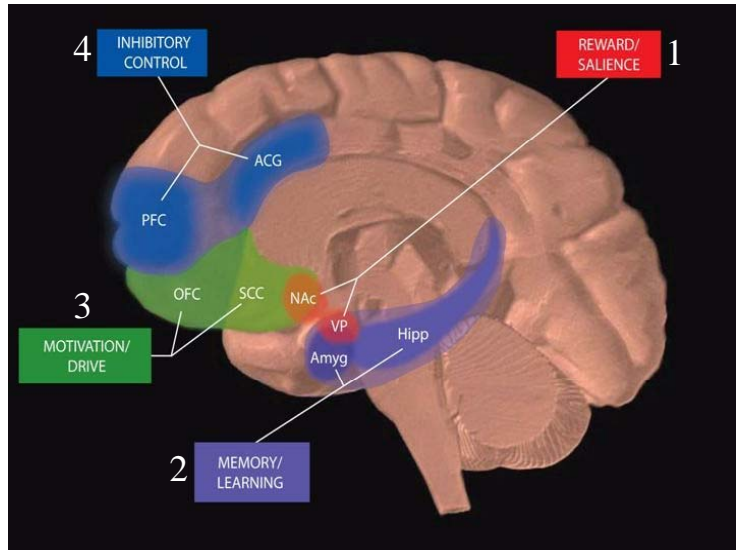
The limbic system:

- > Reacts subconsciously to environmental stimulation/patterns
- > Creates powerful emotions & memories, both pleasant [joy] and unpleasant [fear], that drive survival [instinctual] behavior



The diagram shows a sagittal view of the brain with the limbic system highlighted. Labels include: prefrontal cortex, septum, hypothalamus, sensory inputs, nucleus accumbens, amygdala, VTA, and motor outputs. Colored lines represent neural pathways connecting these regions.

Circuits Involved in Drug Abuse and Addiction



The diagram shows a sagittal view of the brain with four functional regions highlighted in colored boxes:

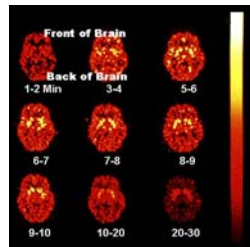
- 1 REWARD/SALIENCE** (Red box): Includes Nucleus Accumbens (NAc), Ventral Pallidum (VP), and Hippocampus (Hipp).
- 2 MEMORY/LEARNING** (Blue box): Includes Amygdala (Amyg) and Hippocampus (Hipp).
- 3 MOTIVATION/DRIVE** (Green box): Includes Orbitofrontal Cortex (OFC) and Subcallosal Cortex (SCC).
- 4 INHIBITORY CONTROL** (Blue box): Includes Prefrontal Cortex (PFC) and Anterior Cingulate Gyrus (ACG).

All of these brain regions must be considered in developing strategies to effectively treat addiction





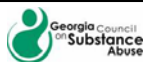
Brain Adaptation to Repeated AOD Use



1. Anticipation of Use → change (increase) in neurotransmitter/hormone levels = emotional boost & pre-use preparation

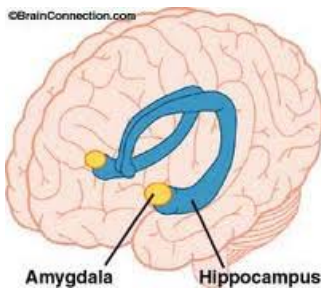
2. Results in more of the drug being needed to get the desired effect =

