

PATHWAYS TO RECOVERY

**Recovery
Advocacy Toolkit**

MAKING OUR VOICES COUNT

Recovery

PATHWAYS TO RECOVERY

When Faces & Voices of Recovery was launched in 2001, our founding goal was to celebrate and honor recovery in all of its diversity. We believe that everyone has a right to recover from addiction to alcohol and other drugs and that there is no one path to recovery. Recovery from addiction to alcohol and other drugs is real for millions of Americans and tens of thousands more get well every year. There is hope for those affected by addiction – for healthier and safer families and communities – if we treat addiction as the public health crisis that it is.

There are a growing number of pathways that people across our country are taking on their recovery journeys. These effective medical, public health, faith and social support approaches are improving personal well being as well as the lives of children, families and communities. They are also offering a range of options to individuals seeking recovery. 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. There is no one pathway to recovery and the journey can be guided by religious faith, spiritual experience or secular teachings.

Addiction affects millions of people every year, with 69 percent of Americans reporting that they know someone who struggles with alcohol or drugs. We now know that the earlier that people get help with their addiction, the more likely they are to do better. It's critical that people get the type of help they need, when they need it and that the treatment and recovery support they receive be personalized. In 2006, 4 million people aged 12 or older received some form of treatment for addiction to alcohol and other drugs, ranging from residential and outpatient programs to self-help groups. More than half (2.2 million people) received support at a self-help group.

There are many different treatment options, which is important because addiction affects people from all walks of life with different backgrounds and life experiences. There is a growing menu of activities, mutual aid structures, peer and other recovery supports that can link people leaving treatment with recovery resources, help them sustain their recovery, unite with their children and families and get their lives back on track. For many people with addiction and their families, the path to recovery may include family healing and support. Each person's recovery plan should reflect his or her specific strengths, problems and needs to increase the likelihood of returning to a full life at home, at work and in the community.

Frequently people who have been actively using alcohol or other drugs need to stabilize emotionally and physiologically as the first step on their road to recovery. Detoxification requires medical supervision, either at a hospital or inpatient or outpatient treatment facility. Often the person going through this period feels very sick, and has trouble eating, sleeping, and concentrating. There are medications available for the physiological withdrawal signs and the temporary relief of acute medical problems.

During the stabilization period, motivational counseling is widely used to motivate people to recognize the severity of their alcohol and other drug problems; understand that there are opportunities for care and what the options are; and engage people in taking the next steps toward getting well. Research over the past 20 years has concluded definitively that detoxification is associated with sustained recovery only when there is continued care.

MEDICATIONS AND MEDICATION-ASSISTED RECOVERY

By relieving withdrawal symptoms and reducing cravings, medicines can help individuals remain in treatment and get into long-term recovery. In many cases, treatment with these drugs works best when it is coupled with counseling. Some people who are treated with medicine for addiction eventually decide to stop using the medicine altogether. Others find that managing their dependence over the long term requires medication for months, years or their lifetime. Each person's case is different, and doctors and other health care professionals who treat addiction should work with individuals to create a treatment and recovery plan that is tailored for each person. Medication-assisted recovery involves the use of medications such as Naltrexone (ReVia®, Vivitrol®, Depade®), Disulfiram (Antabuse®), Acamprosate Calcium (Campral®), Methadone or Buprenorphine (Suboxone® and Subutex®) as part of a treatment and recovery plan.

Addiction to alcohol and other drugs has been defined as a long-term brain disease by the World Health Organization and the National Institute on Drug Abuse. It is a treatable medical condition that is caused by changes in the chemistry of the brain, but is often not recognized, admitted, or understood. Drug dependence, including dependence on opioids like prescription painkillers and heroin, can start with medicine that a doctor prescribes for serious pain, and that is used later after the medical need for pain relief has passed. Or it may have begun with recreational drug use with prescription painkillers or heroin.

