

National Alcohol
& Drug Addiction
Recovery Month
SEPTEMBER 2008

JOIN THE VOICES FOR
RECOVERY

REAL PEOPLE, REAL RECOVERY



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

Dear *National Alcohol and Drug Addiction Recovery Month* Supporter:

Every year, towns, counties, and states around the country observe *National Alcohol and Drug Addiction Recovery Month (Recovery Month)* in September. This year, the 19th annual *Recovery Month* recognizes the impact that real people and real stories have on recovery, and celebrates those who have worked to advance the treatment and recovery landscape.

In 2008, we are highlighting the people for whom treatment and recovery have given a renewed outlook on life. We invite you to take part in our theme, *“Join the Voices for Recovery: Real People, Real Recovery,”* and spread the word that addiction is a medical illness and that treatment is effective and recovery is possible. By getting involved, you can help more people on a path of recovery to lead more fulfilling lives.

Through the U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (SAMHSA) and its Center for Substance Abuse Treatment, with counsel from national partner organizations, we have developed this comprehensive toolkit to provide you with the resources to share this powerful message with key leaders of your community.

All of us know someone with a substance use disorder, whether that person is a family member, friend, colleague, or neighbor. Those who have lived through these experiences have the most compelling stories to tell and can truly make a difference in helping others seek treatment. With that in mind, this year’s *Recovery Month* celebration highlights the unique stories of each person in recovery, as you will see throughout this kit.

This toolkit will assist you in planning, launching, and publicizing your *Recovery Month* activities and events. You can adapt the media materials to reflect your community’s needs and use the “Targeted Outreach” section to educate your community, particularly the influencers who can create a positive environment for people in recovery.

Five Tips on How to Use this Toolkit:

The following are ways to make the most of the tools included in this resource.

1. **Involve key groups and leaders** – Treatment providers, recovery support groups, employers, faith-based organizations, and civil service workers can make a difference by assisting in planning or participating in your campaign events.

2. **Plan events** – Activities in your community that focus on real people will show that substance use disorders affect everyone. Please review the “Promotional Event Ideas and Publicity Tips” document enclosed in the “Media Outreach” section for tips to get started.
3. **Publicize your events and your cause** – When planning your *Recovery Month* activities, customize the media outreach materials provided in this toolkit with local information and distribute them to local media outlets. To promote your activities in September and find out what other organizations are doing, please visit the *Recovery Month* Web site at www.recoverymonth.gov and fill out the *Recovery Month* event form.
4. **Educate your community** – Distribute the audience-specific overviews included in the “Targeted Outreach” section of this planning toolkit to your event attendees and local leaders. You also can use them to educate others in your community throughout the year.
5. **Share your accomplishments** – Expand *Recovery Month* beyond September by telling us what you have learned from your campaign by returning the “Customer Satisfaction Form” to the address listed on the form. After your event, share your successes, materials, and photos on the *Recovery Month* Web site at www.recoverymonth.gov.

You can download electronic versions of all the materials provided in this toolkit by visiting www.recoverymonth.gov. This Web site also offers resources, public service announcements, Webcasts, the latest research, and news about *Recovery Month* events across the country. To order extra planning toolkits at no cost, please visit the Web site or call 1-800-662-HELP.

Celebrating 19 years of *Recovery Month* would not be possible without the continued dedication of organizations such as yours. This September, people from cities large and small will be working together to show that access to treatment and recovery benefits individuals, their families, and the entire community. Thank you for your hard work in making *Recovery Month* a success year after year.

WWW.RECOVERYMONTH.GOV



(SMA) 08-4334

RESOURCES

The enclosed resources can help you prepare for your **Recovery Month** events. You can share these resources with your community members. The following resources are included:

- **Building Community Coalitions** – A guide for your organization to unite with others to create a local coalition for **Recovery Month** and beyond
- **Planning Partners** – A list of organizations that are fundamental in the national **Recovery Month** effort and can potentially be collaborators or advisors for your local events
- **Recovery Month Resources Brochure** – An extensive list of substance use disorder resources
- **Single-State Agency Directory** – A list of substance use disorder state office contacts for local information and guidance
- **Customer Satisfaction Form** – Helps you share the success of your activities and provide feedback on this planning toolkit that will help improve future **Recovery Month** materials

MEDIA OUTREACH

This section will provide you with event ideas to help plan your activities and sample materials to customize when publicizing your *Recovery Month* campaign. The first two items will guide you in your planning and preparation for your events and media activities:

- **Promotional Event Ideas and Publicity Tips** – Outlines how to plan and publicize your event
- **Media Tips: How to Speak with the Media** – Provides an overview of this year's *Recovery Month* theme and prepares you for media interviews

The other items in this section will help you promote your *Recovery Month* events to local media using a variety of tactics.

The first few pages of each document explain how and when to use the materials, and the templates at the end can be customized with your specific events and local information. To promote *Recovery Month* on your Web site, visit www.recoverymonth.gov to download the 2008 banner to put on your homepage and link to the Web site.

Brand your materials by printing them on your organization's letterhead or copy them onto the **camera-ready letterhead** provided. You can further tailor your materials by using the **camera-ready logo sheet** included in this kit, or by using the high-resolution logos available at www.recoverymonth.gov.

This section includes:

- **Writing a Media Advisory**
- **Writing an Effective Press Release**
- **Writing and Submitting an Op-Ed**
- **Official Proclamations**
- **Promoting *Recovery Month* Live-Read Radio Public Service Announcements**
- **Camera-Ready Letterhead**
- **Camera-Ready Logo Sheet**

TARGETED OUTREACH

This section provides up-to-date background information about substance use disorders, as well as audience-specific materials that can be targeted to different groups in your community. They can be distributed at your *Recovery Month* events, or even beyond September, to participants, the media, and key influencers and leaders in your area.

You can use these documents as is or combine the information from these documents with selected materials from the “Resources” section of this toolkit or information from your organization to create a unique information packet to distribute.

General Information

- **Overview** – Discusses the impact that recovery can have on a person’s life, along with the current landscape of substance use disorders
- **Commonly Misused Substances** – Highlights the major substances misused in the United States and new trends over the past year
- **A Guide to Treatment: How to Help People Affected by Substance Use Disorders** – Examines different treatment options for people with substance use disorders and can be used in tandem with “Commonly Misused Substances”
- **Join the Voices for Recovery** – Focuses on people in recovery and supporters who share their journeys

Audience-Specific Information

- **Treatment Providers and the Recovery Community: People Who Change Lives**
- **Families: The Unsung Heroes of Recovery**
- **Faith-Based Organizations: How Faith Leaders Can Help People on a Path of Recovery**
- **Employers: How the Workforce Can Foster a Recovery Environment**
- **Civil Service Workers: How Local and State Government and Justice Personnel Make a Difference**



Promotional Event Ideas and Publicity Tips

National Alcohol and Drug Addiction Recovery Month (Recovery Month) offers the opportunity to celebrate those in long-term recovery and encourage others to seek treatment. You can bring **Recovery Month** to life in your community by organizing special events in September to promote treatment and recovery from substance use disorders. You can use them to attract attention and support from the community, including legislators, business leaders, and the media.

Theme Pointers: The **Recovery Month** theme, **“Join the Voices for Recovery: Real People, Real Recovery,”** is the unifying force behind the entire 2008 **Recovery Month** campaign. This theme emphasizes the value that treatment of substance use disorders has on individuals, their families, and the community. Ensure that the theme is prominently displayed on event materials, highlighted in any pre-event media outreach, and mentioned throughout the event.

The 19th Annual **Recovery Month** Will:

- Celebrate people in long-term recovery and showcase how it empowers, motivates, and gives everyone a renewed outlook on life
 - Educate community members about substance use disorders, the effectiveness of treatment, and the realistic possibility of recovery
 - Stress that substance use disorders are chronic diseases and should be treated as such
- Emphasize that individualized treatment helps people on a road to recovery

You can spread these messages by planning community roundtables, media events, and other promotional activities that will attract a wide, diverse audience. **Recovery Month** Webcasts are available to play at local events. These educational multimedia tools raise awareness about the diverse issues that affect people in long-term recovery. Webcasts can be obtained by visiting www.recoverymonth.gov and clicking on the “Multimedia” tab.

Snapshots of Successful **Recovery Month** Events

Recovery Month events have brought together communities across the country. Many organizers learn from each other how to effectively raise awareness about substance use disorders and celebrate people in long-term recovery. Ideas and examples are available on the **Recovery Month** Web site at www.recoverymonth.gov. The following are just a few events held in **Recovery Month** 2007:

- The 23rd Annual Block Party, Music, and Art Festival, held in Los Angeles, CA, was the oldest recovery festival in Los Angeles County. It was started by the residents of the Beacon House Association of San Pedro, a residential treatment program for men. The two-day festival included live entertainment, music, dancing, food, games, prizes, and more. Admission was free and the event encouraged family participation. Approximately 3,000 members of the community attended.
- Recovering Ourselves to Win, a medium-sized event held in Georgia and sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), was a community awareness event that featured information



distribution, giveaways, and drumming performances for recovery. The event was held in conjunction with the Atlanta Hong Kong Dragon Boat Festival and led by the Georgia Asian Pacific Islander Community Coalition.

- **Recovery Month** events do not have to be large to thrive. The Substance Abuse and Addiction Recovery Alliance (SAARA) of Central Virginia held a forum—with approximately 60 people in attendance—on the “Stigma of Addictions.” The event cost \$20, which included a 1-year membership to SAARA. All proceeds went to support the SAARA Recovery Assistance Fund.

Nine Tips for Successful Event Planning

1. **Streamline your event**, keeping in mind the audience and theme. Examples of successful events include runs/walks, family picnics, luncheons, and community roundtables.
2. **Organize a comprehensive participant and speaker list**. Remember to provide confirmed speakers with an agenda and time limit for their remarks, instructing them to keep their speeches brief. If possible, obtain copies of their remarks ahead of time to ensure that many perspectives are showcased and no topic is repeated.
3. **Set your event date around other Recovery Month activities** so you can strengthen and collaborate with the activities of other organizations. Cross-check your events with others, locally and nationwide, on the **Recovery Month** Web site at www.recoverymonth.gov by clicking on the “Community Events” link. You also can look at the calendar of events listed by SAMHSA’s Health Information Network (SHIN) at www.SAMHSA.gov/calendar/calendar.aspx. Post your event information on the **Recovery Month** Web site at www.recoverymonth.gov to increase exposure.
4. **Be accessible** and choose a location that will easily accommodate members of the media and those with special needs. Examples include public parks or buildings, or open spaces at treatment or recovery support centers. To maximize photo opportunities, make sure your location is visually appealing and can be identified without trouble.
5. **Secure a back-up venue**, especially if your event is taking place outdoors. Make sure to include the rain date and/or alternative locations in your correspondence with attendees, speakers, moderators, and the media. If this is not possible, make sure you communicate that the event will take place rain or shine.
6. **Plan for a back-up speaker**, in case your keynote speaker becomes sick or has a last-minute scheduling conflict.
7. **Create a “run of show,”** or schedule, for your event to share with the speakers, moderators, and other participants. Ask that they arrive at least a half-hour early and designate a private space where they can prepare.

8. **Plan for media interviews** by ensuring that each speaker has a firm grasp of your organization’s talking points—a list of points created by the organization to convey a coherent and unified message. For *Recovery Month* talking points, you can refer to the “Media Tips” document in this planning toolkit.
9. **Check all audiovisual equipment** an hour before your event to make certain it’s working properly, in the correct place, and that those in charge know how to use it.

One Example—Plan a Run/Walk Event

An excellent family-oriented method to celebrate people in long-term recovery and their supporters is to host a run/walk event. This event can include appearances and speeches by local officials and people in long-term recovery. Below are some tips to organize a successful run/walk event:

- Sit down with key people to get things going. You might consider partnering with other organizations or a media outlet to use all available resources.
- Set a date—rain or shine. Choose a starting time and determine the length and route of the race.
- Decide how many participants your staff can realistically handle. An event with several thousand runners or walkers is vastly different than one with several hundred. The more participants, the more spectators come to watch. Be sure to recruit volunteers to help with crowd control and other race day activities.
- Set a registration fee, if needed, to help offset costs and raise money. You can either make participation in the event completely free of charge or offer the opportunity to fundraise for a local treatment center.
- Hold a planning meeting to establish procedures and discuss policies for registration, media and publicity, volunteers, safety, traffic management, first aid, and other services such as food, restrooms, accommodations, cleanup, and entertainment.
- Approach potential sponsors to help finance and add name recognition to the event. Contact an athletic or sporting-goods store, a running club, and/or local foundations and businesses that support healthy lifestyles. Solicit corporate donations for water, energy bars, other snacks, and sports drinks to be handed out along the route and at the finish line. Sponsors will likely want to promote their products with giveaways such as T-shirts, caps, and water bottles.
- Work with law enforcement agencies to address local ordinances, road closures, traffic barricades, crowd control, and security issues.
- Licenses and permits may be required for street closures or large gatherings in public places. Law enforcement also should be able to help you secure these.
- Spread the word to as many people as possible. Use the media relations strategies on the next page to publicize your event.



How to Get Media Attention

For your **Recovery Month** events to reach the widest possible audience, consider spending a portion of your planning time on media outreach. When inviting the media, include all outlets, such as local broadcast (television and radio) and Internet outlets, along with newspaper reporters. Broadcast outlets may air your activities in their entirety—either live or taped. Consider Webcasting your event through your organization’s Web site to reach a larger group.

Newsworthy activities that may attract community media attention include:

- Athletic events such as a run/walk to celebrate recovery (more details on how to plan a run/walk can be found on page 3)
- Fundraisers or award presentations that honor those who are making a difference in the fight against substance use disorders
- Family picnics and concerts that bring people together
- The opening of a new treatment or recovery support center
- The creation or expansion of a K-12 student assistance program in the local school district for children who have parents with substance use disorders
- A roundtable where community members can express and address concerns and learn from local officials and experts about recovery
- The announcement of a new or expanded support program for people to reclaim their lives through long-term recovery
- A speech and issuance of a proclamation by a local or state government official with a photo opportunity during the signing

Media Coverage Fact: There are certain basics to planning an event that will likely attract more media attention. This can include involving prominent community figures, distributing useful materials, alerting the media in advance, and following up often.

Involving local celebrities or prominent figures from the community also should attract media attention. Plan ahead by creating a roster of influential speakers and, before inviting them, research who would have the most compelling story to share. Participants who might draw media attention include:

- People in long-term recovery or affected by a loved one’s substance use
- Citizens who have assisted others in their quest for recovery
- Members of Congress
- State legislators
- City council members
- Mayors
- Governors
- Well-known community leaders

Event Publicity Pointers: Select a location that is easily accessible to participants and members of the media. Send local reporters a media advisory in advance of the event and send your press release the morning of the event. Monitor media coverage by collecting news clips and checking with the publications to obtain their permission to distribute the clips to the public through your Web site or newsletter. Additional information about working with the media can be found in other sections of this toolkit.

Start the event with a person in long-term recovery saying a few words of introduction. This year’s **Recovery Month** theme, **“Join the Voices for Recovery: Real People, Real Recovery,”** emphasizes the importance of real people telling their stories of long-term recovery and the positive impact it had on their lives. If people in recovery speak at your event, they can share their experiences without violating the “anonymity” clauses of some mutual support groups. Many of these groups encourage members to share their stories as long as their membership in that particular group is not disclosed. As part of your planning process, let speakers know in advance if media will be invited so they can preserve their anonymity. Be sure to inform the media about the traditions of anonymity.

By providing members of the media with comprehensive and accurate information about recovery, your event, and your organization, you can help them develop a more well-rounded story. Samples of materials are included in this planning toolkit, along with tips for speaking with the media. Materials to distribute should include:

- Media advisory and news release
- Speaker biographies and photos
- Fact sheets about substance use disorders, **Recovery Month**, and your organization
- Proclamations issued in observance of **Recovery Month**
- Contact information for a spokesperson in your organization who can respond to media inquiries



Invite local media. Send a media advisory to reporters before the event and fax or e-mail a news release the morning of it. Templates for both documents and tips on how to identify proper contacts are included in this planning toolkit. Many television affiliates have an online calendar of local events that community members find valuable, so you could post your event details in advance.

Follow up with the media. At the event's conclusion, you should allow time for a question-and-answer session and encourage reporters to interview the featured speakers. Also, in the days following the event, call or e-mail reporters to ask if they need additional information or have any further questions, unless they have asked not to be contacted afterward. Finally, be sure to send a thank-you note to those who spoke at your event.

Check for media coverage in the days and weeks following the event. For future use in promotional materials, collect news clippings that mention your event. Before distributing any clips on your Web site or to members of your organization, check with the media outlet and the author to obtain their permissions. Please send samples of your media materials and clips to SAMHSA's Center for Substance Abuse Treatment (CSAT) using the address included at the end of this document. Your materials help us compile valuable information about the kinds of tools your organizations need in future years, as well as gauge the success of the campaign.

Other Activities that Will Spread *Recovery Month* Messages

The following is a list of additional activities, events, and promotional ideas that can work on their own or as a supplement to the events mentioned earlier in this document. Selecting a variety of these activities will make your campaign comprehensive and cohesive.

Articles – Write a short article illustrating the advantages of treating substance use disorders and the importance of recognizing those in long-term recovery and their families. Include a Web site or telephone number where people can find more information—or locate a treatment or recovery support center. Use this article as part of your media outreach for your *Recovery Month* events and post it on your Web site. For more tips on writing and disseminating articles for *Recovery Month*, please refer to the document titled "Writing and Submitting an Op-Ed" in the "Media Outreach" section of this planning toolkit.

Athletic Activities – Work with schools, teams, and coaches at the high school or college level to educate students about the dangers of steroids and other illegal—or legal—performance-enhancing substances. Some *Recovery Month* activities have been staged at amateur, semi-professional, or professional sporting events. Coordinate a run/walk, marathon, sports tournament, or similar event that encourages a healthy lifestyle.

Banners/Ads – Place banners or advertisements promoting September as *Recovery Month* in your community's most visible areas, such as popular parks, intersections, lobbies of busy office buildings or shops, outdoor billboards, and public transportation signs. Keep in mind that advertising costs may be associated with prominent displays. You also can add an electronic image of *Recovery Month* to your organization's Web site and link to the *Recovery Month* Web site by downloading a banner at www.recoverymonth.gov.

Exhibit Booths and Health Fairs – Set up a booth at a local hospital, community center, festival, health fair, or wellness event to disseminate pamphlets about effective treatment options and related subjects. If you are looking for more active participation, coordinate with other organizations to sponsor a health fair that addresses multiple health issues. Be sure to solicit booths by local treatment centers, mutual support groups, faith-based organizations, and other service organizations that can offer information about how they assist members of your community. Encourage families and children to attend the fair by offering health-related games and giveaways. SHIN has many helpful hand-out materials for these types of events. To order materials, call 1-800-662-HELP or visit the Web site at www.SAMHSA.gov/SHIN.

High School Assemblies – Coordinate with principals and counselors at local high schools to organize assemblies that discuss substance use disorders, warning signs, the difficulties of living with a person with these disorders, and the hope and effectiveness of treatment. Educate students about how long-term recovery can restore the health of the individual, family, friends, and the community, and how it can give people a renewed outlook on life. Explain that there are effective treatment options specifically designed for young people and support programs for youths living with family members with substance use disorders. Invite teens in recovery to share personal anecdotes at assemblies, but first consult each school's and district's guidelines regarding the sharing of sensitive and personal information by the students and, if the youth is a minor, obtain parent and/or guardian consent.

High School or Local College Essay Contest – Work with social workers, advisors, or counselors to have students submit essays about the impact of long-term recovery on their lives, either through their own experiences or that of a person close to them. Establish criteria for judging the entries and reward winners with a scholarship to further their education.

Media Sponsorships – Ask local media outlets to sponsor your *Recovery Month* event by featuring their logo on your promotional materials. A media sponsorship enhances the credibility of your event by showing local support and also can help increase media coverage. Typically, only one media outlet will sponsor your event; however, the sponsorship of the event will raise the profile of your program and will make it more likely that other outlets will cover the event.

Radio Outreach – Coordinate with a local radio DJ, public affairs director, or station manager to promote your *Recovery Month* event and mention key messages about your organization on the air. You also can distribute the live-read radio public service announcement (PSA) scripts included in this planning toolkit. Radio is an important and powerful tool because most stations appeal to specific audiences. By marketing your event to a specific population, you are taking advantage of a great opportunity to interest different groups in your event. Lastly, you can order pre-recorded radio PSAs to disseminate to local radio outlets by e-mailing recoverymonth@iqsolutions.com or calling 240-221-4361. Open-ended television and radio PSAs are available to tailor to your local community.

Recovery Weekend – Reach out to faith leaders and clergy for a "Recovery Weekend." This is an opportunity for religious leaders of all denominations to make recovery part of their sermons/homilies. Discuss the importance of early intervention, treatment, and recovery and how it can have an influence on individuals, family members, religious organizations, and the entire community. Faith leaders can help their congregations better understand substance use disorders and dispel many myths and stigmas associated with recovery. They can provide materials for congregants in need of help, using pamphlets and posters that are available at www.SAMHSA.gov/SHIN. Invite clergy in long-term recovery to share their stories, if possible.



Webcasts – *Recovery Month* Webcasts are available to download or order by visiting www.recoverymonth.gov and clicking on the “Multimedia” tab. These informative programs can be played at *Recovery Month* events to educate people on the different issues surrounding substance use disorders.

Workplace Partnerships – Urge local employers to promote *Recovery Month* to their employees. Ask them to display *Recovery Month* posters in high-traffic areas. Employers can host seminars that discuss programs and assistance offered by their company to their employees in need of treatment or recovery support and their family members. Employers also can have their insurance providers present about the benefits available to employees or have a physician talk about the effects of addiction on the individual and family.

Make sure that for all planned activities, your materials include phone numbers, e-mail addresses, and Web sites where people can get additional information regarding treatment programs and recovery services.

Share Your Activities and Successes

Share your *Recovery Month* plans and activities with SAMHSA and the Center for Substance Abuse Treatment (CSAT), along with the general public. Post them on www.recoverymonth.gov to generate momentum for the campaign, which will touch millions of people who are affected by substance use disorders.

Share community success stories and other outreach efforts during *Recovery Month* by completing the “Customer Satisfaction Form” in this planning toolkit. Instructions are included on the form.

Share samples of your organization’s *Recovery Month* promotional materials with:

Office of the Director, Consumer Affairs
SAMHSA’s Center for Substance Abuse Treatment
1 Choke Cherry Road, Second Floor
Rockville, MD 20857

About *Recovery Month* and Substance Use Disorders

- **Sample materials** from this kit are available electronically at the *Recovery Month* Web site at www.recoverymonth.gov.
- **For additional *Recovery Month* information**, visit the Web site or call 1-800-662-HELP.
- **Substance use disorder, treatment, and recovery information** is available at SAMHSA’s Web site at www.samhsa.gov.
- **Information on treatment options in your area** and the special services available can be found at www.findtreatment.samhsa.gov, a searchable database of more than 11,000 U.S. treatment facilities.



Media Tips: How to Speak with the Media

When reaching out to the media to promote your *National Alcohol and Drug Addiction Recovery Month (Recovery Month)* activities, you may find opportunities to speak with the media. This year's *Recovery Month* theme is "*Join the Voices for Recovery: Real People, Real Recovery*," and is a perfect opportunity for people in long-term recovery to share their stories and the positive impact of recovery with the media. All reporters, editors, and producers from both print and broadcast outlets conduct interviews to enhance and better develop their stories.

Media Interview Facts: Interviews provide reporters with background information to develop their stories and direct quotes that can be attributed to you or your organization. Your interview is a time to answer questions, but it also is your opportunity to tell your story and present your message. This is **your interview**.

Six Tips to Remember Before a Media Interview

- 1. Research and remember your audience.** Before the interview, explore the publication or broadcast outlet, the reporter, and the subjects he or she covers to prepare for what the reporter might ask. During the interview, avoid using jargon, terms, and/or acronyms unfamiliar to those outside the field. Be prepared to explain basic facts about substance use disorders, treatment, and recovery.
- 2. Simplify your statements.** Reporters do not have time to sit through lengthy statements, so prepare three to four key points to get across and stick to them. See the sample key messages about *Recovery Month* at the end of this document for assistance in crafting your own messages.
- 3. Repetition is paramount.** Not only is it okay to repeat your key messages, it's necessary. If you walk away thinking that you have over-emphasized your point, give yourself a pat on the back.
- 4. Be knowledgeable and helpful.** Position yourself as an expert by providing as much information as you can about *Recovery Month*, substance use disorders, and recovery for people and their families. Ensure that everything you tell the reporter is supported by factual evidence that you can provide to the reporter afterward, if requested. If you are unable to answer a reporter's question, offer to find out quickly or provide additional sources and experts.
- 5. Practice, practice, practice.** Rehearsing before the interview will enable you to answer questions more clearly. Also, prepare a list of expected questions and answers in advance and practice answering each one thoroughly.
- 6. Adhere to anonymity traditions.** People willing to come forward about their experiences in long-term recovery can speak with the media without violating the "anonymity" clause of some mutual support groups. Many groups permit sharing stories as long as membership is not mentioned. Be sure to inform the media about the reasons for anonymity.

Strengthening Your Interview: Local reporters are interested in information specific to their communities. For this, contact your state's Single-State Agency listed in the "Resources" section of this planning toolkit. State and some local information also are available from the Substance Abuse and Mental Health Service Administration (SAMHSA). SAMHSA's *National Survey on Drug Use and Health* provides national and statewide drug use statistics, the *National Survey on Substance Abuse Treatment Services* profiles state facilities, and the *Treatment Episode Data Set* is a resource for national and statewide demographic data, including commonly misused drugs. For more information, visit <http://oas.samhsa.gov/geography.cfm>.



Key *Recovery Month* Points to Convey During Interviews

You can adapt the following messages to discuss with reporters during interviews:

1. [Organization name] is holding a [event] on [date / time] at [location] to [share the importance of substance use disorder treatment and the renewed outlook on life that a commitment to recovery can offer / inspire people in need of treatment to seek help / convince our community's leaders to fund more treatment centers] so that more of [city's] residents will support those in need of treatment and their families. [(Local percentage) of city's residents / 9.2 percent of people nationwide] have a substance use disorder, yet only an estimated [(local number) / 1.6 percent of the population] receive treatment.
2. [Organization name]'s activities coincide with the 19th annual observance of **National Alcohol and Drug Addiction Recovery Month (Recovery Month)**. Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services, **Recovery Month** is a nationwide celebration of people in long-term recovery from substance use disorders, their family's recovery, and the treatment providers who helped them.
3. This year's **Recovery Month** theme, "**Join the Voices for Recovery: Real People, Real Recovery,**" showcases true stories of people who have journeyed through treatment and long-term recovery—emphasizing that individualized treatment is effective. Whether people aim to regain success in the business world or rekindle a connection with their family, recovery can help them achieve their goals.
4. Recovery programs, such as [specific programs in your community], provide a broad range of treatment services and offer various care options. Frequently, people need family counseling, job training, or assistance paying for services, and these programs can help connect people with the services they need. A person who has access to treatment can reclaim a healthy and productive life, bring healing to the family, and will help [city] prosper.

Share Your Activities and Successes

Share your **Recovery Month** plans and activities with SAMHSA and the Center for Substance Abuse Treatment (CSAT), along with the general public. Post them on www.recoverymonth.gov to generate momentum for the campaign, which will touch millions of people who are affected by substance use disorders.

Share community success stories and other outreach efforts during **Recovery Month** by completing the "Customer Satisfaction Form" in this planning toolkit. Instructions are included on the form.

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Writing a Media Advisory

National Alcohol and Drug Addiction Recovery Month (Recovery Month) events highlight stories of long-term recovery and the importance of sustaining hope of its possibility. A key to an even wider audience for this campaign is attracting media interest for your events. This will enable your organization to tell the story of **Recovery Month** and raise interest in issues surrounding substance use disorders, treatment, and recovery.

A media advisory is the primary tool for informing reporters about your upcoming events and why they should be there. It is a glimpse of what the event will entail and, hopefully, will compel the media to attend.

Media Advisory Facts: A media advisory is short, no longer than a page. It should focus on the “*who, what, when, where, and why*” and include the contact information of a point person for the organization for further inquiries.

Media Advisories: Only the Basics

When crafting a media advisory to promote your **Recovery Month** events, follow these suggestions:

- **List just the facts**—keep it to one page. This will be the most straightforward format for reporters to read and take away the most relevant information.
- **Summarize your event in one sentence.** It should be concise and include background on your event, why the issues covered are relevant to your community, and why the media should be interested.
- **List all the details of the event**—what it is, where it will be held, the date and time it will begin, and who is participating. Here, make note of local celebrities, policymakers, or high-profile sponsors who are speaking or appearing. The more name recognition you have, the more likely media will be interested.
- **Remember to include** a contact name, a telephone number, and an e-mail address that reporters can use to ask questions before or after the event.

Resources to Help You Write a Media Advisory

- **The media advisory template** at the end of this document can be adapted to fit the nuances of your event. Make sure you edit the placeholders in the brackets as necessary. Electronic versions of these materials and other templates are available on the **Recovery Month** Web site, www.recoverymonth.gov.
- **The 2006 National Survey on Drug Use and Health: National Findings**, published by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services, is the premier source for the most recent data on trends of substance use, dependence, and treatment. This survey can be found online through SAMHSA’s Web site at www.oas.samhsa.gov/nsduh.htm.



- **Local information**, which you can obtain by contacting the Single-State Agency (SSA) in your state, will help you customize and localize your advisory even further. Refer to the SSA Directory in the “Resources” section of this planning toolkit. State and some local information also are available from SAMHSA. SAMHSA’s *National Survey on Drug Use and Health* provides national and statewide drug use statistics, the *National Survey of Substance Abuse Treatment Services* profiles state treatment facilities, and the *Treatment Episode Data Set* is a resource for national and statewide demographics data, including commonly misused drugs. For more state and local information, visit <http://oas.samhsa.gov/geography.cfm>. Information on treatment facilities in your area can be found at www.findtreatment.samhsa.gov or by calling 1-800-662-HELP.

Three Tips for Distributing a Media Advisory

1. **Place your media advisory in “daybooks” and “week-ahead” columns in advance.** A “daybook” is a daily listing of all activities that media are invited to attend and is not available to the general public. On the other hand, “week-ahead” columns are listings published in local newspapers and business publications that have the ability to reach a wider audience.

Calling or e-mailing the reporters or editors of local newspapers and business publications that feature upcoming events in the community is a great way to request placement of your advisory in their week-ahead columns or calendar listings. This will bring your events to the attention of community members, in addition to the media, and will encourage them to attend.

2. **Create a media list** to organize information about reporters. A media list is a useful tool that will help you develop and keep an up-to-date, organized list of all the reporters whom you wish to contact. The list should include the name of the outlet, contact names, phone numbers, addresses, fax numbers, e-mail addresses, and “beats” or topics they typically write about.

A media list also will be useful when distributing a press release, which will contain more information about your *Recovery Month* events and key facts about new trends in substance use and treatment. For more information on press releases, see the “Writing an Effective Press Release” document included in this planning toolkit.

Keep in mind specialized media, such as African-American, Hispanic/Latino, and other minority newspapers or radio stations for your media list. Other outlets to consider including are:

- University/college newspapers
- Television, cable, and radio stations
- Small community papers or neighborhood newsletters
- Publications or newsletters produced by local organizations, such as businesses, hospitals, women’s centers, health care clinics, professional associations, mental health organizations, church and other faith-based institutions, grocery and drug stores, and local civic clubs

Daybook and Week-ahead Facts: To find daybooks and week-ahead columns, use search engines online to look up newswire services, such as Reuters and Associated Press. Call their closest bureau and ask for information on how to submit an item, including how far in advance they need your advisory. Some national media services, such as PR Newswire, charge for their services, so inquire before posting.

Media List Fact: Gather information on all types of media outlets (print, television, radio and online) using the media directories at your local library or bookstore (Bacon’s directories, the *Yellow Book*, and Gebbie’s *All-In-One Directory* are examples). Use this information to compile a list to keep all your notes in one place.

Once you have compiled your list of media outlets and reporters, call the outlet's switchboard or receptionist to confirm the reporters' contact information and determine if any other editors or reporters, such as health care reporters, would be interested in attending your **Recovery Month** event. Other important information to ask is each reporter's preferences about what time of day and how far in advance of the event he or she wants to be called, as well as the method of contact preferred; today, most reporters prefer e-mail. Use the contact information to submit your media advisory, asking to place your information on the newswire or local paper's daybook the week before, the day before, and the day of the event.

- 3. Make follow-up calls to reporters** after you e-mail or fax your media advisory. Ask if they received your e-mail or fax, if they are interested in attending and/or covering your event, and if they have any initial questions about the event or addiction in general. Being persistent can make a difference in generating media interest.

Reporter Fact: Most reporters are very busy. Remember to respect the reporter's time by being concise. Practice what you will say before you call and prepare in case the reporter answers your call or it goes to voicemail. It will help you feel more comfortable.

Share Your Activities and Successes

Share your **Recovery Month** plans and activities with SAMHSA and the Center for Substance Abuse Treatment (CSAT), along with the general public. Post them on www.recoverymonth.gov to generate momentum for the campaign, which will touch millions of people who are affected by substance use disorders.

Share community success stories and other outreach efforts during **Recovery Month** by completing the "Customer Satisfaction Form" in this planning toolkit. Instructions are included on the form.

Share samples of your organization's **Recovery Month** promotional materials with:

Office of the Director, Consumer Affairs
SAMHSA's Center for Substance Abuse Treatment
1 Choke Cherry Road, Second Floor
Rockville, MD 20857

About **Recovery Month** and Substance Use Disorders

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- **For additional **Recovery Month** information**, visit the Web site or call 1-800-662-HELP.
- **Substance use disorder, treatment, and recovery information** is available at SAMHSA's Web site at www.samhsa.gov.
- **Information on treatment options in your area** and the special services available can be found at www.findtreatment.samhsa.gov, a searchable database of more than 11,000 U.S. treatment facilities.



[Please adapt as needed for your event.]

[Date]

Media Advisory

[NAME OF ORGANIZATION] TO HOLD 10TH ANNUAL 5K RUN/WALK TO CELEBRATE RECOVERY FROM SUBSTANCE USE DISORDERS

An estimated **[(local number) people in (state or community) / 22.6 million people in the United States]** suffer from substance use disorders and every year **[(local number) people in (state or community) / 4 million people nationally]** are able to get help and receive the treatment they need. To celebrate individuals in long-term recovery and their families, and the treatment providers that serve our community, **[organization name]** is hosting the 10th Annual 5K Run/Walk for Recovery.

Kicking off the run/walk will be **[prominent speaker, such as a mayor]**. Also participating in the event are **[names of other high-profile attendees]**. The event will culminate in a rally, including a “Chain of Recovery” featuring participants who have been affected by a substance use disorder in their lives connected to each other to visually show how widespread addiction is.

The run/walk is part of the 19th annual observance of **National Alcohol and Drug Addiction Recovery Month (Recovery Month)** and will address this year’s theme, **“Join the Voices for Recovery: Real People, Real Recovery.” Recovery Month** is a nationwide celebration of people in long-term recovery from substance use disorders who have a renewed outlook on life and the treatment providers who help them reclaim their lives.

WHO: [participants]

WHEN: [date and time]

WHERE: [address of location]

CONTACT: [name and phone number of primary contact for event]

###



Writing an Effective Press Release

As you prepare for the 19th annual *National Alcohol and Drug Addiction Recovery Month (Recovery Month)*, one of the most effective ways to spread the word about your activities is to write and distribute a captivating press release to the local media. The reason to issue a press release—sometimes called a news release—is to offer the media a compelling story to publish about *Recovery Month*, whether they attend your events or not. Ultimately, the goal is to highlight the importance of this campaign and raise awareness of treatment and the benefits of long-term recovery from substance use disorders.

Press Releases: Exciting, Targeted, and Comprehensive

Press Release Facts: Your press release should include information on your organization's most exciting event/activity for *Recovery Month*. If you are planning more than one event, consider sending out separate press releases for each, if they can stand on their own. Otherwise, send one press release along with a fact sheet describing all of the *Recovery Month* activities that you are planning and the target audiences for each event.

Some examples of newsworthy *Recovery Month* events are:

- Holding a run/walk that features a rally with speeches from people in long-term recovery and their families
- Convening a community panel to discuss the medical issues and science surrounding addiction
- Forming a council or task force to determine if the treatment and recovery needs of the community are currently being met by existing services, and what can be done to improve the availability of treatment programs and long-term recovery services
- Conducting a fundraiser featuring a local or national celebrity speaker
- Publicizing the local impact of a national news event, such as the *Recovery Month* kick-off event in Washington, D.C., and offering a local perspective to it
- Announcing the results of a poll or study on substance use disorders, treatment, and recovery
- Honoring local individuals or organizations with a grant or commemorative plaque for their efforts to help those with substance use disorders
- Planning an event to feature a local policymaker or official issuing a *Recovery Month* proclamation

Seven Writing Tips for Your Press Release

1. **Brand your release** – Use your organization's letterhead or the *Recovery Month* letterhead provided in this planning toolkit and on the Web site at www.recoverymonth.gov. If using your own, remember to include the logos of the event's partnering organizations.



