



2016 Recovery in the Empire State Executive Summary

Historically, addiction to alcohol and drugs has been treated as a moral failing or acute medical crisis. People suffering with addiction were often criminalized and institutionalized and their families were often shunned. Fortunately, this antiquated view of addiction is giving way to a more accurate and humane perspective. Research and the experience of over 23.5 million Americans living in recovery has shown that addiction is better understood as a chronic condition from which individuals can recover if long-term supports are available. These supports come in a variety of forms, including Recovery Community Organizations (RCOs), Recovery Community and Outreach Centers (RCOCs), recovery coaches, family support navigators, medicated assisted treatment, mutual aid, faith-based, educational and vocational training, legal aid, supportive housing, web-based resources, and other multiple pathways to recovery that meet individuals', families' and communities' needs and expectations.

To this end, Friends of Recovery New York (FOR-NY) created a state-wide survey to distribute to individuals and families living in recovery from addiction, families who have lost a loved one to addiction, and people who have been otherwise impacted by addiction (professional allies and friends of the recovery community included). The survey was developed by FOR-NY, conducted and disseminated with help from our friends at OASAS, and analyzed in collaboration with Rob Lillis, President of [Evalumetrics](#).

Research and Robert Pezzolesi, MPH, Founding Director of the [New York Alcohol Policy Alliance](#) (NYAPA). Data collected will help advocates for the recovery community identify barriers that block or inhibit individuals during the various stages of recovery, including access to addiction treatment, healthcare, housing, education and employment.

The online survey was conducted from January 1 – March 31, 2016. It contained 38 questions addressed sociodemographics, mental health and substance use, and individuals' recovery histories. A total of 1, 689 surveys were completed by respondents from across the state; respondents were individuals and family members impacted by addiction, as well as friends and professional allies of the recovery community.

Summary of Findings: Report on 2016 FOR-NY Recovery Needs Survey

1. Many survey respondents were in early recovery. More than half (55%) of survey respondents had been in recovery for one year or less. Early recovery is a critical period in the recovery process, and community-based recovery supports are necessary to establish a strong foundation, to ensure ongoing success in recovery and achieve the associated personal and societal benefits.

2. Alcohol addiction remains a major problem. Nearly two of three (61%) respondents identified alcohol as their primary or co-primary drug of addiction. Considering the massive impact of excessive alcohol consumption on the health of

NYS citizens and the fiscal health of the state, prevention, treatment, and recovery efforts in NYS need to address alcohol with the same attention and energy it focuses on illicit drugs.

Veterans were nearly 40% more likely than general survey respondents to list “alcohol only” as their addiction and about 30% less likely to list “drugs only” as their addiction. This is consistent with recent research finding that more than 40% of US military veterans have a life-time history of alcohol use disorder and that levels of excessive alcohol consumption among active-duty U.S. military personnel have recently increased.

3. Recovery process began early for many.

Almost two-thirds (62%) of survey respondents began their recovery journey in their youth or young adulthood (prior to age 25). This finding shows both the promise of long-term recovery and the intense need for community-based recovery supports to assist younger people in treatment and recovery. This is all the more critical given that the adolescent brain (through early 20s) is particularly vulnerable to the harmful effects of alcohol and other drugs.

4. There are several common barriers to treatment.

Lack of insurance coverage (42%) and/or inability to pay (25%), remain the primary barriers to receiving necessary treatment for addiction, even in light of recent expansion of coverage through Parity. Veterans, however, were less likely to designate lack of insurance coverage (35%) as a barrier. There were also some notable regional differences in perceived adequacy of insurance coverage.

Stigma and shame (29%) remain major barriers to seeking and maintaining recovery from addiction, for individuals and families, persisting despite advances in the view of addiction as a treatable, neurobiological disease. Fortunately, there are efforts in New York and nationally to educate the public regarding addiction and recovery. Much more needs to be done, however.

5. People in recovery identified several high priority Recovery Support Service needs in their communities.

The highest priority was

given to Support Meetings/Groups, Housing, Medical Insurance and, Job Training. Following the top three issues, the following services were seen as additional priorities: Legal Services, Relapse Prevention, Money Management, Education, Parenting and Social Skills.

6. Recovery Support comes from many sources.

Survey respondents said they got the most helpful support from Mutual Aid Groups (12-step and non-12 step), local Recovery Community Organizations (RCO), Peer-to-Peer and the Faith Community.

7. People in recovery need peer recovery coaches who are empathetic, knowledgeable and available.

Respondents were asked what attributes they would want in a coach or peer supporting them through the addiction and recovery process. The most frequently mentioned were availability 24/7, empathy and education or knowledge of addiction and recovery.

8. Recovery from addiction has profound benefits.

The benefit of recovery most often cited by survey respondents was better health and a better life. Other benefits were improved family relationships and sobriety.

SUMMARY: In summary, this evidence-based research shows what we have long-known anecdotally: barriers to treatment must be removed, and recovery wrap-around services – including safe sober housing, legal support, employment and education – are all necessary to sustaining recovery and overall well-being. Similarly, individuals and families must have access to the many “pathways” to (and of) recovery.

The process of recovery is very personal and may involve many pathways. These recovery pathways may include clinical services, medication-assisted treatment, faith-based practices, mutual aid, peer support, exercise, meditation, nutrition, and other forms of self-care and wellness. Community-based recovery supports and services are critical to help individuals build and sustain their recovery.