Addiction is a serious, long-term medical condition that can come back again later in life. It needs to be treated with as much care as any other disease. That is why, regardless of who a person first talks to about their dependence—a family member, a counselor, a pastor, a friend—one of the first steps toward getting help is talking to their doctor. When discussing drug dependence with a doctor, some people ask a family member or friend to come with them. But whether a person chooses to involve someone else or go alone, the more open that a person can be with their doctor about their alcohol and drug problems and their dependence, the better their doctor can help them. For additional information about medication-assisted recovery, visit the Substance Abuse and Mental Health Administration's Medication-Assistance for Substance Use Disorders web site at <http://www.dpt.samhsa.gov/medications/medsindex.aspx>.

MEDICATIONS FOR OPIOID DEPENDENCE

Buprenorphine: Treatment in your Doctor's Office for Opioid Dependence

A law passed in 2000 allows certified doctors to use specific drugs to treat opioid dependence in the privacy of their offices. This treatment option allows the doctors to start the patients with the medication to establish the correct dose, then write a prescription for a maintenance dose once the patients are stabilized. The treatment includes both the medication and counseling. In the United States, only the drugs Suboxone® C-III (buprenorphine HCl/naloxone HCl dihydrate sublingual tablets) and Subutex® C-III (buprenorphine HCl sublingual tablets), together with counseling, are approved to treat opioid dependence in a doctor's office. Individuals should always consult with their doctor about the most appropriate course of therapy for their individual needs.

Any doctor may take the training to become certified to prescribe these medications. Because all physicians anywhere in the country have the option to become certified to treat opioid dependence with buprenorphine, many people find it an attractive option, especially if they live in an area with few treatment centers. People treated with buprenorphine generally don't need to be hospitalized, make daily visits to a clinic, or go away from home for residential treatment. Many also value the privacy that in-office treatment offers.

Psychiatrists and addiction specialists also are often certified to treat opioid dependence in their offices. If a doctor is not yet certified to treat opioid dependence, he/she can find information online about becoming certified (www.docoptin.com, www.suboxone.com or www.buprenorphine.samhsa.gov) or refer individuals to another doctor in your area for treatment. Additionally, many certified physicians are listed on the Physician Locator at www.buprenorphine.samhsa.gov/bwns_locator/index.html, www.suboxone.com, www.turntohelp.com or at www.naabt.org.

Buprenorphine's unique characteristics help individuals with addiction to opioids:

- Buprenorphine binds to the receptors in the brain and prevents the molecules from prescription opioid painkillers or heroin from attaching. (like a parking space in the brain that has been taken, buprenorphine according to dose, blocks the activity of other opioids, greatly reducing their euphoric effects—the “high”).
- Although buprenorphine binds tightly to the receptors, it does not create the same maximum level of activity in them as prescription painkillers or heroin do.

- Buprenorphine, at the right doses, lessens withdrawal symptoms and cravings, and partially blocks the effects of other opioids.
- Although all opioids may lower breathing, when buprenorphine is taken alone and as directed, it has less risk of fatal respiratory depression than that of opioid painkillers, heroin, or methadone. This is because opioid painkillers, heroin, and methadone continue to lower breathing as a person takes more of the drug while buprenorphine does not.

Individuals should be very careful about taking buprenorphine while also taking central nervous system (CNS) depressants such as tranquilizers, antidepressants, sedatives, and especially benzodiazepines. This is because there is an increased risk of fatal respiratory depression when these medications are used in combination. In particular, grinding up buprenorphine (which is meant to be dissolved under the tongue) and mixing it with benzodiazepines for injection increases this risk. Patients being treated with buprenorphine should not use these medications except under a doctor's orders, and they should avoid alcohol.

For additional information about treatment for opioid dependence, including a drug dependence questionnaire, a free patient resource kit, physician locator, a personalized confidential support program via email and real patients' testimonials about their own experience with treatment for opioid dependence using Suboxone, visit www.turntohelp.com or www.suboxone.com.