2. **Emphasize the most important details** – Begin with a headline in all CAPS that summarizes the release and engages the media. The first paragraph should answer the five basic questions about what you are publicizing for **Recovery Month**: who, what, where, when, and why.
3. **Be captivating, yet concise** – A press release should not be longer than three pages, and two-page releases that are short and to the point are preferable. If applicable, start with a one-sentence summary of your event. It should be a brief explanation about why your event is taking place, why it is relevant to your community, and why it is newsworthy. Reporters can see hundreds of releases a week, so make yours stand out. Remember to mention the theme of **Recovery Month 2008**, which is **“Join the Voices for Recovery: Real People, Real Recovery.”**
4. **Highlight local activities and facts throughout the release** – Local media outlets and audiences are most interested in what is happening in your community during **Recovery Month**. With that in mind, include local statistics about the number of people in your state or region who suffer from substance use disorders, as well as the number of families affected (if available), and quote experts with name recognition in the community. Contact your Single-State Agency (SSA) to find local statistics for your state or city. The contact information for all the SSAs can be found in the “Resources” section of this toolkit.
5. **Examine the language that you use** – Avoid using slang, acronyms, and/or jargon, and if necessary, give clear and concise explanations of complicated terms. Spell out acronyms the first time you use them, with appropriate abbreviations appearing in parentheses directly after. The abbreviation can be used after this point.
6. **State the facts, quote the opinions** – Opinions should be written in direct quotes **only**. The body of the release should be similar to a typical news article you read in your local newspaper; this will make it easier for the media to use the release. When quoting an individual in your **Recovery Month** release, it is essential to obtain his or her approval before distributing.
7. **Monitor for accuracy** – Be sure to verify all spelling, statistics, names, and titles in your press release.

Formatting Pointers: At the top of the first page, include the name, phone number, and e-mail address of a knowledgeable contact who will be readily accessible, able to respond to media questions, and can refer media to other spokespeople who can provide additional information. Begin the release with the name of your city and the date that the release is disseminated, similar to any story you would find in your local paper. If it is longer than one page, write “MORE” at the bottom center of each page; the end of the release should be marked by typing “###” centered below the last sentence.

Tools to help you customize your release include:

- **The press release template** at the end of this document can be adapted to fit the unique requirements of your event and organization. Make sure you edit the placeholders in the brackets as necessary. Electronic versions of these materials and other templates are available on the **Recovery Month** Web site at www.recoverymonth.gov.
- **The 2006 National Survey on Drug Use and Health: National Findings**, published by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services, is the premier source for the most up-to-date trends on substance use and treatment. This survey is available through the SAMHSA Web site at www.oas.samhsa.gov/nsduh.htm.

- **Local statistics**, which can be obtained from the Single-State Agency (SSA) in your state, can help you customize your release even further. The press release template in this document gives you the option to fill in the placeholders with local information or use national statistics. If possible, try to seek out local information, as the media is more likely to publish something that is relevant to your specific community. Refer to the SSA Directory included in the “Resources” section of this toolkit. State and some local information are also available from SAMHSA. SAMHSA’s *National Survey on Drug Use and Health* provides national and statewide drug use statistics, the *National Survey of Substance Abuse Treatment Services* profiles state treatment facilities, and the *Treatment Episode Data Set* is a resource for national and statewide demographic data, including commonly misused drugs. For more state and local information, visit <http://oas.samhsa.gov/geography.cfm>. Information on treatment facilities in your area can be found at www.findtreatment.samhsa.gov or by calling 1-800-662-HELP.

How to Share a Press Release with the Media

For help with your press release distribution, follow the media list and distribution instructions in the “Media Advisory” document in this planning toolkit. Develop a media list of reporters who may be interested in covering the story and use it to distribute the press release the morning of the event.

Persistence is key. Make follow-up calls to encourage the media to write or produce a story, and also to attend the event. Try to schedule an interview with an official of your organization before your event to provide additional information and background on the subject and your organization. After your event, collect samples of any resulting media coverage to document your outreach efforts and use in additional promotional materials.

Distribution Pointers: You can distribute your release to local print, broadcast, and Internet media by fax or e-mail the morning of your *Recovery Month* event. Also, ensure that it is included in any materials you distribute at the event.

Share Your Activities and Successes

Share your *Recovery Month* plans and activities with SAMHSA and the Center for Substance Abuse Treatment (CSAT), along with the general public. Post them on www.recoverymonth.gov to generate momentum for the campaign, which will touch millions of people who are affected by substance use disorders.

Share community success stories and other outreach efforts during *Recovery Month* by completing the “Customer Satisfaction Form” in this planning toolkit. Instructions are included on the form.

Share samples of your organization’s *Recovery Month* promotional materials with:

Office of the Director, Consumer Affairs
SAMHSA’s Center for Substance Abuse Treatment
1 Choke Cherry Road, Second Floor
Rockville, MD 20857



About *Recovery Month* and Substance Use Disorders

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- **For additional *Recovery Month* information**, visit the Web site or call 1-800-662-HELP.
- **Substance use disorder, treatment, and recovery information** is available at SAMHSA's Web site at www.samhsa.gov.
- **Information on treatment options in your area** and the special services available can be found at www.findtreatment.samhsa.gov, a searchable database of more than 11,000 U.S. treatment facilities.

SAMPLE PRESS RELEASE



MEDIA OUTREACH

[Please adapt as needed for your event.]

FOR IMMEDIATE RELEASE

Contact: [Name – *Must be a person who is available to answer questions from the media*]
[Phone Number – *Include cell phone number if the person is not always available at the office*]
[E-mail Address]

Sample headline: [NAME OF ORGANIZATION] TO HOLD 10TH ANNUAL 5K RUN/WALK TO CELEBRATE REAL PEOPLE IN RECOVERY FROM SUBSTANCE USE DISORDERS

**[(Local number) people in (state or community) / 22.6 million people nationally]
are affected by substance use disorders**

[city, state], [date] – For the [(local number) people in (state or community) / 22.6 million people in the United States] who suffer from substance use disorders, asking for help and finding treatment is essential to getting back to a healthy, fulfilling life through recovery. In celebration of the [(local number) people in (state or community) / 4 million people nationally] who receive treatment and pursue recovery every year, [organization] is hosting the 10th Annual 5K Run/Walk for Recovery.

This community event highlights the stories of real people in [state or community] who have been affected by addiction and have made a step toward long-term recovery. [Organization] hopes that by bringing together the individuals, their families, and treatment providers who have helped them achieve recovery, they can further support and encourage others on a road to recovery.

“By assisting those in need of treatment onto a path of recovery, we not only aid them in regaining their lives, but also can help their families on a path of their own recovery from addiction’s impact, which will benefit the entire community,” said [name of a prominent local official], who will speak at the starting line about how community members can support people and affected family members seeking treatment for and recovery from substance use disorders. The event culminates in a rally, including a “Chain of Recovery” featuring participants who are in long-term recovery or have been affected by a substance use disorder in their lives connected to each other to visually show how addiction and recovery have touched so many peoples’ lives.

The 2008 *National Alcohol and Drug Addiction Recovery Month (Recovery Month)* theme is “*Join the Voices for Recovery: Real People, Real Recovery*” and will celebrate those in recovery who have a renewed outlook on life and the treatment and recovery support providers who help them in treatment and recovery. *Recovery Month* is a nationwide celebration of people in long-term recovery from substance use disorders and their families, and is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. Sponsored by [name and brief description of your organization], the 5K Run/Walk is part of this 19th annual observance of *Recovery Month*.

-MORE-



“Treatment for substance use disorders is effective and necessary to sustain a healthy and productive society,” said **[spokesperson, title, organization]**. “Substance use disorders take an enormous toll on our community and it is time that we support those who need our help. Real people in our community are affected by substance use disorders. The renewed hope that springs from long-term recovery truly can make a difference in helping more families get healthy.”

[Organization name] Plans Myriad of *Recovery Month* Activities

Every September, ***Recovery Month*** spreads awareness of how important it is to make treatment accessible and to support those in recovery with a variety of events. This year, **[organization name]** has planned these additional ***Recovery Month*** events:

- **[A fundraising dinner]** will be held on **[date/time]** at **[location]** to raise money for new substance use disorder treatment programs for local residents and support programs for affected children, family, and friends. This event will feature **[speaker]**, whose personal story about how long-term recovery renewed **[his or her]** outlook on life inspires the entire community. Anyone from the community who is able may attend and contribute to the fund.
- Educational materials will be distributed **[explain where, how, and starting when, such as mailing date or a specific date at health fairs]** to help families, community members, employers, and faith-based organizations become more knowledgeable about substance use and mental disorders. The materials will provide information on treatment programs and community-based recovery support programs that are offered to employees, affected families, and friends.

About *Recovery Month*

During ***Recovery Month*** each September, communities across the country join together to help people recognize that substance use disorders are treatable diseases. Participating in treatment and/or recovery programs for substance use disorders is as effective as receiving treatment for other chronic conditions—yet nearly 21.1 million people needed but did not receive treatment at a specialty facility in the past year in 2006, according to the 2006 ***National Survey on Drug Use and Health: National Findings***. One year after treatment, people report a significant reduction in their alcohol and drug use, increases in employment and income, and decreases in homelessness.

Throughout September, events nationwide encourage communities, civic leaders, employers, treatment and prevention organizations, faith-based organizations, and the recovery community to address the continued need for treatment, overcome the barriers that prevent people from seeking help, and ensure access to local treatment facilities.

###



Writing and Submitting an Op-Ed

One media tool that is effective in raising awareness about **National Alcohol and Drug Addiction Recovery Month (Recovery Month)** is an “opposite editorial,” or “op-ed.” Op-eds are a compelling and expressive method of presenting points of view by experts and people in the community, while supported by facts and figures. This approach to promoting **Recovery Month** gives you the opportunity to personally address substance use disorders, treatment, recovery, and the renewed outlook on life that can result from a commitment to long-term recovery. You also can showcase this year’s theme, “*Join the Voices for Recovery: Real People, Real Recovery.*”

Op-ed Fact: Writing an op-ed turns you into the columnist and allows you to express your views and present the importance of supporting those in recovery.

Eight Tips to Help You Write Your Op-ed

1. **Stick to a single idea** to effectively persuade readers and keep their attention focused on the most important issues.
2. **Use a local story of recovery** to add a personal touch to your op-ed. If possible, also include a family member’s healing journey. Referring to a local or national event recently in the news also can help bring your story to life.
3. **Plan out your op-ed** to stay focused and keep it structured.
4. **Speak your mind.** You are being asked to contribute because you have something important to say.
5. **Back up your opinions** with up-to-date facts that are relevant to both the field and your community. Statistics or study results add credibility to your argument, but try not to overwhelm readers by burying your story in numbers.
6. **Be concise and captivating** by using short, yet compelling, words. Newspapers are written for readers at a fifth-grade level, so remember to avoid using terms and acronyms unfamiliar to those outside the field. Also, do not write more than 600 words; if possible, keep it to 500 words.
7. **Consult the *Recovery Month* planning partners** from your state or local area for resources or quotes. See the list of *Recovery Month* partners included in the “Resources” section of this planning toolkit.
8. **Include** your full name and a brief description of who you are and what you do at the end of the op-ed, illustrating what makes you an expert on the subject that you are writing about. Make sure to include contact information with your submission.

Resources to help you write your op-ed include:

- **The op-ed template** at the end of this document, which can be adapted to fit the nuances of your story. Make sure you edit the placeholders in the brackets as necessary. Electronic versions of these materials and other templates are available on the **Recovery Month** Web site at www.recoverymonth.gov.



- **The 2006 National Survey on Drug Use and Health: National Findings**, published by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. This is the premier source for up-to-date national trends on substance use, dependence, and treatment, and it is available on the SAMHSA Web site at www.oas.samhsa.gov/nsduh.htm. This survey also includes state-related information, which is available at www.oas.samhsa.gov/states.cfm.
- **Local information**, which you can obtain by contacting the Single-State Agency (SSA) in your state to customize your op-ed even further. Refer to the SSA Directory in the “Resources” section of this toolkit. State and some local information also are available from SAMHSA. SAMHSA’s **National Survey on Drug Use and Health** provides national and statewide drug use statistics, the **National Survey of Substance Abuse Treatment Services** profiles state treatment facilities, and the **Treatment Episode Data Set** is a resource for national and statewide demographic data, including commonly misused drugs. For more state and local information, visit <http://oas.samhsa.gov/geography.cfm>. Information on treatment facilities in your area can be found at www.findtreatment.samhsa.gov or by calling 1-800-662-HELP.

Placement Pointers: Start early when submitting to your local newspaper. Many papers receive up to 500 submissions a week, so it helps to be ahead of the submission deadline. Call the paper about two months before **Recovery Month** kicks off and ask for the name of the editorial page editor. Then, contact that person to introduce yourself and your issue.

Submitting Your Op-Ed

Practice and know exactly what you will say before calling the editor. Tell the editor that you are interested in submitting an op-ed during **Recovery Month** in September and ask about any specific guidelines (such as word count or submission deadlines). Also, it helps to ask for guidance that would help ensure placement, such as specific topics that would be of interest to their readers, including personal long-term recovery stories or specific research. When you call, be respectful of the editor’s time; ask if it is a good time to talk before you start presenting the topic.

Understand the submission guidelines and strictly adhere to them.

Many newspapers prefer submissions via e-mail, fax, or an online form on their Web sites, while some may ask you to send it via U.S. mail. Following their preferences will increase the chances of getting your op-ed placed. When you send your submission, include a cover letter that reminds the editor who you are and reference any previous contact you may have had. Highlight—clearly and concisely—why the subject is important to the newspaper’s readers.

Make a follow-up call approximately one week after submitting your op-ed to give time for the editor to review it. Confirm that the op-ed was received and answer any questions the editor may have. Offer to modify it if the editor has reservations about publishing it or suggestions on making it more compelling.

Share Your Activities and Successes

Share your *Recovery Month* plans and activities with SAMHSA and the Center for Substance Abuse Treatment (CSAT), along with the general public. Post them on www.recoverymonth.gov to generate momentum for the campaign, which will touch millions of people who are affected by substance use disorders.

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- **Information on treatment options in your area** and the special services available can be found at www.findtreatment.samhsa.gov, a searchable database of more than 11,000 U.S. treatment facilities.



Approximately 540 Words: Please Adapt With Your Own Compelling Personal Experiences.

[Date]

The Importance of Individualized Treatment and Recovery For People With Substance Use Disorders

At first I didn't realize I was hurting myself and my family by abusing alcohol and drugs. Eventually, I understood that it had become a dependence—an illness that had taken over my life. But it didn't have to, and I hope my story of long-term recovery helps at least one person in **[community]** obtain the help he or she needs and on a path of recovery. In 2006, there were 22.6 million people aged 12 or older with a substance use disorder in the past year, and they all have stories.

[Details about the author's personal journey through a substance use disorder, treatment, and recovery.]

My story also is a call to action for our community leaders to increase support for people with substance use disorders and their families. By joining together, we can reduce barriers, such as stigma or a shortage of treatment programs. Doing so is well worth the effort. Substance use disorders are medical conditions, and treatment is just as effective as therapies used for conditions such as high blood pressure, asthma, and diabetes. Long-term recovery has changed my life and the lives of those around me and I now **[insert a positive statement about how you are enjoying long-term recovery.]**

I am glad my treatment program was designed specifically for me and that my family got the recovery support *they* need. Substance use disorders affect people in different ways, so it is critical to find an individualized path to recovery. Aligning treatment settings and services with each person's unique background, problems, and needs can help those in recovery regain strength and return to a productive life in the family, workplace, and society.

[Use this paragraph only if local statistics are available.] In our own community of **[city or region]**, **[number]** people suffer from substance use disorders, and countless numbers of them do not receive the same access to health care options they would if they had other chronic disorders, such as diabetes. These people are all around you—your neighbors, colleagues, and others.

Employers, faith-based groups, and policymakers need to understand that treatment is effective and recovery is possible. When doors are open to recovery, more people will seek treatment, reclaim their lives and health, and empower others to change. For example, **[name of facility]** in **[city]** informs our residents of the importance of treatment and encourages people to share personal stories of addiction and long-term recovery.

To promote the healing message of recovery, **[organization name]** is participating in the 19th annual observance of ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)***, a nationwide initiative every September supported by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services. **[Organization name]** is holding a variety of educational events this month to coincide with this year's ***Recovery Month*** theme: ***"Join the Voices for Recovery: Real People, Real Recovery."*** The events in **[city/state]** include: **[briefly list events/activities]**.

By celebrating ***Recovery Month***, you are supporting those already in long-term recovery, like me, and encouraging those in need of help to seek treatment. Learning about these issues will make it easier to break down the barriers to treatment, and you will be investing in the best interests of all those in our community.

[Your full name] is **[insert your title/affiliation or other role in the substance use disorder field]**.



Official Proclamations

Proclamation Facts: Proclamations can be issued by federal government officials, governors, state legislators, or city, county, and town officials. For the last several years, the President of the United States, along with more than 100 governors, mayors, and other officials across the country, have issued *Recovery Month* proclamations.

Local officials' endorsements of your *National Alcohol and Drug Addiction Recovery Month (Recovery Month)* campaign are an important way to increase its visibility. When policymakers endorse the cause, they can attract more people and media attention, ultimately showcasing that treatment and recovery are goals worth sustaining.

In 2007, 146 *Recovery Month* proclamations were issued (see www.recoverymonth.gov/2007/proclamations.aspx for a list of jurisdictions that support *Recovery Month*). For previous years' proclamations, please click on the "Our Successes"

link on the main *Recovery Month* Web site and select the "Highlights and Accomplishments" link.

Writing Your Proclamation

- **Use one of two styles, traditional or modern, outlined in the box to the right when writing your proclamation.** Take a look at the templates of both proclamation types included at the end of this document.
- **As needed, tailor the templates provided in this document.** Insert local information about specific substance use disorder issues, such as a lack of centers that offer individualized care, as well as examples of successful treatment and recovery outcomes. You also can download these templates from the *Recovery Month* Web site at www.recoverymonth.gov.

Two Types of Proclamations: Traditional proclamations start with a series of statements beginning with the word "Whereas," which means "because" or "since." The "Whereas" clauses state the current state of affairs and suggest the reasoning behind the proclamation. They are followed by one phrase beginning with "Therefore," which is the root of the proclamation and where requests for specific support or solutions are made. Modern proclamations have the same points as traditional versions, but are written as a statement. Both types end by proclaiming September as *National Alcohol and Drug Addiction Recovery Month*.

Eight Tips for Drafting Your Proclamation

1. **Find inspiration** before you draft your proclamation. You can view other proclamations on the *Recovery Month* Web site, www.recoverymonth.gov, for ideas on what to include.
2. **Draft your proclamation** before reaching out to the official's office. That way, the staff member will have a clearer understanding of what you want them to support.
3. **Include the 2008 *Recovery Month* theme, "Join the Voices for Recovery: Real People, Real Recovery,"** when crafting your proclamation.



4. **Reach out to a variety of officials** in your area and the corresponding staff members who handle their proclamations, typically someone in the communications office. Pick an official who has supported treatment services and recovery in the past or one who is willing to discuss improving access to treatment.
5. **Inquire about the timeline for a proclamation signing** by contacting the office of the official three to four months before **Recovery Month**. Introduce **Recovery Month** and details about your organization's planned activities, including how these are relevant to the welfare of the official's constituents.
6. **Explain** that you would be grateful and honored if they can participate in this noble effort by signing a proclamation and that you have the proclamation for them to review.
7. **Call back frequently**, as you might not hear from the official's office for days, or sometimes weeks, at a time. Do not hesitate to call to check on the status of your proclamation, as you do not want it to get lost in the shuffle.
8. **Post it on the Web** once you obtain a signed proclamation; send a copy of the proclamation to recoverymonth@iqsolutions.com for posting on the **Recovery Month** Web site, www.recoverymonth.gov. You also can mail a hard copy to Office of the Director, Consumer Affairs, Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment, 1 Choke Cherry Road, Second Floor, Rockville, MD 20857.

Expanding the Reach of Your Proclamation

Publicizing the proclamation, once it is secured, is another way to bring attention to **Recovery Month**. Doing so also will display your organization and local officials as leaders in promoting long-term recovery.

- **Distribute** the proclamation to the "local" or "metro" desks of local newspapers, along with a press release announcing that a local official has signed the proclamation. Please refer to the tips on how to write a press release included in this planning toolkit.
- **Incorporate** the proclamation signing as part of another **Recovery Month** event, such as the rally at the conclusion of a run/walk where the official participated. During this media event, you can display the proclamation by having it photo-enlarged to a poster size or framed.
- **Arrange a "town-hall" meeting** with the official after the proclamation signing. This meeting might include a roundtable discussion featuring guest treatment and recovery support providers, faith-based groups, and others who can further the message of long-term recovery to your state's policymakers.
- **Display** copies of the proclamation in the lobbies of public places, such as libraries and government buildings. Do not forget to get permission first.

Share Your Activities and Successes

Share your **Recovery Month** plans and activities with SAMHSA and the Center for Substance Abuse Treatment (CSAT), along with the general public. Post them on www.recoverymonth.gov to generate momentum for the campaign, which will touch millions of people who are affected by substance use disorders.

Share community success stories and other outreach efforts during **Recovery Month** by completing the “Customer Satisfaction Form” in this planning toolkit. Instructions are included on the form.

Share samples of your organization’s **Recovery Month** promotional materials with:

Office of the Director, Consumer Affairs
SAMHSA’s Center for Substance Abuse Treatment
1 Choke Cherry Road, Second Floor
Rockville, MD 20857

About **Recovery Month** and Substance Use Disorders

- **Sample materials** from this kit are available electronically at the **Recovery Month** Web site at www.recoverymonth.gov.
- **For additional Recovery Month information**, visit the Web site or call 1-800-662-HELP.
- **Substance use disorder, treatment, and recovery information** is available at SAMHSA’s Web site at www.samhsa.gov.
- **Information on treatment options in your area** and the special services available can be found at www.findtreatment.samhsa.gov, a searchable database of more than 11,000 U.S. treatment facilities.



Traditional Format

WHEREAS, treatment and long-term recovery from substance use disorders can offer a renewed outlook on life for those who are addicted and their family members; and

WHEREAS, substance use disorders impact 22.6 million people aged 12 or older in the United States (or 9.2 percent of the population), which is more than the number of people living with coronary heart disease, cancer, or Alzheimer's disease combined; and

WHEREAS, people who receive treatment for substance use disorders can lead more productive and fulfilling lives, personally and professionally; and

WHEREAS, studies have consistently found that individualized treatment is essential for people to be successful in their path of recovery; and

WHEREAS, real stories of long-term recovery can inspire others to ask for help and improve their own lives, the lives of their families, and the entire community; and

WHEREAS, it is critical that we educate our community members that substance use disorders are treatable, yet serious health care problems, and by treating them like other chronic diseases, we can improve the quality of life for the entire community; and

WHEREAS, to help achieve this goal, the U.S. Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, the White House Office of National Drug Control Policy, and **[name of a treatment organization in your state or region]** invite all residents of **[city or state]** to participate in ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)***; and

NOW, THEREFORE, I, [name and title of your elected official], by virtue of the authority vested in me by the laws of **[city, state, or locality]**, do hereby proclaim the month of September 2008 as

National Alcohol and Drug Addiction Recovery Month

in **[city or state]** and call upon the people of **[city or state]** to observe this month with appropriate programs, activities, and ceremonies supporting this year's theme, ***"Join the Voices for Recovery: Real People, Real Recovery."***

IN WITNESS WHEREOF, I have hereunto set my hand this **[day of the month]** day of September, in the year of our Lord two thousand eight, and of the Independence of the United States of America the two hundred and thirty-third.

Signature

[Insert City/State or Other Official Seal]



Contemporary Format

As many as 22.6 million people aged 12 or older in the United States are currently facing a substance use disorder, according to the latest national figures. This is more than the number of people living with coronary heart disease, cancer, or Alzheimer’s disease combined. Four million of those with a substance use disorder have made the courageous choice to seek out the treatment they need and embark on a path of recovery. We need to recognize the achievements of those who seek treatment services, celebrate their successes, and find help for those still in need.

Treatment and long-term recovery from substance use disorders can offer people a renewed outlook on life. These disorders also take a toll on the families of these individuals, as well as the communities in which they live. It is critical to offer people and their families the treatment and recovery support they need for substance use disorders so they may lead more productive and fulfilling lives, personally and professionally.

Research shows that substance use disorders are medical conditions that can be effectively treated. Treatment for substance use disorders is just as effective as treatments for other chronic conditions, such as high blood pressure, asthma, and diabetes. By educating our community members that substance use disorders are a treatable, yet serious health care problem, and by treating them like other chronic diseases, we can improve the quality of life of the entire community.

Studies have consistently found that individualized treatment is essential for people to be successful in their path of recovery. By offering a forum where individuals can share their real stories of long-term recovery, we can inspire others in need to ask for help and improve their own lives, the lives of their families, and the community as a whole.

For the above reasons, I am asking all citizens of **[city or state]** to join me in celebrating this September as **National Alcohol and Drug Addiction Recovery Month (Recovery Month)**. This year’s **Recovery Month** theme, **“Join the Voices for Recovery: Real People, Real Recovery,”** encourages us all to learn how to help those suffering from substance use disorders and their families receive treatment so our community can continue to benefit from their contributions.

The U.S. Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, the White House Office of National Drug Control Policy, and the **[name of a treatment organization in your state or region]** welcome your participation in **Recovery Month**.



I, **[name and title of elected official]**, do hereby proclaim the month of September 2008 as

National Alcohol and Drug Addiction Recovery Month

in **[city or state]** and call upon our community to observe this month with compelling programs, activities, and events that support this year's theme, ***"Join the Voices for Recovery: Real People, Real Recovery."***

Signature

[Insert City/State or Other Official Seal]



Promoting *Recovery Month* With Live-Read Radio Public Service Announcements

Live-read radio public service announcements (PSAs) are another way to generate media coverage for *National Alcohol and Drug Addiction Recovery Month (Recovery Month)*. You can provide a script to local radio disc jockeys (DJs) to read on air to raise awareness about *Recovery Month*.

This year's theme for *Recovery Month* is "*Join the Voices for Recovery: Real People, Real Recovery.*" It celebrates people in long-term recovery from substance use disorders who have a renewed outlook on life and the treatment providers who help them reclaim their lives. The following scripts reflect this year's theme and can be used to disseminate the *Recovery Month* messages through local radio stations.

Radio PSAs: Quick and Easy

Two 30-second and two 15-second radio PSA scripts to distribute to local radio stations are provided at the end of this document. The scripts include a toll-free national helpline, 1-800-662-HELP, a resource managed by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services.

Tools to Make Your Outreach More Efficient

- For local information on services available in your state, visit SAMHSA's Treatment Locator at www.findtreatment.samhsa.gov or contact your state's Single-State Agency (SSA) listed in the "Resources" section of this planning toolkit. State and some local information also are available from SAMHSA's *National Survey on Drug Use and Health*, the *National Survey of Substance Abuse Treatment Services*, and the *Treatment Episode Data Set*. For more state and local information, visit <http://oas.samhsa.gov/geography.cfm>.
- Pre-produced radio and television PSAs are available to order and localize by contacting SAMHSA's Health Information Network at recoverymonth@iqsolutions.com or 1-877-SAMHSA-7.
- Feel free to use your state, county, or community's own toll-free number in place of the national hotline, should one exist. A searchable database of more than 11,000 U.S. treatment facilities and the special services they provide is available at the SAMHSA Web site www.findtreatment.samhsa.gov. If you refer people to a local hotline in your script, please advise those operating it that you will be including their number in the scripts, so they can be prepared for a potential increase in calls.

Two Tips for Distributing Live-Read Scripts to Local Radio Stations

1. **Call local radio stations** to obtain the name and contact information for the public affairs director, or the person in charge of PSAs or public campaigns, for each station. Call to tell them you are working with the national effort to promote *National Alcohol and Drug Addiction Recovery Month*. Explain that you would appreciate the support of local radio stations to raise awareness of this federal government initiative, and that treatment and recovery from substance use disorders is life changing for people in need, their families, and the entire community.
2. **Fax, e-mail, or mail copies of the PSA scripts** to the contact person for consideration. When you send the scripts, remember to include a cover letter referencing your previous conversations and your contact information. The letter should summarize the main points of the PSA and should be clear about your appreciation of the station's support in disseminating the message of *Recovery Month* to the community.



2008 Live-Read Radio Scripts

:30

Don't let your life be confined by drug or alcohol addiction. Know that for every lock, there is a key.

Regaining control of your life can be accomplished, and if you have a problem with addiction, there are real solutions to get you on your way.

This September, celebrate your story and ***National Alcohol and Drug Addiction Recovery Month*** with family, friends, and treatment providers. Make a difference—voice your experience.

For drug and alcohol information and treatment referral for you or someone you know, call 1-800-662-H-E-L-P (**or replace this number with a local treatment provider's**).

:15

Don't let your life be confined by drug or alcohol addiction. Know that for every lock, there is a key.

Find a solution and celebrate recovery during ***National Alcohol and Drug Addiction Recovery Month*** this September.

For more information, call 1-800-662-H-E-L-P (**or replace this number with a local treatment provider's**).

:30

Suffering from drug or alcohol addiction can come at an expense. Don't allow your hurtful actions to drive the ones who love you the most...away.

If you know someone who struggles with drug or alcohol addiction, listen...and hear what they're trying to say.

Find your real voice again this September, and celebrate the 19th annual ***National Alcohol and Drug Addiction Recovery Month*** with the people who love you most.

For drug and alcohol information and treatment referral for you or someone you know, call 1-800-662-H-E-L-P (**or replace this number with a local treatment provider's**).

:15

Drug or alcohol addiction can push those who love you most...away.

Know that there is hope, and if you know someone battling addiction, listen to what they're saying.

Find your real voice again by taking part in ***National Alcohol and Drug Addiction Recovery Month*** this September.

For more information, call 1-800-662-H-E-L-P (**or replace this number with a local treatment provider's**).

JOIN THE VOICES FOR RECOVERY
REAL PEOPLE, REAL RECOVERY



National Alcohol
& Drug Addiction
Recovery Month
SEPTEMBER 2008

CAMERA - READY LOGO SHEET

Customize your materials using the artwork provided. Logos below can be printed in either PMS 268 or black.

National Alcohol
& Drug Addiction
Recovery Month
SEPTEMBER 2008

National Alcohol
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Recovery Month
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National Alcohol
& Drug Addiction
Recovery Month
SEPTEMBER 2008



Overview: Real People, Real Recovery

Real people...

Dependence on alcohol and/or drugs is a widespread health and social problem that, in some way, negatively affects as much as 69 percent of the country.¹ Everyone has a unique story to share. This September, for the 19th annual **National Alcohol and Drug Addiction Recovery Month (Recovery Month)**, the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment is urging everyone to speak up about their recovery experiences. To help start the conversation, and to coincide with this year's theme, **"Join the Voices for Recovery: Real People, Real Recovery,"** we are highlighting individual stories in depth.

Donald J. Kurth, M.D., is chief of addiction medicine at the Loma Linda University Behavioral Medicine Center and an associate professor in the Departments of Psychiatry and Preventive Medicine. He also is the mayor of the City of Rancho Cucamonga, CA. Don is in long-term recovery for both alcohol and drug addiction and is an example of the "real people, real recovery" theme. The following is his story.

The beginning...



Donald Kurth

"I count my recovery starting with my sobriety date, October 8, 1993; it was a long journey to get to that day. I was just a kid, really, when I started getting involved with alcohol and drugs. I come from a family where drinking is a part of many social activities and it seemed to me that getting drunk and knowing how to drink was a rite of passage when I was growing up.

"I was 12 the first time I got intoxicated. I asked my uncle at Christmas if you could get drunk off wine, and he said, 'Yes, I suppose you could, if you've had enough.' I kept sneaking sips here and there. I just drank it down; I felt drunk and I liked it.

"When I was about 14, I started drinking with my buddies. Even then, I was worried about my drinking, but I didn't seek help. Instead, I got into drugs. Living in the '60s, drug abuse was part of the culture. If you wanted to be cool, you had to be using drugs. That might not have really been the case, but that's how it seemed to me."

Similar to Don, millions of people suffer from substance use disorders every day, sometimes for years. A substance use disorder means that a person is dependent on or abuses alcohol and/or drugs, including prescription drugs.² Specifically, in 2006, an estimated 22.6 million people aged 12 or older (9.2 percent of the population) had a substance use disorder in the past year.³ The facts show it is not uncommon and can affect people regardless of their age, race, gender, ethnicity, class, employment status, or community.⁴

Don's family fostered a culture of drinking, which is the case with many people who depend on alcohol and drugs. Families with parents who have a substance use disorder experience many social problems, including an increased risk of their own children misusing alcohol and/or drugs themselves. Children from these families also are more likely to have trouble with delinquency, school performance, and emotional development, such as hyperactivity and aggressive behavior.⁵ Addiction, as you will see in Don's story, does not just stem from one's environment.



A medical illness...

"I started using heroin before Christmas break my senior year of high school and got addicted right away. The rest of the year, I would show up for class to be counted present and then leave. I think the school actually felt sorry for me because I had so many problems, so I ended up graduating on time. I don't think they passed me just to pass me—I had done well in school before and I think that helped—but I was physically dependent on heroin. If I didn't use, I would get physically ill, so I kept using."

As Don found, it is easy to become physically and psychologically dependent on a substance. Furthermore, addiction often co-occurs with mental health disorders. It is a medical condition that can be effectively treated, just as numerous other illnesses are treatable.^{6, 7} Treatment for drug use disorders is just as effective as treatments for other chronic conditions, such as high blood pressure, asthma, and diabetes.⁸

Substance use disorders are surprisingly common compared with the number of people who suffer from other well-known diseases. One in four deaths each year is attributable to alcohol, tobacco, and illicit drug use.⁹ Compared with the 2006 estimate that 22.6 million people aged 12 or older had a substance use disorder in the past year¹⁰:

- 15.2 million adults in the United States had diabetes as of 2007.¹¹
- Approximately 1.44 million Americans were expected to be diagnosed with cancer and 560,000 were predicted to die from the disease in 2007.¹²
- 15.8 million people today suffer from coronary heart disease.¹³
- More than 5 million Americans have Alzheimer's disease.¹⁴

Addiction can have a detrimental effect on a person's health. There are more deaths, illnesses, and disabilities from substance use disorders than from any other preventable health condition. Heavy drinking contributes to illness in each of the top three causes of death: heart disease, cancer, and stroke. Cirrhosis (liver scarring), the 10th leading cause of death, is largely preventable—nearly half of all cirrhosis deaths are linked to alcohol. Drug-related deaths are typically underestimated, as many tolls do not take into account deaths from associated diseases, such as hepatitis, tuberculosis, homicides, falls, and motor vehicle crashes.¹⁵

As Don's journey shows, treatment is effective in offering people a way to overcome substance use disorders and commit to long-term recovery.

Into treatment...

"I had been seeing a few doctors and tried to get on methadone, a medication used to treat opiate dependence, but the doctor said I was too young and hadn't been through enough treatment programs to qualify for the drug. When I was homeless and living in the streets in New York, I heard about a treatment facility in the city and went to them for help, but they didn't have any beds available. They said that if I came back to meetings every day, I might be able to get a bed. I did gradually decrease my heroin use for a little while, but kept on using cocaine.

"I got arrested August 12, 1969, and pled guilty. The judge gave me probation with a stipulation that I had to enter a drug program. My probation officer found me a residential program, but before I went, I spent some brief time in jail. While I was there, one of the guys came to me and said, 'Hey kid, if you really want to get clean, you can do it in that program you are going to. I know, because I was there once.' When I asked him why he hadn't stayed, he explained that he was too old to change. He was only 24 (I was 20 at the time). Nevertheless, he was inspirational to me and I entered the program believing it might be my only chance to change my life if I wanted to.

“My treatment program was a therapeutic, residential community geared toward people addicted to drugs. Looking back, treatment was extremely different in the late 1960s and early 1970s than it is now; the rules were much more lenient. Since this program was less strict than was necessary for my specific needs, my chance to develop a truly abstinence-based recovery was delayed for several years.

“Once I got to treatment, I was fully committed to it—almost too much. The counselors didn’t want to believe that I was truly committed and motivated to change, but I didn’t think there were any other chances for me. That’s the thing about addiction; you never know when your last day is going to be. I felt a lot safer in treatment, but it was still extremely tough.

“I had entered treatment on December 29, 1969, and was there for more than two years. After that, I never touched drugs again.

“In treatment, you learn to overcome the challenges that you will continue to face in life, but you do it in a protected environment. There is a special bond between people who have been in a therapeutic community and we are all very grateful even though it was a hard thing to go through.”

Treatment’s success and effectiveness hinges on whether or not a provider properly identifies the best treatment option to meet the needs of the person who seeks help. Such unique factors include what substances were abused, a person’s cultural background, family responsibilities, other health considerations, and faith or religious preferences.¹⁶ For more information on the effectiveness of treatment, please see “A Guide to Treatment” in this planning toolkit.