Tolerance



Understanding people's behavior while addicted or struggling with recovery

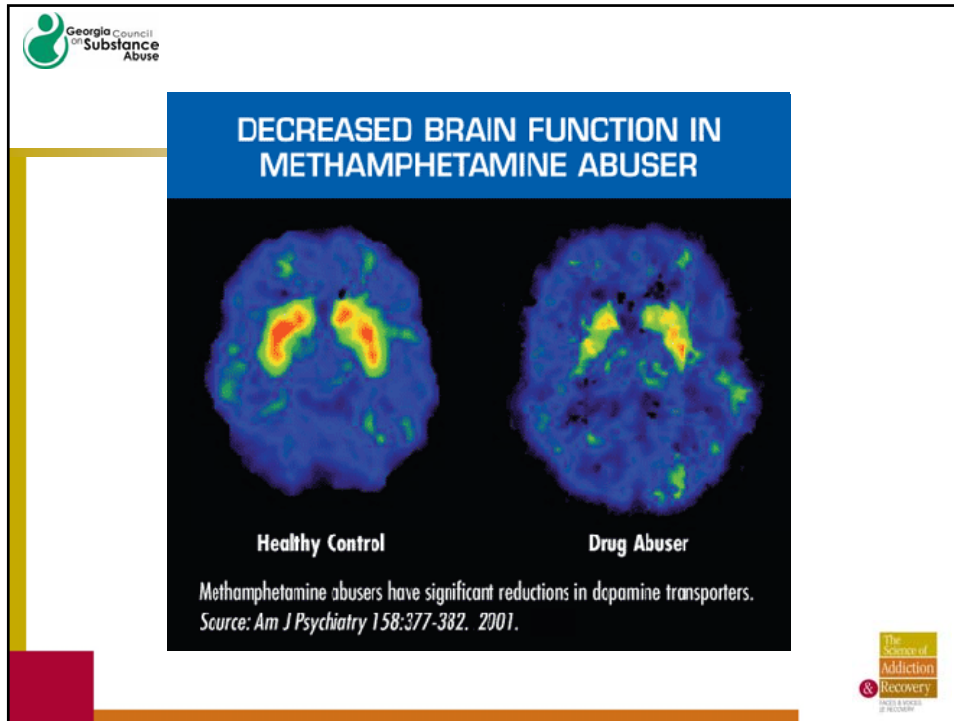
- Brain systems change due to AOD use

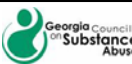


- Override factual memory storage (hippocampus) and logical reasoning (prefrontal cortex) and re-set behavioral priorities

- Thus behavior that "flies" in the face of logic, e.g., return to AOD use, is explainable









What about returning to AOD use?

- ⇒ Cravings are due to **external & internal** triggers/anchors that set off a physiological chain reaction from the brain or the body
fight/flight/tend/etc.
- ⇒ Examples of external triggers:
 - ± People: "That wrong crowd"
 - ± Places: The Corner, Celebrations
 - ± Things: Cash, Payday, Fridays, overhearing a conversation, a song/tune, a commercial, drug paraphernalia, etc.







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Conditioned responses to external triggers




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What about returning to AOD use? (cont.)

Examples of internal triggers:


HALT: states of deprivation or excess



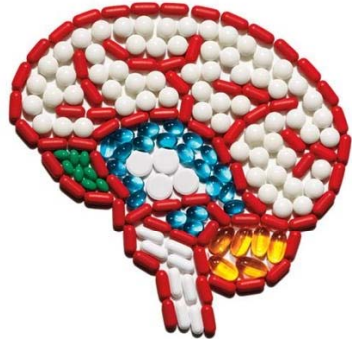
Hungry or Happy
Angry or Aggrandized
Lonely or Love
Tired or Tempted


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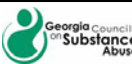



Brain adaptation: Cravings and returns to AOD use

The complex brain systems affected by AOD use set and re-set our behavioral priorities.








Addiction is...

Psychological dependence that manifests as:


- ❖ compulsive non-medical use of a substance
- ❖ loss of control over its use and/or what happens
- ❖ continuing use despite repeated negative consequences



© 2009 New Line Home Video. All Rights Reserved.
 Just three days into the family road trip, the Fletcher brothers started to show signs of Playstation™ withdrawal.









So, prolonged AOD use.....

Causes both structural/physical changes in neurons and functional adaptations in brain structures and neurotransmitter pathways

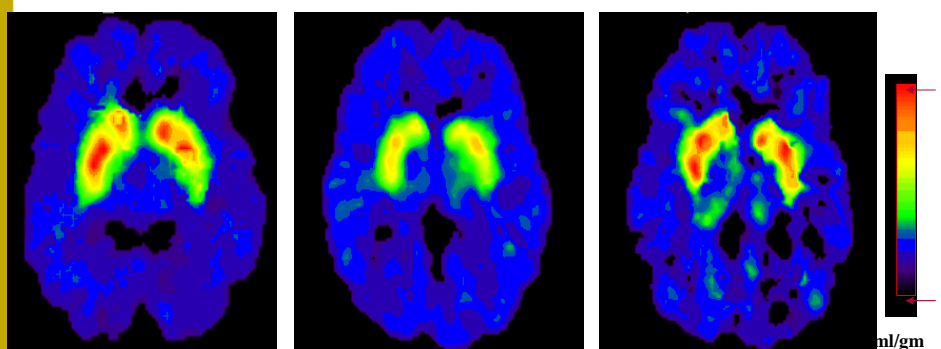
and...

Changes the mind!


However, recovery is real!


Partial Recovery of Brain Dopamine Transporters in Methamphetamine (METH) Abuser After Protracted Abstinence



Normal Control METH Abuser (1 month detox) METH Abuser (14 months detox)

ml/gm

Source: Volkow, ND et al., Journal of Neuroscience 21, 9414-9418, 2001.




