

THE FACE OF RECOVERY

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Peter D. Hart Research Associates, Inc.
1724 Connecticut Avenue, NW
Washington, DC 20009

EXECUTIVE SUMMARY

This first-of-its-kind, random national survey among people in recovery from alcohol and drug addiction and family members of people in recovery is a unique opportunity to put a human face on the issues of addiction and recovery. Using random-digit dialing to reach this population made conducting the research both more difficult and more expensive, but it also made it possible to reach a cross section of the recovery community, including people who have recovered from addiction to alcohol or drugs or both, and people who have recovered using various recovery options or a combination of methods.

The survey findings reveal the recovery community to be a microcosm of the American population. The disease of alcohol and drug addiction, as well as recovery from the disease, touches a wide range of people, whether young or old, rich or poor, from high school dropouts to people with advanced degrees, and including all races and religions in roughly the same proportions to the overall population. Gender is the only exception: we interviewed more men than women to reflect the fact that addiction and recovery directly affect many more men than women.

The recovery community does not speak with a unified voice about the causes of addiction. Many people believe that stress and anxiety are a leading cause, while some attribute it to deeper psychological conditions, such as depression or other forms of mental illness. In addition, some people think that addiction has a biological or genetic basis, and some blame general lack of willpower or knowledge, or the easy availability of drugs and alcohol.

The recovery community does agree, however, on the greatest obstacles that keep people from recovery. A majority of people in recovery and family members say that denial or refusal to

admit to having a problem is the greatest barrier to recovery; fear of shame or social embarrassment is the second most cited hindrance.

The recovery community identifies several other significant barriers to recovery beyond denial and shame. A large proportion of people say that treatment is not readily available, it is too expensive, and few individuals in need of or seeking recovery have health insurance to cover the costs of care. A strong majority of community members support increased government funding to make recovery more accessible.

Many respondents cite fear of discrimination in employment or health care coverage as a major deterrent to the pursuit of recovery. In fact, when people in recovery are later asked specifically whether they have experienced these types of discrimination during recovery, one in four say that they have. The survey findings reveal strong support for strengthening protections against these forms of discrimination.

Support is broad and deep for efforts to organize the recovery community, as is willingness to participate in such a campaign. Large proportions of people in recovery and their family members endorse the need to inform the broader public about the basic facts of addiction and recovery, and to tell the public that millions of lives have been improved dramatically through recovery from addiction. Substantial proportions say they would be likely to get involved, including many people who say they would be willing to speak or write publicly about their experiences with addiction and recovery. The strongest motivation for community action is to remind people that, while children are the most helpless victims of addiction, they also are the biggest winners when an adult succeeds in recovery.

The recovery community would like to convey the message to the general public that millions of people recover and change their lives; and support is strong for messages explaining the recovery process, including the commonness of recurrence or relapse. Indeed, about half of people in recovery say that they experienced at least one recurrence. People in the recovery community are not averse to messages trying to explain addiction as a disease, but at this stage, they would rather emphasize positive messages that reflect their life experiences. They have been helped through recovery and want to share with the public the good news that millions of sad stories about alcohol and drug addiction have happy endings.

A Note about the Survey Methodology and Report

Hart Research used random-digit dialing to conduct this telephone survey among adults nationwide. Potential respondents first were asked whether they have a family member in recovery, then whether they themselves are in recovery. While we believe that this is the most comprehensive study yet conducted among the recovery community, it represents the opinions of people who are willing to identify themselves to a stranger as a member of the recovery community and to participate in a telephone survey about their experiences with addiction. The margin of error for the total sample of 500 among the recovery community is $\pm 4.5\%$. The margin of error is $\pm 6.3\%$ for the subgroups of people in recovery (250) and family members of people in recovery (250), and it is larger for smaller subgroups.