As Don experienced, accessing treatment can be difficult. In 2006, while 22.6 million people aged 12 or older met the criteria for a substance use disorder in the past year, only 4 million people (1.6 percent of population) actually received treatment for it.¹⁷ This is troubling due to the positive impact treatment can have on people in need, their family members, and entire communities.

Substance use disorders are treatable diseases. Up to 70 percent of patients in treatment for alcohol dependence are successful, cocaine treatment is successful for 60 percent, and opiate treatment is successful for up to 80 percent of those in treatment.¹⁸ People make substantial progress through treatment and recovery, and success can be compared with that of other chronic, relapsing conditions, such as asthma, diabetes, and hypertension. Since substance use disorders can be a recurring, chronic disease, a person might experience more than one round of intense treatment before long-term recovery is possible.

Treatment for a substance use disorder helps the person beyond just eliminating alcohol and/or drug use. More than half of the people assessed in a recent study reported that drug abuse treatment had improved their health, helped them address their emotional or mental health problems and plan their future, and improved their family relationships.¹⁹ The key is to make sure that individualized treatment and recovery supports are available to every American in need of care whenever treatment is requested.

Rejected...And then bouncing back...

“Unfortunately, a huge wall of discrimination exists for individuals who have been in jail or have had legal problems with drugs. Luckily, my perseverance helped me overcome some of the barriers to circumvent any preconceived notions others had.

“When I was using drugs before entering treatment, I had flunked out of college twice. To graduate from my treatment program, I needed to make progress toward a defined goal, such as going back to school. The process of applying, getting in, and finishing school wasn’t easy due to the discrimination people in recovery face. I applied to a small university and when they turned me down, I was crushed. I went to speak with the dean of students and she asked, ‘Why would we want to take someone like you? We have lots of applicants who don’t have these problems.’



TARGETED OUTREACH

“I felt dejected and made an appointment with the president of the university. I said that I wanted to take two classes at night. At first he just shook his head and told me, ‘No.’ He could see the disappointment in my eyes. But he thought for a minute and said, ‘Okay, I’ll give you a chance. I’ll let you take one class and if you do well, come back and talk to me.’

“Determined to succeed, I bought some study guides that recommended simple things to do, such as showing up for class, paying attention, and taking notes. These basic skills helped me get an A in this first class. Invited back for the next semester, I took two classes, then some more after that, majoring in psychology. Eventually, after I was able to take out a loan and got financial support from a recovery organization, I was able to go to school full time and kept getting straight As.

“My mentor at school was a Ph.D. and chair of my department. He said that if I wanted to go to a more prestigious college, he would write me a recommendation. I thought, as hard as it was to get into this college, how much harder would it be to get into a better college? I applied to four Ivy League schools. After getting rejected by three of them, I received an acceptance from Columbia University in New York City. I was so grateful, but needed to figure out how to afford it. The school saw to it that I got the financial support I needed. I was, and still am, grateful to Columbia for giving me the opportunity. I found out later that I had been rejected from the others because they thought I might fall under the academic pressure and leave a ‘black mark’ on the university.

“I continued to face obstacles due to my drug abuse when applying to medical schools. Some rejected me right off the bat, even though I had great recommendations and grades. Others interviewed me, but were very negative, only focusing on my past and the things I did before treatment. At Columbia, I could tell that the interviewer was excited to talk to someone who had overcome so much. He was so enthusiastic about me and my future prospects and I knew he would advocate for me.

“It is important for people in recovery to learn perseverance. Other people’s stories can be extremely inspiring, and if I could accomplish what I have so far, other people can, too.”

Stigma and discrimination, which detract from the character or reputation of a person, continue to be strong barriers for those with substance use disorders and their family members.²⁰ Nearly 25 percent of people who needed treatment, but did not receive it, have cited reasons related to stigma, such as a negative effect on a job or concern that it might cause neighbors or the community to have a negative impression.²¹ People in recovery and the general public recognize that stigma, shame, and discrimination against people with substance use disorders and in recovery are problems that must be solved. In fact:

- Nearly a quarter of people in recovery report that they personally have been denied a job, and 12 percent have been denied a promotion.²²
- Two-thirds of the recovery community believe it is important to convey to the public how shame and discrimination hinder the recovery process.²³
- Two-thirds of the general public believe that a stigma exists toward people in recovery from a substance use disorder.²⁴
- 74 percent say that when people are ashamed to talk to others about their own or a family member’s addiction, this attitude must change.²⁵
- 64 percent of people believe that a policy banning students with drug convictions from receiving Federal financial aid to pay for college should be changed.²⁶

Don's story shows the true impact of recovery on a person's life. Receiving treatment can increase the probability of obtaining employment and increasing earnings.²⁷ Additionally, reported job problems, including incomplete work, absenteeism, tardiness, work-related injuries, mistakes, and disagreements with supervisors are cut by an average of 75 percent among employees who have received treatment for substance use disorders.²⁸ Don's determination that he gained in treatment, along with his desire to change and others' belief in him, helped him overcome many of these barriers.

Real recovery...

"The best part about recovery is waking up clean and sober every day. It's a much better life overall. When I was using drugs and drinking, I couldn't see that. Now, I have a rich, full life with many exciting things to do. It didn't happen overnight, though. I had to build this life up over many years. Even though I had embarked on a successful career following completion of the drug program, some of my old demons continued to haunt me.

"People with an addiction tend to substitute one substance for another at times. I think I was an alcoholic before I became addicted to heroin and cocaine. I don't think I recognized my dependence on alcohol until the 1980s. Drinking was a normal activity to me and I surrounded myself with people who felt the same.

"But at first, in the early years after I finished my treatment program, I rarely drank. I went back to school and wanted to do well. As the years went by and I started to do well, I wanted to fit in with the other kids, so I started drinking more and more. Eventually, it got away from me.

"In 1993, I entered a treatment program for my alcohol dependence, stayed for 31 days, and got connected with 12-step recovery. This has been the anchor in my recovery.

"I believe treatment should be available upon request for anyone who wants it. We lose so many people every week due to addiction; more than many other diseases that people face. It is the root cause of so many other diseases, such as heart disease and cancer. So many accidents and injuries could be prevented—and many lives could be saved—if we could have just gotten that person into treatment even one day sooner.

"Treatment taught me a lot of lessons that I would not have had otherwise: life skills, perseverance, determination, and not giving up no matter how bleak things look. You just dust yourself off and get yourself back on track; it doesn't matter that all the odds are against you. You have to have a desire to succeed."

Whether you are a family member of someone with a substance use disorder, an employer, a member of the faith community, a civil service worker, or involved in the recovery community, it is important to keep in mind that recovery is different for each individual and his or her family members. When you are celebrating **Recovery Month** with your family and community this September, seek out individual stories to better understand the ups and downs people go through on their road from dependence to long-term recovery, their triumphs, failures, successes, and barriers. Do your part to support every person and his or her family and spread the message to your community that there is hope and recovery is possible.

For more resources and organizations that can help provide treatment, visit the *Recovery Month* Web site at www.recoverymonth.gov. Information on treatment options in your area and the special services available can be found at www.findtreatment.samhsa.gov, a searchable database of more than 11,000 U.S. treatment facilities. For additional *Recovery Month* materials, visit www.recoverymonth.gov or call 1-800-662-HELP.



SOURCES

- 1 *What Does America Think About Addiction Prevention and Treatment?* Princeton, NJ: Robert Wood Johnson Foundation, 24, March 2007, p. 1.
- 2 *Results from the 2006 National Survey on Drug Use and Health: National Findings.* DHHS Publication No. (SMA) 07-4293. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, September 2007, p. 69.
- 3 Ibid.
- 4 Ibid, pp. 23, 71-74.
- 5 *Substance Abuse: The Nation's Number One Health Problem.* The Schneider Institute for Health Policy, Brandeis University and the Robert Wood Johnson Foundation, February 2001, p. 62.
- 6 *Pathways of Addiction: Opportunities in Drug Abuse Research.* National Academy Press. Washington, D.C.: Institute of Medicine, 1996.
- 7 Kleber, H.D., O'Brien, C.P., Lewis, D.C., McLellan, A.T. "Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation." *Journal of the American Medical Association*, p. 1689.
- 8 Ibid.
- 9 *Substance Abuse: The Nation's Number One Health Problem*, p. 6.
- 10 *Results from the 2006 National Survey on Drug Use and Health: National Findings*, p. 69.
- 11 "Diabetes Mellitus Statistics." American Heart Association Web site: www.americanheart.org/presenter.jhtml?identifier=4551. Accessed July 26, 2007.
- 12 "Cancer Deaths Drop for Second Consecutive Year." American Cancer Society Web site: www.cancer.org/docroot/MED/content/MED_2_1x_Cancer_Deaths_Drop_for_Second_Consecutive_Year.asp. Accessed July 26, 2007.
- 13 "Cardiovascular Disease Statistics." American Heart Association Web site: www.americanheart.org/presenter.jhtml?identifier=4478. Accessed July 26, 2007.
- 14 "What is Alzheimer's?" Alzheimer's Association Web site: www.alz.org/alzheimers_disease_what_is_alzheimers.asp. Accessed July 26, 2007.
- 15 *Substance Abuse: The Nation's Number One Health Problem*, pp. 6, 50, 54.
- 16 *Principles of Drug Addiction Treatment: A Research-Based Guide.* NIH Publication No. 99-4180. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse, October 1999, p. 3.
- 17 *Results from the 2006 National Survey on Drug Use and Health: National Findings*, pp. 6, 69, 75.
- 18 *Substance Abuse: The Nation's Number One Health Problem*, pp. 109, 110.
- 19 Mojtabai, R., M.D., Ph.D., "Datapoints: Perceived Benefits of Substance Abuse Treatments." *Psychiatric Services*, 54(6), June 2003, p. 780.
- 20 *Faces & Voices of Recovery Public Survey.* Washington, D.C.: Peter D. Hart Research Associates, Inc., and Coldwater Corporation, May 4, 2004, p. 2.
- 21 *Results from the 2006 National Survey on Drug Use and Health: National Findings*, p. 79.
- 22 *The Face of Recovery.* Washington, D.C.: Peter D. Hart Research Associates, Inc., October, 2001, p. 10.
- 23 Ibid.
- 24 *Faces & Voices of Recovery Public Survey*, p. 2.
- 25 Ibid.
- 26 Ibid.
- 27 Wickizer, T.M., Ph.D., M.P.H. *The Impact of Substance Abuse Treatment on Employment Outcomes Among AFDC Clients in Washington State.* DHHS Publication No. (SMA) 01-3508. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services, Center for Substance Abuse Treatment, 2001.
- 28 *Comprehensive Assessment and Treatment Outcome Research.* St. Paul, MN: CATOR Connection, 1990.



Commonly Misused Substances

Millions of people who once suffered from a substance use disorder have reclaimed their lives through treatment and long-term recovery. Across the country, people are learning how the destructive power of alcohol and drug addiction can negatively affect lives, families, and communities.

Overall, use rates for alcohol, tobacco, and illicit drugs among America's adolescents aged 12 to 17 have declined since 2002; this includes a significant drop in drug use within the past month (11.6 percent in 2002 versus 9.8 percent in 2006).^{1,2} However, while signs of healthier behavior exist, steps must continue to be taken to assist and encourage those in need to turn to treatment and seek recovery.

A substance use disorder means that a person is dependent on or abuses alcohol and/or drugs, including prescription drugs.³ Substance use disorders affect people nationwide, regardless of race, class, gender, ethnicity, or employment status.⁴ It is important to recognize that, like other mental disorders and chronic ailments, substance use disorders are medical conditions that can be treated.⁵

Raising awareness of the true stories of treatment and long-term recovery can influence those currently struggling with addiction. In 2006, of the 22.6 million people in need of treatment for an alcohol and/or drug use problem in the past year, only 4 million received some form of treatment.⁶ To bridge this gap, it is necessary to raise awareness and expand the dialogue about substance use disorders, as well as about the substances that are commonly misused.

There is still much work to be done to increase awareness of treatment and recovery. As individuals and communities, you have an opportunity to participate in this call to action. You can help by showing support for people with substance use disorders and offering forums where people can share their stories in your community. As you read the following facts about alcohol and drug abuse in the United States, consider the consequences on families, neighbors, and society as a whole.

When substance use begins...

Substance use can occur at any age and at any time. In 2006:

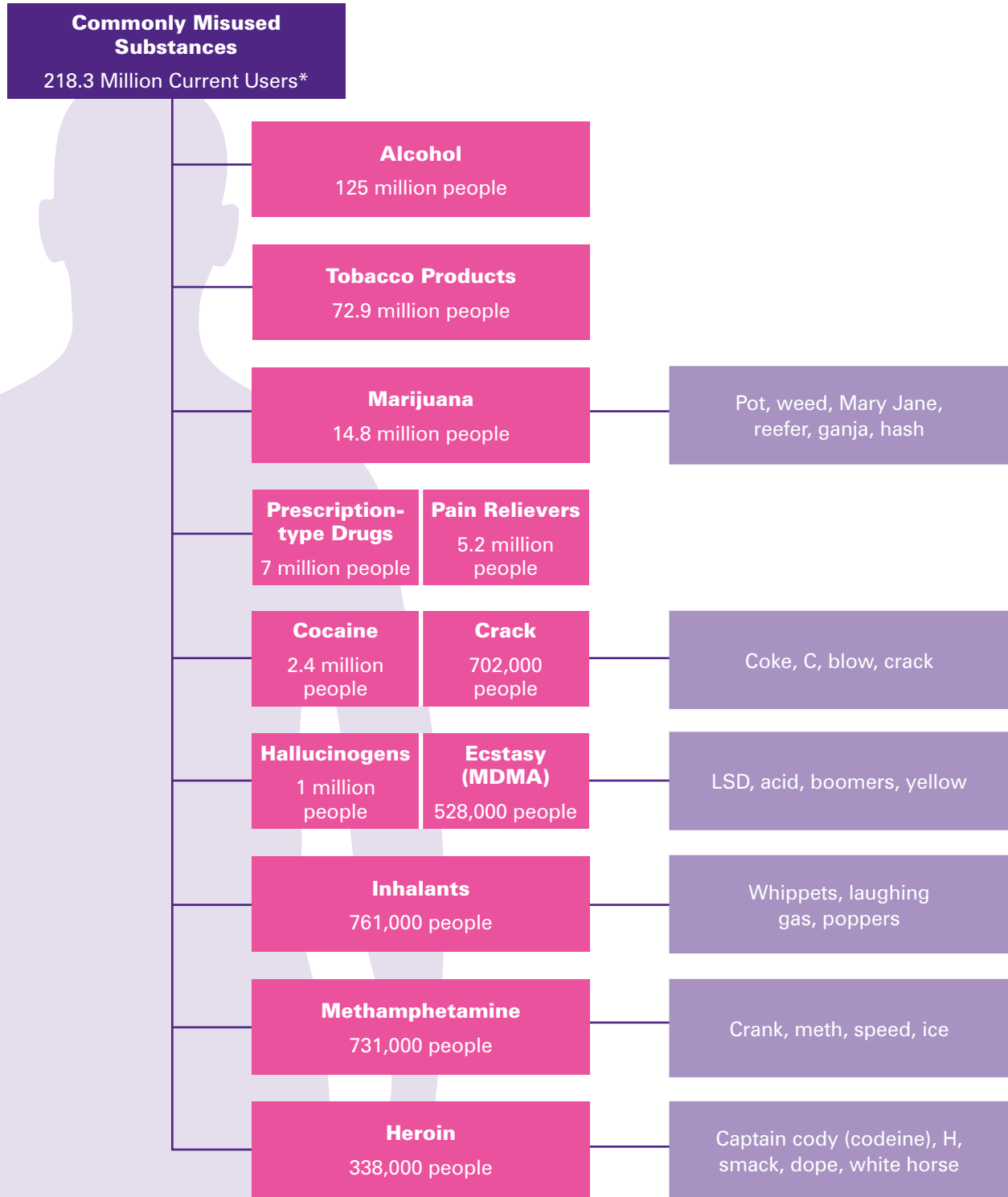
- The average age of first-time use of inhalants was nearly 16 (among people aged 12 to 49).⁷
- An estimated 2.8 million people aged 12 or older used an illicit drug for the first time within the past 12 months; this is an average of nearly 8,000 new users each day.
- The largest number of recent new users aged 12 or older appeared in the nonmedical use of pain relievers (2.2 million) and marijuana (2.1 million).⁸
 - The average age of first use of pain relievers among people 12 to 49 was 21.9 years.⁹
 - The average age of first use of marijuana among people 12 to 49 was 17.4 years.¹⁰
- 4.4 million people aged 12 or older used alcohol for the first time in the past 12 months—approximately 12,000 new users per day. Of these, 89.2 percent were under age 21 at the time of initiation.¹¹

These alarming numbers serve as an indicator of emerging patterns in substance use disorders.¹²



The numbers...

Today, there are a variety of commonly misused substances. The following chart is a reflection of the 218.3 million illicit drug, alcohol, and tobacco users aged 12 or older in 2006. It is broken down by each substance, the numbers of people using each, and, when applicable, common "street" names.^{13, 14}



* Aged 12 or older

Emerging trends: prescription drugs, methamphetamine, and alcohol

The use of alcohol or illicit substances has a negative impact on the health and well-being of individuals, their families, and society.¹⁵ Each year, new trends emerge about the use of specific drugs. In 2006, reports including the Substance Abuse and Mental Health Services Administration's (SAMHSA's) 2006 *National Survey on Drug Use and Health* noted the alarming increase in the abuse of prescription drugs.^{16, 17} Also in 2006, the National Drug Intelligence Center's National Drug Threat Survey (NDTS) revealed that 78.8 percent of state and local law enforcement agencies reported either high or moderate availability of illegally diverted pharmaceuticals.¹⁸ More than half of the people who use prescription-type psychotherapeutics (pain relievers, sedatives, tranquilizers, stimulants) nonmedically obtained the drugs "from a friend or relative for free."¹⁹

Even though the past month use of all drugs by teens has dropped by 18 percent between 2002 and 2006, reports indicate a growing concern about teens intentionally using prescription medicines to get high.^{20, 21} Behind marijuana, prescription drugs have become the second most abused drug among young people ages 12 to 17; but for those aged 12 and 13, they are abused the most.²²

In 2006, an estimated 7 million people aged 12 or older, or 2.8 percent of the population, had used prescription psychotherapeutic medications nonmedically in the past month.²³

- Between 2005 and 2006, the use of pain relievers increased by 11 percent, from 4.7 million in 2005 to 5.2 million in 2006.²⁴
- Four in 10 teens aged 12 to 17 agree with the misconception that, even if prescription medicines are not prescribed by a doctor, they are much safer to use than illegal drugs.²⁵

Opioids, a type of narcotic, are among the most addictive pain medications, and some that are commonly prescribed include hydrocodone (Vicodin®) and oxycodone (OxyContin®, Percocet®).²⁶ Pain relievers are the most abused type of prescription drug among those aged 12 to 17. Since 2005, there has been an increase in the use of OxyContin® by 8th and 10th graders.²⁷

Just as people often don't recognize the risks of misusing prescription drugs, nearly 1 in 7 youths between ages 12 and 17 believe that there is little or no risk in taking methamphetamine (meth) on a regular basis.²⁸

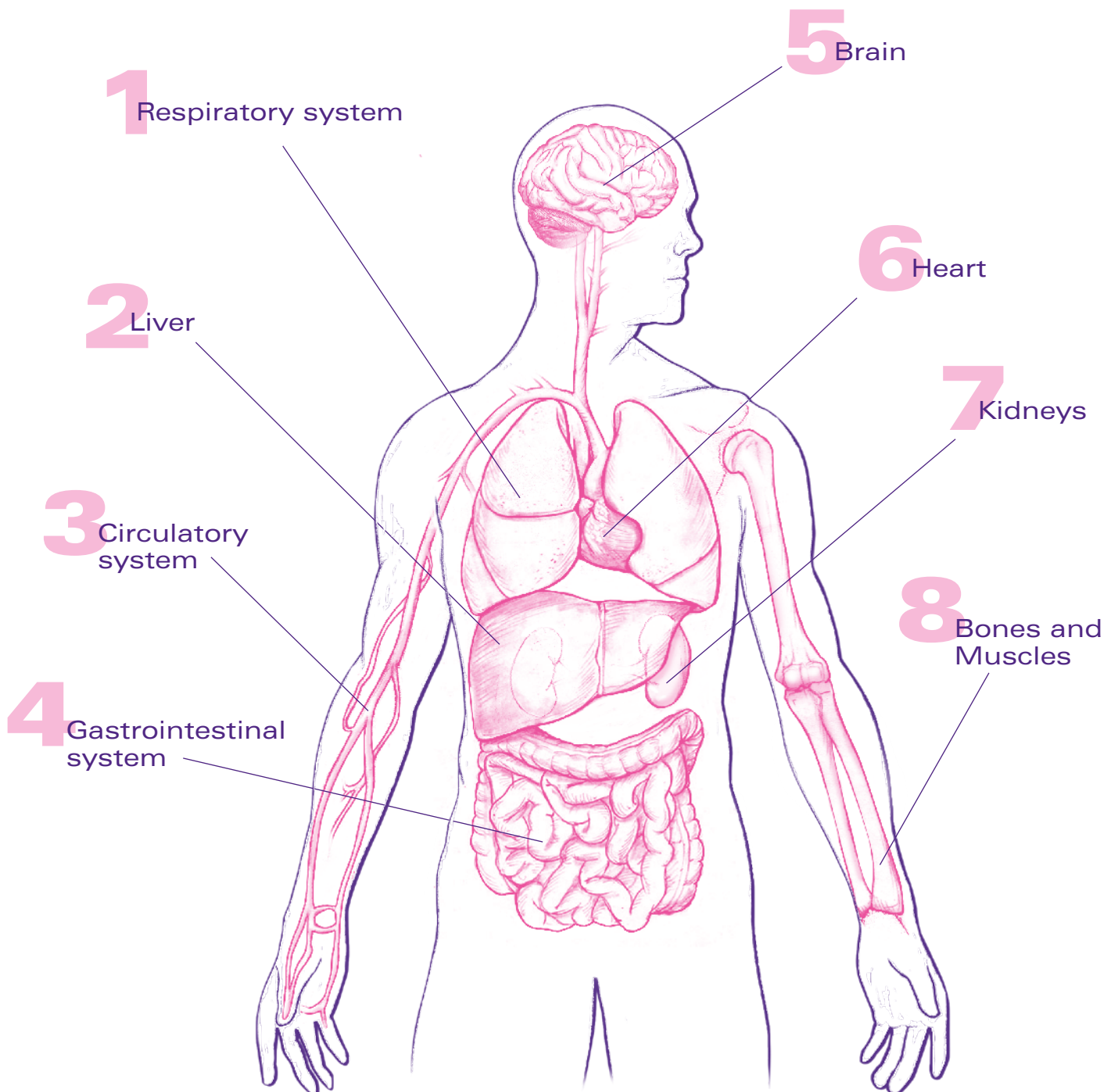
- On average, teens were 12 or older when they first used meth, with the majority, 77 percent, aged 15 or younger at the time.²⁹
- The rate of lifetime use of methamphetamine for people aged 12 or older increased from 5.2 percent in 2005 to 5.8 percent in 2006.³⁰

The use of alcohol has always caused concern, with more than half of people aged 12 or older (50.9 percent) reporting that they were current alcohol drinkers in 2006.³¹ Among those aged 12 to 20, nearly 10.8 million reported using alcohol in the past month.³² Each day, there were an estimated 12,000 new alcohol users aged 12 or older, translating to approximately 4.4 million people who used alcohol for the first time in the past 12 months. Perhaps most alarming is that the vast majority (89.2 percent) of new users were younger than 21 when they first consumed alcohol.³³



The health effects...

Substance misuse has serious and potentially deadly consequences. For example, drugs such as heroin, cocaine, steroids, and methamphetamines provoke risky behaviors (needle sharing and unsafe sex) that increase a person's chances of acquiring HIV, hepatitis, and other infectious diseases.³⁴ Substance misuse takes a gradual, yet powerful, toll on the human body, affecting a person's brain and motor functions, in addition to a number of other health consequences. The following diagram and chart outline the body organs and systems impacted by drug use, as well as other potential side effects that are harmful to a person's health.³⁵



The Health Effects of Commonly Misused Substances^{36, 37}

	Impacted Organ/System	Substances that Impact It	Health Effects
1	Respiratory system, lungs	Tobacco products, marijuana, inhalants, methamphetamines	Lung and esophagus damage, coughing, infections
2	Liver	Steroids, heroin, methamphetamines, alcohol	Liver damage, tumors
3	Circulatory system, blood pressure	Cocaine, MDMA (Ecstasy), tobacco products	Constricted blood vessels
4	Stomach, gastrointestinal system	Heroin, tobacco products, cocaine	Infertility, vomiting, nausea
5	Brain, memory, pleasure circuit/emotional limbic system, senses (sight, smell, taste), sensory system, mood	Opioids, CNS depressants, cocaine, marijuana, methamphetamines, inhalants, LSD, alcohol, stimulants, MDMA (Ecstasy), hallucinogens, heroin	Seizures, brain damage, memory loss, hallucination Flushing of skin, dry mouth, blurred vision, narcolepsy, tiredness Euphoria, anger, panic, paranoia, aggression, depression
6	Chest, heart	Tobacco products, inhalants, cocaine, marijuana, MDMA (Ecstasy), hallucinogens, heroin/opioids, stimulants	Increased heart rate, irregular heart rhythm, heart disease, chest pain, collapsed veins
7	Kidneys	MDMA (Ecstasy), methamphetamines, tobacco products	Kidney damage/failure, kidney infections
8	Bones, muscles	Heroin, opioids, steroids	Stunted growth, poor muscle control, bone pain



The consequences...

The continuous misuse of substances can produce unfortunate situations that can put individuals in danger of hurting themselves and others. While the following statistics are only a mere glimpse of the reality, these data reflect the serious impact that alcohol- and drug-related emergencies have on public health, as well as the influence substance use can have on a family.³⁸

In 2006, the rippling effect of alcohol could be seen in the 17,590 fatalities from alcohol-related traffic crashes and the 13,470 people who were killed in crashes involving drunk drivers.³⁹ Often, families living with a substance user face certain consequences, including:

- **Financial Struggles** – Financial pressures can put an immense amount of stress on families, sometimes causing relatives to work harder to compensate for the substance user’s lost wages due to job loss, drug habits, incarceration, or hospitalization.⁴⁰
- **Marital Problems** – Substance use can affect the quality of marriages and increase the risk of divorce.⁴¹
- **Partner Violence** – Increased levels of drug and alcohol use in both the aggressor and victim of partner violence can interfere with effective communication and increase aggressive tendencies.⁴²
- **Child Abuse and Neglect** – According to a report by Columbia University’s National Center on Addiction and Substance Abuse, nearly 70 percent of all reported child-maltreatment cases involve substance abuse.⁴³
- **Exposure to Crime** – Exposing children of illicit drug users to high levels of drug use and criminal activity can hinder their moral development, while increasing their chances of also using drugs and/or alcohol.⁴⁴

Getting help...

In 2006, while 22.6 million people aged 12 or older met the criteria for a substance use disorder in the past year, only 4 million people (1.6 percent of the population) actually received treatment for it.⁴⁵ This is troubling due to the positive impact treatment can have on people in need, their family members, and entire communities.

Substance use disorders are treatable diseases. Up to 70 percent of patients in treatment for alcohol dependence are successful, cocaine treatment is successful for 60 percent, and opiate treatment is successful for up to 80 percent of those in treatment. People make substantial progress through treatment and recovery, and success can be compared with that of other chronic, relapsing conditions, such as asthma, diabetes, and hypertension.⁴⁶ Since substance use disorders can be a recurring, chronic disease, a person might experience more than one round of intense treatment before long-term recovery is possible.

Substance use disorders are a reality in the United States. However, treatment is available and recovery is possible. By encouraging and publicizing the discussion of substance use disorders and sharing stories of real people in long-term recovery, communities and family members can support and encourage those with substance use disorders to get better. In doing so, people are helping to enrich lives, while improving health and celebrating the real recovery of addicted individuals and their families throughout the country.

For more resources and organizations that can help provide treatment, visit the *Recovery Month* Web site at www.recoverymonth.gov. Information on treatment options in your area and the special services available can be found at www.findtreatment.samhsa.gov, a searchable database of more than 11,000 U.S. treatment facilities. For additional *Recovery Month* materials, visit www.recoverymonth.gov or call 1-800-662-HELP.



SOURCES

- 1 *Results from the 2006 National Survey on Drug Use and Health: National Findings*. DHHS Publication No. (SMA) 07-4293. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, September 2007, p. 2.
- 2 *New National Survey Reveals Drug Use Down Among Adolescents in U.S. – Success in Substance Abuse Recovery Highlighted*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, news release, September 6, 2007.
- 3 *The NSDUH Report: Patterns and Trends in Nonmedical Prescription Pain Reliever Use: 2002 to 2005*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, April 6, 2007.
- 4 *Results from the 2006 National Survey on Drug Use and Health: National Findings*, pp. 23, 71-74.
- 5 Ibid, p. 69.
- 6 Ibid, pp. 6, 69.
- 7 Ibid, pp. 50, 51.
- 8 Ibid, p. 50.
- 9 Ibid.
- 10 Ibid.
- 11 Ibid, p. 55.
- 12 Ibid, p. 45.
- 13 Ibid, pp. 1, 3, 4, 16, 17, 18, 41.
- 14 *NIDA: Commonly Abused Drugs Chart*. Bethesda, MD: U.S. Department of Health and Human Sciences, National Institutes of Health, National Institute on Drug Abuse, updated December 2004.
- 15 *Results from the 2006 National Survey on Drug Use and Health: National Findings*, pp. 1, 16, 17, 31, 41, 232.
- 16 *Teens Turn Away from Street Drugs, Move to Prescription Drugs, New Report Reveals*. Office of National Drug Control Policy, news release. February 2007.
- 17 *Results from the 2006 National Survey on Drug Use and Health: National Findings*, pp. 1, 20, 50, 53.
- 18 “Drug Facts & Figures: Prescription Drugs.” Office of National Drug Control Policy Web site: www.whitehousedrugpolicy.gov/drugfact/prescrptn_drugs/index.html. Accessed September 20, 2007.
- 19 *Results from the 2006 National Survey on Drug Use and Health: National Findings*, p. 29.
- 20 *The NSDUH Report: Patterns and Trends in Nonmedical Prescription Pain Reliever Use: 2002 to 2005*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Sciences, April 6, 2007.
- 21 *Teens Turn Away from Street Drugs, Move to Prescription Drugs, New Report Reveals*, February 2007.
- 22 *Teens and Prescription Drugs, An Analysis of Recent Trends on the Emerging Drug Threat*. The Office of National Drug Control Policy, Executive Office of the President, February 2007, p. 2.
- 23 *Results from the 2006 National Survey on Drug Use and Health: National Findings*, p. 1.
- 24 Ibid.
- 25 *Teens and Prescription Drugs, An Analysis of Recent Trends on the Emerging Drug Threat*, p. 3.
- 26 *Pain-pill addiction: What’s the risk?* The Mayo Clinic, Mayo Foundation for Medical Education and Research (MFMER), June 2006.
- 27 *Teens and Prescription Drugs, An Analysis of Recent Trends on the Emerging Drug Threat*, p. 6.
- 28 *The Meth Project: National Use & Attitudes Survey 2007, National survey measuring attitudes and behaviors towards methamphetamine in America*. The Meth Project, GfK Roper Public Affairs & Media, September 2007, p. 2.
- 29 Ibid, p. 19.
- 30 *Results from the 2006 National Survey on Drug Use and Health: National Findings*, p. 18.
- 31 Ibid, p. 31.
- 32 Ibid, p. 33.
- 33 Ibid, p. 55.
- 34 *NIDA Report: HIV, Hepatitis and Other Infectious Diseases*, April 2005.
- 35 “Signs and Symptoms of Drug Use.” American Council for Drug Education Web site: www.acde.org/common/Symptom.htm. Accessed September 20, 2007.
- 36 “NIDA: Commonly Abused Drugs Chart.” The National Institute on Drug Abuse Web site: www.nida.nih.gov/DrugPages/DrugsOfAbuse.html. Accessed September 28, 2007.
- 37 “Signs and Symptoms of Drug Use.” American Council for Drug Education’s Web site: www.acde.org/common/System.htm. Accessed September 28, 2007.
- 38 “Frequently Asked Questions (FAQ).” Drug Abuse Warning Network Web site: <http://dawninfo.samhsa.gov/tools/faqs.asp>. Accessed November 16, 2007.
- 39 “Fatalities.” The Mothers Against Drunk Driving (MADD) Web site: www.madd.org/Victim-Services/Victim-Services/Statistics/AllStats.aspx#STAT_4. Accessed December 4, 2007.
- 40 *Family Matters: Substance Abuse and the American Family*. New York: The National Center on Addiction and Substance Abuse at Columbia University, March 2005, p. 15.
- 41 Ibid, p. 17.
- 42 Ibid, pp. 19, 20.
- 43 Ibid, p. 27.
- 44 Ibid, p. 22.
- 45 *Results from the 2006 National Survey on Drug Use and Health: National Findings*, pp. 6, 69, 75
- 46 *Substance Abuse: The Nation’s Number One Health Problem*. The Schneider Institute for Health Policy, Brandeis University and the Robert Wood Johnson Foundation, February 2001, pp. 109, 110.



A Guide to Treatment: How to Help People Affected by Substance Use Disorders

Real people...

Addiction affects millions of people every year, with 69 percent of Americans reporting that they know someone who struggles with alcohol or drugs.¹ In 2006, 22.6 million people aged 12 or older were living with a substance use disorder in the past year, making it more common than coronary heart disease.^{2,3}

A substance use disorder means that a person is dependent on or abuses alcohol and/or drugs, including the nonmedical use of prescription drugs.⁴ Fortunately, many people find refuge in treatment and long-term recovery. In 2006, 4 million people aged 12 or older received some form of treatment, ranging from residential and outpatient programs to self-help groups.⁵ Similar to other chronic disorders, substance use disorders are medical conditions that can be treated, and more importantly, for which recovery is possible.⁶

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), successful treatment can encourage people to go to drug and alcohol counseling and group meetings, avoid the people, places, and situations that trigger trouble, work with a counselor to show a commitment to change, and learn anger management and job skills to open more choices in life.⁷ Many different treatment options exist, which is important because substance use disorders affect people from all walks of life and do not discriminate based on age, race, gender, ethnicity, class, or employment status.⁸

To receive the most effective and comprehensive treatment, it is essential that people with substance use disorders, together with their providers, identify the most appropriate course of treatment for them and their families.⁹ Effective treatment depends on a variety of factors; treatment must take into account a person's cultural background, other health conditions, family and work responsibilities, and the specific substances to which a person is addicted.¹⁰ According to SAMHSA, in 2006, 83 percent of treatment facilities offered at least one special program or group for certain client types.¹¹

The following sections describe different types and levels of treatment available. This is not an all-inclusive list; it focuses on groups with specific needs that may require particular attention in treatment. While certain treatment options are not necessarily the best for everyone, the specific types that follow have proven successful for many.

Adolescents

Teens begin using alcohol and drugs for different reasons than adults. For example, peer pressure may affect adolescents more than other age groups. Adolescent substance use impairs their cognitive, physical, and emotional development.¹² In addition to gender and race issues—such as culture and heritage that need to be factored into treatment—physical and mental developmental issues, other disorders, and diverse value sets also need to be considered when treating youths with substance use disorders.¹³

Treatment for young people addicted to alcohol and/or drugs must tackle each aspect of their experiences. For many adolescents, the root of a substance use disorder is in the home; therefore, programs should attempt to involve family members and address addiction or other related issues in the home. Families often hold the key to changing a youth's environment and making it more conducive to recovery.¹⁴



Taking these considerations into account will help make treatment for adolescents more effective. One treatment study researched adolescent, community-based programs that addressed peer relationships, educational concerns, and family issues such as parent-child relationships and parental substance abuse. This form of programming saw a decrease in drinking, illicit drug use, and criminal involvement among those who obtained treatment in this setting—in addition to improved school performance and self esteem and fewer thoughts of suicide.^{15, 16}

Older adults

Older adults are particularly at risk for prescription drug abuse, even inadvertently. People aged 65 and older consume one-third of all medications taken and are more likely to be prescribed long-term and multiple prescriptions, which could lead to unintentional misuse. Because older adults are more vulnerable to a medicine's effects due to changes in drug metabolism with age, this type of dependence can be particularly dangerous.¹⁷

Through treatment and recovery, many older adults will have better physical and mental health and will be less likely to encounter illness and disability.¹⁸ Unfortunately, treatment programs specifically designed for older adults are not widespread—only 7 percent of facilities report having a special program or group designed specifically for seniors.¹⁹ However, even in a general treatment program, older adults with substance use disorders have responded well to age-specific, supportive, and non-confrontational group treatment that aims to build or rebuild self esteem.²⁰

People with co-occurring substance use and mental health disorders

Many times, people with substance use disorders have co-occurring serious psychological distress, also known as mental health disorders, such as anxiety or mood disorders.²¹ In 2006, more than 22 percent of those 18 or older with serious psychological distress also were dependent on or abused alcohol and/or drugs.²² People suffering from both substance use and mental health disorders are said to have co-occurring disorders.