Your Brain on Drugs Today: Prolonged Substance Use Injures The Brain & Healing Takes Time

Normal levels of brain activity in PET scans show up in yellow to red

Reduced brain activity after regular use can be seen even after 10 days of abstinence

After 100 days of abstinence, we can see brain activity "starting" to recover

Normal

10 days of abstinence

100 days of abstinence

Source: Volkow ND, Hitzemann R, Wang C-I, Fowler JS, Wolf AP, Dewey SL. Long-term frontal brain metabolic changes in cocaine abusers. *Synapse* 11:184-190, 1992; Volkow ND, Fowler JS, Wang G-J, Hitzemann R, Logan J, Schlyer D, Dewey S, Wolf AP. Decreased dopamine D2 receptor availability is associated with reduced frontal metabolism in cocaine abusers. *Synapse* 14:169-177, 1993.

Brain-Mind-Behavior Changes

Brain adaptation accounts for:

1. Drug intoxication & withdrawal
2. Tolerance & wanting to use
3. Cravings (relapse) & needing to use
4. Recovery



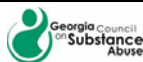


Comparing Addiction With Other Chronic Medical Illnesses

Hypertension
Diabetes
Asthma



McLelland, A. T. (2003). What's wrong with addiction treatment? NAADAC Conference




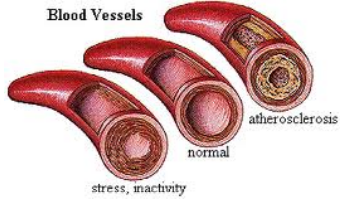
Why Compare to these Illnesses?

- ☑ No Doubt They Are Illnesses
- ☑ Influenced by Genetics and Behavior
- ☑ Chronic Conditions
- ☑ No Cures but Effective Treatments are Available

Stages Of Chronic Illness




HYPERTENSION





Adherence to:

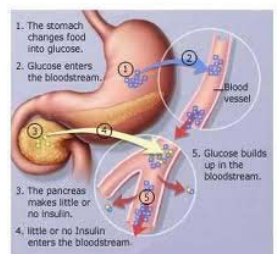
Medication	< 60%
Diet and exercise	< 30%

Retreated in 12 months: 50 - 60%
(by Physician, ER, or Hospital)

Treatment Research Institute




DIABETES (Adult Onset)





Adherence to:

Medication	< 50%
Diet and exercise	< 30%


Retreated in 12 months: 30 - 50%
(by Physician, ER, or Hospital)

Treatment Research Institute







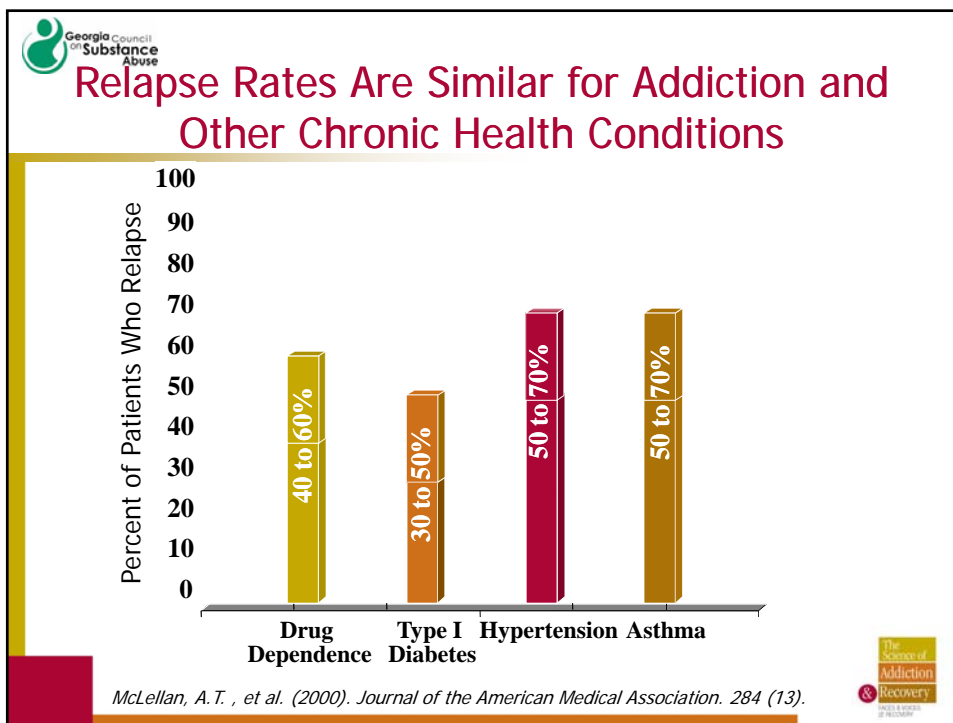
ASTHMA



Adherence to Medication	< 30%
Retreated in 12 months: (by Physician, ER, or Hospital)	60 - 80%

Treatment Research Institute



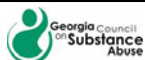




Recovery can and does happen!