Comparisons between the recovery community and the U.S. population are drawn using data from this survey to define the recovery community, and from NBC News/*Wall Street Journal* surveys conducted regularly by Peter D. Hart Research Associates and Robert Teeter's Coldwater Corporation to define the U.S. population.¹

¹ In part, using the NBC News/*Wall Street Journal* surveys rather than more reliable data from the U.S. Census is a convenience. Doing so allows us to use the same questions to measure age, race, income, education, and occupation, and the data are available in comparable forms. It can also be argued, however, that using the NBC News/*Wall Street Journal* data allows for a more accurate comparison than would Census data, in that the comparison is drawn between two publics willing to complete a telephone interview. In this sense the Census data may be more accurate, but the broad-based survey using the same methods is more comparable.

THE RECOVERY COMMUNITY

With few exceptions, the face of recovery resembles the face of America. This survey's findings quantifiably prove that addiction targets neither the young nor the old, nor does it target people from certain racial or ethnic backgrounds; it is not a disease of the poor, the working class, or the uneducated. The face of recovery could be, and in fact is, the face of a next-door neighbor.

Gender is the only evident demographic in which the recovery community differs from the general population. Government health statistics show that substantially more men than women become addicted to drugs² and alcohol³, and in this survey quotas of 61% male and 39% female were set to reflect that fact. The proportion of men among family members of those in recovery was set by quota to reflect the general population (48% men, 52% women).

The recovery community mirrors the overall national population in terms of age and race. While it is a bit "thicker in the middle," because it is slightly skewed toward middle age, the distribution between age brackets generally resembles the U.S. population.

AGE		
	Recovery_ Community %	U.S._ Population %
18 to 34	24	27
35 to 49	36	31
50 to 64	28	22
65 and over	11	18

Race and ethnicity distributions parallel the general public as well. Eight in 10 Americans in each population are Caucasian (79% recovery community, 78% U.S. population). Other categories also correlate by as close as one or two points and are well within the survey's margin of error.

No difference by occupation is apparent between the recovery community and the overall population. Community members are equally likely to hold professional, white-collar, and blue-collar jobs. They also are as likely to be retirees, students, and homemakers. Income levels among recovery households are slightly lower than are household incomes nationally, but this difference may reflect the cost of addiction on a person's career.

Members of the recovery community are equally likely to be parents of children under age 18: one-third of people in recovery households and households nationally are parents of

² Grant B. F., Comorbidity Between DSM-IV Drug Use Disorders and Major Depression: Results of a National Survey of Adults, *Journal of Substance Abuse* 7 (4) 481-497 (1995).

³ Grant B. F., Harford T. C., Comorbidity Between DSM-IV Alcohol Use Disorders and Major Depression: Results

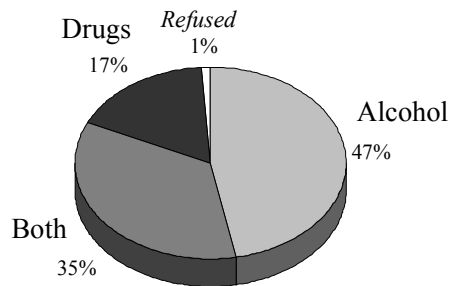
children under age 18. People in recovery and family members are nearly equally likely to be parents.

EXPERIENCES IN RECOVERY

The recovery community's diversity extends to its addiction and recovery experiences. Nearly the same proportion of people have experience with alcohol addiction alone (47%) as have experience with drug addiction alone (17%) or addiction to both drugs and alcohol (35%). Most respondents are in long-term recovery, either through self-help programs or comprehensive professional recovery programs, or a combination of both, but a significant minority are in recovery with neither a self-help program nor professional care. Nearly half of all these recovery stories include periods of recurrence or relapse. Recurrence or relapse is very common, even among people who eventually achieve long-term recovery.

