Picture This:

Treatment & Recovery
Picture This:
A Resource for Creators . . .

Picture This is a guide to the key issues within the realm of treatment and recovery, as identified by mental health experts, advocates, policy-makers, and others working to improve public awareness about and reduce instances of substance abuse and dependence.

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# TABLE OF CONTENTS

Acknowledgments......................................................................................................................................................................................................2

Special Message to the Creative Community........................................................................................................................................4
   EIC President, CEO, and Cofounder, Brian Dyak

Our Picture This: Treatment and Recovery Entertainment Panelists
   Julie Hérbert, Writer/Co-Executive Producer, *Numb3rs*.....................................................................................................................5
   Cheryl Horner Sirulnick, Owner and Executive Producer, Gigantic! Productions, *Gone Too Far*............................................................5
   David Feige, Writer, Producer, and Attorney, *Drop Dead Diva*........................................................................................................5
   Leah Weber, Assistant Producer, *One Life to Live*.............................................................................................................................6
   Moira McMahon, Director and Medical Researcher, *Private Practice*..........................................................................................6

Brief Overview of Addiction Treatment and Recovery......................................................................................................................7

Treatment and Recovery and the Media....................................................................................................................................................9

Dispelling Myths about Treatment and Recovery...........................................................................................................................10

Depiction Priorities
   Priority 1: Co-Occurrence of Mental Health and Substance Abuse................................................................................................12
   Depiction Suggestions.............................................................................................................................................................................13
   Priority 2: Impact of Addiction and Recovery on the Family...........................................................................................................13
   Depiction Suggestions.............................................................................................................................................................................14
   Priority 3: Challenges, Joys, and Recovery as a Lifelong Process..................................................................................................15
   Depiction Suggestions.............................................................................................................................................................................15

Substance Abuse and the Role of Genetics.......................................................................................................................................16

National Treatment and Recovery Resources....................................................................................................................................17

Treatment and Recovery Language and Terminology.......................................................................................................................18

Treatment and Recovery Facts............................................................................................................................................................20

End Notes............................................................................................................................................................................................................22
ACKNOWLEDGMENTS

Researching health issues can be as basic as finding research papers on the Internet or as complex as delving into public policy and the philosophical positions of interest groups. Most important is the perspective of people who, for one reason or another, make a deep commitment and dedicate their time to a cause.

This document is a publication resulting from a formal meeting of experts in the field of mental health as well as five entertainment professionals at the National Association of Broadcasters in Washington, D.C. Numerous individuals and organizations provided insight into the complex issues surrounding addiction treatment and recovery and related concerns as we created Picture This: Treatment and Recovery.

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A Special Message
to the Creative Community

Substance abuse has extensive effects on social relationships, environmental stability, and the subsequent distress of one’s well-being. While a great deal of attention is aimed toward abuse, addiction, and treatment, the same cannot be said for the recovery process.

Treatment and recovery is more than the stereotypical 30-day detox program. The goal of successful treatment and recovery is to transform the individual’s lifestyle in order to prevent relapse of prior addictive habits. In every instance of substance abuse there are underlying factors that drive this particular behavior. Unfortunately, the chronic nature of addiction is often overlooked, as are major facets of the recovery process.

As part of our ongoing partnership with the National Association of Broadcasters (NAB) and our Picture This series, EIC, in collaboration with the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (SAMHSA/CSAT) hosted Picture This: Treatment and Recovery at NAB. Featuring leading experts in the field, this forum enabled us to provide writers, producers, and directors with a recommendation of priorities and accurate depiction suggestions of the treatment and recovery process.

All of the associations and individuals listed within this publication came together for a common purpose: to determine the most pressing concerns related to depicting substance abuse treatment and recovery onscreen. The group identified priorities for depictions of important concerns including lifestyle changes, the need for social support, and recovery as a lifelong process.

EIC’s mission and operating principles uncompromisingly protect the creative freedom of the entertainment community while recognizing and promoting those productions with accurate and entertaining portrayals. Visit www.eiconline.org for more information about addiction treatment and recovery.

As always, please let us know if EIC and our technical assistance service, First Draft (firstdraft@eiconline.org), can be of service. Accurate depiction yields powerful entertainment, and we salute your contributions to “celebrating the art of making a difference.”

Sincerely,

Brian Dyak
President & CEO
Entertainment Industries Council, Inc.
Picture This: Treatment and Recovery:
What the Entertainment Panelists Said

Julie Hébert, Writer/Co-Executive Producer, *Numb3rs*;
Writer and Consulting Producer, *Blue Bloods*

“Our job is to try to find a way so you feel like you’re in a completely original story but in the end you go, ‘yes! That happened to me,’ or that happened to my sister, or my husband, or someone I know. So the inevitability and the familiarities hit in the end, but while you’re in the middle of the story it feels like something you’ve not really heard before. That’s the demand on us, the job we have.