Methadone (Agonist Maintenance Treatment)

Agonist maintenance treatment, often referred to as methadone maintenance therapy, is designed for people with opioid addiction. Patients are given the long-acting synthetic opioid medication, methadone that prevents opiate withdrawal, blocks the effects of illicit opiate use and decreases opiate craving. Methadone is a safe and effective medication for people who are addicted to heroin or other opiate drugs, including prescription painkillers like OxyContin or oxycodone. Treatment is usually conducted in outpatient settings such as a daily visit to a clinic where people are given methadone by mouth in a single standard dose. Medication is often coupled with counseling, therapy and other services.

Since 1972, methadone has been the primary medicine used to help people recover from addiction to heroin or prescription painkillers. It is also an opioid, and helps reduce cravings and withdrawal by binding to the same receptors in the brain that heroin or prescription painkillers would otherwise bind to. Methadone therapy lowers the risk that the patient may begin misusing opioids again, and helps reduce some of the body's physical responses to stress and other triggers that could increase this risk.

Methadone has helped many people in their recovery. Some people may stay on methadone for several months to a few years. Others benefit from lifelong treatment. For more information on methadone treatment programs, visit www.aatod.org.

People who take opioids for a long time experience profound changes in their brain. Methadone reduces the desire for opioids and stabilizes people so they can return to work and family. Any opioid effects are blocked in people who are taking regular doses of methadone, and they do not suffer the medical and behavioral problems other opioid users experience.

Some people mistakenly believe that methadone replaces one drug addiction with another. But as it is used in methadone maintenance treatment, methadone is not a heroin substitute. Its pharmacological effects are very different from those of heroin. Methadone maintenance does not cause patients to experience intoxication or euphoria. Most report feeling "normal," some for the first time in years.

The minimum length for effective methadone maintenance treatment is twelve months. Some people will continue to benefit from methadone over a period of years. Methadone maintenance treatment might make the most sense if the person has been using heroin or other opioids for some years, has been through detoxification on more than one occasion or has attempted several times to live drug-free and has been unsuccessful, is pregnant, or has other medical problems.

Naltrexone (Narcotic Antagonist Treatment)

Naltrexone is a non-opioid medication that is used in the treatment of opioid dependence. Naltrexone is an opioid receptor antagonist. It binds to opioid receptors, but instead of activating the receptors, it effectively blocks them. Naltrexone is a long-acting synthetic opiate antagonist taken orally (daily or three times a week). It also has no subjective effects or potential for abuse and is not addictive.

MEDICATIONS FOR ALCOHOLISM

For many people, medicine is an emerging avenue of treatment for alcoholism used in conjunction with counseling, which historically has been the main type of treatment available. Treatment for alcohol dependence can include medication-assisted therapies, such as oral (short acting) or injectable (long acting) naltrexone, or acamprosate, which reduces an individual's desire for alcohol; or disulfiram that can create an allergic reaction when alcohol is consumed.

Naltrexone in injectable form (Vivitrol®) is a new treatment option for patients diagnosed with alcohol dependence. In 2006, the Food and Drug Administration approved the long-acting formulation of naltrexone which is designed for a once-monthly dosing of naltrexone. In people with alcohol dependence, it is believed that craving is diminished because the medication binds opioid receptors in the brain, leading to a greater ability to resist urges to drink excessively. It has been shown to be effective and generally well tolerated in clinical trials. Naltrexone is also available in oral form (ReVia®).

The medication is used to treat individuals who are not actively drinking when they begin taking it and people work with their doctors to figure out a recovery management plan that includes receiving the monthly injections. Like other addiction medications, it should be used as part of a comprehensive recovery management program that includes psychosocial supports such as counseling. Unlike some medications that need to be taken every day, VIVITROL is administered as a shot once a month. The medication is long-acting, so a single injection slowly releases enough of the medicine to be effective all month long.

Acamprosate Calcium (Campral®), is a medication that helps people stay alcohol-free in combination with counseling or support groups once they have stopped drinking. Campral is thought to restore the normal brain balance, which has been disturbed in someone who is alcohol dependent. Treatment can begin once an individual is no longer drinking. Campral helps reduce the physical distress and emotional discomfort (e.g. sweating, anxiety, sleep disturbances) associated with staying alcohol-free. This, in combination with counseling and support groups, makes it easier for people not to drink. Campral can be taken with many other medications, including medications for anxiety, depression, and sleep disorders.

