

White, W. (2007). How to enhance the odds for recovery. In Hoffman, J. & Froemke, S. Eds., *Addiction: Why Can't they Just Stop? New Knowledge, New Treatment, New Hope* (pp. 221). New York: Home Box Office.

http://www.hbo.com/addiction/aftercare/44_enhance_recovery_odds.html

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From Treatment to Sustained Recovery

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Professional treatment of alcohol and drug problems can start someone on the road to recovery, but a few weeks of treatment should not be mistaken for long-term recovery. If you have severe alcohol and other drug problems, you should know that successful recovery from these problems involves significant changes over time in personal identity and beliefs, family and social relationships, and daily lifestyle. It is about where you live, how you work and play, who is included and excluded from your life, and how you cope with the stresses of daily life. Recovery is more than just not drinking or using drugs; it is about putting together a new and meaningful life in which alcohol and drugs no longer have a place. Recovery from addiction is not like getting over an infection where we can rest and take medication for a week or two and then get back to our otherwise unchanged lives. Those who view treatment for addiction in this way make up the group for whom treatment does NOT work. Recovery from addiction is closer to how someone successfully manages diabetes or heart disease--conditions that require sustained decisions and actions for life. Here are some facts that reinforce this point.

What Happens After Addiction Treatment? Five Sobering Facts

1. Most people completing addiction treatment are fragilely balanced between sustained recovery and resumption of alcohol and drug use [1]: more than half will consume alcohol or other drugs in the year following

discharge from treatment [2].

2. The window of greatest vulnerability for relapse after treatment is the first 30-90 days following discharge [3].
3. Between 25-35% of people who complete addiction treatment will be readmitted to treatment within one year, and 50% will be readmitted within 5 years [4].
4. Recovery is not fully stabilized (point at which future risk of future lifetime relapse drops below 15%) until four to five years of sustained recovery [5].
5. Sustained addiction can be lethal: relapses following addiction treatment produce high death rates from accidental poisoning/overdose, liver disease, cancer, cardiovascular disease, AIDS, suicide and homicide [6].

The Good News

1. The positive effects of addiction treatment are substantial, as measured by sustained sobriety (about one-third of those treated) and decreases in substance use and substance-related problems [7].
2. Active participation in treatment aftercare meetings and recovery support groups such as Alcoholics Anonymous can significantly improve your chance of permanent recovery, improve your quality of life and prolong your life expectancy [8,9,10].
3. Combining professional treatment and attending recovery support meetings improve your chances of recovery better than either activity alone [11]
4. Lifetime recovery rates of people with a substance use disorder approach or exceed 50% [12, 13]. There are millions of individuals and their families in long-term recovery from the effects of severe substance use problems.
5. There are multiple pathways and styles (secular, spiritual, religious) of long-term addiction recovery [14]
6. Recovering people can go on to lead lives of significant achievement and community service [14].

6 Things You Can Do To Enhance Your Recovery Odds

1. Don't use—no matter what!
2. Choose a treatment program that offers a rich menu of continuing care services and actively utilize these supports [15].
3. Find a recovery support group [16] and stay actively involved (Make meetings a priority, get a sponsor, build a sober social network, and apply

recovery program principles to problems of daily living).

4. If you do not have a living environment supportive of recovery, investigate the growing network of recovery homes [17].
5. Involve your family members in recovery support groups and activities [18].
6. Become an expert on your own recovery and take responsibility for it.

6 Things Families Can Do to Support Recovery of a Family Member

It has long been known that addiction can negatively affect all family members and disrupt family relationships [19], but recent studies have also shown that recovery from addiction can also exert great strain on family members and family relationships [18]. The person in recovery must construct a sober lifestyle at the same time family relationships have to be readjusted to the realities and demands of recovery. Here are several things family members can do to help speed these adjustments.

1. Educate yourself on the recovery process for individuals and families.
2. If your recovering family member is living with you, provide a sober environment to support that recovery.
3. Seek professional and peer support (from a group like Al-Anon) for your own physical and emotional health [19].
4. Support your family member's involvement in treatment aftercare meetings and recovery support groups.
5. Assist the recovering family member with assistance in locating sober housing, employment, child care, transportation or other recovery support needs.
6. Assertively re-intervene in the face of any relapse episode.