Who We Talked To

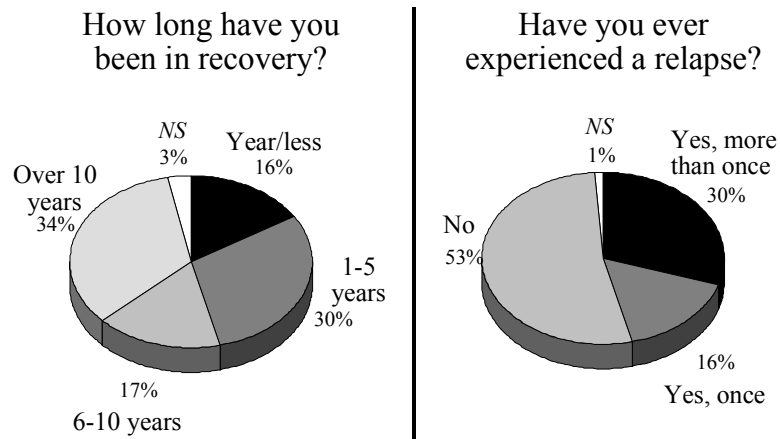
My primary addiction/family member's primary addiction:



The recovery community represented in this sample is heavily tilted toward people in long-term recovery. Half (51%) of people in recovery say that they have been in recovery for more than five years, including 34% who have been recovering for more than 10 years. Three in ten say that they have been in recovery for between one and five years, and only one in ten say that they have been in recovery for less than a year.

Slightly more than half (53%) the recovery community say that they have never had a relapse or recurrence, leaving roughly half (47%) who have experienced a relapse or recurrence. Three in ten people in recovery say that they have experienced a relapse or recurrence more than once during their recovery and 16% say that they have relapsed only once.

Experiences In Recovery



Most people in recovery say that they received some sort of help in tackling their addiction. Half (52%) say that they have participated in a self-help group, such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). Thirty-one percent say they have participated in a professional addiction-recovery program, including either in-patient or out-patient counseling or psychiatric care. These categories overlap, with 10% saying that their recovery process included both professional treatment and participation in a self-help program. In addition, as many as 25% of people in recovery were able to break their addiction with neither professional treatment nor a self-help program.

Among adults who achieved recovery with the help of a professional, 12% participated in an in-patient program, 15% received out-patient treatment, and 15% participated in some other form of therapy or counseling. Again, many of these recovery programs included more than one of these forms of counseling.

Only 26% of family members say that had help in dealing with their family member's addiction. Sixteen percent say that they joined support groups in the past or still attend self-help or family-support group meetings. Four percent participated in an in-patient treatment program, 4% took part in an out-patient program, 4% received therapy or counseling, and 2% say that they received some other form of help. Thus, the vast majority (68%) of family members have never received any help in dealing with their role as a family member of someone addicted to drugs or alcohol.

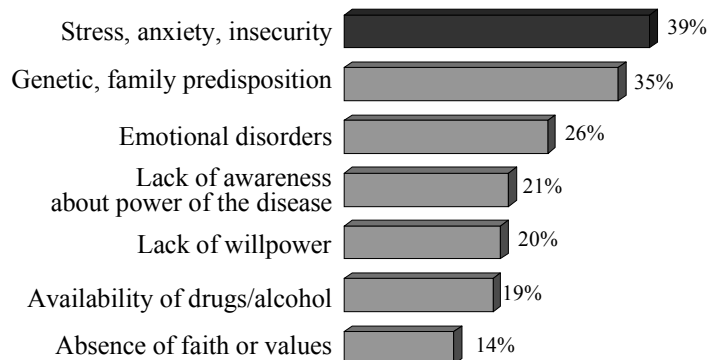
CAUSES OF ADDICTION

The recovery community is divided on the most important factors contributing to addiction to drugs or alcohol. When asked to choose from a list the most important factors contributing to addiction, 39% of family members and people in recovery say that stress, anxiety, or insecurity about work, family, or other life situations is the most important factor. Members of the recovery community under age 45 are somewhat more likely to mention stress as a major cause of addiction (43%) than are those age 45 or over (36%).