I think that traditionally we focused on addiction and the drama of destroying the life, rather than the drama of recovery because it’s very compelling to watch someone tear everything apart. I’m sure that recovery has its own drama that we’re not as familiar with. How could it not?”

Cheryl Horner Sirulnick, Owner and Executive Producer, *Gigantic! Productions; Gone Too Far*

“We only do one thing: we make documentaries for television. So we tell stories in a very different way. We are always looking for true stories that are unfolding right now. There has to be a direct connection to a person or a place. And we’re always looking for more interesting and worthwhile topics.”

David Feige, Writer, Producer, and Attorney, *Drop Dead Diva*

“One of the reasons we find television compelling is that it’s sensational. But you also have a room full of really, really smart people who are interesting and sort of cerebral and they all sit around a table batting ideas around until they come up with something that’s interesting then they write it up into a script. Part of what goes into creating that structure is sensationalism and a level of temporal compression that’s almost incomprehensible.

My point is that when you’re starting to think about how to position stories that producers and writers will latch onto and want to do, you have to understand that you’re not going to get most, oftentimes even much, of what you want. And we do have an obsession with the weird, the twist. I can’t tell you how many times in the last month I’ve been in the writers’ room where somebody goes, “Yeah, what’s the twist? We need another twist.” So we want to tell stories that are real. We want to tell stories that are soulful. We want to tell stories that are truthful. And we want to tell stories that are meaningful—in our own way.”
Leah Weber, Assistant Producer, *One Life to Live*

“We want our storylines to affect as many people as possible...What we've been doing more recently is really reaching out into the community and finding out how we can help more people by our programming. Daytime television started using real issues to affect people. When cervical cancer was just becoming something that was a really big problem, *General Hospital* produced an episode about women going to the doctor and getting their check-ups and the number of women getting Pap smears went up about thirty percent. To think we could do something like that again is more powerful than anything I could ever express.”

Moira McMahon, Director and Medical Researcher, *Private Practice*

“Science is not a story on our show unless it provides conflict between the characters. There has to be two sides to every medical story. So the quintessential ethical dilemma around recovery would be ‘does an alcoholic deserve a liver transplant?’ It’s the perfect loaded question. Because anyone who has any kind of judgment about alcoholism is also going to have a judgment about whether or not that person deserved a second chance, whether they deserve health over someone else that’s been waiting and has been good.

What's interesting about recovery is that it's about relationships, and that’s what my show is about as well. The judgment of others is that they don't see addiction as a disease. But forgiveness is such a crucial part of life after addiction.

I appreciate all this great power in this room. It’s really amazing. I'm just going to tell you guys, just from today, these are some of the stories I'm going to pitch:

- Relapse after getting a narcotic pain reliever but the person never told the doctor they had a previous drug problem.
- Parents bringing in a kid...they think their child has epilepsy...but a CT scan shows he has brain deterioration because of Ecstasy use.
- Should a kid forgive a drug-addicted parent?”

Ivette Torres, Moira McMahon, Julie Hébert, David Feige, Leah Weber, Cheryl Horner Sirulnick, and Brian Dyak.

Picture This: Treatment & Recovery
A Brief Overview of Addiction Treatment and Recovery

Did You Know . . . ?

In 2009...

- An estimated 22.5 million persons aged 12 or older were classified with substance abuse or dependence.
- An estimated 3.1 million persons aged 12 or older used an illicit drug for the first time. This is approximately 8,500 initiates per day.
- Marijuana was the illicit drug with the highest rate of dependence or abuse.
- Out of persons aged 12 or older clinically needing treatment for substance abuse or dependence, 94.9% believed they did not need treatment. Only 1.8% felt they needed treatment and sought to make an effort.
- Most adults aged 18 years or older classified with substance dependence or abuse were employed full time.
- Out of the 4 million persons aged 12 or older that received treatment for alcohol or illicit drug use, only 374,000 received help in prison or jail.

Figure 7.2  Dependence on or Abuse of Specific Illicit Drugs in the Past Year among Persons Aged 12 or Older: 2009

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Numbers in Thousands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>4,296</td>
</tr>
<tr>
<td>Pain Relievers</td>
<td>1,054</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1,129</td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>481</td>
</tr>
<tr>
<td>Heroin</td>
<td>399</td>
</tr>
<tr>
<td>Stimulants</td>
<td>371</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>371</td>
</tr>
<tr>
<td>Inhalants</td>
<td>164</td>
</tr>
<tr>
<td>Sedatives</td>
<td>147</td>
</tr>
</tbody>
</table>
Addiction is often described as the disease that tells you it’s not a disease.