Research has shown that:

- The brain has a remarkable ability to adapt, heal and change.
- The key is the length of time and one's experiences after drugs leave the body.

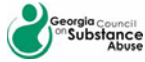


The recovery process takes time

For the brain to adapt and:

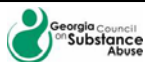
- Heal = adjust to the absence of the drug
- Replace responses to relapse triggers
- Learn new ways to experience pleasure





Managing recovery = Healing and rewiring the brain by:

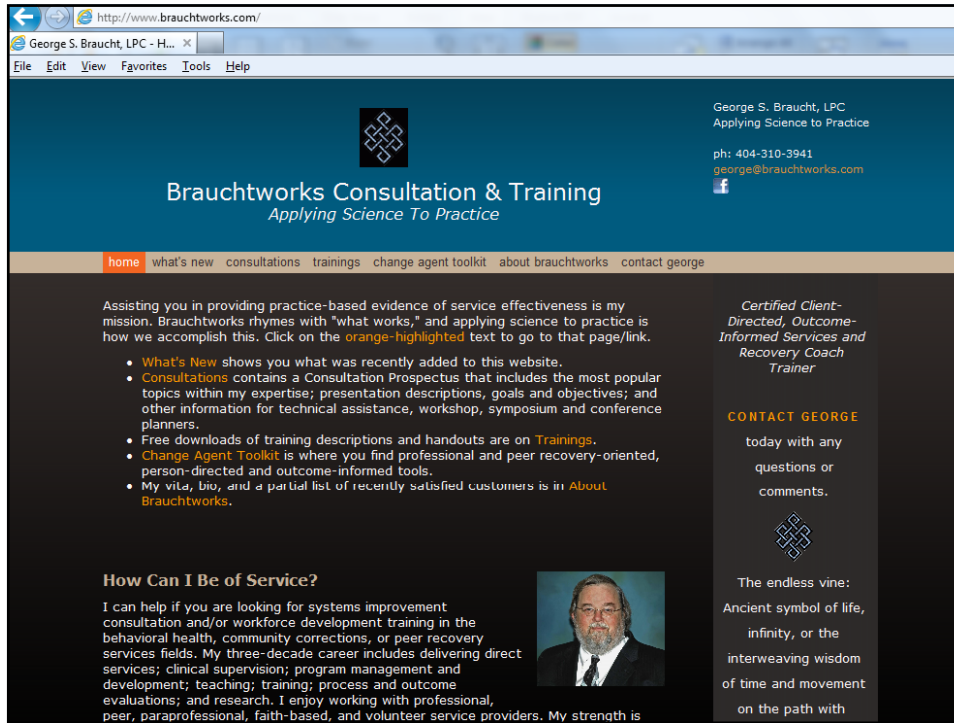
- ➔ Active and sustained engagement with the recovery community
- ➔ Focus on progressive wellness
 - ✦ Biological/physical
 - ✦ Emotional/behavioral
 - ✦ Environmental





Recommended Resources

- ✓ Faces and Voices of Recovery (FAVOR): **facesandvoicesofrecovery.org**
- ✓ HBO's Addiction: **hbo.com**
- ✓ Join Together: **jointogether.org**
- ✓ National Institute on Alcohol Abuse and Alcoholism (NIAAA): **niaaa.nih.gov**
- ✓ National Institute on Drug Abuse (NIDA): **nida.nih.gov**
- ✓ Substance Abuse and Mental Health Services Administration (SAMHSA): **samhsa.gov**
- ✓ William L. White: **williamwhitepapers.com**





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Assisting you in providing practice-based evidence of service effectiveness is my mission. Brauchtworks rhymes with "what works," and applying science to practice is how we accomplish this. Click on the **orange-highlighted** text to go to that page/link.

- **What's New** shows you what was recently added to this website.
- **Consultations** contains a Consultation Prospectus that includes the most popular topics within my expertise; presentation descriptions, goals and objectives; and other information for technical assistance, workshop, symposium and conference planners.
- Free downloads of training descriptions and handouts are on **Trainings**.
- **Change Agent Toolkit** is where you find professional and peer recovery-oriented, person-directed and outcome-informed tools.
- My **vita, bio, and a partial list of recently satisfied customers** is in **About Brauchtworks**.