Causes Of Addiction

Most Important Factors Contributing To Addiction

Recovery Community



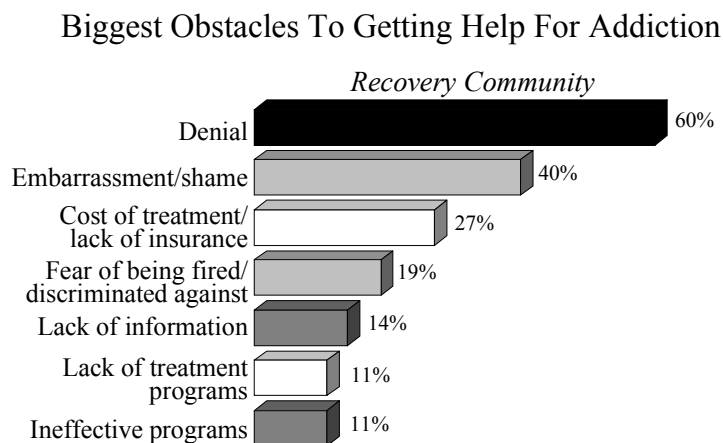
The second most mentioned cause of addiction is genetics. Thirty-five percent of community members say that a major cause is an inherited predisposition to addiction. Lower on the list of causes are emotional disorders or mental illness (26%), lack of awareness about the power of addiction (21%), lack of willpower or self-control (20%), easy availability of drugs and alcohol (19%), and the absence of religious faith or moral values (14%). Fully 12% of the recovery community refused to pick a most-important factor, volunteering that each of the factors listed contributes equally to addiction.

BARRIERS: DENIAL, DISCRIMINATION, AND ACCESS

Denial and Embarrassment

It is not surprising that denial of addiction is most often mentioned by members of the recovery community as the greatest barrier to recovery. Sixty percent of the recovery community say that denial or refusal to admit the severity of a problem is among the biggest stumbling blocks in approaching recovery. Embarrassment or shame is the second most often cited obstacle to recovery (40%).

Barriers: Denial, Discrimination, And Access



Access, Cost, and Insurance Coverage

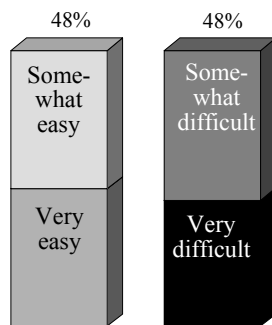
The next most mentioned barrier to recovery is the cost of treatment or lack of insurance to cover the cost (27%); when combined with the 11% who cite the unavailability of treatment programs, a substantial 34% (4% mention both) point to the necessity of addressing the availability and affordability of recovery options, including insurance coverage for treatment.

Fewer than half (48%) of recovery community members say that, with current availability of treatment and recovery programs, it is easy for someone with an addiction to get help. Three-quarters (73%) of the recovery community believe that government funding for recovery programs should be increased at least somewhat, even when weighed against other programs that the government must fund.

Recovery Community Divided On Availability Of Treatment

Recovery Community

When it comes to treatment and recovery programs, how easy/difficult is it to get help?



73% support (51% strongly) increased government funding for treatment/recovery support programs.

25% of people in recovery don't have health insurance.

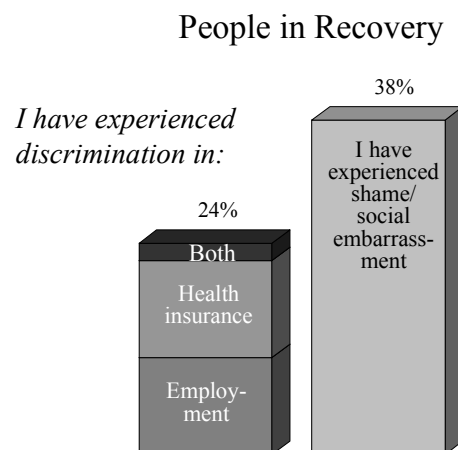
Only one in three say they had insurance that covered recovery.

The high cost of recovery programs and a lack of insurance to cover those costs go hand in hand with the problem of access. Only 63% of the recovery community report that the person addicted to alcohol or drugs carries health insurance, and only one-third of that group say that insurance covered their recovery care. Five percent report that insurance covered some, but not all their recovery program, and 3% report that their recovery program was free.

Discrimination and Shame

A substantial proportion of people in recovery fear being fired or discriminated against if their history of addiction becomes known (19%). Later in the survey, nearly two-thirds (63%) of the recovery community indicate the importance of conveying to the public how shame and discrimination hinder the recovery process; only 23% say that communicating that message is just somewhat important or not important.