Figure 7.10  Past Year Perceived Need for and Effort Made to Receive Specialty Treatment among Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use: 2009

20.9 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use

Figure 7.7  Locations Where Past Year Substance Use Treatment Was Received among Persons Aged 12 or Older: 2009

- Self-Help Group: 2,453
- Outpatient Rehabilitation: 1,994
- Inpatient Rehabilitation: 1,208
- Outpatient Mental Health Center: 1,076
- Hospital Inpatient: 868
- Private Doctor’s Office: 714
- Emergency Room: 487
- Prison or Jail: 374
Treatment and Recovery and the Media

Communicating about health and social issues is an everyday part of life that involves mass media coverage, entertainment and sports programming, public policy action and more. Communication is increasingly recognized as a necessary element of all efforts to improve wellbeing and undoubtedly contributes to all aspects of education and awareness about addiction treatment and recovery.

Effective communication about addiction treatment and recovery can help raise awareness of successful outcomes, motivate people struggling with addiction issues to seek treatment, provide inspiration and support individuals and their families who are in recovery. Communicating about addiction treatment and recovery may assist in influencing the public agenda to advocate for effective policies and programs that help individuals suffering with addiction find the appropriate treatment and remain in recovery.

It is important to remember as you develop characters to depict treatment and recovery that abstinence is not recovery. According to Charles N. Roper, PhD, on alcoholanddrugabuse.com:

“Abstinence begins when an alcoholic/addict quits consuming alcohol and drugs. It occurs at a point in time, as an event. Recovery, on the other hand, begins when an abstinent alcoholic/addict starts growing and changing in positive ways. It occurs over a period of time, as a process. Abstinence requires a decision; recovery requires time and effort.”

One of the main challenges in generating awareness about important issues is using the optimal contexts, channels and content that will motivate people to pay attention to and use that information. Popular entertainment and news media have undeniable power in grabbing the attention of audiences, as well as providing information, shaping perceptions, and affecting emotions.

Entertainment engages viewers’ emotions and often leads people to think about themselves and their own attitudes and behaviors. For example, this provides a powerful way to present role models within addiction recovery.

Entertainment and news media often use storytelling to communicate about experiences and provide an environment where viewers can identify with the situations, conflicts and feelings of the characters portrayed. Accurate depictions through popular entertainment and news media can make a difference in how audiences understand addiction treatment and recovery issues.
Dispelling Myths about Treatment and Recovery

Myth: You can recover from addiction.

Reality: Recovery is a “complicated, individualized, and lifetime maintenance process.” People who have been sober and drug-free for decades still consider themselves to be in recovery.2

Unfortunately, many people falsely believe that rehabilitation or other interventions lead to permanent recovery. The reality is that many people relapse and struggle with cravings. While the addiction can be treated, it cannot be cured. That’s part of the chronicity of the condition. Nonetheless said one participant in Picture This: “There aren’t enough depictions of people in recovery as ‘normal’ going through normal lifetime events,” such as sending their kids off to college, retiring or taking a vacation.

Myth: Treatment doesn’t work.

Reality: Treatment does work and people do move into recovery. The science behind the benefits of treatment is significant. Part of the reality, however, is that participants may require more than one round of treatment. Addiction is a chronic disease involving the very architecture of the brain. Overcoming the physical components behind the disease is very difficult but it can be done. In addition, barriers stand in the way of success at every point during the recovery process.

Myth: Addiction is a moral failure. In fact, almost three-fourths of young adults said they thought people who are addicted to alcohol could stop if they just had enough willpower.4

Reality: Drug and alcohol addiction are chronic, progressive diseases that cause neurochemical changes in the brain.3 Drugs of abuse alter the brain’s structure and function, resulting in changes that persist long after drug use has ceased, which helps explain the risk of relapse many people who abuse drugs face even after long periods of abstinence.4 Addiction and substance abuse are defined in the “bible” of psychiatry, the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) in the same manner as other accepted mental diseases such as depression, anxiety disorder, and attention deficit hyperactivity disorder.3

Defining Addiction and Substance Abuse

According to the DSM-IV:

Addiction is a “maladaptive pattern” of substance use that results in significant impairment or distress. It requires that three or more of the following occur during a 12-month period:

- Preoccupation with use of the chemical between periods of use.
- Using more of the chemical than anticipated.
- Developing tolerance to the chemical
- A characteristic withdrawal syndrome from the chemical.
- Use of the chemical to avoid or control withdrawal symptoms.
- Repeated efforts to cut back or stop the drug use.
- Intoxication at inappropriate times (such as at work), or when withdrawal interferes with daily functioning (such as when a hangover makes a person too sick to go to work).
- A reduction in social, occupational or recreational activities in favor of further substance use.
- Continued substance use in spite of the individual having suffered social, emotional, or physical problems related to drug use.
Substance abuse is defined as a “maladaptive pattern” of substance use leading to clinically significant impairment or distress as demonstrated by one (or more) of the following occurring within a 12-month period:

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (such as repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; or neglect of children or household).
- Recurrent substance use in physically hazardous situations, such as driving an automobile or operating a machine when impaired by substance use.
- Recurrent substance-related legal problems (such as arrests for substance-related disorderly conduct).
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (for example, arguments with spouse about consequences of intoxication and physical fights).