Certified Client-Directed, Outcome-Informed Services and Recovery Coach Trainer


CONTACT GEORGE
 today with any
 questions or
 comments.




The endless vine:
 Ancient symbol of life,
 infinity, or the
 interweaving wisdom
 of time and movement
 on the path with


How Can I Be of Service?
 I can help if you are looking for systems improvement consultation and/or workforce development training in the behavioral health, community corrections, or peer recovery services fields. My three-decade career includes delivering direct services; clinical supervision; program management and development; teaching; training; process and outcome evaluations; and research. I enjoy working with professional, peer, paraprofessional, faith-based, and volunteer service providers. My strength is





Three Key Takeaways

- Addiction**, very much like other chronic health conditions, **affects the brain, mind and behavior**

- Recovery**, very much like other chronic health conditions, **requires daily management**





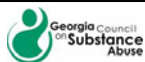


Our Main Takeaway:

HOPE is everywhere because over 23 million Americans are in long-term recovery!

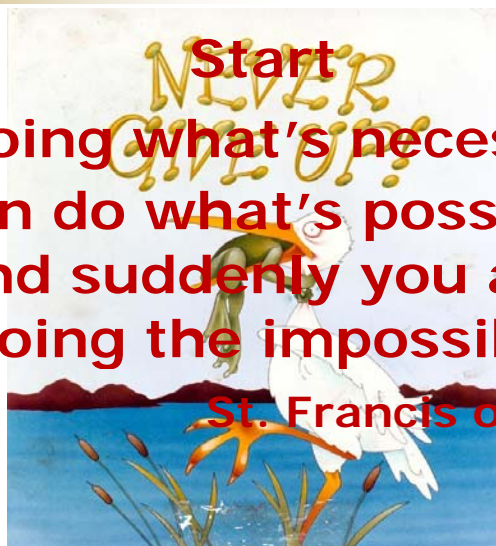


Please write **your** most significant takeaways from today on Page 2



Doing What Works for Recovery!

Start by doing what's necessary, then do what's possible, and suddenly you are doing the impossible!



St. Francis of Assisi



Recovery Definitions

- I. SAMHSA. (December, 2011). New working definition of recovery from mental disorders and substance use disorders. Available at www.samhsa.gov/recovery.

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Four major dimensions:

1. Health – overcoming or managing one’s disease(s) as well as living in a physically and emotionally healthy way;
2. Home – a stable and safe place to live;
3. Purpose – meaningful daily activities, such as job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
4. Community – relationships and social networks that provide support, friendship, love and hope.

- II. Georgia’s Recovery Definition, Guiding Principles and Values. (2013). Georgia Recovery Initiative. Georgia Department of Behavioral Health and Developmental Disabilities. Available at <http://dbhdd.georgia.gov/georgia%E2%80%99s-recovery-definition-and-guiding-principles-values>

- Recovery is a deeply personal, unique and self-determined journey through which an individual strives to reach his/her full potential. Persons in recovery improve their health and wellness by taking responsibility in pursuing a fulfilling and contributing life while embracing the difficulties one has faced.
- Recovery is not a gift from any system. Recovery is nurtured by relationships and environments that provide hope, empowerment, choices and opportunities.
- Recovery belongs to the person. It is a right, and it is the responsibility of us all.



New Messaging from Faces & Voices of Recovery Talking About Recovery

Faces & Voices of Recovery is very excited to share with you language that you can use to talk with the public and policymakers about recovery from addiction to alcohol and other drugs. This messaging is a result of in-depth public opinion research with members of the recovery community and the general public. We encourage you to use this “messaging” or language in all of your recovery advocacy – *if you are speaking out as a person in recovery or a family member or friend.*

"This recovery messaging is excellent. Thanks to Faces & Voices of Recovery for its leadership in developing messages to all Americans that clearly and passionately convey the living reality of long-term recovery from addiction" - Bill White

WHY WE WANT TO SPEAK ABOUT RECOVERY WITH ONE VOICE

Over the last two years, Faces & Voices of Recovery has been working to find a way to describe and talk about recovery so that people who are not part of the recovery community understand what we mean when we use the word “recovery.” One of the important findings from our groundbreaking 2004 survey of the general public was that people believe that the word recovery means that someone is trying to stop using alcohol or other drugs. We realized that we needed to find a way to talk about recovery that would allow us to be clear and believable when describing it in a way that will move our advocacy agenda forward.