Ensuring that treatment is available and accessible in a collaborated treatment process for both disorders is essential to providing a successful path of recovery. The treatment of both mental health and substance use disorders can help prevent the exacerbation of other health problems, including cardiac and pulmonary diseases, according to SAMHSA's *Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Health Disorders*.²³

Employees

Many people with substance use disorders are employed. In 2006, 61.5 percent of adults with a substance use disorder also were employed full time—translating into nearly 13 million people.²⁴ Many companies are supportive of treatment. An overwhelming majority of human resources professionals (92 percent) agree that an effective treatment program increases employee productivity.²⁵

In fact, treatment can make a truly significant difference in the workplace. Reported job problems, including incomplete work, absenteeism, tardiness, work-related injuries, mistakes, and disagreements with supervisors, are cut by an average of 75 percent among employees who have received treatment for substance use disorders.²⁶

Since a large number of people with substance use disorders are employed full time, many treatment programs take this under consideration. Employees seeking treatment often can do so without interfering with their ability to perform their jobs. Intensive outpatient programs are effective and allow people to continue to work, while seeking treatment outside of work.²⁷ Additionally, many companies offer employee assistance programs, which can help workers find a suitable treatment and recovery support program and provide confidential problem identification, short-term counseling, and follow-up services to help resolve the problem.²⁸

Treatment and recovery options

There is a wide range of treatment options available today. The following chart outlines some of the common avenues people may take as part of their treatment and recovery process.

<p>Medical Detoxification</p>	<p>Administered under the care of a physician who helps manage physical withdrawal symptoms, detoxification is a set of interventions aimed at managing a person’s safe withdrawal from a substance. Detoxification alone does not lead to lasting abstinence, since it does not address the psychological and behavioral facets of addiction.²⁹</p>
<p>Inpatient Programs and Therapeutic Communities</p>	<p>Inpatient treatment is a type of program where people stay overnight at a hospital or treatment facility, for a few days to several months, to participate in rehabilitation and recovery.³⁰ Programs can be short or long term, lasting 3 to 6 weeks or many months. This type of treatment is often followed by extended participation in outpatient therapy (e.g., 12-step programs).^{31, 32} Some programs, like therapeutic communities, are long term, more structured, and focused on people with a long history of addiction.³³</p>
<p>Outpatient Programs</p>	<p>These are programs where people live at home and receive treatment services during the day.³⁴ Outpatient treatment can be offered in health clinics, community mental health clinics, counselors’ offices, hospital clinics, local health department offices, or at inpatient programs with outpatient clinics.³⁵</p>
<p>Medical Maintenance Programs</p>	<p>This involves the use of medications, such as buprenorphine or naltrexone, as a component of treatment for addiction to opioids and alcohol, respectively.^{36, 37} Medication, such as methadone treatment, is used to help wean patients off of their dependency.³⁸ More information can be found at www.dpt.samhsa.gov.</p>



TARGETED OUTREACH

Therapy, Counseling, and Support Groups

Individual and/or group counseling and other behavioral therapies are essential components of effective long-term treatment. Therapy confronts issues of motivation, builds skills to resist substance use, replaces destructive activities with constructive behavior, and improves problem-solving abilities, as well as facilitates interpersonal relationships.³⁹

Ongoing Support and Aftercare

Participation in mutual support groups during and following treatment is often helpful in sustaining recovery.⁴⁰

For confidential information and treatment referral, please call SAMHSA's National Helpline at 1-800-662-HELP or visit SAMHSA's Substance Abuse Treatment Facility Locator at www.findtreatment.samhsa.gov. For more information and materials about substance use disorders, treatment, and recovery, visit SAMHSA's Center for Substance Abuse Treatment's Web site at www.csat.samhsa.gov. Additional information is available at www.recoverymonth.gov.

SOURCES

- 1 *What Does America Think About Addiction Prevention and Treatment?* Princeton, NJ: Robert Wood Johnson Foundation, 24, March 2007, p. 1.
- 2 *Results from the 2006 National Survey on Drug Use and Health: National Findings.* DHHS Publication No. (SMA) 07-4293. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, September 2007, p. 69.
- 3 "Cardiovascular Disease Statistics." American Heart Association Web site: www.americanheart.org/presenter.jhtml?identifier=4478. Accessed July 26, 2007.
- 4 *Results from the 2006 National Survey on Drug Use and Health: National Findings*, p. 69.
- 5 Ibid, pp. 74, 75.
- 6 *Pathways of Addiction: Opportunities in Drug Abuse Research.* National Academy Press. Washington, D.C.: Institute of Medicine, 1996.
- 7 *Alcohol and Drug Treatment: How it Works and How it Can Help You.* DHHS Publication No. (SMA) 07-4292. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 2007, p. 3.
- 8 *Results from the 2006 National Survey on Drug Use and Health: National Findings*, pp. 23, 71-74.
- 9 *Principles of Drug Addiction Treatment: A Research-Based Guide.* NIH Publication No. 99-4180. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse, October 1999, p. 3.
- 10 Ibid.
- 11 *National Survey of Substance Abuse Treatment Services (N-SSATS): 2006 Data on Substance Abuse Treatment Facilities.* DHHS Publication No. (SMA) 06-4296. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, October 2007, p. 37.
- 12 *Treatment Improvement Protocol (TIP) Series 32: Treatment of Adolescents with Substance Use Disorders.* DHHS Publication No. (SMA) 99-3283. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 1999, section entitled "Executive Summary and Recommendations."
- 13 Ibid.
- 14 Ibid.
- 15 Martin, K. *Adolescent Treatment Programs Reduce Drug Abuse, Produce Other Improvements.* NIDA Notes Volume 17, Number 1, April 2002. NIDA Web site: www.nida.nih.gov/NIDA_Notes/NNVol17N1/Adolescent.html. Accessed September 26, 2007.
- 16 Hser, Y., Grella, C., Hsieh, S., Anglin, M.D. "An evaluation of drug treatment for adolescents in four U.S. cities." *Archives of General Psychiatry*, 58, July 2001, pp. 689-695.
- 17 "Prescription Drugs: Abuse and Addiction." *National Institute on Drug Abuse Research and Report Series.* Publication Number: 01-4881. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, July 2001, pp. 5, 6.
- 18 "Substance Abuse and Misuse Among Older Adults." Geriatric Mental Health Foundation Web site: www.gmhfonline.org/gmhf/consumer/factsheets/substnabuse_factsheet.html. Accessed September 18, 2007.
- 19 *National Survey of Substance Abuse Treatment Services (N-SSATS): 2006 Data on Substance Abuse Treatment Facilities.* DHHS Publication No. (SMA) 06-4296. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, October 2007, p. 37.
- 20 "Clinical Guidelines for Alcohol Use Disorders in Older Adults." The American Geriatrics Society Web site, November 2003: www.americangeriatrics.org/products/positionpapers/alcoholPF.shtml, section entitled "Features of preferred treatment options for abuse/dependence among older adults." Accessed September 18, 2007.
- 21 *Results from the 2006 National Survey on Drug Use and Health: National Findings*, p. 83.
- 22 Ibid, p. 85.
- 23 *Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Health Disorders.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2002, p. ix.
- 24 *Results from the 2006 National Survey on Drug Use and Health: National Findings*, p. 74.
- 25 "Hazelden Foundation survey reveals disparity between severity of problem and employer assistance." Hazelden Web site: www.hazelden.org/web/public/2007workplacesurvey.page. Accessed September 18, 2007.
- 26 *Comprehensive Assessment and Treatment Outcome Research.* St. Paul, MN: CATOR Connection, 1990.
- 27 Chalk, Mary Beth. *Telephone Substance Abuse Treatment: The Next Generation of Care*, pp. 17, 18.
- 28 U.S. Department of Labor Web site: www.dol.gov/asp/programs/drugs/workingpartners/dfworkplace/ea.asp, section entitled "Employee Assistance," summary of p. 1. Accessed September 18, 2007.
- 29 *Treatment Improvement Protocol (TIP) Series 45: Detoxification and Substance Abuse Treatment.* DHHS Publication No. (SMA) 06-4131. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 2006, pp. xv, 4.
- 30 "Inpatient Treatment." Partnership for a Drug-Free America Web site: www.drugfree.org/Intervention/Glossary/Inpatient_Treatment. Accessed January 2, 2008.
- 31 "Drug Abuse and Addiction: Rehab, Self-Help and Treatment Options." The Helppguide Web site: www.helppguide.org/mental/drug_abuse_addiction_rehab_treatment.htm. Accessed September 26, 2007.
- 32 *Treatment Methods for Drug Addiction.* Connecticut Clearinghouse, A Program of the Wheeler Clinic by the Department of Mental Health & Addiction Services, July 2004. Connecticut Clearinghouse Web site: www.ctclearinghouse.org/topics/customer-files/Treatment-Methods-for-Drug-Addiction.pdf. Accessed September 26, 2007.
- 33 Ibid.



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- 34 "Outpatient Treatment." Partnership for a Drug-Free America Web site: www.drugfree.org/Intervention/Glossary/Outpatient_Treatment. Accessed January 2, 2008.
- 35 *What is Substance Abuse Treatment? A Booklet for Families*. DHHS Publication No. (SMA) 04-3955. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 2004. pp 9, 10, 11.
- 36 *Treatment Improvement Protocol (TIP) Series 40: Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction*. DHHS Publication No. (SMA) 04-3939. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 2004, pp. 51, 58-59.
- 37 *Treatment Improvement Protocol (TIP) Series 28: Naltrexone and Alcoholism Treatment*. DHHS Publication No. (SMA) 98-3206. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 1998, Executive Summary.
- 38 "Drug Abuse and Addiction: Rehab, Self-Help and Treatment Options." The Helppguide Web site: www.helppguide.org/mental/drug_abuse_addiction_rehab_treatment.htm. Accessed September 26, 2007.
- 39 *Principles of Drug Addiction Treatment: A Research-Based Guide*, p. 4.
- 40 *Ibid*, p. 5.



Join the Voices for Recovery

Every year for **National Alcohol and Drug Addiction Recovery Month (Recovery Month)**, the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment shares the voices of many who have been through their own journey of addiction, treatment, and recovery.

This year's theme for **Recovery Month** is **"Join the Voices for Recovery: Real People, Real Recovery,"** and with that in mind, the following stories represent the unique, real people who have seen their lives renewed through treatment and recovery. Share these vignettes to raise awareness of substance use disorders. Take what you learn from them to help someone you know realize he or she may have a problem with alcohol and/or drugs. Most importantly, spread the word that treatment is effective and recovery is possible.

Art Zwerling

Registered Nurse Anesthetist



I'm an alcoholic/addict who has been continuously sober since October 21, 1987. I am employed full time as a certified registered nurse anesthetist in the Philadelphia area.

In October 1987, I was admitted to the Friends Hospital Alcoholism Recovery Program following a death-defying relapse of my addiction to alcohol, sedatives, and pain medication. I was indeed fortunate to have been given the gift of desperation. I had been so completely defeated and spiritually eviscerated by my addiction that I was ready and willing to do whatever Doris, the director of my program, suggested to begin the road back to sobriety. While undergoing an excruciating detoxification, I was sent to a meeting with the Philadelphia Recovering Nurses

Association. Doris introduced me to the group. There began my journey in recovery and adventures with advocating for health care professionals with the disease of chemical dependency.

I have been tempted with relapse several times. In one particular example, I landed in the emergency room for a back problem. Despite my protests that I'm in recovery and I'll do fine with a mild pain reliever, the hospital staff indicated that I needed a stronger analgesic to be able to take an x-ray. I wanted another shot before the nurse had removed the syringe. Fortunately, my fear of relapse outweighed my rationalizations about trying to get more pain medication. When I got home I tore up the prescription for Percocet®.

My recovery has helped me to further my career over the years. I have been a certified addictions counselor, group and family therapist, physician assistant, research associate in neuropharmacology, and critical care nurse. Currently I am completing my doctoral program at the University of Tennessee Health Science Center in Memphis, TN.



Barbara Nicholson Brown

Publisher, *Arizona Together*
 Founder, The Art of Recovery



With over 17 years of continuous sobriety, I am still amazed at how my life has changed. As a young girl, I received the message that drinking was *fun*, made people laugh and joke, and caused you to think there was not a care in the world. Later I would see it destroy our family due to my alcoholic mother. I swore I would never be like her. But I followed in her path, step by step. From my first drink to my last, I was a blackout drinker. Somehow I managed to keep a job (sometimes), but I lost friends, respect, and self esteem along the way. I never wanted to admit I had a problem, though I knew it all along. Like many others I lied, cheated, and stole to get what I wanted. One drink led to 5 or 10 or 20, one bottle led to 5 in a sitting. At the end of 24 years of living driven by getting high, I am amazed I made it out alive. As a single woman, I was unable to have relationships because everything depended on how much others used. It was a selfish existence based on fear and self loathing.

By the grace of God I hit my bottom in 1990. None of it was pretty. The bright side is I was given a chance to take a different course of action and I chose to do so out of desperation. Today I am publisher of a recovery newspaper, *Arizona Together*, and am the founder of The Art of Recovery Expo in Phoenix, AZ. We are part of **Recovery Month** and we offer others a place to discover how to get help for themselves or their loved ones.

Whose life is not touched by addiction? The work I have done to stay sober has been well worth the effort and I can never say thank you enough for the help I received. It really is one day at a time. Life does not end because we get sober, life gets real and we get real with it. Drinking and drugging never made anything about my life better. My hand is out to help anyone who needs it.

Tonja Myles

Co-Founder and CEO, Set Free Indeed Ministry and Free Indeed Treatment Center



I had a traumatic experience early in my life, which accounts for many of my poor decisions. Once I started using marijuana, I said that was as far as I would go. I was fooling myself, and not long after, I started abusing cocaine. To help finance my habit, I started taking money from my parents. Addiction makes you become a different version of yourself; all my conniving and manipulative behavior was rooted in my drug dependence.

Eventually, I got sick and tired of being sick and tired. I went to my grandmother for guidance. I think it is because of her prayers that I am still alive after all I've been through. She said, "Tonja, God can heal you from this mess." It was a blessing to hear that through my faith, I could be forgiven.

That night, I gave my life to the Lord and vowed to work toward sobriety.

I have started faith-based recovery treatment facilities, with the help and support of my husband. Even though I have committed my life to helping others, I still make sure I am sustaining my own recovery, no matter how long I have been sober. Ensuring that I continue to stay healthy is the only way I keep fighting my cause.

My wish is for people to look within their families and their communities to know that addiction isn't pretty but it's real—and people do recover. If I could do anything, it would be to make it better known that people don't have to suffer in silence. There is hope, help, and healing.

Lynn Marie Smith

Advisory Board, Partnership for a Drug Free America
Author, Speaker



I never wanted to become an addict, but it happened anyway. When I was offered drugs in a posh New York City apartment, it didn't seem like a dangerous choice to make. Once I'd experienced the "high" of drugs, it was easy to go back to them, to ease my nerves, to get over a bad day, to numb the pain, for an extra burst of energy. My life quickly spiraled out of control. I rarely ate or slept, and when I did sleep I had nightmares and panic attacks. I ignored my deteriorating condition until one night I began to hallucinate uncontrollably. I spent 14 days in a psychiatric ward receiving treatment. I was placed on antipsychotics, antidepressants, sleeping medications, and mood stabilizers; basically they traded one set of drugs for another. The outcome was frightening and life-altering. I was lucky enough to survive and, with faith and determination, recover.

I have come to a place of love and understanding not only for myself, but also for all of the dark roads I have traveled. All that is left from these experiences are the lessons, the love. Today, I fulfill my life's mission by inspiring people to live their *truth* and look *within* themselves for peace and happiness. I travel throughout North America, speaking in schools, jails, colleges, churches, and rehab programs. I have appeared on several television shows, including *Oprah*, MTV's *True Life*, and *The Dr. Keith Ablow Show*. I am an advisory board member of the Partnership for a Drug Free America and have testified before Congress for reforms in drug education and policy. My book, *Rolling Away, My Agony with Ecstasy* was published by Simon and Schuster and I am currently in the process of publishing two more books: *Dear Addict* and *Dying to LIV*. I have been given a second chance, and that is not something everyone gets.

Regena Grant

Center Manager, Haight Ashbury Free Clinics Smith House/Smith Ryan Residential
Detox for Women



As of April 8, 2008, I have been in long-term recovery for 7 years and 8 days. With every passing day, this number changes. Every day is better than the last; each is a true blessing. I was dependent on crack cocaine, alcohol, and marijuana. I started off with recreational use, which quickly became abuse. I then became completely addicted.

Once I got into recovery, I heard traumatic stories of abuse, abandonment, molestation, and more. None of those things happened to me. I had a secure family, a great childhood. However, I now know that addiction doesn't care who you are.

The day I celebrated being clean for 2 years, the center manager where I received treatment asked if I wanted to work for the program. I became an on-call counselor and soon, became a permanent part-time counselor. Not long after that, I was promoted to lead treatment groups. I couldn't believe that I was working full time, providing for my family, and helping people who were just like me before treatment.

I couldn't have gotten clean and sober without my family. My kids lived with my mother and grandmother when I couldn't take care of them. They all helped each other. My life has completely turned around, and I am so lucky to have the opportunity to help others do the same.



Reverend Hugh Tudor Foley

Priest and Treatment Center Chaplain



In 2001, I was confronted for my increasing alcoholic behavior—drinking at work, which happens to be a church—and a visible lack of ability to function. As a result, I went to Silver Hill Hospital in New Canaan, CT. The gifts I received there gave me the foundation of recovery that continues today. Much of my work as a priest reflects what I have learned from meetings, sponsors, reading, and study. The wisdom I have discovered, as I see my Higher Power working through others, continues to be awesome.

In addition to my parish service, I have begun a part-time chaplaincy at my treatment alma mater, Silver Hill Hospital. As I walk the same paths on that campus today that I walked as a patient, I am reminded daily of the gifts of recovery. The acknowledgement that spirituality plays a major role in recovery by clinicians encourages my own ministry. As chair of two diocesan committees on substance abuse, I have discovered that education of clergy is critical to helping so many who are in harm's way. I try to follow the example of the many in recovery before me, while the support group to which I belong and all who attend remain anonymous. I am open about my continuing recovery so I can teach, counsel, and write. I encourage public awareness and clergy understanding, and I am an advocate for legislative support for equality in insurance coverage for addiction recovery and mental illness.

Donald Kurth, M.D.

Chief of Addiction Medicine, Loma Linda University Behavioral Medicine Center

Associate Professor, Departments of Psychiatry and Preventive Medicine

Mayor, Rancho Cucamonga, CA



I count my recovery starting with my sobriety date, October 8, 1993; it was a long journey to get to that day. I was just a kid, really, when I started getting involved with alcohol and drugs. I come from a family where drinking is a part of many social activities, and it seemed to me that getting drunk and knowing how to drink was a rite of passage when I was growing up.

When I was about 14, I started really drinking with my buddies. I was using heroin before Christmas break my senior year of high school and got addicted right away. I got arrested in my early 20s and the judge gave me probation with a stipulation that I had to enter a drug program. I entered treatment on December 29, 1969, and was there for 27 months. After that, I never touched drugs again.

My initial treatment didn't address my alcohol dependence, and in 1993, I entered a treatment program for it, stayed for 31 days, and got connected with 12-step recovery. This has been the anchor in my recovery since.

In treatment, you learn to overcome the challenges that you will continue to face in life, but you do it in a protected environment. Unfortunately, a huge wall of discrimination exists for individuals who have been in jail or have had legal problems with drugs. Luckily, I am very persistent and recognized the importance of accomplishing my goals, such as finishing my education. My perseverance helped me overcome some of these barriers people in recovery experience and helped me circumvent any preconceived notions others had.

Brenda Shebanek

Doctoral Candidate, Clinical Psychology



My addiction began when I was 13 after the death of my beloved mother and brother. I was lost in addiction for 21 years. The barriers to my recovery were unresolved grief, a lack of family and financial support, and a lack of services. However, recovery has given me the life that I deserved. Life now is richer in every way. I have healthy and rich family relationships, an interesting and gratifying career, a home, and a passion for helping others find their way out of difficulty.

I have been in recovery now for more than 12 years and I am currently completing a doctorate in clinical psychology. My research interest is the stigma of addiction. The higher I go in my education and career, I can't help but wonder if my past history of addiction affects the way people will view me, and if the social stigma associated with addiction and the discrimination that grows from this stigma will be a barrier to my future success. It makes me wonder how anyone can find the hope to recover when they face so many obstacles, especially if they have gotten into trouble with the law as a result of their addiction.

As I study stigmatizing attitudes and stereotypes that people hold about those who have struggled with addiction, I am amazed at the obstacles that people face and yet still recover! It takes a lot of courage and determination. If you are struggling, don't give up. If you know someone who has had an addiction, please remember that this does not mean that they are a bad or untrustworthy person, but more likely that life events, genetics, personality, the era that they grew up in, and environmental factors have all converged into this problem. It is not a life sentence. Change happens.

William Moyers

**Vice President of External Relations, Hazelden
Author**



I've been clean and sober since October 12, 1994, and my story is like many others. I had no idea that my casual use of legal and illegal substances could hijack my brain and steal my soul. I'm not what you expect. I had an idyllic childhood. I'm the product of two parents who loved me unconditionally.

My first experimentation was around age 16 with marijuana. I voluntarily tried it and knew what I was using. This eventually led me down a path of drinking and a dependence on crack cocaine. I didn't have any consequences early on. It's clear to me now that, even though I tried to maintain a semblance of normalcy, those substances started to take over my life.

I'm proof that addiction doesn't discriminate. It doesn't care if you are from the quiet suburbs of Long Island or the inner city of Chicago. Whether you are white or black, Jewish or Christian, it doesn't matter. In 1989, I hit bottom in New York City. In the fall of 1989, I was sent to a treatment program. However, between 1989 and 1994, I was in and out of treatment four times, even though I was sober for nearly four of those years.

In 1994, I was 35 years old and relapsed, again. I got one more chance, and I've been clean and sober ever since. Then the rest of my miracle happened and now I continue to live in recovery. Treatment is not a cure; it's a solution.



I finally took personal responsibility for my disease and accepted the fact that I have a chronic illness and, to survive it, I have to be part of the solution, not part of the problem.

I'm more than a treatment provider; I'm a recovery advocate. I advocate shifting the debate from just talking about the problem to working toward a solution—recovery. It doesn't really matter how someone finds their way on a path of recovery. Whether they find an inpatient program, work the 12 steps, or find it on their own, I just want people to get well.

Benneth Lee

Father, Advocate, Teacher



I first joined a gang when I was 10 years old. A gang provided protection and a way to escape the shame of poverty in my rough neighborhood where I lived on Chicago's west side. I learned to hustle—as a result I had nice clothes; I drove nice cars. I also was becoming more and more entrenched in a life of crime and addiction.

Arrested repeatedly, I served my first of several prison sentences at age 15. At 17, I began using heroin and eventually became addicted. My life consisted of drugs, crime, and jail time—a cycle repeated over and over again. At age 30, I was a high school dropout, could barely read, and I hadn't held an official job in my life. What I had was an extensive criminal history, a serious addiction, and a reputation as a high-profile gang leader. I wanted out, but I didn't know where to start.

Things began to change for me in 1984. My cellmate at the time was an individual I used to hustle with on the streets. He told me that an organization called TASC could help me achieve the changes that I now desired. I was assigned to TASC as part of my probation and received my first chance at treatment for my substance use disorder.

Over the course of two years, I went through the whole spectrum of treatment, starting in a residential program and gradually moving to less supervised forms of treatment. Each step strengthened my recovery and my resolve. With the support of my TASC and treatment counselors, I began looking for a job. I looked for three months before I even got my first interview. I finally entered the workforce with a position at a warehouse, and successfully completed parole and probation at age 32.

I wanted to do more and help others struggling through life experiences similar to mine. So I enrolled in a training program for addiction counselors. That was almost 20 years ago. Today, I continue to work with individuals who are gang-affiliated and addicted, along with the agencies and institutions where they are involved. No matter how busy I get, I reach inside of myself every day to show others who might feel like I felt—as a kid of 10 or a man of 30—that there is another way. And, there are people and organizations that are here to help.

TREATMENT PROVIDERS AND THE RECOVERY COMMUNITY



TARGETED OUTREACH

Treatment Providers and the Recovery Community: People Who Change Lives

A community with a history...

Substance use disorders affect millions, and no one witnesses more of their devastation than treatment providers and the recovery community. These groups of people see first hand the ramifications that addiction can have on a person's life and how it affects their families. In fact, many treatment providers and individuals in the recovery community have experienced their own or a family member's dependence on alcohol or drugs, making them important shepherds of these messages to society.

Year after year, the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT) encourages every person to join this community and to help raise awareness about substance use disorders, treatment, and recovery.

As part of the 19th annual *National Alcohol and Drug Addiction Recovery Month (Recovery Month)* this September, SAMHSA is sharing the stories of real people as part of its theme, "*Join the Voices for Recovery: Real People, Real Recovery.*" To coincide with this theme, SAMHSA is highlighting people who have experienced addiction and want to share their story of long-term recovery. The following is the experience of William Moyers. A former journalist, William now works with Hazelden, a treatment facility, is a founding member of Faces and Voices of Recovery, and is a recovery advocate and author.

No discrimination...



William Moyers

"I've been clean and sober since October 12, 1994, and my story is like many others. I had no idea that my casual use of legal and illegal substances could hijack my brain and steal my soul. I'm not what you expect. I'm the product of two parents who loved me unconditionally. I lacked for nothing morally, financially, emotionally, and spiritually. When I was born in 1959, my father was an ordained Southern Baptist minister, so I never struggled with a relationship with God. I always knew of a power greater than myself.

"When I was a teenager, I did what a lot of teenagers did back then and continue to do today—experiment with mood- and mind-altering substances. My first experimentation was around age 16 with marijuana. I had no idea what effect it would have on me—in the short or long term. At first, it made me feel better about myself; it smoothed the rough edges of my imperfections. I instantly found what I thought was relief from all that ailed me, which was largely thoughts that I didn't measure up or wasn't perfect enough.

"I began to use alcohol when 18 was still the legal drinking age. I continued to be a good student and was the captain of the track team, a starting player on the football team, and the co-editor of the yearbook. It's clear to me now that, even though I tried to maintain a semblance of normalcy, those substances started to take over my life. No one seemed to notice, though—I looked 'normal.'



“Even so, I did end up having one legal offense. I was arrested for a crime against property while I was intoxicated. And yet, because I didn’t ‘look’ like an addict or an alcoholic, everyone who learned about my arrest—my parents, my pastor, my girlfriend, my friends—couldn’t believe that I did that. While everyone chocked it up to a college prank, in reality it was probably the first big red flag of my addiction. Being drunk wasn’t an excuse, but it was an explanation why a logical person would break the law. Yet nobody saw it for what it really was—active alcoholism.

“I’m proof that addiction doesn’t discriminate. It doesn’t care if you are from the quiet suburbs of Long Island or the inner city of Chicago. Whether you are white or black, Jewish or Christian, it doesn’t matter. I’m a prime example that you don’t have to look the part to become the part.”

Treatment providers, whether or not they have experienced their own addictions, know the realities of substance use disorders. In 2006, an estimated 22.6 million people aged 12 or older (9.2 percent of the population) suffered from a substance use disorder in the past year.¹ A substance use disorder means that a person is dependent on or abuses alcohol and/or drugs, including the nonmedical use of prescription drugs.²

As William’s life and the research show, substance use disorders are not uncommon and can affect people regardless of their age, race, gender, ethnicity, class, employment status, or community.³ Marijuana was a popular drug of choice in William’s youth, and it continues to be widely used today. In 2006, marijuana was the most commonly used drug; 4.2 million people aged 12 or older were dependent on or abused it, and more than 59 percent of all those with an illicit drug dependence were addicted to marijuana.⁴ Alcohol dependence also was common, with nearly 19 million people aged 12 or older abusing or dependent on alcohol.⁵

There is no single cause of addiction. For a long time, society viewed a person’s addiction as a sign of lacking discipline or morality, or how they were raised. But William’s parents loved and supported him. Now, it is widely recognized that the causes of substance abuse are multifaceted, involving psychological, environmental, biological, and cultural factors.⁶ Not only are the causes of addiction complex, but many people dependent on alcohol and/or drugs also rely on a tangled web to hide their reality from others.

A double life...

“For the next 9 years, up until about 1989, I continued to lead a ‘Jekyll and Hyde’ existence. On the outside, I was a competent reporter in Dallas and New York. I was married to a woman who, at the time, had no idea I was struggling with addiction. I was an active member of my church. I didn’t look, much less act (in public at least), like what people might think an alcoholic or drug addict would be like. My use of alcohol led to hard drugs, and by the time I was 30 years old, I was addicted to crack cocaine. While I owned a home, I spent most of my days and evenings in crack houses. I was functioning less and less, while making more and more of an effort to maintain the appearance of a functional person, a task that became increasingly difficult. My marriage was in trouble. My seemingly perfect life was starting to unravel.”

As many treatment providers and people in recovery can attest, substance use disorders can lead people to be in denial and feel indifferent about their struggle. This, along with the shame and stigma associated with substance use disorders, can prevent many from seeking the treatment they need. During the years 2004 through 2006, people who were aware they had a problem and needed treatment for a substance use disorder but did not receive it at a specialty facility listed the following reasons:

- 37.2 percent were not ready to stop using.
- 13.3 percent thought it would have a negative effect on their job.
- 11 percent were concerned that it might cause neighbors or the community to have a negative opinion of them.⁷

William, like many others, wrestled with a dependence on both alcohol and drugs. In 2006, 57.6 percent of youths aged 12 to 17 who were heavy drinkers also were current illicit drug users.⁸ Among the 16.9 million heavy drinkers aged 12 or older, 32.6 percent were current illicit drug users. People who were not current alcohol users were less likely to have used illicit drugs in the past month (3.4 percent).⁹ William, like many who face addiction, was about to hit his personal low point.

Picking myself up, falling, and finding redemption...

"In 1989, I hit bottom. I was locked up in a psychiatric ward in a hospital for almost 3 weeks, mentally unstable from my cocaine addiction. In the fall of 1989, I was sent to Hazelden, a treatment program in Minnesota. Between 1989 and 1994, I was in and out of treatment four times, even though I was sober for nearly 4 of those years. I was very fortunate that I didn't die and that I kept getting one opportunity after another.

"In 1994, I was working as a journalist for CNN in Atlanta and was remarried to a woman who had been sober for 5 years herself, with two small boys at home. I was 35 years old and relapsed, again. My only explanation is that I have a chronic disease that I was not paying attention to and never truly became a willing participant in managing it until that point. On the morning of October 12, 1994, my wife, parents, employer, and a representative from the county sheriff's department staged an intervention to pluck me from the abyss of darkness, despair, and death.

"So I got one more chance, and I've been clean and sober ever since. I went to a residential treatment facility for 100 days in Atlanta, a place called Ridgeview Institute. From counselors to clergy and even the household help, everyone who was involved in my treatment conveyed a sense of compassion, dignity, and respect. They were good to me, but at times that meant challenging me on my honesty and willingness.

"Then the rest of my miracle happened and now I continue to live in recovery. Recovery, for me, is grounded in the 12 steps—in an awareness of a power greater than me, God. That recovery is rooted in the fellowship of my fellow travelers, other people who are like me—people in recovery. On that October 12, I finally took personal responsibility for my disease and accepted the fact that I have a chronic illness and, to survive it, I have to be part of the solution, not part of the problem.



TARGETED OUTREACH

“During my other treatment experiences, I didn’t understand that the biggest priority in my life had to be recovery. To service all the other priorities in my life, recovery must be put first. I didn’t understand that every morning when I woke up, I had to put that commitment first. And every night, I have to remember to be thankful that I have completed another day of sobriety. Early on, I viewed recovery like someone might view taking out the garbage. I would think about it maybe once a week, but certainly not every day. But in recovery, I had to see that every day is critical to the success of the entire process.”

William, like so many others in the recovery community, entered a pattern of abuse that spun out of control and into a chronic illness—a common reality of addiction.¹⁰ Substance use disorders are medical conditions that can be effectively treated, just as numerous other illnesses are treatable.^{11, 12}

Treatment for drug use disorders is just as effective as treatment for other chronic conditions, such as high blood pressure, asthma, and diabetes.¹³ For example, up to 70 percent of patients in treatment for alcohol dependence, 60 percent in treatment for a cocaine dependence, and up to 80 percent of those in opiate treatment are successful.¹⁴

Recovery is possible when a long-lasting commitment is made; however, relapse is possible. Just as someone who is being treated for asthma might struggle with staying healthy, relapse does not mean that treatment will never work or the person is not making an effort to succeed.¹⁵ William relapsed several times throughout his recovery. His experience reiterates the need to educate the community that recovery from a substance use disorder can be a long-term process requiring multiple episodes of treatment.¹⁶

While it is a somewhat frequent occurrence, relapse sometimes can be prevented. People who received treatment for a substance use disorder within 30 days of going through detoxification took 40 percent longer to relapse, if at all, according to research from SAMHSA.¹⁷ Detoxification is a type of treatment facility where many people go through addiction withdrawal symptoms. Furthermore, people who attended support programs, such as 12-step programs including Alcoholics Anonymous or Narcotics Anonymous, in addition to receiving treatment, are more likely to sustain recovery.¹⁸

Recovery homes also help prevent relapse. Oxford House alone has more than 1,200 democratically run, self-supporting, drug-free homes to help people sustain their recovery. The success rate in helping people achieve sobriety in this type of setting ranges from 65 to 87 percent.¹⁹

Knowing the signs and symptoms of a potential relapse to alert treatment providers about can help those in the recovery community sustain each other. Things to watch for include:

- **Complacency** when life begins to improve. People in long-term recovery may believe that they no longer need to focus on their recovery efforts; they may be convinced they will never begin using again.
- **Lack of self-care** as the person becomes exhausted and develops or returns to irregular eating or poor general health habits.
- **Increasing or return to denial.** People in long-term recovery may start rationalizing, justifying, minimizing, or generalizing addictive thinking and behavior.

- **Isolation** and attempting to solve problems on their own; they may not share what is going on with others.
- **Setting unrealistic goals** or wanting too much progress too quickly.
- **Discounting or discontinuing a recovery program**, such as neglecting to attend 12-step meetings or counseling sessions.²⁰

What now...

“Part of my sobriety includes listening to others and what was around me. In detoxification, I had a spiritual awakening that led me back to Minnesota, the location of my first round of treatment. I didn’t have—or even need to know—the answer for why I was impelled to move back, but I knew I needed to get back there and trust the process; trust myself in recovery.

“One year after my family and I moved, I happened upon an ad for a position at Hazelden for a public policy specialist. I originally didn’t go back to Hazelden to help save the world from alcohol and drug addiction; I went back to stay sober for myself. However, in the process, I’ve found a way to help achieve both.

“Eleven years later, I’m the vice president of external relations at Hazelden. Most of my work is spent out in the field, down in the trenches with people in recovery. I was fortunate enough to have published a memoir a few years ago and from it have received thousands of e-mails from people who are just like me and have families just like mine. I answer every e-mail. I feel my book has changed a lot of the public understanding about addiction because it was written by a person no different than your neighbor.

“I’m more than a treatment provider; I’m a recovery advocate. I advocate shifting the debate from just talking about the problem to working toward a solution—recovery. It doesn’t really matter how someone finds their way on a path of recovery. Whether they find an inpatient program, work the 12 steps, or find it on their own, I just want people to get well.”

Recovery opens a world of possibilities. Many people who achieve long-term recovery become active in the recovery community or even treatment providers themselves. Half of the general recovery community has said that they would be very or fairly likely to actively take part in a public campaign to speak out about the benefits of recovery. People in recovery want others to know that they overcame personal and professional barriers to turn their lives around. After all they have been through, many want to give back and help others in need. Perhaps most importantly, people who have been through treatment and recovery want everyone to know that people dependent on alcohol and/or drugs can get better and help others do the same.²¹

To improve access to treatment and recovery services, SAMHSA administers the **Access to Recovery** grant program, an initiative announced by President Bush in 2003 to help people in need of treatment secure the best options available to meet their needs. The competitive grant program gives recipient states, territories, the District of Columbia, and tribal organizations broad discretion to design and implement federally supported voucher programs to pay for a range of effective, community-based substance use disorder clinical treatment and recovery support services. By providing vouchers to people who need treatment, the grant program promotes individual choice for treatment and recovery services. It also expands access to care and increases substance use disorder treatment capacity.



Another grant program offered by SAMHSA is the **Recovery Community Services Program (RCSP)**. In RCSP grant projects, peer-to-peer recovery support services are provided to help people initiate and sustain recovery from substance use disorders. Some RCSP grant projects also offer support to family members of people needing, seeking, or in recovery. More information can be found at <http://rcsp.samhsa.gov/index.htm>.

Sustaining recovery...