Myth: Addicts always relapse.
Reality: Between 58 and 60 percent of people with a substance abuse disorder eventually achieve sustained recovery, defined as no dependence or abuse symptoms for the past year.5

Myth: Thirty-day treatment programs are sufficient to move someone into recovery.
Reality: Longer lengths of treatment produce better outcomes. Research finds that most people need at least three months in treatment to significantly reduce or stop their drug use, with the best outcomes occurring with longer durations of treatment.4

Myth: Detox is the most important part of treatment.
Reality: Detoxification alone is rarely sufficient to help addicted individuals achieve long-term abstinence.4 In fact, no single component of treatment, including 12-step programs, are sufficient on their own. It takes a multimodal approach, including inpatient or outpatient treatment, 12-step programs, community and family support, medical treatment, and other approaches to bring an addicted person into recovery.3

Myth: The family has no role in substance abuse treatment and recovery.
Reality: The family plays a critical role in substance abuse/addiction recovery, in part because the family likely played a role in the original abuse problem. As the National Center on Addiction and Substance Abuse at Columbia University (CASA) noted in a 2005 report: “Alcohol and drug abuse are family diseases with severe consequences for all family members. . . . A focus on families is critical to understanding and preventing the destructive intergenerational cycle of substance abuse and addiction . . . the consequences of addiction and the importance of recovery affect not only the substance abuser, but all members of the family.”

Myth: Only voluntary treatment is effective.
Reality: Treatment does not need to be voluntary to be effective. Sanctions or enticements from family, employment settings, and/or the criminal justice system can significantly increase treatment entry, retention rates, and the ultimate success of drug treatment interventions.4
Portraying a Clear Picture of Addiction Treatment and Recovery through Depiction Priorities

The Picture This Team convened a diverse representation of experts, advocates and other stakeholders who interface with various facets of the substance abuse, treatment, and recovery worlds on a daily basis to come to a consensus on depiction priorities and recommendations for entertainment and news media to address treatment and recovery.

The Picture This team asked our participants this question:

“If treatment and recovery-related issues could be addressed in entertainment and news media in any manner, what are the most important aspects to communicate to national audiences?”

The following reflect the top priorities as identified by our expert attendees:

**Priority 1: Portray the common co-occurrence of mental health issues with substance abuse and the fact that there is always an underlying issue beneath the addiction.**

An estimated 17.5 million adults have a serious mental illness, and about one-fourth also have a substance abuse disorder. These individuals are considered to be “dually diagnosed,” to have “co-occurring disorders,” or to have “comorbidities.” However, more than half of adults with co-occurring disorders don’t receive any services for either condition.

Women who are dually diagnosed are more likely to abuse alcohol than women who only have addiction issues. They are also more likely to have had previous treatments and less likely to be working, attesting the challenges that the co-occurring conditions provide. Nearly one-fourth have had five or more prior treatments compared to just 13 percent of women with substance abuse/addiction but no co-occurring disorders.

Many people self-medicate with alcohol or drugs to manage their mental health issues. That’s why it is so important in recovery that people address the root cause for their addiction; if they don’t, the participants in Picture This said treatment won’t be effective. Some reasons for substance abuse include trauma, abuse, or post-traumatic stress disorder.

According to the Adverse Childhood Experiences (ACE) Study, led by principal investigator Dr. Vincent J. Felitti, individuals who had adverse childhood experiences have a 500 percent increase in adult alcoholism compared to those who had easier childhoods.
Depiction suggestions include:

- Someone turning to alcohol to self-medicate their depression.
- A veteran abusing prescription drugs to manage both his physical pain and mental anguish.
- The repercussions of sexual abuse. Sexually abused women are 10 times more likely to have a history of drug addiction and twice as likely to have a history of alcoholism as women who have not been abused. Researchers suggest that sustained drug or alcohol abuse may allow the victim to “separate psychologically from the environment” and blur or anesthetize painful memories and feelings.

Priority 2: Portray the impact of addiction and recovery on the family, and the importance of family support in recovery.

In truth, nearly half of all people with addiction problems do not move into long-term recovery until they have “hit bottom,” meaning their behavior has resulted in catastrophic consequences for themselves and/or those around them. Thus, once they begin the recovery process, they have a lot of rebuilding to do. As Dr. Kathy Rowan, a professor in the department of Communication at George Mason University and a Picture This participant, said: “People don’t get well from the disease without a sense of belonging. As a society, we can treat individuals but we need to focus on families and help families recover.”

In a 2006 Gallup Poll of US adults with an immediate family member who had a drug or alcohol addiction problem, “emotional” and “devastating” were the words most often used to describe the effects of the family member’s addiction.

Almost half of adults polled said they had a sense of shame about the family member’s addiction, while 70 percent said the person’s addiction had some effect on their own emotional or mental health. Having a family member with a substance abuse disorder can also negatively impact a family’s financial situation, with nearly one out of 10 respondents saying they had to take out a loan or charge expenses to their credit cards as a direct result of the addiction. Perhaps the most devastating effect of addiction is on the family unit itself, including marriages and children.