References

1. Scott, C. K., Foss, M. A., & Dennis, M. L. (2005). Pathways in the relapse-treatment- recovery cycle over three years. *Journal of Substance Abuse Treatment*, 28(Supplement 1), S63-S72.
2. Wilbourne, P., & Miller, W. (2003). Treatment of alcoholism: Older and wiser? In T. McGovern, & W. White (Eds.), *Alcohol Problems in the United States: Twenty Years of Treatment Perspective* (pp. 41-59). New York: Haworth Press.
3. Hubbard, R. L., Flynn, P. M., Craddock, G., & Fletcher, B. (2001). Relapse after drug abuse treatment. In F. Tims, C. Leukfield, & J.

- Platt (Eds.), *Relapse and Recovery in Addictions* (pp. 109-121). New Haven: Yale University Press.
4. Simpson, D. D., Joe, G. W., & Broome, K. M. (2002). A national 5-year follow-up of treatment outcomes for cocaine dependence. *Archives of General Psychiatry*, 59(6), 539-544.
 5. Jin, H., Rourke, S. B., Patterson, T. L., Taylor, M. J., & Grant, I. (1998). Predictors of relapse in long-term abstinent alcoholics. *Journal of Studies on Alcohol*, 59, 640-646.
 6. Hser, Y., Hoffman, V., Grella, C., and Anglin, D. (2001). A 33-year follow-up of narcotics addicts. *Archives of General Psychiatry*, 58(5), 503-508.
 7. Miller, W. R., Walters, S. T., & Bennett, M. E. (2001). How effective is alcoholism treatment in the United States? *Journal of Studies on Alcohol*, 62(2), 211-220.
 8. Johnson, E., and Herringer, L. (1993). A note on the utilization of common support activities and relapse following substance abuse treatment. *Journal of Psychology*, 127, 73-78.
 9. Donovan, D. (1998). Continuing care: Promoting the maintenance of change. In W. Miller & N. Heather (Eds.), *Treating Addictive Behaviors* (2nd ed.), New York: Plenum Press.
 10. McKay, J. R. (2005). Is there a case for extended interventions for alcohol and drug use disorders? *Addiction*, 100(11), 1594-1610.
 11. Fiorentine, R., & Hillhouse, M. (2000). Drug treatment and 12-step program participation: The additive effects of integrated recovery activities. *Journal of Substance Abuse Treatment*, 18(1), 65-74.
 12. Dawson, S. A., Grant, B. F., Stinson, F. S., Chou, P. S., Huang, B., & Ruan, W. J. (2005). Recovery from DSM-IV alcohol dependence: United States, 2001-2002. *Addiction*, 100(3), 281-292.
 13. Vaillant, G. (2003). 60 year follow-up of alcoholic men. *Addiction*, 98(8), 1043-1051.
 14. White, W. & Kurtz, E. (2006). The varieties of recovery experience. *International Journal of Self Help and Self Care*, 3(1-2), 21-61.
 15. Godley, M., Godley, S., Dennis, M., Funk, R., & Passetti, L. (2002). Preliminary outcomes from the assertive continuing care experiment for adolescents discharged from residential treatment. *Journal of Substance Abuse Treatment*, 23, 21-32.
 16. See http://facesandvoicesofrecovery.org/resources/support_home.php for a Guide of American recovery mutual aid groups.
 17. Jason, L., Davis, M., Ferrari, J. and Bishop, P. (2001) Oxford House: A review of research and implications for substance abuse recovery

- and community research. *Journal of Drug Education* 31(1):1-27.
18. Brown, S., & Lewis, B. (1999). *The Alcoholic Family in Recovery: A Developmental Model*. New York, NY: Guilford.
 19. White, W., & Savage, B. (2005). All in the family: Alcohol and other drug problems, recovery, advocacy. *Alcoholism Treatment Quarterly*, 23(4), 3-37.

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