"I now have three children—all of whom are pre-teens or teenagers and entering their formidable years. It also is the same time when many teenagers begin to experiment with risky behaviors, just as I did. Both my wife and I are in recovery, so it is very important to us that our children know they are at risk of inheriting what is now known to be a genetic predisposition to alcohol and drug addiction. Even though we have both been clean and sober for so long, my children are still susceptible to becoming addicted to alcohol and drugs. Because of this, we are incredibly open with them about our experiences and the impact they have on our lives. We've explained what it means to be addicted, what treatment is, and what recovery is and set clear expectations and boundaries. They understand it's possible to have a good time at a football game or celebrate a birthday without drinking.

"Because of the shame and stigma associated with addiction, some people feel that by spreading the message that help is available, we are condoning experimentation. We are not. There needs to be an acknowledgement that whether you are 16 or 70, help is available for you. You shouldn't be shamed into running away from it.

"I believe that coincidence is God's way of remaining anonymous. And that's the only way I can explain how my life has worked out. For example, the day I found the wonderful opportunity at Hazelden was the first day I've ever read the classifieds in the newspaper. I believe that was a coincidence through God. The only way I've been able to continue my commitment to recovery is to trust the process and trust the coincidences. Addiction does not discriminate and neither does recovery."

William and his wife make it a priority for their children to understand their experiences—something everyone can achieve. As a treatment provider or member of the recovery community, you can serve as a role model, telling people what to expect from treatment and that it is effective and recovery is possible. Communicating this concept is paramount because stigma and misconceptions about substance use disorders and treatment can keep people from seeking help.^{22, 23}

To raise awareness nationwide, hundreds of communities and thousands of people across the country will recognize **Recovery Month** this September. Treatment providers and the recovery community already do so much to help this cause, but you can go a step further during **Recovery Month** and beyond by:

- 1. Reaching out to families.** Family members—children, spouses, and even parents—of people with substance use disorders are frequently in need of education and support and may require referrals that can help them understand the recovery process. Make sure you are addressing their needs in your outreach efforts.
- 2. Creating a community coalition.** Community coalitions are an excellent way to consolidate resources. They provide support services and plans for those in need. Information on how to form a coalition and examples of local coalitions that support community-wide efforts are available in the "Building Community Coalitions" document in this planning toolkit.

3. **Planning or sponsoring an event.** Events can educate the community about substance use disorders, treatment, and recovery. An example could be a run/walk event or any other activity that promotes a healthy lifestyle.
4. **Speaking with key influencers.** Open a dialogue with elected officials, local business leaders, or other influencers about substance use disorders and what they can do to make treatment more accessible to members of the community.

For more resources that can help treatment providers and the recovery community, please consult the “Provider and Professional Organizations” section in the “*Recovery Month Resources*” brochure in this planning toolkit, or visit the *Recovery Month* Web site at www.recoverymonth.gov. For additional *Recovery Month* materials, visit www.recoverymonth.gov or call 1-800-662-HELP.



SOURCES

- 1 *Results from the 2006 National Survey on Drug Use and Health: National Findings*. DHHS Publication No. (SMA) 07-4293. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, September 2007, p. 69.
- 2 Ibid.
- 3 Ibid, pp. 71-74.
- 4 Ibid, p. 70.
- 5 Ibid, p. 69.
- 6 "Alcohol and Drug Abuse Prevention at Stanford." Stanford University Web site: www.stanford.edu/dept/helpcenter/AlcoholDrugs.html. Accessed August 23, 2007.
- 7 *Results from the 2006 National Survey on Drug Use and Health: National Findings*, p. 79.
- 8 Ibid, p. 29.
- 9 Ibid, p. 37.
- 10 Leshner, A.I. "Oops: How Casual Drug Use Leads to Addiction." U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse Web site: www.nida.nih.gov/Published_Articles/Oops.html. Accessed August 23, 2007.
- 11 *Pathways of Addiction: Opportunities in Drug Abuse Research*. National Academy Press. Washington, D.C.: Institute of Medicine, 1996.
- 12 Kleber, H.D., O'Brien, C.P., Lewis, D.C., McLellan, A.T. "Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation." *Journal of the American Medical Association*, p. 1689.
- 13 Ibid.
- 14 *Substance Abuse: The Nation's Number One Health Problem*. The Schneider Institute for Health Policy, Brandeis University and the Robert Wood Johnson Foundation, February 2001, pp. 109, 110.
- 15 "New Insights into Relapse." U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse Web site: www.drugabuse.gov/NIDA_Notes/NNVol17N3/DirRepVol17N3.html. Accessed September 25, 2007.
- 16 *Principles of Drug Addiction Treatment: A Research-Based Guide*. NIH Publication No. 99-4180. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse, October 1999, p. 5.
- 17 Mark, T.L., Vandivort-Warren, R., Montejano, L.B. "Factors affecting detoxification readmission: Analysis of public sector data from three states." *Journal of Substance Abuse Treatment*, 31(4), 2006, pp. 439-445.
- 18 *So Help Me God: Substance Abuse, Religion and Spirituality*. New York: The National Center on Substance Abuse at Columbia University, November 2001, p. 3.
- 19 Oxford House Web site: www.oxfordhouse.org/userfiles/file/doc/ap_depaul.pdf. Accessed January 3, 2008.
- 20 "Signs and Symptoms." The Watershed Addiction Treatment Programs Web site: www.thewatershed.com/symptoms.html. Accessed September 25, 2007.
- 21 *The Face of Recovery*. Washington, D.C.: Peter D. Hart Research Associates, Inc., October, 2001, pp. 13, 14.
- 22 "The President's National Drug Control Strategy." Washington, D.C.: Office of National Drug Control Policy Web site, March 2004: www.whitehousedrugpolicy.gov/publications/policy/ndcs04/message%5Fdata%5Fsupl.html. Accessed December 14, 2004.
- 23 *Faces & Voices of Recovery Public Survey*. Washington, D.C.: Peter D. Hart Research Associates, Inc., and Coldwater Corporation, May 4, 2004, p. 1.



Families: The Unsung Heroes of Recovery

A family disease...

Substance use disorders can be isolating for people suffering from them, as well as for their families. All involved may suffer from health consequences or face stigma and discrimination. An alcohol and/or drug addiction can become so consuming that many people lose sight of what really matters. In addition to becoming separated from their communities, people with substance use disorders often detach from their families, whose needs also must be addressed throughout the recovery process.

The Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Center for Substance Abuse Treatment (CSAT) makes it a priority to raise awareness about these issues and celebrate those who have entered a path of recovery, as well as their families. SAMHSA is celebrating the 19th annual **National Alcohol and Drug Addiction Recovery Month (Recovery Month)** this September.

As part of this year’s theme, **“Join the Voices for Recovery: Real People, Real Recovery,”** SAMHSA is urging people from every community to share their stories of addiction, treatment, and long-term recovery. To that end, the following is the story of Regena Grant, center manager at the Haight Ashbury Free Clinics Smith House/Smith Ryan Residential Detox for Women. Her family was instrumental in helping her pick up the pieces from her addiction and put her life back together through treatment and long-term recovery.

Never fitting in...



Regena Grant

“As of April 8, 2008, I have been in long-term recovery for 7 years and 8 days. With every passing day, this number changes. Each day is better than the last; each is a true blessing. I was dependent on crack cocaine, alcohol, and marijuana. As with many people with addictions, I started off with recreational use, which quickly became abuse. I then became completely addicted.

“I couldn’t have gotten clean and sober without my family. My kids lived with my mother and grandmother during the last six months of my addiction when I couldn’t take care of them. My grandmother took care of my newborn when I was in treatment, and when I was at my lowest point, she was so supportive of me.

“My parents divorced when I was 2 years old. Going back and forth between my parents was normal for me. My father was very strict. He instilled in me education and a work ethic to always succeed.

Living with my father growing up, I became a ‘people pleaser.’

“Once I got into recovery, I heard all of these traumatic stories of why people were addicted. Some were abused, abandoned, molested, and other horrible stories. None of those things happened to me. I had a secure family, a great childhood. I wondered, ‘Why was I an addict?’

“For me, addiction stemmed from my inability to love myself. When I started putting the pieces of my puzzle together, it occurred to me that when the kids at school and my cousin would tease me, it affected my self worth. My family is very fair skinned, while I am very dark skinned. As young as 5 years old, I even remember trying to wash the black off of me.”



People from all backgrounds are susceptible to addiction, and most Americans face a substance use disorder at some point in life, whether it is their own or that of a friend or family member. In fact, 69 percent of people have known someone who has a problem with alcohol or drugs.¹ A substance use disorder means that a person is dependent on or abuses alcohol and/or drugs, including the nonmedical use of prescription drugs.² Substance use disorders can affect people regardless of their age, race, ethnicity, class, employment status, or community.³

There is no single cause of substance use disorders. Regena's parents were supportive and wanted the best for her, yet she still went down a road of addiction. For a long time, society viewed a person dependent on alcohol and/or drugs as lacking discipline or morality. Now, it is widely recognized that the causes of substance abuse are complex, involving psychological, environmental, biological, and cultural factors. Treatment is designed to approach the illness comprehensively and includes a variety of therapies and methods to help individuals in recovery through changing their behaviors.⁴

A slippery slope...

"My mother was much more lenient than my father. With my newfound freedom, I became pregnant when I was 16, giving birth at 17. My entire family was supportive of me, even my father, who I thought would be upset. After I had my baby, I moved out of my mom's house and in with a new boyfriend. He pressured me to smoke marijuana, and one day I did. After a while of recreational use, I tried crack mixed with marijuana. The very first time I smoked it, I was addicted. I was 18 years old. I also started drinking at age 19.

"When I was 21, I became pregnant with my second son, and managed to stay clean during my pregnancy. I will never forget when I went into premature labor with my second child. The doctor came in and told me, 'Everything is going to be okay with your baby, but you have AIDS.' In reality, I actually was just HIV positive. But this was 1990, a time when HIV hadn't really hit the heterosexual community and the disease wasn't well understood. I didn't know what to think. I thought I was going to die and that my baby was going to die. Thank God, my baby was HIV negative.

"But until I got clean—10 years later—all my aspirations and hopes went out the window. I was in denial about my situation and got re-acquainted with my addiction. I was in such a fog that 4 months after my new son was born, I became pregnant again. I started using, and my grandmother and mother basically locked me in the house for the last 4 months of my pregnancy so I wouldn't use. That's the only reason my third child wasn't born addicted, and fortunately, was HIV negative.

"I was in so much emotional pain and hurt at the time. Even though I was surrounded by my family, I felt so alone and isolated with my disease. Drugs became my friend, my escape. I didn't think I was deserving of love or attention and blocked out everything around me."

No one plans to become addicted to alcohol or drugs, yet so many who do enter a pattern of abuse that spins out of control.⁵ But there is hope; substance use disorders are medical conditions that can be effectively treated, just as numerous other illnesses are treatable.^{6,7} In fact, treatment for substance use disorders is just as effective as treatments for other chronic conditions, such as high blood pressure, asthma, and diabetes.⁸

In 2006, 22.6 million people aged 12 or older were suffering from a substance use disorder in the past year, and many abused the same substances as Regena:

- 23 percent of the population reported binge drinking in the last 30 days; 6.9 percent of the population reported heavy drinking.
- 0.7 percent of the population (1.7 million people) reported a dependence on crack cocaine and 1.7 percent a dependence on marijuana (4.2 million people).⁹

Risky behaviors can be associated with substance use disorders and are one of the main factors in the spread of HIV infection in the United States. Many young smokers of crack cocaine, particularly women who engaged in risky behavior, are at higher risk for HIV infection, exhibiting HIV prevalence rates as high as 30 percent.¹⁰ Drugs can change the way the brain works, disrupting how people weigh risks and benefits when making decisions.¹¹ Regena did not abuse any injectable drugs—a high-risk behavior attributed to many cases of HIV—yet she still was infected with the disease.

Losing my family...

“My addiction progressively got worse over a period of years until it finally spiraled out of control. I became homeless and my mother took my children from me. Throughout my life and my addiction, I had a list of things that I said I would never do. One by one, I started crossing things off the list because of my actions. I had said that if my mother ever took my kids, I would stop using; if I became homeless and living on the street, I would stop using. Nothing mattered and I kept on my downward spiral.

“One day, a man saw me sitting outside a store and asked if I needed shelter for the night. He got me a hotel room and I used the opportunity to drink and use. The next day, another man asked if he could help me. He was a Hell’s Angel who told me, ‘You are in hell and I’m your angel.’ He fed me and told me how he overcame an addiction to methamphetamine, and that if he could do it, I could, too.

“I heard him talk, but I didn’t really listen to what he said. I didn’t process it. Over the next three months or so, I did a lot of things that were risky and dangerous. I was in pure survival mode and did what I thought I needed to do to keep using.”

Regena’s experience made it clear that addiction does not just negatively affect the person abusing alcohol and/or drugs, but the entire family, spanning generations. Nearly 24 percent of children (or 17 million) live in a household where a parent or other adult is a binge or heavy drinker, and approximately 13 percent of children (or 9.2 million) live in one where a parent or other adult uses illicit drugs.¹²

Regena had the support of her mother and grandmother to help with her children when her addiction was at its peak, but many other families are not as lucky. Children whose families do not receive appropriate treatment for substance use disorders are more likely to remain in foster care longer and re-enter the system after they have returned home.¹³ Family members living with someone who has a substance use disorder can suffer from psychological and emotional stress, as well as physical problems such as insomnia, headaches, allergies, asthma, gastrointestinal problems, cardiovascular disease, and even cancer.¹⁴

School trouble is another side effect of having a parent who has a substance use disorder. While some children may mask the confusion and isolation that stem from a family member’s substance use disorder by becoming high achievers in school, many others are at a greater risk of encountering academic problems because of an unstable home environment.¹⁵

Even though Regena was able to get shelter for her children, she was homeless for a while, as are many others with substance use disorders. In 2004, there were 175,300 cases in which a homeless person was admitted to substance abuse treatment (about 13 percent of all treatment admissions in which SAMHSA’s *Treatment Episode Data Set* recorded known living arrangements). This was an increase from 10 percent of TEDS admissions reported to be homeless in 2000. Alcohol was the primary substance of abuse for more than half of the substance abuse treatment admissions who were homeless (52 percent), followed by opiates (21 percent) and cocaine (17 percent).¹⁶



If at first you don't succeed...

"When you are using drugs, you become fearless. I only lived this risky lifestyle for 2 or 3 months because I received some unexpected news. I was pregnant again. It remained a mystery to me for quite some time. Even though I lived on the wild side, I thought I didn't do anything to cause a pregnancy. I checked myself into a psychiatric facility I had been to a few times because of my own past attempts on my life. I didn't really want to die. I just wanted to stop using drugs and couldn't. The case manager there recommended me to a treatment facility.

"The first program they found for me wouldn't allow me to disclose my HIV status to others in the facility because they didn't want me to feel alienated. I said that they needed to find me another program because I already felt alienated. They referred me to Lodestar House, a program for HIV-positive women and part of Haight Ashbury Free Clinics. While there, I had a vision. It was of the man who had gotten me the hotel room when I needed a place to stay. I had blacked out and didn't remember what had happened that night. The vision showed me what happened and how I had become pregnant the third time.

"After I had my baby, my treatment program allowed me to live with my grandmother for 3 months so I could spend time with my newborn. My grandmother had always believed that for the first 30 days, a new mother had to stay in the house to bond with her child. On day 31, I went out and smoked crack. I had tried to get clean for my baby, not because I was sick and tired of using drugs. I relapsed and was brought back to the program after about 2 days.

"Once back in treatment, I was doing well, but soon after I left the grounds, I relapsed again. The next morning as the sun came up, I had a feeling that I could only describe as being lost in my own soul. I felt so empty and alone, mentally and emotionally bankrupt. It was a feeling I never wanted to have again. I had always made promises that I would never use again, but this time it was different. It was the last time I used drugs.

"In the program, I vowed to do whatever the counselors told me to do. After my detoxification—a type of treatment facility where many people go through their addiction withdrawal symptoms—I started working the 12 steps and following the program so I could see my kids. My family was included in treatment events and spent weekends with me during visiting hours.

"Everyone was very involved in my treatment. I made a commitment to them and myself, and I stayed clean. At the end of my 17 months living at the treatment center, the center manager said, 'Regena, I see something in you. When you stay clean for two years, I will guarantee you a job.' She didn't say **if**, she said **when**."

Substance use disorders are family diseases, since the consequences of addiction and importance of long-term recovery affect all members of the family. Regena relapsed in her initial treatment, and it is important for families to understand that recovery from a substance use disorder can be a long-term process requiring multiple episodes of treatment.¹⁷ The treatment and recovery process can be healing for the entire family, and it is important to have individualized care addressing the specific needs of the family for a more successful treatment and long-term recovery.

A successful treatment program matches treatment settings, interventions, and services to each person's specific problems and needs. This is critical for success in rejoining the community and becoming a productive member in the family, workplace, and society.¹⁸ For Regena, it was essential that she was treated in a program that addressed her HIV status in addition to her substance use disorder. Treatment for substance disorders, HIV/AIDS, and other co-occurring conditions, such as medical, psychological, and familial problems, should reflect the interconnected relationships of each condition and be coordinated as much as possible.¹⁹

Fortunately, family members can help motivate their loved ones to access treatment and celebrate their successes in long-term recovery. Treatment and recovery support programs can make a difference in engaging family members and utilizing a family's strengths and resources to promote a lifestyle without alcohol and drugs. These programs also can help families recognize their own needs, provide healing for each other, and help prevent substance use disorders from moving from one generation to another.²⁰

Family-oriented programs are widely available and effective. Resources such as Al-Anon Family Groups are open to anyone affected by someone else’s drinking. Recently, Al-Anon found that 82 percent of their members reported much improved mental health and well-being due to Al-Anon and 73 percent reported a greater ability to function at home, school, or work.²¹ In addition, there are programs and resources to help children understand how a parent’s substance use disorder affects them. SAMHSA’s Children’s Program Kit provides activities and information for educational support programs for children of addicted parents. The *Strengthening Families and Celebrating Families!* programs offer recovery support for the whole family. For these and more family-related recovery resources, please visit the **Recovery Month** Web site at www.recoverymonth.gov.

Programs for parents with addiction help them address the disease, improve their lives and successfully resume their parenting roles. According to one study, women who stayed in comprehensive treatment longer than three months were more likely to remain alcohol and drug free than those who left within the first three months of treatment (68 percent versus 48 percent).²²

Building a life...

“My only housing option after treatment was a subsidized housing project in an area that wasn’t conducive to helping me stay clean. The building my mother lived in was secure and safe. I wanted to live there to be closer to her and to commit to my sobriety. The building manager would see me visiting my kids all the time, but said that I had to earn three times the rent to live there, which wasn’t realistic. Soon, the manager said, ‘I’m going to take a chance on you.’

“All I had the day I left the program was \$5, four kids, and two keys, but I was thankful to be alive and healthy. When I left the program, I had been clean one year. I got my kids back that same day and moved into my brand new apartment.

“In the one-bedroom apartment, I gave my kids the bedroom while I slept on a sofa bed. This is how we lived for 2 1/2 years. People would ask how I could live in a one bedroom with all of my kids. I would reply, ‘Humbly and gratefully! Because I used to sleep outside.’

“The day I celebrated being clean for 2 years, the center manager of Lodestar House called me and asked if I was ready to come to work. I was shocked because I didn’t think she had been serious. I became an on-call counselor for the program. Soon, I became a permanent part-time counselor. Not long after that, I was promoted to a primary counselor of Lodestar House, where I would lead treatment groups. I couldn’t believe that I was working full time, providing for my family, and helping people who were just like me before treatment.

“I said before that my father instilled in me education and a work ethic. Addiction did not take that away. I was promoted to supervisor at Lodestar House, the very same detox center where I was a client, and a year ago, I was promoted to center manager of Haight Ashbury Free Clinic’s Residential Detox Services for Women. This job is truly a blessing because I am helping people, and since I’ve been there, I can relate to the clients.

“I’ve never once in the four years I’ve worked said, ‘I don’t want to go to work today.’ I’m blessed for every day I get to come in and plant the seed of recovery in others. This job has empowered me and I wouldn’t change a thing. I’m grateful to have gone through my experiences with addiction and for my HIV status because it has made me the strong, black woman I never thought I could be.

“I used to say, ‘Why me? Why did I use drugs? Why did I get HIV?’ Now I know why. It’s so I can give others hope and help them save themselves.



“I had been clean and in recovery for about 2 years when my grandmother passed away. I’m so happy she had the opportunity to see me clean. My mother has stuck with me through it all. She had a heart attack about a year and a half ago and has been in and out of the hospital. I’m now able to help take care of her just like she took care of me.

“She inspires me to keep going every day. When I asked her what she wanted for her birthday, she responded, ‘Just for you to stay clean.’ I’m very open and honest with my children, and they don’t have any shame. I’ve heard them talking to their friends about how proud they were that I got clean; I am just as proud of them. My children are now 21, 17, 16, and 6. I never thought I would be sober or see my oldest son graduate high school. I’m also a grandmother now, too!”

Since Regena was able to find support from both the older and younger generations of her family, she trusts that they will continue to look out for her. It also is important for parents to understand that their children may need help and recovery support for the pain and losses that can be caused by addiction. At the same time, older children and immediate family members need to know how to recognize the signs and symptoms of substance use disorders. The following are the physical and behavioral signs to watch for²³:

Physical symptoms

- Any changes in eating habits; unexplained weight loss or gain
- Inability to sleep; awake at unusual times; unusual laziness
- Red, watery eyes; pupils larger or smaller than usual; blank stare
- Cold, sweaty palms; hands shaking
- Puffy face; blushing; paleness
- Smell of substance on breath, body, or clothes
- Extreme hyperactivity; excessive talkativeness
- Nausea; vomiting; excessive sweating

Behavioral symptoms

- Change in overall attitude/personality with no other identifiable cause
- Changes in friends; new hang-outs; sudden avoidance of old crowd; reluctance to talk about new friends; associating with known drug users
- Change in activities or hobbies
- Change in habits at home; loss of interest in family and family activities
- General lack of motivation, energy, and self-esteem; an “I don’t care” attitude
- Moodiness; irritability; nervousness

- Silliness; giddiness; paranoia
- Secretive or suspicious behavior
- Chronic dishonesty
- Unexplained need for money, or stealing money or items

Family members also can use a variety of resources designed to help families cope with a substance use disorder. The Child Welfare League of America (CWLA) provides programs, publications, research, conferences, professional development, and consultation to address the needs of American children, young people, and families. For more information, contact CWLA at 202-638-4918 or visit www.cwla.org. Additionally, the National Association for Children of Alcoholics (NACoA) is a national nonprofit organization that works on behalf of children of alcohol- and drug-dependent parents and their family members. For more information, call 888-55-4COAS or visit www.nacoa.org.

Making a difference...

“My greatest wish for the recovery community is for programs to not be dependent on a specific budget. Any program should be available to every person seeking treatment. When funding runs out and treatment programs close, people are not getting the help they need. Every time we have a review at our facility, there is a fear that one of our programs will be shut down. Every month, our program has a waiting list of at least 30 women. People need to reach out to touch the community and share their stories so everyone can be healthy. My life has completely turned around, and I am so lucky to have the opportunity to help others do the same.”

All of us can help make Regena’s dream a reality by continuing to raise awareness about substance use disorders and how they are a family disease. This September, hundreds of communities and thousands of people all across the country—both those in long-term recovery from a substance use disorder and their families—will recognize **Recovery Month**. Family members and people in the community interested in making a difference can help celebrate **Recovery Month** this September and beyond in the following ways:

1. **Speak out** about your experiences with a family member’s substance use disorder and recovery. Use **Recovery Month** to tell your friends, coworkers, and fellow community members about how you supported a family member through treatment and recovery and found healing for yourself, too.
2. **Talk to local elected officials** about substance use disorders and what they can do to make treatment more accessible to members of the community. Explain that addiction is a medical illness and that treatment is effective.
3. **Volunteer to be a mentor** for a child who has a parent or close relative with a substance use disorder. Mentors can serve as crucial support figures, promoting learning, providing exposure to positive influences, and helping youths realize their full potential at a difficult time.
4. **Plan an event** at your workplace, religious institution, or community center that celebrates people in long-term recovery and educates those unfamiliar with substance use disorders about the signs and how to help.

For more resources that can help people dealing with substance use disorders in their family, please consult the “Family and Social Services” section in the “**Recovery Month Resources**” brochure in this planning toolkit, or visit the **Recovery Month Web site** at www.recoverymonth.gov. For additional **Recovery Month** materials, visit www.recoverymonth.gov or call 1-800-662-HELP.



SOURCES

- 1 *What Does America Think About Addiction Prevention and Treatment?* Princeton, NJ: Robert Wood Johnson Foundation, 24, March 2007, p. 1.
- 2 *Results from the 2006 National Survey on Drug Use and Health: National Findings.* DHHS Publication No. (SMA) 07-4293. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, September 2007, p. 69.
- 3 Ibid, pp. 71-74.
- 4 "Alcohol and Drug Abuse Prevention at Stanford." Stanford University Web site: www.stanford.edu/dept/helpcenter/AlcoholDrugs.html. Accessed August 23, 2007.
- 5 Leshner, A.I. "Oops: How Casual Drug Use Leads to Addiction." U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse Web site: www.nida.nih.gov/Published_Articles/Oops.html. Accessed August 23, 2007.
- 6 *Pathways of Addiction: Opportunities in Drug Abuse Research.* National Academy Press. Washington, D.C.: Institute of Medicine, 1996.
- 7 Kleber, H.D., O'Brien, C.P., Lewis, D.C., McLellan, A.T. "Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation." *Journal of the American Medical Association*, p. 1689.
- 8 Ibid.
- 9 *Results from the 2006 National Survey on Drug Use and Health: National Findings*, pp. 3,70, 255.
- 10 *Drug Abuse and AIDS: Intertwined Epidemics.* U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse Web site: www.nida.nih.gov/OOA/InterEpidem.html. Accessed August 23, 2007.
- 11 "Drugs and HIV: Learn the Link." U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse Web site: <http://hiv.drugabuse.gov/english/learn/overview.html>. Accessed August 23, 2007.
- 12 *Family Matters: Substance Abuse and the American Family.* New York, NY: The National Center on Addiction and Substance Abuse at Columbia University, March 2005, p. ii.
- 13 *Blending perspectives and building common ground: A report to Congress on substance abuse and child protection.* Washington, D.C.: U.S. Department of Health and Human Services, 1999.
- 14 *Family Matters: Substance Abuse and the American Family*, p. 7.
- 15 Ibid, p. 21.
- 16 *The DASIS Report: Homeless Admissions to Substance Abuse Treatment: 2004.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 2006, p. 1.
- 17 *Principles of Drug Addiction Treatment: A Research-Based Guide.* NIH Publication No. 99-4180. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse, October 1999, p. 5.
- 18 Ibid.
- 19 *Treatment Improvement Protocol (TIP) Series 37: Substance Abuse Treatment for Persons with HIV/AIDS.* DHHS Publication No. (SMA) 00-3410. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 2000, section entitled "Executive Summary and Recommendations."
- 20 *Treatment Improvement Protocol (TIP) Series 39: Substance Abuse Treatment and Family Therapy.* DHHS Publication No. (SMA) 04-3957. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 2004, section entitled "Chapter 1: Family Therapy in Substance Abuse Treatment."
- 21 "Member Survey Results." Al-Anon Family Groups Web site: www.al-anon.alateen.org/pdf/Al-Anon%20presentation_files/frame.htm. Accessed September 18, 2007.
- 22 *Benefits of residential substance abuse treatment for pregnant and parenting women: Highlights from a study of 50 centers for substance abuse treatment demonstration programs.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, September 2001.
- 23 "Signs and Symptoms of Drug Use." American Council for Drug Education's Web site: www.acde.org/parent/signs.htm. Accessed January 22, 2008.



Faith-Based Organizations: How Faith Leaders Can Help People on a Path of Recovery

Anyone can be affected by a substance use disorder—a neighbor, a co-worker, a loyal church parishioner. Luckily, treatment and recovery are possible for people addicted to alcohol and/or drugs, and many find healing through faith-based recovery.

As part of the 19th annual *National Alcohol and Drug Addiction Recovery Month (Recovery Month)* this September, the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Center for Substance Abuse Treatment (CSAT) is asking people to raise awareness about substance use disorders, treatment, and people in long-term recovery, including those in the faith community.

This year’s theme is *“Join the Voices for Recovery: Real People, Real Recovery”* and highlights true individual stories of addiction, treatment, and recovery. The following is the story of Tonja Myles, co-founder and CEO of the Set Free Indeed Ministry and Free Indeed Treatment Center, which offers faith-based support for those who need help conquering a substance use disorder. Tonja was dependent on drugs for 5 years and has benefited from faith-based recovery for more than 20 years.

A root cause...



Tonja Myles

“I had a traumatic experience early in my life, which accounts for many of the poor decisions I made leading to my addiction. My experiences shaped who I’ve become—both good and bad. When I was 7 years old, I was molested. This early trauma made me grow up fast. When I was 15, I sang in a band and was introduced to marijuana. During this time, I engaged in other self-destructive behaviors, such as cutting myself and attempting suicide. I had a lot of mental and emotional issues stemming from my early terrible experience.

“Once I started using marijuana, I said that was as far as I would go. Of course, I was fooling myself, and not long after, I started abusing cocaine. When I was in college, I abused prescription drugs, rounding out the trifecta of my drug abuse. My boyfriend at the time sold drugs on campus and I started selling with him. With my constant access to drugs of all kinds, my addiction got progressively worse. To help finance my habit, I started taking money from my parents without their knowledge. Addiction makes you become a different version of yourself; all the conniving and manipulative behavior I engaged in was rooted in my drug dependence. I hated who I was and how bad I let myself get out of control, but I still didn’t stop.

“When I was at my lowest point of addiction, my mom also was an alcoholic nearing her bottom. Living in a house with an alcoholic and being dependent on drugs was a disastrous mix. Interestingly, through all the experiences I had, I never developed a dependence on alcohol. Drugs—cocaine, crack, and pills—were ‘safe’ for me, but I saw what alcohol did to my mother and it scared me. My dad also used alcohol and drugs, but was a ‘functioning’ abuser and able to carry on a normal life with seemingly little consequence. It was a world I had always known and I felt it was excusable for me to be involved, since I had seen my family sink into that lifestyle. It was ironic because while I had no problem seeing myself succumb to the darkness of addiction, I hated seeing my parents in that world.



“Growing up, even during the lowest points of my addiction, I continued to go to church and tried to talk about what I was going through. Even though my church was compassionate and caring, I didn’t know how to utilize their offerings to help me conquer my dependence on drugs. Instead of employing the help of the community around me, I let my drug use continue to get worse. I dropped out of college and my parents were extremely disappointed in my choices. I worked as a call girl and was on a train to nowhere. My life was completely out of control.”

Tonja’s horrific experience in her childhood affected her deeply and led her down a road of addiction and other self-destructive behavior. Also, her family history of addiction may have contributed to her own dependence. For a long time, society viewed a person’s alcohol and/or drug dependence as a sign of lacking discipline or morality. Now, it is widely recognized that the causes of substance abuse are multifaceted, involving psychological, environmental, biological, and cultural factors.¹ Millions of people are affected, with an estimated 22.6 million people aged 12 or older (9.2 percent of the population) suffering from a substance use disorder in 2006.²

Substance use disorders can affect people regardless of their age, race, gender, ethnicity, class, employment status, or community.³ A substance use disorder means that a person is dependent on or abuses alcohol and/or drugs, including the nonmedical use of prescription drugs.⁴ Similar to Tonja, many people experience an addiction to more than one substance. About half of the patients in a study of 26 outpatient treatment programs abused more than one drug.⁵

The drugs that Tonja abused were commonly used nationwide in 2006. For example:

- Marijuana was not only the most commonly used illicit drug, but the one with the highest rate of dependence and abuse: 4.2 million people were dependent on or abused it, and 60 percent of all people aged 12 or older who were dependent on or abused any illicit drug were dependent on or abused marijuana.⁶
- 1.7 million people were dependent on or abused cocaine.⁷
- Prescription drug use is an emerging trend, especially among college-aged people (18 to 25). There were 7 million people (or 2.8 percent of the population) aged 12 or older who used prescription-type psychotherapeutic drugs nonmedically in the past month. Among college-aged people, the problem was even more widespread, with 6.4 percent using prescription-type drugs nonmedically.⁸

Finding faith, finding myself...

“Eventually, as the saying goes, I got sick and tired of being sick and tired. I was done with covering up the lies. I had tried everything and nothing worked to dim the pain I had been in my entire life. I again tried to take my own life and thank God I wasn’t successful. That day, however, I died a spiritual death and went to my grandmother’s house for her guidance. I think it is because of her prayers that I am still alive after all I’ve been through. She said, ‘Tonja, God can set you free. He can heal you from all of this mess.’ Honestly, I just wanted to be forgiven for all the wrongs I had done. It was a blessing to hear that through my faith, I could be forgiven. That night, I gave my life to the Lord and vowed to work toward sobriety.

“I made another promise to God that night. I said, ‘God, if you help me, I will spend the rest of my life helping others.’ I went through my own spiritual rehab program. Through my church and my prayers, I learned how to eat, talk, and dress differently. I had to truly change every aspect of my life to lead a fully healed existence. I finished school and worked on my character—who I was. I worked on ensuring that the people I hurt forgave me. I worked to figure out what I needed to do to continue on this positive path.

“While I was confronting my addiction, my mother was hiding in hers. Her behavior was out of control; she almost burned down the house a few times. Luckily, I had already been clean and sober for one year and was in a position to help her. I had talked to a counselor and was told about interventions through our sheriff’s department as a way to get a loved one into treatment. I talked to my brother, sister, and father about it and they were hesitant at first. They said, ‘What are people going to say if we let someone take Mom away?’ I responded, ‘Well, what are they going to say if we let her drink herself to death?’

“Finally, I convinced my family that an intervention was necessary to save my mother’s life. A sheriff came to the house to pick her up and take her to treatment. To see a sheriff put your mother in the back seat of a police car was just heart wrenching—one of the most horrific sights I’ve seen. The first seven days she was in the treatment center were hard on her and our family—she said she hated me and I could feel her resentment. However, 30 days later, she finally had clarity and told me that this was the best thing that could have happened to her, and it saved her life.”

Millions of others have experienced the healing Tonja and her mother found through treatment and recovery. In 2006, there were 4 million people aged 12 or older who received some kind of treatment for a substance use disorder and more than half (2.2 million) received support at a self-help group.⁹ For many, that path of treatment and long-term recovery is entrenched in faith.

Spiritual faith is largely intertwined with sustaining health and addressing health-related issues. As much as 79 percent of Americans believe that spiritual faith can help people recover from disease and 63 percent think that physicians should talk to patients about spiritual faith.¹⁰ Doctors are supportive of this finding; 99 percent of family physicians are convinced that religious beliefs can heal and 75 percent believe that the prayers of others can promote a person’s recovery.¹¹

Because of the association many people make between spirituality and medical care, it is important for faith-based groups to know that substance use disorders are medical conditions that can be and are effectively treated, similar to many other illnesses.^{12, 13} Treatment for drug use disorders is just as effective as treatments for other chronic conditions, such as high blood pressure, asthma, and diabetes.¹⁴ Just as there is a medical aspect to addiction that is addressed in treatment and recovery, people with substance use disorders often rely on their spiritual faith to help them through long-term recovery.

People who attend spiritually based recovery support programs, such as 12-step programs like Alcoholics Anonymous or Narcotics Anonymous, in addition to receiving other treatment are more likely to sustain recovery. Furthermore, individuals in successful recovery often show greater levels of faith and spirituality than those who relapse.¹⁵ For those concerned that they are not religious enough to qualify for this type of recovery, previous religious or spiritual devotion is not required to gain the benefit of a faith-based recovery, including through the 12-step process.¹⁶



Recovery through faith...

“My mother and I both found recovery, but in different ways. I found it through going to church and she supported her sobriety through a 12-step group. When she got out of treatment and went to the support group, she had a large network of individuals who encouraged her and continued to offer her help at every turn. My faith-based approach to treatment didn’t have that fellowship, and initially I was resentful of my mother’s program.

“One day I asked myself, ‘Why did I hate the 12 steps so much? Why was I so jealous of what my mom had?’ I realized that I was envious of how supportive my mom’s fellowship was compared with what I had at my church. My mom’s group had regular meetings and a hotline; it was more understanding of what we all were going through. Even though my church tried to give support to people overcoming addiction, it just didn’t offer the necessary comprehensive approach. I felt ashamed that I started to embrace a program not directly tied to my church. This was why I was so resistant to 12-step recovery for so long despite the fact that it did still have a spiritual component.

“While going to church and praying helped me get clean and sober, I knew I needed more to stay that way. The church offered me so many wonderful things, but I found myself asking, ‘What about fellowship, what about accountability, what about meetings where people understood what you were going through? How can I bring this to my church?’ I knew that while I was able to achieve sobriety through my church, others might want the comfort of a church with the added support of a treatment center or 12-step group. My church and other religious groups needed to understand how many people were suffering in silence with no consistent support to help them. I knew I had to do something.