Interestingly, half of respondents said the addiction brought their family closer; while a third said it pushed them apart. Other key findings from the survey:
• Seventy percent of respondents personally confronted the family member about the addiction.
• Just half of respondents said the family member admitted the addiction to them.
• Forty percent said the family member had overcome the addiction.
• Nearly 20 percent do not think the family member wants to recover.

Even after a family member sought treatment, 60 percent of respondents said the family member got better but didn't completely recover, or showed no improvement.

Key point: Family support and pressure was cited as the primary reason that a family member was able to overcome addiction.

Community support is also key to successful recovery. Many people with addiction problems turn to recovery communities in which they socialize and, sometimes, live and work with others who are also in recovery. There is even a social networking site for people in recovery (www.intherooms.com).

Depiction suggestions:
• How does a couple repair the damage to their relationship wrought by behaviors related to addiction?
• Can someone in recovery date someone who drinks socially? Does the “date” have to abstain from social drinking?
• A family that lost its house to foreclosure because mom lost her job due to her addiction and spent their savings on drugs.
• A physician or nurse seeking to rebuild his/her career after treatment for addiction. How do they manage to constantly be around potentially addictive substances? How do they regain the trust of their peers, bosses and patients? How do they begin to trust themselves again? How do they learn to cope with the stress of their jobs in new ways?

Depicting the Friends and Relatives of Those in Recovery

• Pay attention to age. Adults 65 and older are least likely to say they know someone in recovery from addiction; least likely to say they believe that substance abuse addictions can be prevented; and least likely to believe that someone in recovery can live a productive life.
• Consider gender. Women are far more likely than men to believe that someone in recovery can live a productive life.
• Depict them honestly. The older a person is, the less likely they are to feel comfortable with someone in recovery from alcohol or drug abuse. Conversely, twice as many adults ages 18 to 24 believe that willpower plays a major role in recovering from addiction compared to the general public, although this is not the case.
• Use the right language. When asked as part of a government-sponsored survey what the phrase “recovery from addiction” meant to them, responses ran the gamut from the extremely negative (“You finally got a backbone;” “A junkie;” “Temporary fix;”) to the quite positive (“Somebody is trying to change their life;” “You’re getting better;” “You have beat what you were addicted to and have to be aware of what you are doing in the future.” Many used the expression “normal life” to describe recovery.

For more information about language and terminology, see the section on page 18.
Priority 3: Portray the many challenges to recovery, the joys in recovery, and the fact that it is a lifelong process.

"Recovery is not the end game," stressed Mark Krawczyk, Office of National Drug Control Policy, during the Picture This workshop. "It is a lifelong process. You are always in recovery."

Even deciding to enter treatment and recovery is a process, one marked by the five stages that are part of the Transtheoretical Model, or Stages of Change (TTM): precontemplation, contemplation, preparation, action, and maintenance.12

People with addiction problems may cycle through stages, moving forward one stage and back two stages, until they finally reach maintenance, which, in the addiction world, is considered recovery. As Nataki MacMurray of the Office of National Drug Control Policy noted, "Addiction is a chronic disease much like hypertension and diabetes. There is no cure, but it is treatable." Plus, as with other chronic diseases, the earlier treatment is offered in the disease process, the greater the likelihood of positive outcomes.4

However, the traditional view about addiction treatment means limited resources for recovery beyond short-term treatment. Few treatment centers provide ongoing monitoring and insurance coverage for additional treatment beyond the first event. Even families become frustrated when a family member relapses, not understanding the daily struggle required to remain in recovery.4

Another challenge to living a life without drugs or alcohol is the sheer ubiquity of both in our society. Participants from Picture This who are in recovery discussed the challenges of undergoing dental procedures or managing acute or chronic pain without narcotics, and the fact that few medical professionals seemed to understand the dangers of prescribing such drugs to a person in recovery.

Socializing in an environment, whether or not it is alcohol-free, is also challenging. That’s why people coming out of treatment often have to change their entire lives in order to avoid using or drinking again.

Other barriers to recovery include substance use in the home, family problems, and victimization, e.g., sexual or physical abuse or violence.4 People also face financial and transportation barriers. For instance, without reliable transportation they can’t get to counseling appointments or 12-step meetings; without health insurance they often can’t get the mental health care they need.

"People are more likely to transition from use to recovery when they believed their problems could be solved, wanted help with their problems, reported high ability to resist substance use, and received addiction treatment."4

Depiction suggestions:

• To demonstrate the difference between treatment and recovery, depict someone coming out of treatment, remaining sober/drug-free for some time, and then facing the challenges of a substance-free lifestyle. Do they get support from their family? Do they have the financial means/health insurance to cover another treatment stay?

• Take us inside 12-step programs and show us how such programs contribute to the recovery process.