INPATIENT AND OUTPATIENT TREATMENT

People can develop strategies and recovery plans to prevent a return to active alcohol or other drug use, regain personal health and social functions and get their lives back on track in a variety of settings and supports. Staying on the recovery path may require a combination of strategies.

Counseling, individual and group therapy, couples or family therapy, education about the nature of addiction and recovery and other information can be very useful to people seeking recovery. Inpatient and outpatient treatment usually include these types of counseling opportunities. Staff members generally include a combination of certified alcohol and drug counselors, social workers, pastoral counselors, psychologists, psychiatrists, psychiatric nurses, and others trained to treat addiction problems.

The vast majority of people (over 85%) receiving treatment in a facility setting receive it at an outpatient facility, usually a hospital, clinic or inpatient treatment facility, what is called the specialty sector. The person attends the program but lives at home, attending programs like individual or group counseling,

drug education and relapse prevention. Most outpatient treatment programs provide about 2-6 hours per week of care. People in outpatient treatment are still engaged in their everyday lives during their time in treatment. If a person is involved with the criminal justice system, he or she may be monitored by the court.

For inpatient treatment programs, people live at a treatment facility for an extended period of time, usually three to six weeks. Often when they leave, they move to outpatient support and/or participation in a mutual aid group. More information can be found at www.naatp.org or to find a treatment facility, go to: <http://dasis3.samhsa.gov/>.

At residential treatment centers people leave their everyday lives for a period of time and live with others in a center that is set up to help them successfully enter recovery. Residential centers typically offer training, education, and intensive counseling to help patients rebuild their lives.

The best-known residential treatment model is the therapeutic community, but residential treatment may also employ other models. Therapeutic communities are highly structured residential programs with planned lengths of stay ranging from 6 to 12 months, or more. They focus on re-socializing people to a drug-free, crime-free lifestyle by using the program's other residents, staff and the social context as active components of treatment. For adults, job training and other support services may be available. Information on therapeutic communities can be found at www.therapeuticcommunitiesofamerica.org.

12-STEP, MUTUAL SUPPORT AND SELF-HELP GROUPS

As people work on getting well and their recovery, many use recovery supports including mutual support groups. Many people begin their recovery in a mutual support group and continue on this path throughout their recovery. Mutual support resources are available for family members as well as people with addiction or in recovery, such as Al-Anon Family Groups at www.al-anon.alateen.org. These groups are open to anyone affected by someone else's drinking.

There are a growing number of self-help or 12-step programs, and most are modeled on Alcoholics Anonymous (A.A.). Americans with severe alcohol and other drug problems have banded together for mutual support in recovery for more than 250 years. "Core ideas, organizational structures, meeting formats, communication styles, and daily recovery rituals differ across the growing number of mutual aid groups, but they also share some common characteristics," according to William White.

- Their members have transformed their lives using the group's key ideas and methods
- They provide an esteem-salvaging answer to the question, "Why me?"
- They provide a rationale for dramatically altering personal alcohol and other drug use
- They provide daily prescriptions for recovery maintenance
- They enmesh each person in a sanctuary of shared "experience, strength and hope."

The idea is that people who suffer from a similar problem understand and can help one another. By coming together to share experiences at regular meetings, people who are in recovery can guide others out of addiction through a structured 12-step program. Mutual aid groups help individuals understand their addiction and give strategies and emotional tools to change behavior. They provide a group of people who understand what one another is experiencing and offer support.

Self-help groups can complement and extend the effects of professional treatment. The most well-known self-help groups are A.A. at www.aa.org, Narcotics Anonymous (N.A.) at www.na.org, and Cocaine Anonymous (C.A.) at www.ca.org. All are based on a 12-Step model. Smart Recovery is another well-known group. In addition to in-person meetings, there are growing numbers of online meetings. Most metropolitan areas have meetings in a number of locations and for a variety of populations so people can

find a program that's right for them. In fact, experts advise shopping around for the right group by attending at least six meetings in different locations. For a comprehensive guide to mutual support/self-help organizations, go to Faces & Voices Guide to Mutual Support at www.facesandvoicesofrecovery.org/resources/support_home.php.