“After about 4 years in recovery—when I was confident that I had turned my life completely around—I felt that it was time to fulfill the promise to God I made the night I began my recovery. It was time to start giving back. I went into neighborhoods and schools to talk to people about my addiction to help people avoid my experiences, and to offer solace for those who are in need of help. My church didn’t have a lot of resources for people who were suffering from a dependence, so I began to network and try to close the gap between the recovery and faith-based communities. I wrote a letter to my state’s governor and told him that we had a problem in our communities that needed to be fixed. He listened and was open to fostering a partnership. In 1998, I planted the seed for a faith-based recovery partnership in Louisiana.

“Shortly after I began to implement a comprehensive faith-based recovery approach in my community, I met my husband, a minister. Together, we would go to the areas of town where people were suffering from addiction the most. In these communities, we would bring together all of the local government agencies who could offer services that complemented our unique faith-based approach to recovery.

“Initially, the churches and synagogues I worked with were nervous about holding meetings for people in recovery in their pews because they—like many people—were worried about the stigma of addiction. Because most people who are addicted are only hurting themselves and often their families, there is no need to be fearful as many in the church were. Addiction is the great equalizer. It doesn’t care who you are; it just wants to see you suffer. Recovery wants to see you succeed.

“We started to train churches and other religious groups, offering programs to help them understand addiction and learn how to become a resource to refer people to treatment. In 2003, we opened up Louisiana’s first faith-based licensed treatment clinic. Over the years, it grew into two facilities—one for treatment services and the other for recovery support services, such as vocational training. Recently, we were fortunate enough to integrate the two and are now in a 35,000-square-foot complex. We’re continuing to train faith-based groups and religious organizations across the country on how to address addiction in their communities.”

Tonja and her husband have made great strides to integrate faith, spirituality, and traditional recovery practices. While the religious community is aware of the prevalence of substance use disorders in their congregations, many do not know how to help those in need. Clergy members can and do help people with substance use disorders; however, there are still gaps in how they approach congregants and those who suffer from addiction and their families. In fact:

- 94 percent of clergy members recognize addiction as an important issue among family members in their congregations.
- Only 12.5 percent of clergy completed coursework related to substance use disorders while studying to be a member of the clergy.
- Only 36.5 percent preach a sermon on substance use disorders more than once a year.¹⁷

Congregants view their clergy as important counsel in helping them deal with addiction, even though they are usually woefully unprepared to deal with such crises. Questionnaires of Catholic clergy compiled over 8 years by Georgetown University’s Woodstock Theological Center found near unanimity in identifying addiction as one of the three most problematic social issues they are called upon to deal with in their parishes.¹⁸ People may turn to clergy for help because they have greater access to faith-based groups than health care professionals, there is little expense for help, or they have a preexisting relationship with members of the clergy.¹⁹

For clergy to truly be able to help people with substance use disorders or who are already in long-term recovery, they need to understand that stigma and shame are a reality. In 2006, 11 percent of people who were aware they had a problem and needed treatment for a substance use disorder but did not receive it at a specialty facility were concerned that it might cause neighbors or the community to have a negative opinion of them.²⁰ In a survey of the recovery community itself, 40 percent listed embarrassment or shame as an obstacle to recovery.²¹ Faith leaders can help overcome stigma by gaining the knowledge and tools to find help for people who need it. Organizations can play a critical role in improving access to long-term recovery by making their communities safe havens for people suffering from a substance use disorder and their families.



Fortunately, resources exist to help faith-based groups, churches, and synagogues that want to become more educated about issues related to substance use disorders, treatment, and recovery. Guidelines for clergy education on addiction were defined at a 2003 meeting supported by SAMHSA. The meeting developed key proficiencies to enable clergy and other pastoral ministers to encourage faith communities to help reduce addiction and its impact on families and children. Some of the areas for clergy to concentrate on are:

- How addiction manifests itself and signs to watch for
- The effects of alcohol and/or drugs on thinking and reasoning
- The role alcohol and/or drugs may play in a person's life
- How substance use disorders affect families, workplaces, and communities²²

More information about this meeting can be found in *Core Competencies for Clergy and Other Pastoral Ministers in Addressing Alcohol and Drug Dependence and the Impact of Family Members*. The full report is available at www.hhs.gov/fbc/docs/competency.pdf.

Additionally, the Clergy Education and Training Project (CETP), an initiative designed specifically for faith leaders by the National Association for Children of Alcoholics (NACoA) with support from SAMHSA, provides education and tools for clergy and other pastoral ministers. CETP developed a toolkit for use by pastoral counselors and other professionals to train clergy at the local level. The toolkit, titled *Spiritual Caregiving to Help Addicted Persons and Families: A Pastoral Counselor's Curriculum for the Education of Faith Leaders*, has been distributed to more than 1,160 clergy educators since 2006. For more information on this and other publications, please visit the CETP Web site at www.nacoa.org/clergy.htm.

Hope, help, and healing...

"Even though I have committed my life to helping others, I still need to check in with myself to make sure I am sustaining my own recovery no matter how long I have been sober. I need to make sure I continue to take care of myself to have any hope of successfully helping others. Ensuring that I continue to stay healthy is the only way I keep fighting my cause.

"My wish is for people to look within their families and their communities to know that addiction isn't pretty but it's real—and people do recover. I hate to see people suffering because I've been there, both with my own addiction and with my family members' dependence. If I could do anything, it would be to make it better known that people don't have to suffer in silence. People aren't alone. There is hope, help, and healing."

Tonja is proof that people can find their own road of long-term recovery. Whether you are the leader of a prominent faith-based organization, someone in recovery who has found guidance through spirituality, or simply active in your local church or synagogue, you can reach members of your community who need your help in recovering from a substance use disorder. This September, hundreds of communities and thousands of people across the country will recognize **Recovery Month**.

Following are ways you can become active in your community throughout September and beyond:

1. **Organize** a clergy training program to integrate a faith-based approach to treatment in your community.
2. **Research** the treatment facilities already available in your community so you are equipped to refer someone with a substance use disorder who approaches you.
3. **Arrange** a series of *Recovery Month* activities, such as mentioning recovery in your sermons, holding events, and offering space in your facility for recovery groups to meet during September and beyond. Provide child care for people who attend the meetings.
4. **Partner** with local recovery and health organizations to potentially plan a larger treatment program in your community that addresses substance use disorders using a faith-based approach. Use your partnership to create a community network of congregants and clergy to offer support for those already in recovery.

For more resources that can help clergy and faith-based groups, please consult the “Faith-Based Organizations” section in the “Recovery Month Resources” brochure in this planning toolkit, or visit the *Recovery Month* Web site at www.recoverymonth.gov. For additional *Recovery Month* materials, visit www.recoverymonth.gov or call 1-800-662-HELP.



SOURCES

- 1 "Alcohol and Drug Abuse Prevention at Stanford." Stanford University Web site: www.stanford.edu/dept/helpcenter/AlcoholDrugs.html. Accessed August 23, 2007.
- 2 *Results from the 2006 National Survey on Drug Use and Health: National Findings*. DHHS Publication No. (SMA) 07-4293. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, September 2007, p. 69.
- 3 *Ibid.*, pp. 71-74.
- 4 *Ibid.*, p. 69.
- 5 Stocker, S. "Men and Women in Drug Abuse Treatment Relapse at Different Rates and for Different Reasons." *NIDA Notes*, Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse, Vol. 13, Number 4, November 1998.
- 6 *Results from the 2006 National Survey on Drug Use and Health: National Findings*, p. 70.
- 7 *Ibid.*
- 8 *Ibid.*, pp. 1, 22.
- 9 *Ibid.*, p. 6.
- 10 *So Help Me God: Substance Abuse, Religion and Spirituality*. New York: The National Center on Substance Abuse at Columbia University, November 2001, p. 3.
- 11 Sloan, R.P., Bagiella, E., Powell, T. "Religion, spirituality, and medicine." *Lancet*, 353(9153), 1999, pp. 664-667.
- 12 *Pathways of Addiction: Opportunities in Drug Abuse Research*. National Academy Press. Washington, D.C.: Institute of Medicine, 1996.
- 13 Kleber, H.D., O'Brien, C.P., Lewis, D.C., McLellan, A.T. "Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation." *Journal of the American Medical Association*, p. 1689.
- 14 *Ibid.*
- 15 *So Help Me God: Substance Abuse, Religion and Spirituality*, p. 3.
- 16 Jones, G.S. *The surrender experience in recovery from substance dependence: A multiple case study*. Ann Arbor, MI: UMI Dissertation Services, 1994.
- 17 *So Help Me God: Substance Abuse, Religion and Spirituality*, p. 19.
- 18 *Ibid.*
- 19 Arnold, J.D. and Schick, C. "Counseling by clergy: A review of empirical research." *Journal of Pastoral Counseling*, 14, 1979, pp. 76-101.
- 20 *Results from the 2006 National Survey on Drug Use and Health: National Findings*, p. 79.
- 21 *The Face of Recovery*. Washington, D.C.: Peter D. Hart Research Associates, Inc., October, 2001, p. 8.
- 22 *Core Competencies for Clergy and Other Pastoral Ministers in Addressing Alcohol and Drug Dependence and the Impact on Family Members*, DHHS Publication No. [XXXX]. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 2004, p. ii.



Employers: How the Workforce Can Foster a Recovery Environment

Substance use disorders can affect anyone—from a mechanic, to a teacher, to a high-powered attorney. The workforce is one of the largest groups affected by this problem. In 2006, 61.5 percent of adults aged 18 or older with a substance use disorder also were employed full time—translating into nearly 13 million people.¹ Every person with an alcohol and/or drug dependence has a unique story to share.

To educate people about this reality, the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment is urging people in the workplace—from entry-level to executive—to speak up about their experiences with substance use disorders. This effort is part of the 19th annual *National Alcohol and Drug Addiction Recovery Month (Recovery Month)*. To help start the conversation, and to coincide with this year's theme, "*Join the Voices for Recovery: Real People, Real Recovery,*" we are highlighting individual stories of addiction and long-term recovery.

The following story is told by David Taylor, senior partner in a Washington, D.C., law firm and the chair of the D.C. Bar Lawyer Assistance Program. David is in long-term recovery for an alcohol dependence and has made it his mission to spread the word about addiction and recovery in the workplace.

Late onset alcoholism...



David Taylor

"As the chair of the D.C. Bar Lawyer Assistance Program, I reach out to a number of law firms, courts, and law schools to catch this disease of addiction as early as possible in the workplace and get people who are afflicted the help they need and into long-term recovery. However, it took me quite some time to get to my own long-term recovery. I was successful in law from the beginning, clerking on the D.C. Circuit and making partner in a law firm before I was 30, but I was an active alcoholic for 21 years. I have been dancing around recovery for 16 years, but have been consistently sober for 8 years.

"My story is atypical. At my support group meetings I have heard many people say that they fell in love with booze at a very early age—high school or college. I wasn't like that. I didn't start drinking until after I got out of law school. Sure, I had the occasional drink, such as champagne at a wedding, but I grew up in a household where no alcohol was consumed. I was in sports in high school and college and, in those days (the late 1950s through early 1960s), alcohol and sports didn't mix.

"After I graduated from Georgetown Law School and clerked on the D.C. Circuit, I started working at a law firm in 1970, the height of the 'two-martini lunch.' We would wine and dine clients; the partners and associates at my law firm would often meet after work for a few drinks. I didn't really understand anything about the disease of alcoholism, but I knew that I could drink more than anyone and not show the effects. I had no idea that this was a bad sign; I thought it was a good sign that I could more than keep up with my colleagues.

"Gradually, however, the progressive disease of addiction caught up with me and my drinking became a real problem. Colleagues started talking about exactly how much alcohol I was consuming. Of course I was in denial, so I ignored the chatter. Unfortunately, my employer didn't, and I ended up getting fired as a direct result of my drinking.



There was no intervention, just a pink slip. That was followed by a divorce, which was then followed by a bankruptcy and two separate convictions for drunk driving.

“My life was in a shambles, and, when I finally admitted to myself that I had a problem and decided that I needed to stop drinking, I realized that—horror of horrors—I couldn’t. I continued to stall getting help. I was practicing international commercial and foreign trade law at the time and joined a firm in Paris where no one knew about my drinking. My secret life didn’t last too long; I lost that job, too. I came back to Washington, D.C., in 1991 without a job, home, or family.”

David embodies the fact that a person with a substance use disorder can go from the highest of highs to the lowest of lows. Specifically, a substance use disorder means that a person is dependent on or abuses alcohol and/or drugs, including the nonmedical use of prescription drugs.² Alcohol was David’s substance of choice and it remains one for many today. In 2006, of the 22.6 million people aged 12 or older (9.2 percent of the population) who were suffering from a substance use disorder, 15.6 million were dependent on or abused alcohol, but not illicit drugs.³

Workplaces recognize the scope of this problem, particularly within their walls. More than two-thirds of human resources (HR) professionals believe that addiction is one of the most serious issues they face in their company, and they see the consequences. Absenteeism, reduced productivity, and a lack of trust are all serious side effects of alcohol and drug addiction, affecting companies all across the country.⁴

Peer pressure may seem like something only teenagers face, but David worked in a culture of drinking, and many others have to address similar pressures. Studies of male-dominated occupations have described heavy drinking cultures in which workers use drinking to build solidarity and show conformity to the group. Some male-dominated occupations, such as law in the 1970s, therefore tend to have high rates of heavy drinking and alcohol-related problems.⁵

Assistance...

“Fortunately, I did not get into any trouble with the Bar Association or have any negative letters or complaints from my clients. I always zealously protected my law license. Since I still received the Bar magazine, even while in Paris, I was fortunate enough to see an advertisement for the Lawyer’s Counseling Program (which recently changed its name to the Lawyer Assistance Program, the group I currently chair). When I made my way back to Washington, I called the director and told her that I might have a drinking problem. I didn’t have a job or insurance at the time, which made it difficult to get into an in-patient program. The director referred me to outpatient treatment, and I kept sober for about 5 months. Eventually, however, I had a drink.

“I had made a contract with my support group and my counselor that if I drank again, even if it was just once, I would find a way to get to an in-patient treatment facility. Luckily by that time, the Lawyer Assistance Program had developed a fund to help get people in need to an in-patient center. They provided me with a loan that I was to pay back over time, and because of that, I was able to get into a 28-day treatment program. Immediately thereafter, I lived at an Oxford House—an organization of 1,200 democratically run, self-supporting, substance-free houses. I had owned several very large homes and had been what I thought was a big-shot lawyer. To live with so many others was an extremely challenging, humbling experience that was helpful to my recovery. I went to meetings every day, worked the program, and slowly got better.”

Different options exist for people looking for treatment for a substance use disorder. In 2006, 4 million people received some form of treatment in the past year, ranging from residential and outpatient programs to self-help groups.⁶ In places like Oxford House, the success rate in helping people achieve sobriety ranges from 65 to 87 percent.⁷

Some may be ashamed to enter treatment out of concern that their employers might have a negative perception about addiction; however, many companies are supportive of treatment. An overwhelming majority of HR professionals (92 percent) agree that an effective treatment program increases employee productivity.⁸ Workplaces can adopt the following initiatives to improve their support of people with substance use disorders.

Employee assistance programs

Employee assistance programs (EAPs), such as the one David was referred to and eventually found solace from, can provide confidential problem identification, short-term counseling, and even referral to an appropriate treatment program.⁹

According to a SAMHSA study, nearly 70 million people (or more than 58 percent of the nearly 115 million full-time workers) reported that their employer offered an EAP.¹⁰ Approximately four to six percent of employees will contact an EAP on their own every year; many EAPs also offer services to dependent family members.¹¹ When companies implement EAPs, they can see less absenteeism, fewer accidents, decreased use of medical and insurance benefits, savings in workers' compensation claims, and fewer grievances and arbitrations across the board.¹²

Drug-free workplaces

Drug-free workplaces are free of the health, safety, and productivity hazards caused by employees' misuse of alcohol and/or drugs. Many employers develop programs to offer a better work environment for their staff members.¹³ A drug-free workplace typically includes five components:

- **Drug-free workplace policy** – This is the backbone of a drug-free workplace program and often where the company's position and rules concerning alcohol and drug use are written.
- **Supervisor training** – As part of a program, an organization typically trains those who supervise others about the drug-free program and their role in its implementation.
- **Employee education** – Targeting all employees, education includes walking through the drug-free workplace policy, describing the impact addiction has on the workplace, and teaching the signs and symptoms to watch for.
- **Employee assistance programs** – As mentioned above, an EAP is a confidential work-focused initiative designed to assist people with substance use disorders.
- **Drug testing** – Some workplaces may feel it is necessary to drug test employees to ensure that the workplace policy is followed.^{14, 15}



Certain federal and state laws may affect how drug-free workplace programs—particularly those including drug testing—are administered. For more information about these laws, please visit the U.S. Department of Labor’s Working Partners for an Alcohol- and Drug-Free Workplace on the Web at www.dol.gov/workingpartners. SAMHSA’s workplace resource center can be found at www.workplace.samhsa.gov.

My medical illness...

“The general public and the workforce, along with people who suffer from a problem with alcohol or drugs themselves, need to realize that alcohol or drug dependence is a disease. Just as a diabetic is responsible for injecting insulin, we need to manage our chronic illness and take responsibility for our recovery. Moreover, we’re responsible for sustaining our recovery by checking in, going to support groups, and using the tools we are given. Finally, we have a duty to share our story. What helps me more than anything is speaking with and helping others who are suffering from addiction.

“Being vocal about addiction is important because there are literally millions of Americans in recovery today and hardly anyone knows it. Many, many people with alcohol or drug addiction go into treatment programs and recovery, get better, and literally fade into the woodwork. People still have a mistaken view of addiction as a moral or willpower issue; they think that it only happens to people who bring it on themselves, and are of a certain financial or social background. That’s just not true; it is a disease that knows no boundaries and it affects people of all races, religions, genders, and socio-economic groups. It’s important for people in recovery to express themselves to discount any myths that hide the reality of dependence. It is everywhere, it is a disease, and it is highly treatable if the individual will seek help from others who have been there and know what it’s like.

“Recovery becomes a way of life and brings with it a constant analysis of oneself and one’s attitudes and relationships with others. As I was getting my life together during my recovery, I was fortunate that my program consisted of lawyers helping other lawyers. I got a job at a law firm and have continued to work in firms where at least one or two of the other lawyers were in recovery. This offered an excellent peer support opportunity to help me sustain my recovery.

“Surrounding myself with a recovery environment also seeped into my home life. I always said that if I got remarried, it would be to someone who is in recovery or works in the recovery community. My foresight came true and I ended up marrying someone who is the president and CEO of a nonprofit that runs treatment programs and who is extremely supportive of my recovery.”

David personifies that anyone can be afflicted with addiction. In fact, it has been proven that substance use disorders can affect people regardless of their age, race, gender, ethnicity, class, employment status, or community.¹⁶ Addiction is actually a medical condition that can be effectively treated, just as numerous other illnesses are treatable.^{17,18} Treatment for drug use disorders is just as effective as treatment for other chronic conditions, such as high blood pressure, asthma, and diabetes.¹⁹

David also found that there is a misconception over the origins of alcohol and/or drug dependence. The causes of substance abuse are multifaceted, involving psychological, environmental, biological, and cultural factors.²⁰ The stigma about the causes of substance use disorders can restrict people's access to treatment. More than half of HR professionals believe that getting employees to acknowledge or talk about the issue is their toughest challenge in helping employees get into treatment.²¹ People with substance use disorders also are aware of this: 13.3 percent of people who were aware they had a problem and needed treatment for a substance use disorder, but did not receive it at a specialty facility, said they were concerned about a possible negative effect on their job.²²

The good news is that employees can seek treatment without interfering with their ability to perform their jobs. Intensive outpatient programs are effective and allow people to continue to work, while seeking treatment.²³ Effective treatment takes into account individual factors, such as a person's cultural background, other health conditions, family and work responsibilities, and the specific substances that have been abused.²⁴

Relapse...

"I was what I now call 'dry, but not sober' for 5 years, but I developed a serious fear of relapse. I knew that I wasn't growing spiritually and keeping up with the maintenance needed for my recovery. I was picking and choosing what aspects of my program I would abide by and not seeing things in the big picture. My recovery and relapses have been very much tied into being a lawyer in that sort of work environment. I was told in my first treatment facility, Suburban Hospital, that lawyers, the clergy, doctors, and college professors have a hard time grasping what may be needed to recover from alcoholism or other substance dependence diseases. I was told this was because they are 'overeducated' and tend to intellectualize and rationalize everything. I refused to believe that I couldn't quit on my own. Intellectualizing, I learned, was detrimental to my recovery.

"As time went on, I checked into a relapse prevention program in suburban Washington, D.C., to try to truly sustain my sobriety. I didn't get it at first, and relapsed. It was precisely as I feared: I wasn't growing spiritually, an aspect that would be necessary for me to fully commit to sobriety. Luckily, I eventually got back into a rehabilitation center and started my long, and so far successful, road to recovery. There I learned that I had not yet adopted a recovery lifestyle. Sure, I had been going to meetings, but I would hang up my life on the doorknob when I went to a support meeting and would pick it back up when I left. I wasn't living the program fully."

Long-term recovery is attainable when a long-lasting commitment is made. Relapse is still possible, but does not mean that treatment does not work or the person is not making an effort.²⁵ David relapsed near the beginning of his recovery and again many years later. Employers should be aware of the signs and symptoms of relapse and know that recovery can be a long-term process requiring multiple episodes of treatment.²⁶ Signs to watch for include:

- **Complacency** when life begins to improve. People in long-term recovery may believe that they no longer need to focus on their recovery efforts; they may be convinced they will never begin using again.
- **Lack of self-care** as the person becomes exhausted and develops or returns to irregular eating or poor general health habits.



- **Increasing or return to denial.** People in long-term recovery may start rationalizing, justifying, minimizing, or generalizing addictive thinking and behavior.
- **Isolation** and attempting to solve problems on their own; they may not share what is going on with others.
- **Setting unrealistic goals** or wanting too much progress too quickly.
- **Discounting or discontinuing a recovery program**, such as neglecting to attend 12-step meetings or counseling sessions.²⁷

Attaining success...

"I had always considered myself a smart guy and I was successful. I didn't need to ask for advice or help; I assumed I had all the answers. I've heard at support group meetings that, 'We enter into a 12-step program a big shot and work our way up to servant.' Recovery is about learning to care enough about yourself to get better, listening to other people, communication, knowing when to ask for help, and offering help to others. Addiction stunts your emotional and spiritual growth. The good news is that everyone with this disease can get better with the right tools and that help is out there.

"I have spoken with many employers who say that—all other things being equal—they actually would rather hire someone in recovery because they know that we have a certain way of living that makes us better employees. We have gained a certain amount of humility and responsibility, and are mindful of taking care of ourselves and others around us, and are gracious. There is still more work to be done, though, and I hope there continues to be more knowledge and understanding in the workplace, and in society, about this disease."

David's experience with employers that are supportive of people in long-term recovery is quite accurate. A majority of HR professionals report that they would be just as or more likely to hire a candidate in an executive position who was in recovery from a substance use disorder as they would for someone who is not in recovery.²⁸

While hiring people in recovery is a start to make the realities of addiction, treatment, and recovery better known in the workplace, there is much more employers can do to help. This September and beyond, employers and workers can join the millions nationwide who celebrate **Recovery Month**. Start by:

1. **Educating your employees.** Education can work wonders to help your employees who are suffering from addiction. Discuss the treatment options that are available, communicate the options your company offers for people seeking help, and teach colleagues the signs and symptoms of substance use disorders.
2. **Changing the company's culture.** Offering alcohol-free events and establishing a drug-free workplace policy can make people in long-term recovery at your company feel more at home and confident that you are committed to promoting a safe recovery environment.

- 3. Sponsoring local activities.** Many nonprofits hold events during *Recovery Month*, including walk/runs and health fairs. Donate to the cause and put together a team of employees to participate, or set up a booth.
- 4. Listening to your employees.** Happy employees are more productive. Take the time to listen to what services they would like to conquer substance use disorders and related issues. Ensure confidentiality of their responses and modify your workplace programming based on the results.

For more resources that can help employers and employees, please consult the “Workplace, Labor, and Insurance” section in the “Recovery Month Resources” brochure in this planning toolkit, or visit the *Recovery Month* Web site at www.recoverymonth.gov. For additional *Recovery Month* materials, visit www.recoverymonth.gov or call 1-800-662-HELP.



SOURCES

- 1 *Results from the 2006 National Survey on Drug Use and Health: National Findings*. DHHS Publication No. (SMA) 07-4293. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, September 2007, p. 74.
- 2 Ibid, p. 69.
- 3 Ibid.
- 4 "Hazelden Foundation survey reveals disparity between severity of problem and employer assistance." Hazelden Web site: www.hazelden.org/web/public/2007workplacesurvey.page. Accessed September 18, 2007.
- 5 "Alcohol and the Workplace." *Alcohol Alert*. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism Web site: <http://pubs.niaaa.nih.gov/publications/aa44.htm>, No. 44, July 1999.
- 6 *Results from the 2006 National Survey on Drug Use and Health: National Findings*, pp. 74, 75.
- 7 Oxford House Web site: www.oxfordhouse.org/userfiles/file/doc/ap_depaul.pdf. Accessed January 3, 2008.
- 8 "Hazelden Foundation survey reveals disparity between severity of problem and employer assistance." Hazelden Web site: www.hazelden.org/web/public/2007workplacesurvey.page. Accessed September 18, 2007.
- 9 U.S. Department of Labor Web site: www.dol.gov/asp/programs/drugs/workingpartners/dfworkplace/ea.asp, section entitled "Employee Assistance," summary of p. 1. Accessed October 31, 2006.
- 10 Larson, S.L., Eyerman, J., Foster, M.S., Gfroerer, J.C. *Worker Substance Use and Workplace Policies and Programs*. DHHS Publication No. (SMA) 07-4273, Analytic Series A-29. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, June 2007, p. 29.
- 11 "How does an EAP help employees?" Drug-Free Workplace Advisor. U.S. Department of Labor Web site: www.dol.gov/elaws/asp/drugfree/drugs/assistance/Screen95.asp. Accessed October 10, 2007.
- 12 *What Works: Workplaces Without Alcohol and Other Drugs*. U.S. Government Printing Office 282-148/54629. Washington, D.C.: U.S. Department of Labor, October 1991 (reprinted 1994), p. 11.
- 13 "Frequently Asked Questions." U.S. Department of Labor, Office of the Assistant Secretary for Policy Web site: www.dol.gov/asp/programs/drugs/workingpartners/faq.asp. Accessed August 1, 2006.
- 14 Ibid.
- 15 *Making Your Workplace Drug Free: A Kit for Employers*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Division of Workplace Programs Web site: <http://ncadi.samhsa.gov/govpubs/workit>. Accessed September 20, 2006.
- 16 *Results from the 2006 National Survey on Drug Use and Health: National Findings*, pp. 71-74.
- 17 *Pathways of Addiction: Opportunities in Drug Abuse Research*. National Academy Press. Washington, D.C.: Institute of Medicine, 1996.
- 18 Kleber, H.D., O'Brien, C.P., Lewis, D.C., McLellan, A.T. "Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation." *Journal of the American Medical Association*, p. 1689.
- 19 Ibid.
- 20 "Alcohol and Drug Abuse Prevention at Stanford." Stanford University Web site: www.stanford.edu/dept/helpcenter/AlcoholDrugs.html. Accessed August 23, 2007.
- 21 "Hazelden Foundation survey reveals disparity between severity of problem and employer assistance." Hazelden Web site: www.hazelden.org/web/public/2007workplacesurvey.page. Accessed September 18, 2007.
- 22 *Results from the 2006 National Survey on Drug Use and Health: National Findings*, p. 79.
- 23 Chalk, Mary Beth. *Telephone Substance Abuse Treatment: The Next Generation of Care*, pp. 17, 18.
- 24 *Principles of Drug Addiction Treatment: A Research-Based Guide*. NIH Publication No. 99-4180. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse, October 1999, p. 3.
- 25 "New Insights into Relapse." U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse Web site: www.drugabuse.gov/NIDA_Notes/NNVol17N3/DirRepVol17N3.html. Accessed September 25, 2007.
- 26 *Principles of Drug Addiction Treatment: A Research-Based Guide*, p. 5.
- 27 "Signs and Symptoms." The Watershed Addiction Treatment Programs Web site: www.thewatershed.com/symptoms.html. Accessed September 25, 2007.
- 28 "Workplace Addiction Survey – 2003." Hazelden Web site: www.hazelden.org/web/public/workplacesurvey2003.page. Accessed October 10, 2007.



Civil Service Workers: How Local and State Government and Justice Personnel Can Make a Difference

Everyone is affected; no one is immune...

Substance use disorders can affect anyone—all ages, races, and communities. Alcohol and drug addiction affect parents, college professors, even Members of the United States Congress. A substance use disorder means that a person is dependent on or abuses alcohol and/or drugs, including prescription drugs.¹

Each year, the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT) urges every American to "join the voices" in a collective effort to raise awareness about the opportunities for and value of recovery. This September, for the 19th annual **National Alcohol and Drug Addiction Recovery Month (Recovery Month)**, SAMHSA is urging everyone to speak up about their experiences with substance use disorders.

To help start the conversation, and to coincide with this year's theme, **"Join the Voices for Recovery: Real People, Real Recovery,"** we are highlighting individual stories of long-term recovery in depth. Here, you will read about an elected official who battled his substance use disorder, along with tips on what government and justice system employees, as well as child welfare and social service workers, can do. The following story is told by United States Congressman Jim Ramstad (R-MN). A congressman from the third district of Minnesota since 1991, Ramstad has a distinguished career in public service. He also is in long-term recovery from alcoholism.

A breakthrough...



**Representative
Jim Ramstad**

"On July 31, 1981, I woke up from my last alcoholic blackout in a Sioux Falls, South Dakota, jail cell, under arrest for disorderly conduct and resisting arrest. After my release from jail, I was fortunate to enter St. Mary's Rehabilitation Center (now Fairview Recovery Services) in Minneapolis, where I started on the road to recovery.

"I am alive and sober today only because of the grace of God, my treatment experience, and the program of recovery.

"At St. Mary's, I was taught by Counselor Cal and others how to clean house and live a sober lifestyle. I learned to live life on life's terms and depend on my Higher Power and the fellowship of others in recovery."

Congressman Ramstad isn't alone. In 2006, 22.6 million people aged 12 or older had substance use disorders in the past year. Like many others suffering from a substance use disorder, Congressman Ramstad was successfully employed. Specifically:

- More than three-quarters of people aged 18 or older who had a substance use disorder were employed.
- Among the 54 million adult binge drinkers in 2006, 42.9 million (79.4 percent) were employed either full or part time.
- Among the 16.3 million heavy drinkers, 12.9 million (79.2 percent) were employed.²



Many Americans have started on personal recovery journeys. Through treatment and long-term recovery from alcohol and/or drug dependence, millions of Americans and their families have been able to reclaim their lives, contribute fully to their communities, and help further the powerful message that recovery is possible.³ Congressman Ramstad's course happened to be through a treatment center, though there are many other methods, such as outpatient therapy and self-help groups.

When more people receive treatment for a substance use disorder, a community experiences benefits that trickle down to everyone, including people in the criminal justice system. For example, one group of inmates who received treatment for a substance use disorder had re-arrest rates drop from 75 percent to 27 percent.⁴ Inmates also were more likely to receive treatment, with the number of inmates who participated in treatment or other recovery support programs growing nearly 10 percent (between 1996 and 2002) among those who used alcohol or drugs at the time of their offense or on a previous occasion.⁵

Families also benefit from the healing power of recovery. After people complete treatment, there is a 19-percent increase in employment and an 11-percent decrease in the number of people who receive public support, such as welfare.⁶ Because of their long-term recovery from addiction, more people are transforming their communities by holding jobs, avoiding incarceration, and reuniting with their families.

A disease with a face...

"In addition to being a person in recovery, I have also served in the U.S. House of Representatives since 1991. I represent Minnesota's 3rd District, and serve on the House Ways and Means Committee and as Ranking Member of its Oversight Subcommittee. I am also a member of the Health Subcommittee.

"I've actually been involved in public service nearly my entire adult life. In my early 20s, after graduating from the University of Minnesota and the George Washington University Law School, I worked as a staff member on Capitol Hill. I was also an officer in the United States Army Reserve from 1968 to 1974.

"My political career began in the Minnesota State Senate, where I served from 1981 to 1990 before entering the U.S. Congress.

"While I am deeply committed to my career as a public servant, nothing is more important to me than my long-term recovery from alcoholism. I haven't had a drink in 26 years and I'm living proof that people can recover one day at a time from this deadly disease. That's why I have made a point to tell my story on national TV, at Congressional hearings, and to anyone who reaches out for help.

"My story of alcoholism and recovery is similar to many of the stories I hear. I drank for 12 years, binge drinking for the last few years, mostly on weekends. Today, I'm convinced that if I hadn't ended up in that Sioux Falls jail cell, and then gotten into treatment and on the road to recovery, I would surely be dead by now.

“But at the time, I thought that being in that lonely jail cell was the worst thing that had ever happened to me. I didn’t want to see anybody, and I certainly didn’t want to face my alcoholism. Yet over time, I realized the more honest I was about my problem the better I felt. The more I opened up, the more people came forward to support me.

“I remember early on in my recovery somebody asked me, ‘Would you be embarrassed to talk about your disease if you had cancer or diabetes?’ I said, ‘Of course not.’ They said, ‘Well, you have a disease.’”

Substance use disorders are complex and can co-occur with mental health disorders. Substance use disorders, as well as co-occurring disorders, are medical conditions that can be effectively treated, just as numerous other illnesses are treatable.^{7,8} Treatment for drug use disorders is just as beneficial as treatments for other chronic conditions, such as high blood pressure, asthma, and diabetes.⁹

Even though people can be treated for an addiction, if someone continues down a destructive course, he or she might face other chronic illnesses. Substance use disorders cause more deaths, illnesses, and disabilities than any other preventable health condition. Heavy drinking contributes to illness in each of the top three causes of death—heart disease, cancer, and stroke. Cirrhosis (liver scarring) is the 10th leading cause of death and is largely preventable—nearly half of all cirrhosis deaths are linked to alcohol. Drug-related deaths are typically underestimated, as many tolls do not take into account deaths from associated diseases, such as hepatitis, tuberculosis, homicides, falls, and motor vehicle crashes.¹⁰

Addiction doesn’t simply negatively affect a person’s health, it can tear the fabric of many community institutions, such as the criminal justice and social service systems. In 2002, more than two-thirds of jail inmates were found to abuse or depend on alcohol or drugs. Jail inmates who met the criteria for a substance use disorder were also twice as likely to have been homeless in the year before their offense or have a parent or guardian who abused alcohol or drugs than those who did not have a substance use disorder.¹¹

Nearly 750,000 people in state and federal prisons are parents to approximately 1.5 million children. As many as 80 percent of families in the child welfare system have a family member with a substance use disorder.^{12,13} Children whose families do not receive appropriate treatment for substance use disorders are more likely to remain in foster care longer and re-enter the system once they have returned home.¹⁴

Family and social service workers can turn these problems around and ultimately improve the lives of children who have a parent struggling with a substance use disorder. Family and social services personnel can help the child get involved in specialized educational support groups provided by local schools, faith communities, youth organizations, child welfare agencies, and treatment centers. These programs can help children develop strong social skills and a close bond with a caregiver.¹⁵

Parents also benefit from the valuable resources that fit their specific needs. According to one study, women who stayed in comprehensive treatment longer than 3 months were more likely to remain alcohol and drug free than those who left within the first 3 months of treatment (68 percent versus 48 percent).¹⁶ These programs for parents with substance use disorders help improve their lives and help them resume their parenting roles.



Helping others...

"Today, telling my story of recovery is part of telling people who I am. I have also used my experience to try to expand access to chemical dependency treatment for others. In September 1997, I introduced a bill in Congress to guarantee equal insurance protections for people recovering from chemical addiction. While we have made some progress in this area over the past 10 years, we still have a long way to go.

"Representative Patrick Kennedy (D-RI) and I also launched the bipartisan *Addiction, Treatment, and Recovery Caucus* in 2004 to educate lawmakers about the devastating effects of chemical addiction and the promise and possibility of recovery. Members of Congress must realize that addiction to alcohol and other drugs is truly America's #1 public health problem.

"My good friend, the late Senator Paul Wellstone, used to remind me that it took 40 years to enact a comprehensive civil rights law. I believe equitable treatment for people suffering from chemical addiction represents the next great civil rights debate. And while I hope it won't take another 40 years to enact *The Paul Wellstone Mental Health and Addiction Equity Act*, I will not rest until we begin treating addiction as a disease. The American Medical Association (AMA) classified alcoholism as a disease over 50 years ago, and it is long overdue for it to be treated like the progressive, fatal disease it is!"

Treatment and recovery continue to enhance the quality of life for people with substance use disorders and their families. The individualized treatment methods, criminal justice interventions, and legislative policies discussed below are the cornerstones necessary to help your community, just as Congressman Ramstad helps his every day.