• How does a father in recovery cope with the first toast at his daughter’s wedding?

• Show a couple going out to eat and asking to be seated away from the bar “because it’s too noisy.” We know the woman is in recovery; she doesn’t want to see or smell the alcohol.
• Adolescents coming out of treatment often need to find an entirely new set of friends to prevent relapsing. How do you manage this if your parents can’t switch you to a new school? How does a 14-year-old “reinvent” herself?

• Consider portraying a high school or college star athlete with a history of addictive behavior. What happens when he is injured on the court or in the field, and needs prescription painkillers?

“The path to who we can become is rocky and full of mistakes, but recovery offers us the opportunity to learn from those mistakes, to grow, and to change how we live.”

—Dan Griffin, author of A Man’s Way through the Twelve Steps.

Substance Abuse and the Role of Genetics

It has been mentioned that in cases of substance abuse and addiction, there are always underlying factors. These factors are often rooted in social issues as well as the physical environment. A third component that is prevalent is the aspect of genetics.

Substance abuse frequently runs in families. Children of substance abusers are more prone to develop similar addictive behavior than those never experiencing an environment with drugs and alcohol. Parental addiction also affects family interaction; the child’s risk for depression, anxiety, and behavioral problems; and educational achievement.

1. Children of addicted parents are the most at risk of becoming alcohol and drug abusers due to both genetic and family environment factors.

2. Families affected by alcoholism report higher levels of conflict. The environment of children of alcoholics has been characterized by lack of parenting, poor home management, and lack of family communication skills.

3. Children exposed prenatally to illicit drugs are 2 to 3 times more likely to be abused or neglected.

4. Seventy-five percent of welfare professionals say that children of addicted parents are more likely to enter foster care.

5. Children of addicted parents are found to be at a significant disadvantage on standard scores of arithmetic.

Table discussion.
# National Treatment and Recovery Resources

<table>
<thead>
<tr>
<th>Organization</th>
<th>Website</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholics Anonymous</td>
<td><a href="http://www.aa.org">http://www.aa.org</a></td>
<td>212-870-3400</td>
</tr>
<tr>
<td>Alanon/Alateen</td>
<td><a href="http://www.al-anon.alateen.org">www.al-anon.alateen.org</a></td>
<td>757-563-1600</td>
</tr>
<tr>
<td>Center for Mental Health Services (CMHS)</td>
<td><a href="http://mentalhealth.samhsa.gov/">http://mentalhealth.samhsa.gov/</a></td>
<td>800-789-2647</td>
</tr>
<tr>
<td>Center for Substance Abuse Prevention (CSAP)</td>
<td><a href="http://prevention.samhsa.gov/">http://prevention.samhsa.gov/</a></td>
<td>240-276-2420</td>
</tr>
<tr>
<td>Center for Substance Abuse Treatment (CSAT)</td>
<td><a href="http://csat.samhsa.gov/">http://csat.samhsa.gov/</a></td>
<td>800-662-4357</td>
</tr>
<tr>
<td>In The Rooms</td>
<td><a href="http://www.intherooms.com">http://www.intherooms.com</a></td>
<td></td>
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<tr>
<td>National Alcohol and Drug Addiction Recovery Month</td>
<td><a href="http://www.recoverymonth.org">http://www.recoverymonth.org</a></td>
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<tr>
<td>National Association for Children of Alcoholics</td>
<td><a href="http://www.nacoa.org">http://www.nacoa.org</a></td>
<td>301-468-0985</td>
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<tr>
<td>National Association of Drug Court Professionals</td>
<td><a href="http://www.nadcp.org">http://www.nadcp.org</a></td>
<td>703-575-9400</td>
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<tr>
<td>National Institute on Alcohol Abuse and Alcoholism (NIAAA)</td>
<td><a href="http://www.niaaa.nih.gov/">http://www.niaaa.nih.gov/</a></td>
<td>301-443-3860</td>
</tr>
<tr>
<td>National Institute on Drug Abuse</td>
<td><a href="http://www.nida.nih.gov/">http://www.nida.nih.gov/</a></td>
<td>301-443-1124</td>
</tr>
<tr>
<td>The Partnership at Drugfree.org</td>
<td><a href="http://www.drugfree.org/">http://www.drugfree.org/</a></td>
<td>212-922-1560</td>
</tr>
<tr>
<td>SAMHSA’s National Clearinghouse for Alcohol and Drug Information</td>
<td><a href="http://ncadi.samhsa.gov/">http://ncadi.samhsa.gov/</a></td>
<td>(800) 729-6686</td>
</tr>
</tbody>
</table>

**Shermaze Ingram, NAB**
Treatment and Recovery Language/Terminology

**Abstinence:** To refrain from the usage of chemicals to which a person may have become addicted, or have the potential for addiction relapse

**Addict:** A person who has a craving for an addictive substance, and who is physically or emotionally dependent on that substance on a daily basis.