There are some important things that we’ve learned from our research about how to talk with people about recovery:

1. Making it personal, so that we have credibility
2. Keeping it simple and in the present tense, so that it’s real and understandable
3. Helping people understand that recovery means that you or the person that you care about is no longer using alcohol or other drugs. We do this by moving away from saying “in recovery” to saying “in long-term recovery,” talking about stability and mentioning the length of time that the person is in recovery
4. Talking about your recovery...not your addiction
5. Helping people understand that there’s more to recovery than not using alcohol or other drugs, but that part of recovery is creating a better life

MESSAGING OR LANGUAGE FOR A PERSON IN RECOVERY

I’m *(your name)* and I am in long-term recovery, which means that I have not used *(insert alcohol or drugs or the name of the drugs that you used)* for more than *(insert the number of years that you are in recovery)* years. I am committed to recovery because it has given me and my family new purpose and hope for the future, while helping me gain stability in my life. I am now speaking out because long-term recovery has helped me change my life for the better, and I want to make it possible for others to do the same.

MESSAGING OR LANGUAGE FOR A FAMILY MEMBER OR FRIEND OF A PERSON IN RECOVERY

I'm (*your name*). My (*insert son, daughter, mom, dad, friend*) is in long-term recovery, which means that (*insert he/she*) has not used (*insert alcohol or drugs or the name of the drugs that he or she used*) for more than (*insert the number of years*) years. I am committed to recovery because it has given me and my family new purpose and hope for the future. I am now speaking out because long-term recovery helped us change our lives for the better, and I want to make it possible for others to do the same.

WHAT'S NOT IN THE MESSAGE AND WHY

"I'm a recovering addict (alcoholic)." When people hear the words addict or alcoholic, it reinforces the idea of a revolving door; that you or the person in your family is still struggling with active addiction.

Information about particular pathways to recovery. The message does not mention a particular pathway to recovery, addressing concerns that people in 12-step programs, whether AA, NA, Al-Anon or other programs may have about their anonymity.

A definition of recovery. This message describes recovery, so that the person you are speaking with or the audience you are addressing, understands what recovery means, that you or your family member is in long-term recovery and that others should have the opportunity to recover as well. You are not speaking out as a physician who is diagnosing a person who needs treatment referral or as an insurance company deciding whether or not someone's care should be covered.

"Addiction is a disease." "Addiction is a health problem." In our research, and as we're sure you know from your own experience, we found that many people believe that addiction is a moral issue, not a health problem. Even when someone says that they believe it's a health problem, when we scratched below the surface, we found that because of their personal experiences and/or prejudices, it's difficult for many Americans to truly believe that addiction is a disease or a health problem.

We have side-stepped engaging in a discussion about whether or not addiction is a health issue and gone straight to our message: Real people, their sons and daughters, friends, neighbors and co-workers are in long-term recovery from addiction and their lives, and the lives of their families are better because of it. That's why we need to make it possible for even more people to get the help they need, and once they are in recovery, remove barriers that keep them from long-term recovery.

HOW AND WHERE TO USE THIS MESSAGE

We hope that you will use this message, day in and day out, in all of your advocacy work. "Staying on message" means using the same message over and over again, until it becomes part of our common understanding. You may get sick of saying it, but a unified message, from the entire recovery community is what we need to do now. This basic message will help us maintain our focus and continuity as it gets integrated into everything that we do. In the future, when there's greater public understanding of recovery, we will be able to change our basic message.

Potential opportunities to use these messages include:

With the media on all levels
In coalition meetings
With supporters
In meetings with legislators
In materials you develop to help you drive your overall strategies

In short, any time you write or speak about recovery, publicly or privately, remember to use these messages.

Putting long-term recovery messaging in a public policy context: There's a reason that people all over our country are organizing to support recovery – to change local, state and national policies that restrict access to recovery and remove barriers to sustained recovery. This messaging is a key part of recovery advocacy issue campaigns.

An example:

In early 2006 the Substance Abuse and Mental Health Services Administration restored funding for the Recovery Community Services Program (RCSP) after a successful advocacy campaign led by Faces & Voices of Recovery. After our victory, hundreds of recovery community organizations applied for the grants, but only seven will be funded. Looking ahead, we will be asking for an expansion of the program, the only federal program supporting the work of recovery community organizations. To use this messaging to ask that more organizations receive RCSP support, a recovery advocate would say,

"I'm (your name) and I am in long-term recovery, which means that I have not used (insert alcohol or drugs or the name of the drugs that you used) for more than (insert the number of years that you are in recovery) years.

I am committed to recovery because it has given me and my family new purpose and hope for the future, while helping me gain stability in my life.