Individualized and family treatment

Embarking on a path of recovery hinges on people with substance use disorders getting the type of treatment they need, when they need it. Just as substance use disorders affect people regardless of race, gender, or age, treatment should be personalized to best confront addiction.¹⁷

A successful treatment program that matches treatment settings, interventions, and services to each individual's specific problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.¹⁸ Some examples of how treatment could differ between unique groups are:

- Older adults with substance use disorders have been shown to respond well to age-specific, supportive, and non-confrontational group treatment that aims to build or rebuild self-esteem.¹⁹
- Among juvenile offenders, the most effective treatments are behavioral therapies, intensive case management, cognitive-behavioral skills training, family-oriented therapies, and multi-systemic therapy.²⁰

Because substance use disorders affect the entire family, everyone should be involved in the treatment and recovery process. This includes pooling resources and support from many different family and social service departments.

Families who face addiction and are involved in the child welfare system require a comprehensive array of services and support networks to achieve long-term recovery from addiction, including access to housing, transportation, therapy (including family and trauma recovery services), and child care.²¹

Criminal justice interventions

More than 60 percent of arrestees have tested positive for at least one drug, regardless of the type of offense, and over one quarter of adult male arrestees have met the criteria for either abuse or dependence at the time of their arrest.²² Given the prevalence of substance use disorders among people in the criminal justice system, it is important to have an array of responses available, from diversion programs to supervised treatment for felony offenders and programs for parolees.

Prosecutorial diversion programs give defendants an opportunity to elect “drug school” as part of their plea, and they avoid further prosecution if they attend the required drug school sessions.²³ TASC (Treatment Alternatives for Safe Communities) programs provide a framework for linking the justice system to community-based treatment, moving offenders through a range of sentencing options, from deferred prosecution or pretrial release through probation or incarceration and parole. For more information, please visit www.tasc.org.

Drug courts and other alternative sentencing options ensure consistency in judicial decision-making and enhance the coordination of agencies and resources, ultimately providing a comprehensive array of services that has been shown to improve treatment outcomes.²⁴ Coordinated treatment incorporates elements from different services and departments, such as family, child care, vocational, financial, housing, medical, and legal services. The best programs provide a combination of therapies and other services to meet each person’s needs.²⁵

Drug courts have proven to be successful in narrowing the gap between the court and the treatment system. More than 300,000 adults and 12,500 juveniles have been enrolled in drug courts through 2003, and 73 percent of graduates retained or obtained employment.²⁶ Drug courts also impel greater cooperation among various agencies and personnel within the justice system, as well as between the justice system and the entire community.²⁷

Unified family courts also collaborate with other social agencies to help families dealing with dependence and abuse. A unified family court combines all the essential elements of traditional family and juvenile courts into one entity that contains other resources, such as social services, which are critical to the resolution of a family’s problems. This coordination of services includes substance use disorder counseling, dispute resolution, restitution and probation, volunteer services, community outreach programs, and enforcement of family financial support. In addition, the office of the family court administrator can serve as a liaison to agencies that provide other services, such as individual and group counseling, mediation, and forensic psychiatric and crisis intervention services.²⁸

Community outreach programs should be an integral part of unified family courts. They have numerous benefits, including educating the public about the workings of the court, facilitating prevention programs (parenting classes, and prevention and treatment of sexual abuse and substance use disorders), strengthening the relationship between families in court and their communities, and assisting in the delivery of other court services.²⁹



Policy and legislation

Policymakers and judges should be engaged in their communities' efforts to confront substance use disorders, simply to guarantee that everyone benefits from the healing power of long-term recovery. Governors, legislative leaders, and chief judges need to provide personal, continuous leadership to prevent and address alcohol and drug problems. States should review and update policies that control their alcohol and drug policies, including authorizing prevention and treatment agencies. Laws and regulations that prevent recovering individuals from getting jobs, education, and other services needed for successful reintegration also should be reviewed and updated.³⁰

Communities have the authority to hold policymakers accountable for their approach to help people receive treatment and recovery support services. Organizations and independent social agencies can band together with government agencies to form advisory councils that hold elected officials responsible for providing needed leadership and guidance for policies relating to substance use disorders.³¹ For additional recommendations and insight into how elected officials can improve their local or statewide policies, please review Join Together's recent recommendations titled *Blueprint for the States: Policies to Improve the Ways States Organize and Deliver Alcohol and Drug Prevention and Treatment*. To view or order a free copy of this report, please visit www.jointogether.org/aboutus/policy-panels/blueprint/order-form.html.

Engaging the community...

"We need to make sure that anyone suffering the ravages of chemical addiction has the access to treatment, and the opportunity to experience the recovery I have been enjoying for the past 26 years."

Any person can make a difference in the community by raising awareness of treatment and recovery from substance use disorders. This September, *Recovery Month* will be recognized by hundreds of communities and thousands of people all across the country. Whether you are a civil service worker or just a concerned member of the community interested in making a difference, you can help celebrate *Recovery Month* this September and beyond in the following ways.

1. **Share your story.** Congressman Ramstad makes it his mission to spread his tale of dependence on alcohol and his long-term recovery from it. Let people who may be suffering know that they are not alone and share how you or a family member was able to rise above personal obstacles and embark on a path of recovery.
2. **Pool resources, services, and knowledge.** Evaluate the status of local agencies that come in contact with people who have substance use disorders or their families, and pay particular attention to how these groups communicate with each other. Make it a point to consistently look for new ways to integrate all of the resources in your community and make them known to the public.

- 3. Help people in the criminal justice system.** People who are incarcerated or on probation may need more guidance and assistance in reclaiming their place in the community than others. Make sure there are systems in place to help people in the justice system get their lives on track.
- 4. Sponsor nonprofit organizations.** Local nonprofit groups that address substance use disorders, treatment, and related issues can offer a wealth of insight and knowledge to those in the civil service arena. Offering grants to these groups can help fund necessary research and programs that will ultimately help the community as a whole.

For more resources that can help policymakers, civil service workers, and justice system representatives, please consult the “State and Local Resources” and “Justice System” sections in the “Recovery Month Resources” brochure in this planning toolkit, or visit the *Recovery Month* Web site at www.recoverymonth.gov. For additional *Recovery Month* materials, visit www.recoverymonth.gov or call 1-800-662-HELP.



SOURCES

- 1 *Results from the 2006 National Survey on Drug Use and Health: National Findings*. DHHS Publication No. (SMA) 07-4293. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, September 2007, p. 69.
- 2 Ibid, pp. 2, 3, 37.
- 3 Ibid, p. 6.
- 4 *Blueprint for the States: Policies to Improve the Ways States Organize and Deliver Alcohol and Drug Prevention and Treatment*. Boston, MA: Join Together slide deck, 2006, slide #3.
- 5 Karberg, J.C. and James, D.J. *Substance Dependence, Abuse, and Treatment of Jail Inmates*. NCJ209588. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2002, p. 8.
- 6 *Blueprint for the States: Policies to Improve the Ways States Organize and Deliver Alcohol and Drug Prevention and Treatment*, p. 9.
- 7 *Pathways of Addiction: Opportunities in Drug Abuse Research*. National Academy Press. Washington, D.C.: Institute of Medicine, 1996, p. 9.
- 8 Kleber, H.D., O'Brien, C.P., Lewis, D.C., McLellan, A.T. "Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation." *Journal of the American Medical Association*, p. 1689.
- 9 Ibid.
- 10 *Substance Abuse: The Nation's Number One Health Problem*. The Schneider Institute for Health Policy, Brandeis University and the Robert Wood Johnson Foundation, February 2001, pp. 6, 50, 54.
- 11 Karberg, J.C. and James, D.J. *Substance Dependence, Abuse, and Treatment of Jail Inmates*, p. 1.
- 12 Murnola, C.J. *Incarcerated Parents and Their Children*. NCJ 182335. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, August 2002, p. 1.
- 13 Young, N. K., Gardner, S. L., Dennis, K. *Responding to alcohol and other drug problems in child welfare: Weaving together practice and policy*. Washington, D.C.: Child Welfare League of America, 1998, p. ix.
- 14 *Blending perspectives and building common ground: A report to Congress on substance abuse and child protection*. Washington, D.C.: U.S. Department of Health and Human Services, 1999.
- 15 Werner, E.E. "Resilient Children." *Young Children*, 1984, 40, 68-72.
- 16 *Benefits of residential substance abuse treatment for pregnant and parenting women: Highlights from a study of 50 centers for substance abuse treatment demonstration programs*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, September 2001.
- 17 *Principles of Drug Addiction Treatment: A Research-Based Guide*. NIH Publication No. 99-4180. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse, October 1999, p. 13.
- 18 Ibid, p. 3.
- 19 "Clinical Guidelines for Alcohol Use Disorders in Older Adults." The American Geriatrics Society Web site, November 2003: www.americangeriatrics.org/products/positionpapers/alcohol/PF.shtml, section entitled "Features of preferred treatment options for abuse/dependence among older adults." Accessed September 17, 2007.
- 20 McBride, D., Vander Waal, C., VanBuren, H., and Terry, Y. *Breaking the Cycle of Drug Use Among Juvenile Offenders*. Manuscript prepared for the National Institute of Justice, 1997, p. 58.
- 21 *Cutting Crime: Drug Courts in Action*, Washington, D.C.: Drug Strategies, 1997, p. 12.
- 22 *Annual Report: Arrestee Drug Abuse Monitoring*, 2000. NCJ 193013. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, April 2003, pp. 7, 23.
- 23 "Prosecutorial Diversion and TASC: Saving Criminal Justice Costs While Accessing Criminal Resources." TASC Web site: www.tasc.org/preview/prosecutorialdiversion.pdf. Accessed January 2, 2008.
- 24 "Facts on Drug Courts." National Association of Drug Court Professionals Web site: www.nadcp.org/whatis/facts.html. Accessed August 13, 2007.
- 25 *Principles of Drug Addiction Treatment: A Research-Based Guide*, p. 14.
- 26 "What is a Drug Court?" National Association of Drug Court Professionals Web site: www.nadcp.org/whatis/. Accessed August 13, 2007.
- 27 Ibid.
- 28 "What is a Unified Drug Court?" American Bar Association Web site: www.abanet.org/unifiedfamcrt/about.html. Accessed August 13, 2007.
- 29 Ibid.
- 30 *Blueprint for the States: Policies to Improve the Ways States Organize and Deliver Alcohol and Drug Prevention and Treatment*. Boston, MA: Join Together, 2006, p. 5.
- 31 Ibid.



Building Community Coalitions

National Alcohol and Drug Addiction Recovery Month (Recovery Month) is a success due to the collaboration of countless organizations in local communities. Working with other groups in your area can provide you with insight and resources about substance use disorders, treatment, and recovery to help make your **Recovery Month** campaign in September even stronger. Developing a coalition or a task force that emphasizes the importance of real people and real stories of recovery will help your community be an even bigger part of this national effort.

Coalitions: partnerships for success

Coalition Fact: All the organizations involved in your coalition should come together with common goals—to highlight the success that people have in treatment and recovery, to show that substance use disorders are medical conditions that should be treated as such, and to emphasize that access to treatment is essential to improve the health and well-being of our communities.

A coalition is a formal arrangement between multiple organizations that work together to achieve a common goal. For **Recovery Month**, the goal is showcasing real stories of people in recovery to spread the word that those with a dependence on alcohol and/or drugs can reclaim their lives. There are two ways to participate in a coalition: build one from the ground up (which takes time, but provides a wider range of resources and control) or join an existing coalition (where you can bring your ideas to the table immediately).

One type of coalition can include “everyday” members of the community who have no particular ties to any organization. These alliances, called citizen-advocate partnerships, are a type

of coalition that engages citizens and representatives from key groups, such as treatment providers or faith-based organizations, to work together toward the same goal.

Depending on your needs and goals, it might be more practical to form a task force to focus on a single objective instead of a coalition. A task force is a temporary collaboration between individuals or organizations, usually formed around the same specific issue, with a set objective in mind. Once the task force achieves its goal, it typically presents its findings and/or successes and then disbands.

Three tips for developing a coalition

If there is no existing coalition in your community, you can develop one that emphasizes the goals of **Recovery Month**. To do so, you can use the following steps:

- 1. Determine what resources already exist in your community.** Research the public and private sectors to determine who might make relevant and positive contributions to your **Recovery Month** coalition. Think about who has been active in the recovery community or other related health issues, such as mental health, in the past. Organizations that could build a sustainable coalition include:
 - Recovery support groups or individuals in recovery
 - Treatment centers and clinics



- Criminal justice system programs
 - Disability groups
 - Government officials and agencies
 - Law enforcement agencies
 - Mental health organizations
 - Child welfare organizations
 - Neighborhood groups
 - Private companies/businesses
 - Faith-based organizations
 - Schools and universities
 - Youth groups
 - Civic groups
 - Health-related organizations
 - Foundations
2. **Get background information on your potential partners** by using the resources listed in the next section of this document. Reach out to your potential coalition allies, taking advantage of any existing connections and relationships you may have with members of their organizations.
 3. **Confirm the individuals and groups in your partnership** and determine whether you included a diverse selection of organizations that work with different groups in the community. Set priorities and goals, communicate and meet regularly, have a main contact person to coordinate all members, and choose a leadership team that oversees the coalition and ensures that the plan's execution is on time and in adherence with the established goals.

Tools for a successful coalition

- **Figure out what already exists in your community** by contacting the Community Anti-Drug Coalitions of America (CADCA) at 1-800-54-CADCA or www.cadca.org. CADCA is the only national organization representing community anti-drug coalitions. The network encompasses more than 5,000 organizations and can provide you with materials and technical assistance if no established coalition exists in your area.

- **Use the “*Recovery Month Resources*” brochure** in this planning toolkit to locate organizations with similar interests. Look at the different types of organizations involved as national ***Recovery Month*** planning partners, listed in the “Planning Partners” document in this toolkit, and identify similar groups in your community.
- **Gauge the success of your community coalition** by using the tools in Join Together’s publication, ***How Do We Know We Are Making a Difference? A Community Alcohol, Tobacco, and Drug Indicators Handbook***. Join Together is a national resource for communities working to reduce substance use disorders. This handbook is available on the Web at www.indicatorshandbook.org/Indicators_Handbook-v1.pdf.

Example to follow

San Antonio Fighting Back, a coalition comprised of both government agencies and nonprofits, is a successful local coalition that actively participates in ***Recovery Month***. Fed up with the rise of crime and violence in their community, a group of San Antonio citizens came together to reduce substance use disorders. For their ***Recovery Month*** celebration in 2007, San Antonio Fighting Back planned the first-ever 3K Recovery Walk and Family Fun Day. The event brought together 25 community agencies and groups, had 375 people in attendance, and raised \$11,000. The coalition anticipates the event to take place for years to come.

Coalition resources

Community Anti-Drug Coalitions of America (CADCA)

CADCA builds and strengthens the capacity of community coalitions to create safe, healthy, and drug-free communities. The organization supports its members with technical assistance and training, public policy, media strategies, conferences, and special events.

625 Slaters Lane, Suite 300

Alexandria, VA 22314

800-54-CADCA (22322) (Toll-Free)

www.cadca.org

Faces & Voices of Recovery

This national recovery advocacy organization mobilizes people in recovery from addiction to alcohol and other drugs, families, friends, and allies in campaigns to end discrimination and make recovery a reality for even more Americans.

1010 Vermont Avenue NW, Suite 708

Washington, D.C. 20005

202-737-0690

www.facesandvoicesofrecovery.org

National Association for Children of Alcoholics (NACoA)

*This national family recovery organization has members and affiliate organizations throughout the country who initiate or support **Recovery Month** activities in their local communities. NACoA provides its members with information, tools, and strategies to support recovery for children and families impacted by addiction.*

11426 Rockville Pike, Suite 301
Rockville, MD 20852
888-55-4COAS (2627) (Toll-Free)
301-468-0985
www.nacoa.org

National Council on Alcoholism and Drug Dependence, Inc. (NCADD)

Founded in 1944, NCADD is dedicated to increasing public awareness and understanding of the disease of alcoholism and drug dependence. NCADD and its national network of state and local affiliates provide education, prevention, information/referral, intervention, treatment services, and advocacy, and have helped hundreds of thousands of individuals and families into recovery.

244 East 58th Street, Fourth Floor
New York, NY 10022
800-NCA-CALL (Hope Line) (Toll-Free)
212-269-7797
www.ncadd.org



Planning Partners

The following organizations are partners involved in planning **National Alcohol and Drug Addiction Recovery Month (Recovery Month)** activities in conjunction with the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment. You are encouraged to involve national organizations and local affiliates or chapters in your State and ask them to collaborate with your organization on **Recovery Month** planning. You can find local affiliates or chapters by contacting the national organizations directly. Full listings with addresses are included in the "**Recovery Month** Resources" brochure enclosed in this planning toolkit.

Addiction Technology Transfer Center National Office (ATTC)

The SAMHSA/CSAT-funded Addiction Technology Transfer Center network is comprised of 15 regional centers and a national office that serves the 50 States, Washington, D.C., Puerto Rico, the U.S. Virgin Islands, and the Pacific Territories. The ATTC provides training, education, resource materials, and technical assistance to the addiction treatment workforce to advance the adoption of evidence-based practices.

816-235-6888

www.ATTCnetwork.org

Adult Children of Alcoholics WSO

Adult Children of Alcoholics is a 12-step, 12-tradition program of women and men who grew up in alcoholic or otherwise dysfunctional homes. Members meet with each other in a mutually respectful, safe environment and acknowledge common experiences.

310-534-1815

www.adultchildren.org

Advocates for Recovery Through Medicine (ARM)

ARM's goals are to end stigma and discrimination against people who use medications to treat addictions and to move addiction treatment, especially opiate addiction treatment, into mainstream medicine.

810-250-9064

www.armmat.org

Alcoholism and Substance Abuse Providers of New York State

This nonprofit membership association consists of coalitions, programs, and agencies throughout New York State that provide substance use disorder prevention, treatment, and research.

518-426-3122

www.asapnys.org

Aliviane NO-AD, Inc.

This nonprofit, community-based organization is dedicated to the provision of HIV and substance use disorder prevention, intervention, treatment, education, and follow-up care to the residents of West Texas.

915-881-8220

www.aliviane.org

Alliance for Children and Families – D.C. Office

The Alliance for Children and Families provides services to nonprofit child and family sectors and economic empowerment organizations.

202-429-0400

www.alliance1.org

American Association for Marriage and Family Therapy

This association represents the professional interests of more than 24,000 marriage and family therapists throughout the United States, Canada, and abroad.

703-838-9808

www.aamft.org



American Association of Pastoral Counselors

The American Association of Pastoral Counselors represents and sets professional standards for over 3,000 Pastoral Counselors and 100 pastoral counseling centers in North America and around the world. It is non-sectarian and respects the spiritual commitments and religious traditions of those who seek assistance without imposing counselor beliefs onto the client.

703-385-6967

www.aapc.org

American Association for the Treatment of Opioid Dependence (AATOD)

The American Association for the Treatment of Opioid Dependence (AATOD) was founded in 1984 to enhance the quality of patient care in treatment programs by promoting the growth and development of comprehensive methadone treatment services throughout the United States.

212-566-5555

www.aatod.org

American Bar Association (ABA) Standing Committee on Substance Abuse

The Standing Committee on Substance Abuse is committed to promoting justice system reform that addresses problems associated with the illegal use of drugs and alcohol in this country. To carry out this mission, the Standing Committee collaborates with other ABA entities, Federal, State, and local public/private organizations, and State, local, and territorial bar associations.

202-662-1784

www.abanet.org/subabuse

American Council for Drug Education (ACDE)

The American Council for Drug Education is a prevention and education agency that develops programs and materials based on the most current scientific research on drug use and its impact on society.

646-505-2061

www.acde.org

American Dental Association (ADA)

The American Dental Association (ADA) is the world's oldest and largest national dental society, representing more than 70 percent of dentists throughout the United States. Its mission is to maintain the integrity of the dental profession, enhance the quality of dental practice, and advance the oral health of the American public. The ADA is committed to helping its members better identify, understand, and accommodate the special health care needs of patients with substance use disorders, and to facilitate the journey of recovery for its member dentists and their respective office staffs.

202-898-2400

www.ada.org

American Mental Health Counselors Association (AMHCA)

The AMHCA works exclusively for licensed mental health counselors by advocating for legislation that expands, enhances, and protects the right to practice, promotes mental health awareness, and builds the profession of mental health counseling nationally. Most mental health counselors are trained in substance abuse and are qualified to treat substance abuse and dually diagnosed clientele.

703-548-6002

www.amhca.org

American Psychological Association

The American Psychological Association is the largest scientific and professional organization representing psychology in the United States. Its membership includes more than 150,000 researchers, educators, clinicians, consultants, and students.

800-374-2721

202-336-5500 (TDD/TTY)

202-336-5500

www.apa.org

American Society of Addiction Medicine (ASAM)

The ASAM is an association of 3,000 physicians from across America dedicated to improving the treatment of alcoholism and other addictions, educating physicians and medical students, promoting research and prevention, and enlightening and informing the medical community and the public about these issues.

301-656-3920

www.asam.org

Arab Community Center for Economic and Social Services (ACCESS)

ACCESS is the largest nonprofit Arab-American organization in North America and the most comprehensive in the nature and variety of services available. It provides services in many areas, such as social services, immigration, employment, public and mental health (including substance abuse prevention and treatment), environment, national outreach, and research.

313-842-7010

www.accesscommunity.org

Association of Persons Affected by Addiction (APAA)

This nonprofit recovery community organization is designed to engage the faces and voices of the recovery community in reducing stigma and enhancing recovery support services. The APAA specializes in providing recovery community support services for people seeking or in recovery and their family members.

214-634-APAA (2722)

www.apaarecovery.org

Association of Recovery Schools

This association brings together students and secondary and post-secondary schools, and helps professionals to support students in recovery from substance use disorders.

615-248-8206

www.recoveryschools.org

Behavioral Health Services

This nonprofit organization has provided a continuum of substance abuse, mental health, and senior services since 1973. Each of its 11 facilities (located throughout Los Angeles County) is based on its mission of transforming lives by offering hope and opportunities for recovery, wellness, and independence.

310-679-9126

www.bhs-inc.org

California Association of Addiction Recovery Resources (CAARR)

The CAARR educates and provides statewide recovery resources for people with substance use disorders living in California.

916-338-9460

www.caarr.org

Californians for Drug-Free Youth/Community Alliances for Drug-Free Youth, Inc. (CADFY)

CADFY, via community mobilization, co-develops and provides effective and comprehensive youth, adult, and family prevention/intervention/treatment and recovery community support services that are deployed through CADFY's national outreach bureau: Community Alliances for Drug-Free Youth.

916-284-1036

www.cadfy.org

Caron Treatment Centers

The Caron Treatment Centers offer detoxification, gender-separate rehabilitation, relapse treatment, and extended care for adults and adolescents; educational programs for family members; and student assistance services.

800-678-2332

www.caron.org

Catholic Charities USA

This membership association provides vital social services to people in need, regardless of their religious, social, or economic backgrounds.

703-549-1390

www.catholiccharitiesusa.org



Celebrate Recovery

Celebrate Recovery is a worldwide Christ-centered recovery ministry. By working the 12 steps, their Biblical principles, and the corresponding Eight Recovery Principles found in the Beatitudes, individuals find freedom from past hurts and harmful addictive and dysfunctional behaviors.

949-581-0548

www.celebraterecovery.com

Center for Alcohol and Drug Research and Education

This international nonprofit organization provides public information and technical assistance, guidance, information, and expert service to individuals, organizations, governmental agencies, and a variety of nonprofit organizations in the private sector to improve the quality of their response to substance use disorders.

410-377-8992

Center for Families, Children and the Courts

This center is dedicated to improving the quality of justice and services to meet the diverse needs of children, youth, families, and self-represented litigants in the California courts.

415-865-7739

www.courtinfo.ca.gov/programs/cfcc

Chicanos Por La Causa, Inc.

This nonprofit community development corporation offers social service programs and services throughout Arizona.

602-257-0700

www.cplc.org

Civic Entertainment Group

This marketing and promotions firm is located in New York City.

212-564-0833

www.cegny.com

COAF (Children of Alcoholics Foundation), Phoenix House's Center on Addiction and the Family

COAF focuses on information, support, and resources for families that have been affected by parental substance abuse, as well as practice improvement for the professionals who work with them.

646-505-2060

www.coaf.org

Community Anti-Drug Coalitions of America (CADCA)

CADCA builds and strengthens the capacity of community coalitions to create safe, healthy, and drug-free communities. The organization supports its members with technical assistance and training, public policy, media strategies, conferences, and special events.

800-54-CADCA

www.cadca.org

CRC Health Group

CRC Health Group offers the most comprehensive network of specialized behavioral care services in the nation. The group has provided healing and hope in the lives of patients and students and offers the largest array of personalized treatment services for individuals, families, and professionals. Every day, more than 30,000 people receive treatment from CRC programs, making it the most trusted specialized behavioral health organization in the nation.

866-762-3766

www.crchealth.com

D.C. Bar

This organization provides services to the profession, the courts, and the community in Washington, D.C.

202-737-4700

www.dcbar.org

The El Paso Alliance

The Alliance was organized in 1998 to fight stigma and discrimination for people in recovery from substance use disorders, and is now dedicated to providing peer-to-peer recovery support services.

915-594-7000

www.recoveryalliance.net

Employee Health Programs

This group, a subsidiary of First Advantage Corporation, designs and manages drug-free workplace programs, employee assistance programs, and other services that benefit employers and employees.

800-275-7051

www.ehp.com

The Ensuring Solutions to Alcohol Problems Initiative

George Washington University

This program works to increase access to treatment for individuals with alcohol problems by collaborating with policymakers, employers, and concerned citizens.

202-296-6922

www.ensuringsolutions.org

Entertainment Industries Council, Inc. (EIC)

EIC, a nonprofit organization, has offices in Los Angeles and the Washington, D.C., area. The organization works within the film, television, and music industries to promote the accurate depiction of health and social issues in entertainment productions. EIC's annual awards show, the PRISM Awards TV special, airs nationally and is distributed to over 11,000 treatment and recovery centers nationwide as a tool to encourage open discussion among treatment center staff and recovering clients.

703-481-1414 (East) and 818-333-5001 (West)

www.eiconline.org

EXECUTIVE OFFICE OF THE PRESIDENT (EOP)

White House Office of National Drug Control Policy (ONDCP) Information Clearinghouse

This Federal office establishes policies, priorities, and objectives for the Nation's drug control program.

800-666-3332

www.whitehousedrugpolicy.gov

EOP, White House Office of Faith-Based and Community Initiatives

The White House Office and the Centers for the Faith-Based and Community Initiative—located in seven Federal agencies—are working to support the essential work of these important organizations. Their goal is to make sure that grassroots leaders can compete on an equal footing for federal dollars, receive greater private support, and face fewer bureaucratic barriers.

202-456-6708

www.whitehouse.gov

Faces & Voices of Recovery

This national recovery advocacy organization mobilizes people in recovery from addiction to alcohol and other drugs, families, friends, and allies in campaigns to end discrimination and make recovery a reality for even more Americans.

202-737-0690

www.facesandvoicesofrecovery.org

Foundations Associates

Foundations Associates is a treatment and advocacy organization dedicated solely to the treatment and recovery of people with co-occurring mental illness and substance use disorders. The agency has a full continuum of care, with locations in Memphis and Nashville, TN. Another division of the agency, the Dual Diagnosis Recovery Network, is a membership-based advocacy group, providing educational activities, legislative and policy action, and awareness projects related to meeting the needs of individuals with co-occurring disorders.

888-869-9230

www.dualdiagnosis.org



Gaudenzia, Inc.

Gaudenzia helps people affected by chemical dependency, mental illness, and related conditions to achieve a better quality of life, allowing them to live as productive and accountable individuals. The group also conducts research and educates the community on the causes, treatment, and prevention of addictions, mental illness, and related conditions.

717-238-4200

www.gaudenzia.org

The Green Dot

This professional services and management consulting firm provides a full range of administrative, clinical, and fiscal services to public and private sector clients worldwide focused on health promotion and disease prevention. The Green Dot also provides some pro bono services, including promoting the acquisition and broadcast of public service announcements on treatment and prevention, and providing free consultations to community organizations.

703-931-2356

Haight Ashbury Free Clinics, Inc.

The mission of the Haight Ashbury Free Clinics, Inc. is to increase access to health care for all and improve the health and well-being of its clients. More than 34,000 individuals and their loved ones depend on the clinics every year to provide free, high-quality, demystified and comprehensive health care that is culturally sensitive, nonjudgmental, and accessible to all in need.

415-746-1967

www.hafci.org

Hazelden Foundation

Hazelden Foundation, a national nonprofit organization founded in 1949, helps people reclaim their lives from the disease of addiction. Hazelden's comprehensive approach to addiction addresses the full range of patient, family, and professional needs, including treatment and continuing care, research, higher learning, public education and advocacy, and publishing.

800-257-7810

www.hazelden.org

Health Matrix, Inc.

This organization develops communications programs that inform the debate on key issues in science, policy, and health care.

703-918-4930

www.healthmatrixinc.com

Johnson Institute

This national organization works to identify and eliminate the barriers to recovery, while promoting the power and possibility of recovery by enhancing awareness, prevention, intervention, and treatment practices for substance use disorders.

202-662-7104

www.johnsoninstitute.com

Join Together

This national resource for communities working to reduce substance use disorders offers a comprehensive Web site, daily news updates, publications, and technical assistance.

617-437-1500

www.jointogether.org

Lawyers Assistance Program – D.C. Bar

Established in 1985, the D.C. Bar Lawyer Assistance Program is a free and confidential program assisting lawyers, judges, and law students who experience problems that interfere with their personal lives or their ability to serve as counsel or officers of the court.
202-737-4700
www.dcbbar.org/for_lawyers/bar_services/counseling/index.cfm

The Legal Action Center

This nonprofit law and policy organization fights discrimination against people with histories of substance use disorders, HIV/AIDS, or criminal records, and advocates for sound public policies in these areas.
212-243-1313
www.lac.org/programs/alcdugs.html

Maine Alliance for Addiction Recovery

The Maine Alliance for Addiction Recovery is a grassroots alliance of individuals who support recovery. Its purpose is to initiate change in legislation and resource allocation, raise awareness through public acknowledgment, and promote support by sharing the experiences of recovering people, their families, and friends.
207-651-8118
www.masap.org/site/recovery.asp

Massachusetts Organization for Addiction Recovery (MOAR)

This organization is a collective voice of people in recovery, families, and friends who are helping each other educate the public about the value of living in recovery, and the resources to support recovery.
617-423-6627
www.neaar.org/moar

Mental Health America (MHA)

Mental Health America is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness. With more than 320 affiliates nationwide, MHA works to improve the mental health of all Americans through advocacy, education, research, and service.
800-969-6MHA (6642)
www.mentalhealthamerica.net

MusiCares

MusiCares provides a safety net of critical assistance for people in times of need. MusiCares' services and resources cover a wide range of financial, medical, and personal. MusiCares also focuses the resources and attention of the music industry on human service issues that directly impact the health and welfare of the music community.
800-687-4227
www.musicares.com

Narconon

This is a nonprofit drug rehab program dedicated to eliminating drug abuse and drug addiction through drug prevention, education, and rehabilitation.
323-962-2404
www.narconon.org

National Alliance of Methadone Advocates (NAMA)

NAMA is a membership organization representing persons whose recovery from opiate dependence is assisted with medication. NAMA's membership includes methadone patients, family members, and health care professionals whose common goal is to fight the ignorance and prejudice surrounding medication-assisted recovery.
212-595-NAMA
www.methadone.org



National Asian Pacific American Families Against Substance Abuse (NAPAFASA)

This private, nonprofit membership organization involves service providers, families, and youth to promote health and social justice and address the alcohol, tobacco, and other drug issues of Asian and Pacific Islander populations.

213-625-5795

www.napafasa.org

National Association for Children of Alcoholics (NACoA)

This national nonprofit membership and affiliate organization works on behalf of children of alcohol- and drug-dependent parents and all family members affected by substance use disorders.

888-554-2627

301-468-0985

www.nacoa.org

National Association of Lesbian and Gay Addiction Professionals

This membership organization, founded in 1979, is dedicated to the prevention and treatment of alcoholism, substance abuse, and other addictions in lesbian, gay, bisexual, and transgender communities.

703-465-0539

www.nalgap.org

National Association for Native American Children of Alcoholics (NANACOA)

This association provides a Native American framework for healing children of alcoholics.

866-480-6751

719-548-1000

www.whitebison.org/nanacoa

National Association of Addiction Treatment Providers (NAATP)

This association represents private substance use disorder treatment programs throughout the United States.

717-392-8480

www.naatp.org

NAADAC, The Association for Addiction Professionals

This membership organization serves addiction services professionals who specialize in addiction prevention, intervention, treatment, and after-care services.

800-548-0497

www.naadac.org

National Association of County Behavioral Health and Developmental Disability Directors (NACBHD)

This nonprofit membership organization is comprised of county/local behavioral health authorities who plan and deliver mental health, developmental disability, and substance use disorder services, as well as the State associations that represent their interests.

202-661-8816

www.nacbhd.org

National Association of Drug Court Professionals (NADCP)

This association seeks to reduce substance abuse, crime, and recidivism by promoting and advocating for the establishment and funding of drug courts and providing for the collection and dissemination of information, technical assistance, and mutual support to association members.

703-575-9400

www.nadcp.org

National Association of Public Child Welfare Administrators (NAPCWA)

This association is devoted solely to representing administrators of state and local public child welfare agencies, bringing an informed view of the problems facing families today to the formulation of child welfare policy.

202-682-0100

www.aphsa.org/napcwa

National Association of Social Workers (NASW)

As the largest membership organization of professional social workers in the world, this organization works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies.

202-408-8600

www.naswdcsocialworkers.org

National Association of State Alcohol and Drug Abuse Directors (NASADAD)

This association supports the development of effective prevention and treatment programs throughout every State.

203-293-0090

www.nasadad.org

National Association on Alcohol, Drugs and Disability, Inc. (NAADD)

This association promotes awareness and education about substance use disorders among people with physical, sensory, cognitive, and developmental disabilities.

650-578-8047

www.naadd.org

National Civic League (NCL)

The NCL is a nonprofit, non-partisan membership organization dedicated to strengthening citizen democracy by transforming democratic institutions. The NCL fosters innovative community building and political reform, assists local governments, and recognizes collaborative community achievement.

202-783-2961

www.nclweb.org

National Conference of State Legislatures (NCSL)

The NCSL is a bipartisan organization that serves the legislators and staffs of the nation's 50 states, its commonwealths, and territories. The NCSL provides research, technical assistance, and opportunities for policymakers to exchange ideas on the most pressing State issues. It has a significant focus on substance abuse treatment and prevention.

202-624-3581

www.ncsl.org

National Council for Community Behavioral Healthcare

The National Council for Community Behavioral Healthcare is the national association of community providers who together care for 6 million adults and children across America who suffer from mental illnesses, developmental disabilities, and substance abuse disorders. Its members employ more than 250,000 staff and provide mental health and substance abuse treatment, rehabilitation, housing, and community support services.

301-984-6200

www.nccbh.org



National Council on Alcoholism and Drug Dependence, Inc. (NCADD)

Founded in 1944, NCADD is dedicated to increasing public awareness and understanding of the disease of alcoholism and drug dependence. NCADD and its national network of State and local affiliates provide education, prevention, information/referral, intervention, treatment services, and advocacy, and have helped hundreds of thousands of individuals and families into recovery.

212-269-7797

www.ncadd.org

National Drug Court Institute (NDCI)

This institute promotes education, research, and scholarship for drug court and other court-based intervention programs.

703-575-9400

www.ndci.org

National Governors Association (NGA) (Center for Best Practices)

This bipartisan, nonprofit association represents the collective voice of the nation's Governors. Its mission is to help shape and implement national policy and help Governors and their policy staff develop and implement innovative solutions to the challenges facing their States.

202-624-5300

www.nga.org/center

National Home Infusion Association

NHIA is a trade association that represents and advances the interests of organizations that provide infusion, specialized pharmacy services, and products to the entire spectrum of home-based patients.

703-549-3740

www.nhianet.org

National Inhalant Prevention Coalition (NIPC)

Synergies, a nonprofit coalition based in Chattanooga, TN, founded the NIPC as a public-private effort to promote awareness and recognition of the under-publicized problem of inhalant use. The NIPC serves as an inhalant referral and information clearinghouse, stimulates media coverage about inhalant issues, develops informational materials and a newsletter, provides training and technical assistance, and leads a week-long national grassroots education and awareness campaign.

800-269-4237

www.inhalants.org

National Latino Council on Alcohol and Tobacco Prevention

This Council prevents tobacco use and reduces alcohol use disorders in the Latino community through the dissemination of science-based research findings, community education, technical assistance, policy analysis, and advocacy.

202-265-8054

www.nlcatp.org

National Organization on Fetal Alcohol Syndrome (NOFAS)

This organization provides education and awareness about the prevention of birth defects caused by alcohol consumption during pregnancy.