**Addiction:** A chronic, progressive disease that is characterized by continued use of drugs, alcohol, nicotine (addictive substances) in spite of continuing negative consequences.

**Addiction medicine:** The evaluation and treatment of people suffering from drug addiction, alcoholism and associated disorders.

**Addiction treatment:** The attempt by one or more people to cause another person to discontinue their use of drugs, alcohol or harmful behavior. This service is usually provided by a licensed professional or within an addiction treatment program.

**Addiction treatment center:** A licensed facility that specializes in the evaluation and treatment of drug addiction, alcoholism and associated disorders. This center may provide residential treatment, partial hospitalization treatment or outpatient treatment services.

**Alcoholic:** A person who drinks alcohol habitually, who has a craving for alcohol and once they have one drink they experience an obsession and compulsion for more.

**Alcohol abuse:** The use of alcohol to the point that it interferes substantially in emotional, social or occupational functioning; the pathological use of alcohol.

**Alcohol dependency:** A physical or psychological habituation to a mood or mind altering substance, such as alcohol.

**Behavioral health:** A person’s state of mental and social well-being. In this context, it is the person’s response to mental health and substance abuse.

**Buprenorphine:** An opiate antagonist used in the treatment of heroin addiction. Must be prescribed by a licensed physician who meets certain qualifications and has notified the Secretary of Health and Human Services. If properly certified, treatment can begin in that office.

**Chemically dependent:** When a person has formed a physical or psychological addiction or habituation to mood or mind-altering chemicals such as alcohol or drugs.

**Co-occurring disorders:** Refers to when the person is suffering from two or more independent conditions relating to a significant mental illness and an addiction problem. This term does not necessarily indicate that the person has been clinically diagnosed.

**Craving:** A powerful desire or urge for drugs, alcohol or other addictive substances.

**Dependency:** A tendency to rely on others or in this case, drugs or alcohol.

**Detoxification:** A medically supervised process of assisting the body to rid itself of drugs or alcohol while effectively managing the symptoms associated with withdrawal.

**Drug abuse:** The abuse of a substance to the extent that it interferes substantially in emotional, social or occupational functioning; pathological use of prescribed or un-prescribed substances.

**Drug addict:** A person who has become physically or emotionally dependent on addictive substances (drugs, alcohol) that impair them from a physical, emotional, social or even vocational perspective.
Drug addiction: Psychological and physiological substance dependence.

Drug courts: Courts that divert non-violent, substance abusing offenders from prison and jail into treatment.

Dually-diagnosed: Refers to the person who has been diagnosed with a significant mental illness and an addiction problem.

Habituation: The result of repeated consumption of a drug that produces a psychological, but no physical dependence. The psychological dependence produces a desire (not a compulsion) to continue taking drugs or alcohol for a sense of improved well-being.

Intervention: When someone, possibly a significant other, who cares for the addicted person, makes a decision to introduce the process of addiction or alcoholism to the impaired person. The goal is to get the person to address his or her denial, break through and access a level of treatment that will result in recovery from the addiction or alcoholism.

Physical dependence: When a person cannot function normally without the continued use of a drug and when the drug or alcohol use is discontinued they experience some level of discomfort.

Recovery: The process of change through which an individual achieves abstinence (from drugs or alcohol) and improved health, wellness and quality of life.

Rehab or rehabilitation: Drug rehabilitation is an umbrella term for a variety of processes by which a person addicted to a drug stops using that drug. These processes can vary from cold turkey to the use of substitute drugs which do not have the same action upon the state of consciousness as the original drug to which the person was addicted.

Relapse: To fall back into a previous state of drinking or drugging after achieving a level of abstinence. The act of “going back” into old behaviors.

Relapse prevention: Creating a new way of thinking or acting that results in a person maintaining their recovery, sobriety, abstinence and new lifestyle.

Substance abuse: Excessive use of a drug.

Substance abuse facility: A licensed center that specializes in the evaluation and treatment of drug addiction and alcoholism. The services available here can be residential treatment, partial hospital treatment or outpatient treatment.

Substance abuse treatment: A set of activities carried out by properly trained and certified professionals to intervene in and organize supports for alternative behaviors to reduce or eliminate the abusive use of psychoactive chemicals by persons.

Substance dependence: Pattern of behavior which results in increased tolerance for the substance physiological, psychological dependence and withdrawal symptoms.

Tolerance: A situation in which higher doses of a drug or alcohol are needed to achieve the same effect as initially experienced.

Withdrawal: Physiological and emotional responses that someone who is addicted to drugs or alcohol experiences when they abruptly discontinue the use of the substance.