I am now speaking out because long-term recovery has helped me change my life for the better, and I want to make it possible for others to do the same.

I know that recovery support services help people newly in recovery find jobs, housing and transportation, making it possible for them to achieve long-term recovery. Hundreds of recovery community organizations applied for the federal government's Recovery Community Services Program, yet only seven grants were made in 2006. If we want to make it possible for even more people to achieve long-term recovery, we urge you to quadruple funding for the Recovery Community Services Program."

Another example:

Nationally, more than four million Americans are denied the right to vote as a result of laws that prohibit voting by felons or ex-felons. In 48 states (with the exception of Maine and Vermont) and the District of Columbia prisoners cannot vote, in 36 states felons on probation or parole are disenfranchised, and in 11 states a felony conviction can result in a lifetime ban long after the completion of a sentence.

"I'm (your name) and I am in long-term recovery, which means that I have not used (insert alcohol or drugs or the name of the drugs that you used) for more than (insert the number of years that you are in recovery) years.

I am committed to recovery because it has given me and my family new purpose and hope for the future, while helping me gain stability in my life.

I am now speaking out because long-term recovery has helped me change my life for the better, and I want to make it possible for others to do the same.

I am one of more than four million Americans who have been denied the right to vote because of a criminal conviction while I was using drugs. People in recovery can't fully participate in our communities without our right to vote.

Faces & Voices of Recovery will be using this messaging in all of the work that we do. We encourage you to do the same!

RESOURCES:

Faces & Voices of Recovery's 2004 Hart/Teeter survey of the general public and 2001 survey of the recovery community can be found at:

http://www.facesandvoicesofrecovery.org/resources/public_opinion.php

May 2006

Faces & Voices of Recovery

www.facesandvoicesofrecovery.org

THE RECOVERY BILL OF RIGHTS

FACES & VOICES OF RECOVERY



We will improve the lives of millions of Americans, their families and communities if we treat addiction to alcohol and other drugs as a public health crisis. To overcome this crisis, we must accord dignity to people with addiction and recognize that there is no one path to recovery. Individuals who are striving to be responsible citizens can recover on their own or with the help of others. Effective aid can be rendered by mutual support groups or health care professionals. Recovery can begin in a doctor's office, treatment center, church, prison, peer support meeting or in one's own home. The journey can be guided by religious faith, spiritual experience or secular teachings. Recovery happens every day across our country and there are effective solutions for people still struggling. Whatever the pathway, the journey will be far easier to travel if people seeking recovery are afforded respect for their basic rights:

- 1. We have the right to be viewed as capable of changing, growing** and becoming positively connected to our community, no matter what we did in the past because of our addiction.
- 2. We have the right—as do our families and friends—to know about the many pathways to recovery, the nature of addiction** and the barriers to long-term recovery, all conveyed in ways that we can understand.
- 3. We have the right, whether seeking recovery in the community, a physician's office, treatment center or while incarcerated, to set our own recovery goals,** working with a personalized recovery plan that we have designed based on accurate and understandable information about our health status, including a comprehensive, holistic assessment.
- 4. We have the right to select services that build on our strengths,** armed with full information about the experience, and credentials of the people providing services and the effectiveness of the services and programs from which we are seeking help.
- 5. We have the right to be served by organizations or health care and social service providers that view recovery positively,** meet the highest public health and safety standards, provide rapid access to services, treat us respectfully, understand that our motivation is related to successfully accessing our strengths and will work with us and our families to find a pathway to recovery.
- 6. We have the right to be considered as more than a statistic,** stereotype, risk score, diagnosis, label or pathology unit—free from the social stigma that characterizes us as weak or morally flawed. If we relapse and begin treatment again, we should be treated with dignity and respect that welcomes our continued efforts to achieve long-term recovery.
- 7. We have the right to a health care and social services system that recognizes the strengths and needs of people with addiction** and coordinates its efforts to provide recovery-based care that honors and respects our cultural beliefs. This support may include introduction to religious, spiritual and secular communities of recovery, and the involvement of our families, kinship networks and indigenous healers as part of our treatment experience.
- 8. We have the right to be represented by informed policymakers** who remove barriers to educational, housing and employment opportunities once we are no longer misusing alcohol or other drugs and are on the road to recovery.
- 9. We have the right to respectful, nondiscriminatory care from doctors** and other health care providers and to receive services on the same basis as people do for any other chronic illness, with the same provisions, copayments, lifetime benefits and catastrophic coverage in insurance, self-funded/self-insured health plans, Medicare and HMO plans. The criteria of "proper" care should be exclusively between our health care providers and ourselves; it should reflect the severity, complexity and duration of our illness and provide a reasonable opportunity for recovery maintenance.
- 10. We have the right to treatment and recovery support in the criminal justice system** and to regain our place and rights in society once we have served our sentences.
- 11. We have the right to speak out publicly about our recovery** to let others know that long-term recovery from addiction is a reality.