Many Have Experienced Discrimination



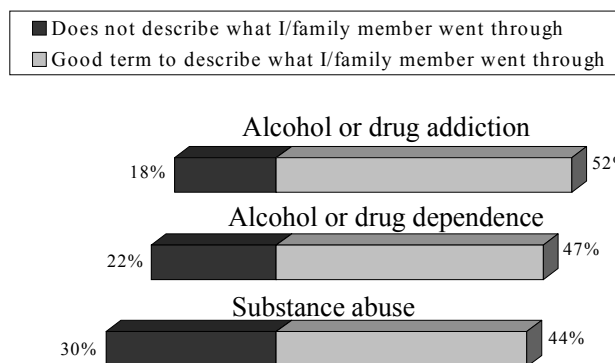
The intensity of feelings on this measure most likely stems from the fact that so many people in the recovery community also have first-hand experience with discrimination. Twenty-four percent of people in recovery report that they personally have been denied a job or promotion (12%), or been denied insurance coverage or paid a higher premium because of their recovery (12%), and four in ten (39%) say that they have experienced shame or embarrassment because they were in recovery from alcohol or drug addiction. In fact, 37% of people in recovery say that when they first decided to seek help for their problem with alcohol or drugs they were very or fairly concerned that other people would find out about their problem. These fears were realized for many of them, as they faced overt acts of discrimination.

KEY WORDS FOR ADDICTION

Word choice is very important in the recovery language. The community strongly prefers the terms “a serious problem with drugs or alcohol” and “alcohol or drug addiction.” Half the community say that both are good terms to describe what they or their family member went through, and three-quarters of the community say that the terms are at least acceptable. The terms “alcohol or drug dependence” and “substance abuse” resonate less well among the recovery community. “Substance abuse” is used often when discussing recovery issues and it is even part of the name of one of the federal government agencies most responsible for addressing the problem of addiction in America, yet it has consistently tested poorly in this research.

Words Matter: Call It Alcohol/Drug Addiction, Not Substance Abuse

Recovery Community



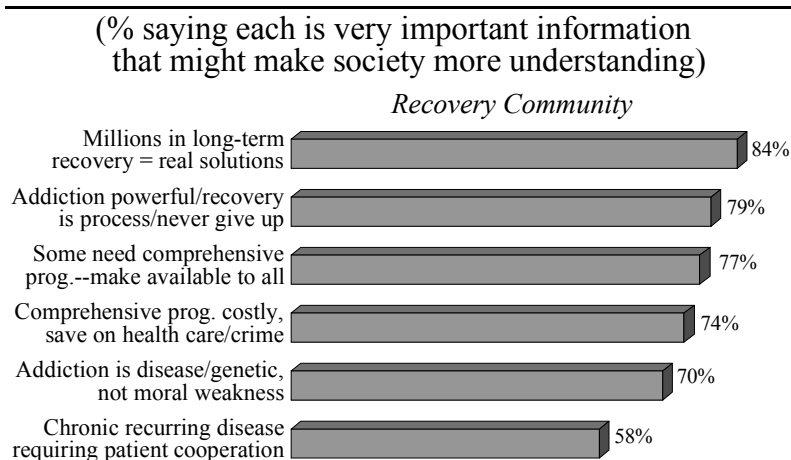
In focus groups among recovery professionals, the recovery community, and the general public, the term “substance abuse” calls to mind a significantly less serious problem than does “alcohol and drug addiction.” In addition, “substance abuse” connotes a problem with drugs and is not easily adopted by people whose primary problem has been with alcohol. It could be very useful to replace “substance abuse” with a term such as “alcohol and drug addiction,” which conveys a broader and more serious issue.