**These terms are for definition purposes only. We encourage the use of accurate phrases, such as “person addicted to,” so as not to define a person by the disease.**
Did You Know? Treatment and Recovery Facts

1. On any day, there are about 1.13 million people enrolled in substance abuse treatment, 8 percent of whom are under age 18.13
   - 45 percent are in treatment for both alcohol and drug abuse
   - 36 percent are in treatment for drug abuse only
   - 19 percent are in treatment for alcohol abuse only
   - 40 percent are in treatment for co-occurring mental health and substance abuse disorders

2. Nearly half of all adults ages 18 and older know someone in recovery from addiction to alcohol, illicit drugs or prescription drugs; 41 percent recovering from alcohol abuse, 21% from illicit drugs (except marijuana), 19% from prescription drugs, and 18% from marijuana.11

3. Addiction, like mental illness, carries a huge burden of stigma, with nearly one-third of people saying they would think less of someone with a current addiction.11 The stigma depends, in part, on the substance of addiction. People say they feel more comfortable with someone in recovery from alcohol than from drugs, and that those addicted to illicit drugs such as cocaine and heroin are more dangerous than those addicted to alcohol, prescription drugs, or marijuana.

"Recovery has many faces and economic statuses. Ask your neighbors, friends, and peers. Most people have been touched by addiction."

— Stacy Gomez, McShin Foundation, Picture This participant

4. Just six out of 10 people believe that someone can fully recover from addiction to illicit drugs such as cocaine, heroin or methamphetamines, compared to nearly three out of four who believe that complete recovery is possible from addiction to marijuana, alcohol, and prescription drugs.11

5. Most treatment facilities are outpatient, with nearly all offering programs targeted towards a specific client, such as those with co-occurring mental health issues; adolescents; driving under the influence offenders; criminal justice offenders; and adult women. Few facilities, however, offer specialized programs for pregnant women or those who have just given birth, for those with HIV or AIDS, for older adults, or for gays or lesbians.13

6. The days of locking someone in a room to “dry out” are over. Today, 84 percent of treatment facilities routinely use medications as part of the detoxification process.13

One-third (34 percent) of substance abuse treatment admissions were employed full- or part-time when they were admitted for treatment.14 It is important that people in recovery be depicted as coming from all social and economic spheres, including the top lawyers, doctors, business people, and judges in a community. Addiction doesn’t discriminate. As Picture This table facilitator, Dr. Kathy Rowan, professor of Communication at George Mason University said: “Yes, some addicts are in jail, but George Bush (III) was an addict. Portray all the faces of addiction across the lifespan.”

7. Counseling—individual and/or group—and other behavioral therapies are the most commonly used forms of drug abuse treatment. Also, participation in group therapy and other peer support programs during and following treatment can help maintain abstinence.
8. Medications, when properly prescribed by a licensed physician or another qualified healthcare professional, are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies. These may include methadone, buprenorphine, or naltrexone for opioid-addicted individuals and naltrexone, acamprosate, disulfiram, and topiramate for those addicted to alcohol.

For more facts on treatment and recovery, please visit the National Alcohol and Drug Addiction Recovery Month website at http://www.recoverymonth.org.


### First Draft

The source to turn to for free research-based, fact-based, or anecdotal information on a myriad of health or social—when you need it, where you need it, how you need it.

### Distinguished Experts
- Personal Stories
- Script Feedback
- Set Design
- Research Assistance
- Tailored Briefings
- Phone or Face-to-Face Consultation

For more information about First Draft contact Larry Deutchman, ldeutch@eiconline.org or go to www.eiconline.org.

### Issues Regularly Helped

<table>
<thead>
<tr>
<th>Category</th>
<th>Issues</th>
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<tbody>
<tr>
<td>Aging</td>
<td>Alzheimer’s Disease, Healthy Lifestyles</td>
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<tr>
<td>At Risk Children and Youth</td>
<td>Foster Care, Incarceration, Runaway Homeless Youth</td>
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<td>Heart, Blood, and Lung</td>
<td>Diabetes, Lung Cancer</td>
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<td>Homeland Security</td>
<td>Disaster Preparedness, Terrorism</td>
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<td>Human Trafficking</td>
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<td>Humor and Healing</td>
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<td>Infectious Disease</td>
<td>HIV and AIDS, Sexually Transmitted Infections</td>
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<td>Injury Prevention</td>
<td>Firearm Safety</td>
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<td>Intellectual Disabilities</td>
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<td>Mental Health</td>
<td>Bipolar Disorder, Depression, Post Traumatic Stress Disorder (PTSD)</td>
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<td>Nutrition</td>
<td>Eating Disorders, Healthy Diet, Healthy Living, Obesity</td>
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<td>Orphan Diseases</td>
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<td>Science, Engineering, and Technology</td>
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<td>Skin Cancer and Sun Safety</td>
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<tr>
<td>Substance Use and Abuse</td>
<td>Addiction, Alcohol Use, Drug Abuse, Smoking and Tobacco Use</td>
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<td>Safe Driving, Seat Belt Use</td>
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<td>Violence</td>
<td>Conflict Resolution, Domestic Violence</td>
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<td>Women’s Health</td>
<td>Cancer, Disease Prevention and Screening</td>
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<td>Reproductive Health</td>
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...and any other health or social issue!