Most professional treatment programs, such as in-patient, out-patient and partial-hospitalization, encourage people to participate in self-help groups during and after treatment. They involve no cost, have no waiting lists, and are readily available in most communities — powerful incentives for participation. One-on-one private counseling can also be successfully combined with a 12-step program. Research on A.A. has found that participation can be as successful as formal treatment for people who attend meetings weekly or more frequently, participate actively, and attend for over two years. Twelve Step groups combined with and following treatment increase the participant's chances of maintaining abstinence, relationships, and employment.

THE ROAD TO RECOVERY

For many people, the recovery journey begins when they become involved in the criminal justice system. With the enactment of increasingly severe penalties for drug use and related crimes, more than seven million people in the US are under some form of justice supervision at any time. A 2002 survey of jails found that 52 percent of incarcerated women and 44 percent of men met the criteria for alcohol or drug dependence. Relatively few people who are incarcerated receive treatment for their addiction while in prison or jail.

There are growing alternatives to incarceration for people with non-violent, drug-involved offenses. They include community-based treatment coupled with community supervision and sanctions. Drug courts combine the criminal justice, treatment and social service systems to actively intervene and support recovery. For more information on drug courts, visit the National Association of Drug Courts web site at www.nadcp.org and for more information on alternatives for non-violent, drug-involved offenders, visit the Treatment Alternatives for Safe Communities web site at www.centerforhealthandjustice.org.

For people newly in recovery whether leaving inpatient treatment or reentering communities after incarceration, finding safe and sober housing can be critical. A few recovery homes have a small professional staff. Many recovery homes, such as Oxford Houses, are democratically-run. There are over 1,200 Oxford Houses in the US, self-supporting alcohol and drug-free homes with a success rate in helping people achieve sobriety ranging from 65 to 87 percent. More information at www.oxfordhouse.org.

For many, religious faith is critical to their recovery. There are faith-based networks, ministries and services that help people get into and sustain their recovery from addiction to alcohol and other drugs. Some examples are Teen Challenge, Alcoholics for Christ and Celebrate Recovery, The Johnson Institute's Rush Center's Faith Partners Program at www.rushcenter.org organizes and empowers congregational members with particular experience or interest in the healing process for people with addictions and their affected families. The National Association for Children of Alcoholics Faith Initiative at <http://nacoa.org/clergy.htm> includes The Clergy Education and Training Project[®] (CETP). Core Competencies, curriculum development, free materials for distribution through congregations for educational efforts, and partnerships with federal agencies, leading pastoral counseling organizations and seminary training programs. The NET Institute at www.netinstitute.org provides training in faith-based counseling, addiction, prevention and recovery support programs.

Each individual's recovery plan will reflect their strengths and the recovery supports that will be needed to sustain their recovery. Recovery community organizations and various other organizations around the country are offering peer and other recovery support services to assist individuals manage and sustain their recoveries.

Faces & Voices of Recovery has hosted a number of teleconferences on these services and has information and resources available at www.facesandvoicesofrecovery.org/about/trainings_events/webinar.php#04_21_2007. Managing personal recovery requires an understanding of situations that are “triggers” for use and skills to manage those times. It also requires opportunities to be united with family and friends; housing; employment; and to live a full life.

Acknowledgements and Resources

Substance Abuse and Mental Health Services Administration at www.samhsa.gov, *National Survey on Drug Use and Health*

HBO's *ADDICTION* series at www.hbo.com/addiction

National Institute on Drug Abuse at www.nida.nih.gov

Recovery: Linking Addiction Treatment & Communities of Recovery: A Primer for Addiction Counselors and Recovery Coaches, William White, MA and Ernest Kurtz, PhD at www.ireta.org