ENDORSED BY: American Association for the Treatment of Opioid Dependence, Inc. • American Society of Addiction Medicine • Community Anti-Drug Coalitions of America • Ensuring Solutions to Alcohol Problems • Entertainment Industries Council • Johnson Institute • Join Together • Legal Action Center • NAADAC, the Association for Addiction Professionals • National African American Drug Policy Coalition • National Alliance of Advocates for Buprenorphine Treatment • National Alliance of Methadone Advocates • National Association on Alcohol, Drugs and Disability • National Association of Drug Court Professionals • National Association for Children of Alcoholics • National Association of Addiction Treatment Providers • National Council on Alcoholism and Drug Dependence • National Council for Community Behavioral Healthcare • Rebecca Project for Human Rights • State Association of Addiction Services • TASC, Inc. • Therapeutic Communities of America • White Bison

Alcohol & Drug Abuse Certification Board of Georgia
Georgia Addiction Counselors Association
Georgia Association of Recovery Residences
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**FACES &
VOICES**
OF RECOVERY

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Recovery-Oriented Systems of Care Principles and Practices

1. Empower people to pursue multiple pathways to recovery: plan, design, deliver, and evaluate services while advocating for pro-recovery policies and programs in the wider community that target five zones of personal experience: 1) physical, 2) psychological, 3) relational, 4) lifestyle, and 5) spiritual.
2. Conduct strength-based assessments: identify and build on the strengths – called recovery capital - of individuals, families and communities while emphasizing the first-person voices of persons seeking or in recovery and their family members. Ask, “What’s right with you?”
3. Develop culturally-congruent recovery resources: guide individuals and family members into relationships with indigenous recovery communities; create physical, psychological and social space within the community in which recovery can occur; link personal, professional and community resources into recovery management teams.
4. Deliver recovery education and training: enhance the recovery-based knowledge and skills of individuals, family members, allies, service providers, and the larger community with The Science of Addiction & Recovery, Recovery Messaging, and other trainings/presentations
5. Monitor and support interaction continuity: sustain contact and support across three recovery phases: a) engagement and recovery priming (pre-recovery/treatment or no treatment), b) recovery initiation and stabilization (recovery activities and treatment), and c) recovery maintenance (post or no-treatment). Conduct Recovery Check-Ins.
6. Collect practice-based evidence of service effectiveness: while implementing evidence-based practices, eliminating barriers to recovery and delivering community in-reach services.
7. Advocate for recovery: promote institutional and social policies that counter stigma and replace discrimination with resources for building recovery capital and strengthening the individual person in recovery’s voice.
8. Model hope: display the research-grounded hope for recovery based on millions of people who have achieved full and partial recoveries from severe behavioral health problems.





Participant Feedback

Title: **The Science of Addiction and Recovery (SOAR)**

Presenter: George Braucht, LPC

Date: _____ Location: _____

Please ✓ **all** that apply: Male Female

- American Indian/Alaska Native
- Asian.....
- Black or African American
- Hispanic or Latino
- Native Hawaiian/Other Pacific Islander.....
- White
- Other: _____

	Poor 1	2	3	4	Excellent 5
1..Please rate your overall impression of this seminar/presentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please rate the presenter on the following aspects of effectiveness.					
2. Explained the purposes of the session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Defined terms and concepts clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gave clear instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is knowledgeable about the concepts presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Established an environment that was conducive to learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Answered questions clearly and completely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Provided reasonable opportunities of participations and interaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Made learning interesting and exciting through his enthusiasm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
	Poor				Excellent

Please continue on the back.

Participant Feedback (cont.)

Please rate the seminar/presentation on:	Poor				Excellent
	1	2	3	4	5
10. Content relevance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Training methods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Handouts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Training site and location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Training room comfort - space, lighting, temperature, acoustics & ventilation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on this workshop, I am able to:

15. Explain alcohol and other drug tolerance, craving and recovery based on changes that occur in the brain;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. List at least five pathways to recovery;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Compare the recovery rates for alcohol and other drug use and other chronic illnesses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5
	Poor				Excellent

19. What aspects of the workshop did you find most helpful?

20. What aspects could be improved?

21. If an advanced workshop were held on this topic, what content would you hope to see addressed or covered? Please comment.

22. In summary, I would like the workshop organizers and trainer(s) to know...

Thank **you** for providing this feedback!