SUPPORT FOR A “FACE OF RECOVERY” CAMPAIGN IS BROAD AND DEEP

The recovery community strongly supports the proposed campaign to organize the community. Members believe that it is important that the American public hear the stories of people whose lives have been transformed by their recovery from addiction. Telling these stories is a means to eliminate shame, discrimination, and other barriers to recovery. Fully, 87% of recovery community members say that it is very important for the American public to understand the basic facts about addiction and recovery. Additionally, 88% believe that it is important that the American public understand that thousands of people with addiction to alcohol and drugs get well every year.

People in recovery and family members exhibit particularly strong support for messages that articulate results and explain the recovery process. While messages explaining addiction as a disease are considered important, they are pretty low on the list of messages that the recovery community would like to see delivered to the American public. Instead, members rate the messages “millions of Americans are in long-term recovery from alcohol and drug addiction” and “recovery from addiction is a process that takes time, effort, and patience” as more compelling communication tools. Among the messages tested, those garnering the strongest support simply state that millions of Americans are in long-term recovery and that thousands more get well every year, offering proof that recovery happens and that real solutions to addiction exist.

Strong Support For Messages That Explain Results/Recovery Process



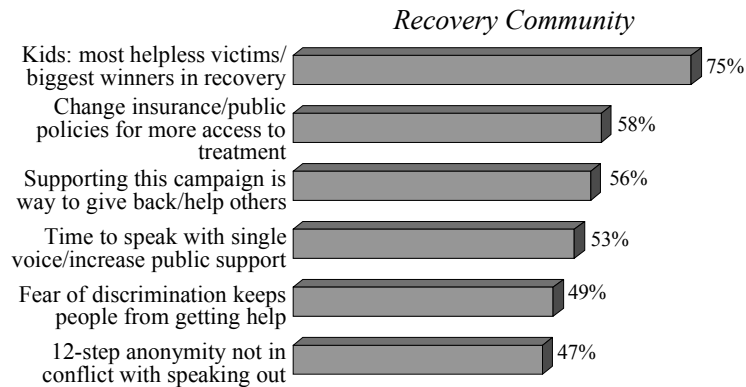
With this survey's results, the recovery community provides independent proof that a better life in recovery is tangible. In related questions, community members are asked to rate three areas of their lives: jobs, health, and family relations. The first question addresses these areas at the time when addiction was most severe, and the second asks about life today. In each of the three cases, recovery community members report substantial improvement in their lives since the beginning of the recovery process.

Members of the recovery community wholeheartedly believe in the objectives of a campaign to put a face on recovery, and they show only some hesitation to lending their own stories to the cause. Half the recovery community say that they would be very (31%) or fairly (19%) likely to actively take part in a public campaign. Only one in four (26%) say that they would not be very likely to take part in such a campaign. One in three (31%) people within the recovery community say that they definitely would be willing to speak out or write publicly about their experiences with addiction and recovery, and another third (34%) would probably be willing. It is even more optimistic that half (51%) of the community feel very comfortable talking about the problems that they or their family member had with drugs and alcohol.

In addition to the messages that the recovery community would like to convey to the public, the survey also tests messages to use as potential motivators for participation in efforts to mobilize the recovery community itself. Overwhelmingly, a message pointing out that children are both the most helpless victims of addiction and the biggest winners in successful long-term recovery motivates the recovery community to action. Three-quarters of the community find that message to be very motivating. Other messages rated as good motivators include the potential to change insurance or public policies (58% very motivating), that this is a way to give back (56%), and a recognition that it is time to speak with a single voice (53%).

Selected Statements' Success As Motivators For Public Campaign

(% saying each is a very motivating reason to support
campaign to educate & change attitudes about addiction)



CONCLUSION

Taken as a whole, the survey findings underscore both the diversity of recovery community members' backgrounds and experiences and the community's solidarity in speaking of the importance of spreading the message that recovery is possible. People in recovery and family members want the public to know that they overcame the barriers and they have turned their lives around. Now they want to give back and help the next person in line through greater organization, sustained efforts to diminish the barriers of unavailability and affordability of recovery, increase health insurance coverage for treatment, and reduce other forms of discrimination against people who are achieving long-term recovery from their addiction. But most important, they simply want the world to know that people with addiction to alcohol and drugs can get better, and in doing so they completely change their own lives and those of their family members.