202-785-4585

www.nofas.org

National Safety Council

The National Safety Council is a nonprofit public service organization dedicated to educating and influencing people to prevent accidental injuries and deaths.

630-285-1121

www.nsc.org

National TASC (Treatment Accountability for Safer Communities)

This membership organization represents individuals and programs dedicated to the professional delivery of treatment and case management services to populations with substance use disorders.

703-836-8272

www.nationaltasc.org

Network for the Improvement of Addiction Treatment (NIATx)

NIATx is a partnership between the Robert Wood Johnson Foundation's Paths to Recovery program, the Center for Substance Abuse Treatment's Strengthening Treatment Access and Retention (STAR) program, the National Institute on Drug Abuse, and a number of independent addiction treatment organizations. NIATx works with addiction treatment providers to make more efficient use of their capacity and shares strategies for improving treatment access and retention.

608-265-0063

www.niatx.net

Northern Ohio Recovery Association (NORA)

This project provides faith-based recovery support services in a three-county area in Northern Ohio.

216-391-6672

www.norainc.org

Oxford House, Inc.

This is the umbrella organization for a network of more than 1,200 democratically run, self-supporting, and drug-free group homes throughout the country.

301-587-2916

www.oxfordhouse.org

Partnership for a Drug-Free America (PDFA)

For more than 20 years, PDFA has united communications professionals, scientists, and parents to reduce illicit drug use among teens. The group has recently introduced user-friendly resources for parents and caregivers including TimeToTalk.org, an online parent-to-parent community and resource center.

212-922-1560

www.drugfree.org and www.timetotalk.org

The Partnership for Recovery (PFR)

This coalition includes the Betty Ford Center, Bradford Health Systems, Cumberland Heights, Father Martin's Ashley, Gateway Rehabilitation Center, Hazelden Foundation, Valley Hope Association, and the National Association of Addiction Treatment Providers. The PFR works to eliminate barriers to addiction treatment through education and awareness.

202-737-8167

www.partnershipforrecovery.org

Pennsylvania Department of Health, Bureau of Drug and Alcohol Programs

The Bureau of Drug and Alcohol Programs develops and implements a comprehensive health, education, and rehabilitation program for the prevention, intervention, treatment, and case management of drug and alcohol abuse and dependence.

717-783-8200

www.health.state.pa.us/bdap



Portland State University Graduate School of Social Work

The Graduate School of Social Work offers the only graduate social work education programs in Oregon accredited by the Council on Social Work Education. Consistent with the goals of Portland State University and the Oregon State System of Higher Education, the three major functions of the school are teaching, research, and community service. Some of its students work with faculty members in regional and national research projects, such as the “Reclaiming Futures: Building Community Solutions to Substance Abuse and Delinquency” project in 10 sites across the United States.

503-725-4712

www.ssw.pdx.edu/

The RASE Project

The RASE Project is a nonprofit organization comprised entirely of staff and volunteers from the recovery community in south central Pennsylvania. The organization provides peer support services, recovery events, training and education, and supportive housing.

717-232-8535

www.raseproject.org

Recovery Connection

Recovery Connection is a comprehensive addiction treatment resource and drug rehabilitation referral service. The organization has staff across the country available 24 hours a day to answer all concerns about substance abuse, addiction treatment, and rehabilitation.

800-993-3869

www.recoveryconnection.org

Recovery Consultants of Atlanta, Inc. (RCA)

RCA, Inc., is a nonprofit, faith-based organization founded by concerned, committed, and spiritually centered members of metro-Atlanta’s recovery community. RCA collaborates with faith (primarily churches) and community-based organizations and develops peer-to-peer support services and programs and works to build a network of recovering individuals.

404-370-0123

www.recoveryconsultants.org

Recovery Network Foundation (RNF)

The Recovery Network Foundation develops recovery-dedicated projects in print, radio, TV, film, and video formats. “Under the Influence: The Film Series” is a national touring festival that showcases films in which addiction and recovery play leading roles.

914-941-2863

www.recoverynetworkfoundation.org

The Second Road

The Second Road is Web-based nonprofit group to help those in recovery (and the families of those affected by addiction) learn to live with the challenges presented by everyday life and continue on a fulfilling road of recovery. The Second Road offers a community of trust and understanding, 24-hour access, inspiring stories from people of diverse cultures and backgrounds, the knowledge of many experts in the addiction treatment field, and the tools to resist relapse in a secure, non-threatening environment.

434-295-9595

www.thesecondroad.org

The Substance Abuse and Addiction Recovery Alliance (SAARA)

SAARA is a community-based grassroots membership organization of individuals in recovery from alcohol and other drug addiction, their families, friends, and committed community supporters.

804-762-4445

www.saara.org

State Associations of Addiction Services (SAAS)

SAAS is the national organization of State provider associations representing treatment and prevention programs for substance use disorders.

202-546-4600

www.saasnet.org

TASC, Inc., of Illinois

TASC, Inc., of Illinois is a not-for-profit organization that conducts research, advances public policy, and provides services to ensure that individuals with substance use and mental health disorders receive treatment and access to recovery.

312-787-0208

www.tasc.org

Teen Challenge International

This network of 191 centers throughout the United States provides youth, adults, and families with effective and comprehensive faith-based solutions to life-controlling alcohol and drug problems.

417-862-6969

www.teenchallenge.com

Therapeutic Communities of America (TCA)

This national nonprofit membership association represents more than 650 substance abuse and mental health treatment programs that provide a variety of services to substance use and co-occurring disorder clients with a diversity of special needs.

202-296-3503

www.therapeuticcommunitiesofamerica.org

United for Recovery

This nonprofit organization is an advocacy group for persons in treatment and in recovery. United for Recovery works to broaden public awareness and understanding of addiction and recovery and increase opportunities for people to get the help they need.

310-704-1336

www.unitedforrecovery.org

United Methodist Church – General Board of Church and Society of the United Methodist Church

This organization offers faith-based substance abuse advocacy training for local churches and faith-based programs for people with substance use disorders.

202-488-5600

www.umc-gbcs.org

University of Baltimore Center for Families, Children and the Courts

This group's mission is to create, foster, and support a national movement to integrate communities, families, and the justice system to improve the lives of families and the health of the community.

410-837-5613

<http://law.ubalt.edu/cfcc>

U.S. DEPARTMENT OF DEFENSE (DOD)

The Department of Defense provides a wide array of services to prevent and treat substance use disorders, including worksite education, drug testing, early intervention, outpatient counseling, and inpatient treatment.

703-681-0064

www.defenselink.mil



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

This government agency provides information and resources on substance use disorders and health insurance/Medicaid issues.

877-696-6775

www.hhs.gov

HHS, Health Resources and Services Administration (HRSA), Poison Control Program

The HRSA Poison Control Program's mission is to ensure that the residents of the United States and the territories it serves have access to high-quality poison control services. The HRSA Poison Control Program administers a program that provides funding to stabilize and improve poison control centers (PCCs) across the United States, provides technical assistance to PCCs, and facilitates collaboration among PCCs and other health care partners.

301-443-0652

www.hrsa.gov

HHS National Institutes of Health (NIH)

The National Institutes of Health is the steward of medical and behavioral research for the Nation. It is an agency under the U.S. Department of Health and Human Services.

301-496-4000

www.nih.gov

HHS, NIH National Institute on Alcohol Abuse and Alcoholism (NIAAA)

This institute provides leadership in the national effort to reduce alcohol-related problems by conducting and supporting research in a wide range of scientific areas.

301-443-3885

www.niaaa.nih.gov

HHS, NIH National Institute on Drug Abuse (NIDA)

NIDA supports most of the world's research on the health aspects of drug abuse and addiction. It carries out a large variety of programs to ensure the rapid dissemination of research information and its implementation in policy and practice.

301-443-1124

www.drugabuse.gov

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)

This Federal agency improves the quality and availability of prevention, treatment, and rehabilitative services to reduce illness, death, disability, and cost to society resulting from substance use disorders and mental illnesses.

240-276-2130

www.samhsa.gov

HHS, SAMHSA Center for Mental Health Services (CMHS)

This national center delivers mental health services to provide the treatment and support needed by adults with mental disorders and children with serious emotional problems.

240-276-2550

www.samhsa.gov/centers/cmhs/cmhs.html

HHS, SAMHSA Center for Substance Abuse Prevention (CSAP)

This government organization improves the accessibility and quality of substance use disorder prevention programs and provides national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use and underage alcohol and tobacco use.

240-276-2420

www.prevention.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse
Treatment (CSAT)

This government organization provides information on treatment programs, publications, funding opportunities, and resources and sponsors

Recovery Month.

240-276-2750

www.csat.samhsa.gov

HHS, SAMHSA
Suicide Prevention Resource Center
Education Development Center, Inc.

The Suicide Prevention Resource Center supports suicide prevention with the best of science, skills, and practice to advance the National Strategy for Suicide Prevention. A federally funded activity managed through SAMHSA, this program provides prevention support, training, and resource materials to strengthen suicide prevention networks.

877-438-7772

617-964-5448 (TTY)

www.sprc.org

U.S. DEPARTMENT OF JUSTICE (DOJ)
Drug Enforcement Administration (DEA)

This government agency enforces the nation's controlled substances laws and regulations, works to reduce the availability of illegal drugs, and has a prevention arm devoted to reducing the demand for these drugs. The agency contributes its "street-smart" perspective and skills to the field and helps to link law enforcement with other providers.

202-307-7936

www.dea.gov

DOJ, Community Capacity
Development Office

This multi-agency's strategy is to "weed out" violent crime, gang activity, and drug trafficking, and "seed" human services to the areas where these activities occur, encompassing prevention, intervention, treatment, and neighborhood revitalization.

202-616-1152

www.ojp.usdoj.gov/ccdo

U.S. DEPARTMENT OF LABOR (DOL)
Working Partners for an Alcohol- and
Drug-Free Workplace

Working Partners helps to build a drug-free workforce by equipping businesses and communities with tools and information to effectively address alcohol and drug problems.

202-693-5919

www.dol.gov/workingpartners

U.S. DEPARTMENT OF
TRANSPORTATION (DOT)
National Highway Traffic Safety
Administration Impaired Driving Division

The mission of the Impaired Driving Division is to develop partnerships to cooperatively save lives, prevent injuries, and reduce traffic-related health care and economic costs resulting from impaired driving from using alcohol and other drugs.

202-493-2236

www.nhtsa.dot.gov/people/injury/alcohol



U.S. SMALL BUSINESS ADMINISTRATION (SBA)

Grantees of the Paul D. Coverdell Drug Free Workplace Program assist small businesses with the implementation of a drug-free workplace program by providing financial, technical, and management assistance, including information about grants/loans and employee assistance programs.

800-U-ASK-SBA

www.sba.gov/aboutsba/sbaprograms/sbdc/sbdc_drug_free.html

Volunteers of America

Volunteers of America is a national, nonprofit, faith-based organization dedicated to helping those in need rebuild their lives and reach their full potential. Through thousands of human service programs, including housing and health care, Volunteers of America helps nearly 2 million people in over 400 communities. Since 1896, its ministry of service has supported and empowered America's most vulnerable groups, including at-risk youth, the frail elderly, men and women returning from prison, homeless individuals and families, people with disabilities, and those recovering from addictions. Its work touches the mind, body, heart, and ultimately the spirit of those it serves, integrating deep compassion with highly effective programs and services.

703-341-5000

www.volunteersofamerica.org

The Watershed

The Watershed is a group of recovery facilities that provide services including detoxification, residential rehabilitation, intensive outpatient treatment, prevention, and education.

800-861-1768

www.thewatershed.com

We Care America

This national network of individuals, churches, and ministries work together to meet the needs of the poor and hurting by building capacity among faith-based organizations.

703-554-8600

www.wecareamerica.org

White Bison, Inc.

This American Indian nonprofit organization offers learning resources to the Native American community nationwide on topics such as sobriety, recovery, prevention, and wellness/Wellbriety (the inspiration to go on beyond sobriety and recovery, committing to a life of wellness and healing every day).

719-548-1000

www.whitebison.org

National Alcohol
& Drug Addiction
Recovery Month
SEPTEMBER 2008

JOIN THE VOICES FOR
RECOVERY



REAL PEOPLE,
REAL RECOVERY



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

RECOVERY MONTH RESOURCES

The following is a list of substance use disorder resources that can help you during **National Alcohol and Drug Addiction Recovery Month (Recovery Month)** and throughout the year. The organizations are listed by category to help you quickly identify the resource(s) most closely aligned with your needs. Resources cover a variety of subject areas, including culture, policy, education, recovery, mental health, mutual support groups, prevention, and more. The organizations that are referenced represent a broad sampling of what is available nationwide.

Please note: This list is not exhaustive of all available resources. Inclusion does not constitute endorsement by the U.S. Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, or its Center for Substance Abuse Treatment.

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FEDERAL AGENCIES

General Information

EXECUTIVE OFFICE OF THE PRESIDENT (EOP)

White House Office of Faith-Based and Community Initiatives

The White House Office and the Centers for the Faith-Based and Community Initiative—located in seven Federal agencies—are working to support the essential work of these important organizations. Their goal is to make sure that grassroots leaders can compete on an equal footing for Federal dollars, receive greater private support, and face fewer bureaucratic barriers.

708 Jackson Place

Washington, D.C. 20502

202-456-6708

www.whitehouse.gov

White House Office of National Drug Control Policy (ONDCP) Information Clearinghouse

This Federal office establishes policies, priorities, and objectives for the Nation's drug control program.

P.O. Box 6000

Rockville, MD 20849-6000

800-666-3332

www.whitehousedrugpolicy.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

This government agency provides information and resources on substance use disorders and health insurance/Medicaid issues.

200 Independence Avenue SW

Washington, D.C. 20201

877-696-6775

www.hhs.gov

HHS, Center for Medicare and Medicaid Services (CMS)

This Federal agency provides health insurance for over 74 million Americans through Medicare, Medicaid, and enforces the Health Insurance Portability and Accountability Act (HIPAA), and several other health-related programs.

7500 Security Boulevard

Baltimore, MD 21244

877-267-2323

410-786-3000

www.cms.hhs.gov

HHS, Health Resources and Services Administration (HRSA)

HRSA's mission is to improve and expand access to quality health care for all.

Parklawn Building, 5600 Fishers Lane

Rockville, MD 20857

301-443-3376

www.hrsa.gov

HHS, HRSA

Poison Control Program

HRSA's Poison Control Program's mission is to ensure that the residents of the United States and the territories it serves have access to high-quality poison control services. The HRSA Poison Control Program administers a program that provides funding to stabilize and improve poison control centers (PCCs) across the United States, provides technical assistance to PCCs, and facilitates collaboration among PCCs and other health care partners.

Parklawn Building

5600 Fishers Lane, Room 13-103

Rockville, MD 20857

301-443-0652

www.hrsa.gov

HHS, National Institutes of Health (NIH)

NIH is the steward of medical and behavioral research for the Nation. It is an agency under the U.S. Department of Health and Human Services.

9000 Rockville Pike

Bethesda, MD 20892

301-496-4000

www.nih.gov

HHS, NIH

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

This institute provides leadership in the national effort to reduce alcohol-related problems by conducting and supporting research in a wide range of scientific areas.

5635 Fishers Lane, MSC 9304

Bethesda, MD 20892-9304

301-443-3885

www.niaaa.nih.gov

HHS, NIH

National Institute on Drug Abuse (NIDA)

NIDA supports most of the world's research on the health aspects of drug abuse and addiction. It carries out a large variety of programs to ensure the rapid dissemination of research information and its implementation in policy and practice.

6001 Executive Boulevard

Room 5213, MSC 9561

Bethesda, MD 20892-9561

301-443-1124

www.drugabuse.gov

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)

This Federal agency improves the quality and availability of prevention, treatment, and rehabilitative services to reduce illness, death, disability, and cost to society resulting from substance use disorders and mental illnesses.

1 Choke Cherry Road, Eighth Floor

Rockville, MD 20857

240-276-2130

www.samhsa.gov

HHS, SAMHSA's Health Information Network

This clearinghouse provides comprehensive resources for mental health, alcohol, and drug information.

P.O. Box 2345

Rockville, MD 20847-2345

877-SAMHSA-7 (English and Spanish)

800-487-4889 (TDD)

www.SAMHSA.gov/SHIN

Culture-Specific Resources

HHS, Indian Health Service

This agency offers health services for Alaska Natives and American Indians.

The Reyes Building
801 Thompson Avenue, Suite 400
Rockville, MD 20852-1627
301-443-2038
www.ih.gov

HHS, Office of Minority Health Resource Center

This national center develops health policies and programs to eliminate health disparities in racial and ethnic minority populations.

P.O. Box 37337
Washington, D.C. 20013-7337
800-444-6472
301-230-7199 (TDD)
www.omhrc.gov

U.S. DEPARTMENT OF INTERIOR (DOI)

This government agency offers resources on the prevention of substance use disorders for American Indians, Alaska Natives, and Island communities.

1849 C Street NW
Washington, D.C. 20240
202-208-3100
www.doi.gov

DOI, Office of Alcohol and Substance Abuse Prevention Bureau of Indian Affairs

This office of the DOI provides reservation-based substance use disorder programs for American Indians.

1849 C Street NW
Washington, D.C. 20240-4000
202-208-3710
www.doi.gov/bureau-indian-affairs.html

Justice System

U.S. DEPARTMENT OF JUSTICE (DOJ)

This government agency enforces the law and defends the interests of the United States according to the law, including drug enforcement.

950 Pennsylvania Avenue NW
Washington, D.C. 20530-0001
202-353-1555
www.usdoj.gov

DOJ, ADA Home Page and Information Line Information and Technical Assistance on the Americans with Disabilities Act

This agency provides information about the Americans with Disabilities Act (ADA) through a toll-free ADA Information Line and through a Web site. This service permits businesses, State, and local governments, or others to call and ask questions about general or specific ADA issues.

U.S. Department of Justice
950 Pennsylvania Avenue NW
Civil Rights Division/Disability Rights Section - NYAV
Washington, D.C. 20530
800-514-0301
800-514-0383 (TTY)
www.usdoj.gov/crt/ada/adahom1.htm

DOJ, Bureau of Justice Assistance Clearinghouse

This bureau offers community training and technical assistance to prevent crime, substance use disorders, and violence (reference and referral services for criminal justice professionals).

800-851-3420

www.ncjrs.gov

DOJ, Bureau of Justice Statistics Clearinghouse

This bureau provides information on crime, criminal offenders, victims of crime, and the operation of justice systems at all levels of government.

800-851-3420

DOJ, Community Capacity Development Office

This multi-agency's strategy is to "weed out" violent crime, gang activity, and drug trafficking, and "seed" human services to the areas where these activities occur, encompassing prevention, intervention, treatment, and neighborhood revitalization.

810 Seventh Street NW

Washington, D.C. 20531

202-616-1152

www.ojp.usdoj.gov/ccdo/

DOJ, Drug Court Planning Initiative

This initiative provides research, scholarship, and information for drug courts and other court-based intervention programs.

DOJ Bureau of Justice Assistance

810 Seventh Street NW, Fourth Floor

Washington, D.C. 20531

202-616-6500

<http://dcpi.ncjrs.gov/dcpi/dcpi.html>

DOJ, Drug Enforcement Administration (DEA)

This government agency enforces the nation's controlled substances laws and regulations, works to reduce the availability of illegal drugs, and has a prevention arm devoted to reducing the demand for these drugs. The agency contributes its "street-smart" perspective and skills to the field and helps to link law enforcement with other providers.

Office of Demand Reduction

2401 Jefferson Davis Highway

Alexandria, VA 22301

202-307-7936

www.dea.gov

DOJ, National Criminal Justice Reference Service

To support research, policy, and program development worldwide, this Federal organization provides criminal justice and substance use disorder information.

P.O. Box 6000

Rockville, MD 20849-6000

800-851-3420

301-519-5500

www.ncjrs.gov

DOJ, National Institute of Justice

This national research, development, and evaluation agency of the U.S. Department of Justice is dedicated to researching crime control and justice issues.

810 Seventh Street NW, Seventh Floor

Washington, D.C. 20531

202-307-2942

www.ojp.usdoj.gov/nij/

DOJ, Office of Juvenile Justice and Delinquency Prevention

This government agency offers resources for community-based youth rehabilitation programs and information about the juvenile justice system.

810 Seventh Street NW
Washington, D.C. 20531
202-307-5911

www.usdoj.gov/02organizations/02_1.html

U.S. DEPARTMENT OF TRANSPORTATION (DOT) National Highway Traffic Safety Administration Impaired Driving Division

The mission of the Impaired Driving Division is to develop partnerships to cooperatively save lives, prevent injuries, and reduce traffic-related health care and economic costs resulting from impaired driving from using alcohol and other drugs.

400 Seventh Avenue SW
Washington, D.C. 20590
202-493-2236

www.nhtsa.dot.gov/people/injury/alcohol

Mental Health

HHS, NIH

National Institute of Mental Health (NIMH)

This institute conducts research to reduce mental illness and behavioral disorders in America.

6001 Executive Boulevard
Room 8184, MSC 9663
Bethesda, MD 20892-9663
866-615-NIMH (6464)

301-443-4513

www.nimh.nih.gov

HHS, SAMHSA

Center for Mental Health Services (CMHS)

CMHS seeks to improve the availability and accessibility of high-quality community-based services for people with or at risk for mental illnesses and their families.

The Center collects, analyzes, and disseminates national data on mental health services designed to help inform future services policy and program decision-making.

1 Choke Cherry Road, Sixth Floor
Rockville, MD 20857
877-SAMHSA-7
240-276-2550

<http://mentalhealth.samhsa.gov/cmhs>

HHS, SAMHSA

Suicide Prevention Resource Center Education Development Center, Inc.

This resource center supports suicide prevention with the best of science, skills, and practice to advance the National Strategy for Suicide Prevention. A Federally funded activity managed through SAMHSA, this program provides prevention support, training, and resource materials to strengthen suicide prevention networks.

55 Chapel Street
Newton, MA 02458
877-438-7772
617-964-5448 (TTY)
www.sprc.org

HHS, SAMHSA, CMHS

15+ Make Time to Listen...Take Time to Talk

This program provides practical guidance to parents and caregivers about how to create time to listen and take time to talk with their children.

P.O. Box 2345

Rockville, MD 20847-2345

877-SAMHSA-7

<http://mentalhealth.samhsa.gov/15plus/>

HHS, SAMHSA, CMHS

Refugee Mental Health Program (RMHP)

RMHP provides mental health assessment, treatment, and consultation to Cuban and Haitian migrants and their providers.

1 Choke Cherry Road, Room G-1099

Rockville, MD 20857

240-276-1845

www.refugeewellbeing.samhsa.gov

HHS, SAMHSA, CMHS

Systems of Care

This Web site is devoted to providing information about the mental health of children, youth, and families. Systems of care is an approach to services that recognizes the importance of family, school, and community, and seeks to promote the full potential of every child and youth by addressing their physical, emotional, intellectual, cultural, and social needs.

1 Choke Cherry Road, Sixth Floor

Rockville, MD 20857

240-276-1980

<http://systemsofcare.samhsa.gov/>

Military/Veterans

U.S. DEPARTMENT OF DEFENSE (DOD)

DOD provides a wide array of services to prevent substance use disorders, including worksite education, drug testing, early intervention, outpatient counseling, and inpatient treatment.

5111 Leesburg Pike

Skyline 5, Suite 810

Falls Church, VA 22041

703-681-0064

www.defenselink.mil/pubs/almanac/asdpa.html

DOD, Office of Assistant Secretary of Defense for Public Affairs

The public affairs office develops policies, plans, and programs in support of DOD objectives and operations.

1400 Defense, Pentagon, Room 3A-750

Washington, D.C. 20301-1400

703-428-0711

www.defenselink.mil/pubs/almanac/asdpa.html

DOD, United States Air Force

Bolling Air Force Base, Drug Demand Reduction Program (DDRP)

The drug demand reduction program aims at preventing the use and abuse of illicit and illegal drugs within the Air Force community. This is done through educational briefings and presentations, fairs and community-wide programs, materials on illicit drug use, and other prevention efforts.

Drug Demand Reduction Program Manager

Bolling Air Force Base

Building 53

Washington, D.C. 20032-0101

202-404-6818

www.capddr.org

DOD, United States Army**Army Center for Substance Abuse Programs (ACSAP)**

This group supports combat readiness by providing program oversight, supervision, inspection, integration, technical assistance, and training development for the operation and management of all elements of the Army Substance Abuse Program.

4501 Ford Avenue, Suite 320

Alexandria, VA 22302

703-681-5583

www.acsap.army.mil/

DOD, United States Army**Army Medical Surveillance Activity (AMSA)**

Part of the U.S. Army Center for Health Promotion and Preventive Medicine, AMSA is the only organization in the Army that performs comprehensive medical surveillance and routinely publishes background rates of diseases and injuries for the Army population.

Army Medical Surveillance Activity

2900 Linden Lane, Suite 200

Silver Spring, MD 20910

301-319-3240

http://amsa.army.mil/AMSA/amsa_ns_home.htm

DOD, United States Army**Army Substance Abuse Program (ASAP)**

This group provides information on the health risks posed by substance use disorders. It was established by Executive Order in 1971 for the purpose of identifying and treating substance use disorders. Its primary objective is to restore individuals to full productive performance.

122 Forest Circle, Building 230

Fort Myer, VA 22211-1199

703-696-3900

DOD, United States Marine Corps**Marine Corps Community Services (MCCS)**

This group seeks to provide Marine Corps plans, policies, and resources to improve and sustain the capabilities of commanders. Its goal is to prevent problems that detract from unit performance and readiness.

United States Marine Corps

Personal and Family Readiness Division (MR)

3280 Russell Road

Quantico, VA 22134

703-784-9454

www.usmc-mccs.org/

DOD, United States Navy**National Naval Medical Center's Substance Abuse and Rehabilitation Program (SARP)**

SARP's mission is to 1) Improve operational readiness, 2) Promote healthy lifestyles, and 3) Treat problems from alcohol and substance abuse. Substance-related problems are identified and treated by a team of specialists. The program is designed to meet the individual needs of active-duty personnel, family members, and retirees.

Substance Abuse and Rehabilitation Program (SARP)

National Naval Medical Center

8901 Wisconsin Avenue

Building Seven, Fourth Floor

Bethesda, MD 20889

301-295-4611

[www.bethesda.med.navy.mil/patient/health_care/behavioral_health_care/substance_abuse_and_rehabilitation_program_\(sarp\).aspx](http://www.bethesda.med.navy.mil/patient/health_care/behavioral_health_care/substance_abuse_and_rehabilitation_program_(sarp).aspx)

DOD, United States Navy

Navy Alcohol & Drug Abuse Prevention Program (NADAP)

This group's mission is to support the Navy's readiness by fighting alcohol abuse and drug use. It offers information and assistance to support individual and command alcohol abuse and drug use prevention efforts. It also administers the Driving Under the Influence (DUI) Prevention Program, the Navy Alcohol Abuse Prevention & Deglamorization Campaign, Navy Alcohol & Drug Safety Action Program, and monthly summits across the world.

Department of the Navy

Navy Environmental Health Center

620 John Paul Jones Circle, Suite 1100

Portsmouth, VA 23708-2103

757-953-0700

www-nehc.med.navy.mil/hp/alcohol/index.htm

U.S. DEPARTMENT OF VETERANS AFFAIRS (VA)

This government agency provides benefits and services to people who are veterans, family members, or survivors of veterans.

810 Vermont Avenue NW

Washington, D.C. 20420

VA Benefits: 800-827-1000

www.va.gov

VA, Suicide Prevention Hotline

This hotline provides veterans in emotional crisis with round-the-clock access to trained professionals.

800-273-TALK

Policy/Education

HHS, Centers for Disease Control and Prevention (CDC)

The CDC, through its National Prevention Information Network, provides materials and information on the prevention of HIV/AIDS, sexually transmitted diseases, and tuberculosis. It also provides smoking cessation help through the National Network of Tobacco Cessation Quitlines, which can be reached by calling the toll-free number 1-800-QUIT-NOW (1-800-784-8669, TTY 1-800-332-8615). Callers are automatically routed to their state-run quitlines, which offer a variety of services such as counseling and referral to local cessation resources.

1600 Clifton Road

Atlanta, GA 30333

800-311-3435

800-243-7012 (TTY)

www.cdc.gov

HHS, NIH

National Library of Medicine (NLM)

This library contains extensive substance use disorder research.

8600 Rockville Pike

Bethesda, MD 20894

888-346-3656

www.nlm.nih.gov

HHS, NIH, NIDA

Office of Science Policy and Communications

This government office conducts science-based research on substance use disorders.

6001 Executive Boulevard

Room 5213, MSC 9561

Bethesda, MD 20892-9561

301-443-1124

www.nida.nih.gov/about/organization/OSPC/OSPC.html

Prevention

HHS, SAMHSA

Center for Substance Abuse Prevention (CSAP)

The mission of CSAP is to bring effective substance abuse prevention to every community nationwide. Its discretionary grant programs—whether focusing on preschool-age children and high-risk youth or on community-dwelling older Americans—target States and communities, organizations and families to promote resiliency, promote protective factors, and reduce risk factors for substance abuse.

1 Choke Cherry Road

Rockville, MD 20857

240-276-2420

www.prevention.samhsa.gov

DOJ, DEA, “Get it Straight! The Facts About Drugs”

The DEA produced this drug prevention book to help youth realize the truth about drugs.

Office of Diversion Control

2401 Jefferson Davis Highway

Alexandria, VA 22301

800-882-9539

202-307-7977

www.dea.gov/pubs/straight/cover.htm

DOJ, DEA

Just Think Twice

This Web site, sponsored by the DEA, focuses on demand reduction and street smart prevention for teenagers.

Offering facts about drugs and ramifications of drug abuse, Just Think Twice aims to educate teens on the realities of drug abuse.

www.justthinktwice.com

HHS, NIH, NIAAA

National Advisory Council on Alcohol Abuse and Alcohol Prevention Task Force on College Drinking

This council offers research and information on college drinking.

Willco Building

5635 Fishers Lane, MSC 9304

Bethesda, MD 20892-9304

301-443-3860

www.collegedrinkingprevention.gov

HHS, NIH, NIDA

Prevention Research

NIDA supports most of the world’s research on the health aspects of drug abuse and addiction. It carries out a large variety of programs to ensure the rapid dissemination of research information and its implementation in policy and practice.

6001 Executive Boulevard

Room 5213, MSC 9561

Bethesda, MD 20892-9561

301-443-1124

www.nida.nih.gov/drugpages/prevention.html

HHS, SAMHSA, CSAP Family Web site

This Web site serves as a family guide to keep youth mentally healthy and drug free.

www.family.samhsa.gov

HHS, SAMHSA, CSAP

Building Blocks for a Healthy Future

This initiative is an early childhood substance abuse prevention program that educates parents and caregivers about the basics of prevention in order to promote a healthy lifestyle.

1 Choke Cherry Road, Fifth Floor
Rockville, MD 20857
240-276-2750
<http://bblocks.samhsa.gov/>

HHS, SAMHSA, CSAP

Too Smart To Start

This is an underage alcohol use prevention initiative for parents, caregivers, and their 9-to-13-year-old children.

1 Choke Cherry Road
Rockville, MD 20857
240-247-4754
www.toosmarttostart.samhsa.gov/

ONDCP, Above the Influence

This is a campaign designed to help teens become more aware of the influences around them and to stay above the influence of peer pressure.

www.abovetheinfluence.com

ONDCP, National Youth Anti-Drug Media Campaign

A comprehensive advertising and public relations program, the Media Campaign offers critical drug information for teens and tips for parents on keeping their kids healthy and drug-free.

www.freevibe.com

Recovery/Treatment

HHS, NIH, NIDA

Treatment Research

NIDA supports most of the world's research on the health aspects of drug abuse and addiction. It carries out a large variety of programs to ensure the rapid dissemination of research information and its implementation in policy and practice.

6001 Executive Boulevard
Room 5213, MSC 9561
Bethesda, MD 20892-9561
301-443-1124
www.drugabuse.gov/drugpages/treatment.html

HHS, SAMHSA

Center for Substance Abuse Treatment (CSAT)

*As the sponsor of **Recovery Month**, CSAT promotes the availability and quality of community-based substance abuse treatment services for individuals and families who need them. It supports policies and programs to broaden the range of evidence-based effective treatment services for people who abuse alcohol and drugs and that also address other addiction-related health and human services problems.*

1 Choke Cherry Road, Fifth Floor
Rockville, MD 20857
240-276-2750
www.csat.samhsa.gov

HHS, SAMHSA, CSAT**Division of Pharmacologic Therapies (DPT)**

DPT manages the day-to-day regulatory oversight activities necessary to implement the use of opioid agonist medications, such as methadone and buprenorphine, approved by the U.S. Food and Drug Administration (FDA) for addiction treatment. The DPT also supports the training of medical and substance abuse professionals on a variety of treatment issues, including the use of new medications that are anticipated to be approved by the FDA for use by physicians.

1 Choke Cherry Road, Room 2-1075

Rockville, MD 20857

240-276-2700

www.dpt.samhsa.gov

HHS, SAMHSA, CSAT, DPT**Patient Support and Community Education Project (PSCEP)**

This project addresses the need for patient support and family education regarding the disease of opioid addiction and the highly effective medication-assisted treatments methadone and buprenorphine.

1 Choke Cherry Road, Room 2-1075

Rockville, MD 20857

240-276-2700

www.dpt.samhsa.gov/patients/pscep/

HHS, SAMHSA, CSAT**Knowledge Application Program (KAP)**

KAP provides substance abuse treatment professionals with publications, online education, and other resources that contain information on best treatment practices.

1 Choke Cherry Road

Rockville, MD 20857

301-495-1080 ext. 4156

<http://kap.samhsa.gov/>

HHS, SAMHSA, CSAT, Partners for Recovery Web site

This Web site is dedicated to the advancement of prevention, treatment, and recovery from substance use and mental health disorders.

240-276-1691

www.pfr.samhsa.gov

HHS, SAMHSA, CSAT**The Recovery Community Services Program (RCSP)**

This grant program awards funding to peer-to-peer recovery support services that help people initiate and/or sustain recovery from alcohol and drug use disorders. Some RCSP grant projects also offer support to family members of people needing, seeking, or in recovery.

1 Choke Cherry Road, Room 5-1124

Rockville, MD 20857

240-276-1566

www.rcsp.samhsa.gov

HHS, SAMHSA**Office of Applied Studies**

OAS serves as SAMHSA's focal point for data collection, analysis, and dissemination activities.

1 Choke Cherry Road, Seventh Floor

Rockville, MD 20857

240-276-1212

www.oas.samhsa.gov/

HHS, SAMHSA

National Helpline

This national hotline offers information on substance use disorder issues and referral to treatment.

800-662-HELP (800-662-4357)

(English and Spanish)

800-487-4889 (TDD)

www.samhsa.gov

HHS, SAMHSA

Substance Abuse Treatment Facility Locator

This is a searchable directory of alcohol and drug treatment programs.

www.findtreatment.samhsa.gov

Schools/Youth

U.S. DEPARTMENT OF AGRICULTURE (USDA)

4-H

Healthy lifestyle education and activities for youth are presented through a program managed nationally by the Families, 4-H, and Education and Extension Service of the U.S. Department of Agriculture.

1400 Independence Avenue SW, STOP 2225

Washington, D.C. 20250-2225

202-720-2908

www.national4-hheadquarters.gov

U.S. DEPARTMENT OF EDUCATION (ED)

This Federal agency provides information for students, parents, teachers, and administrators, including grants for anti-alcohol and drug programs.

400 Maryland Avenue SW

Washington, D.C. 20202-6123

800-872-5327

www.ed.gov

ED, Office of Safe and Drug-Free Schools

This office provides information on drug-free school programs and activities.

400 Maryland Avenue SW

Washington, D.C. 20202-6123

202-260-3954

HHS, NIH, NIDA

Heads Up Web site

NIDA supports most of the world's research on the health aspects of drug abuse and addiction. It carries out a large variety of programs to ensure the rapid dissemination of research information and its implementation in policy and practice. Through a continuing partnership, NIDA and Scholastic, Inc., the global children's publishing and media company, distribute information on the health effects of drugs to students and teachers in grades 5 through 10 nationwide through a program called "Heads Up: Real News About Drugs and Your Body."

6001 Executive Boulevard

Room 5213, MSC 9561

Bethesda, MD 20892-9561

301-443-1124

www.scholastic.com/headsup

HHS, NIH, NIDA

NIDA Goes Back to School Web site

This Web site is a source of free information about the latest science-based drug abuse publications and teaching materials. The site is targeted toward teachers and parents.

6001 Executive Boulevard

Room 5213, MSC 9561

Bethesda, MD 20892-9561

301-443-1124

www.backtoschool.drugabuse.gov

HHS, NIH, NIDA

NIDA for Teens

NIDA supports most of the world's research on the health aspects of drug abuse and addiction. It carries out a large variety of programs to ensure the rapid dissemination of research information and its implementation in policy and practice. NIDA created this Web site to educate adolescents ages 11 through 15 (as well as their parents and teachers) on the science behind drug abuse.

6001 Executive Boulevard

Room 5213, MSC 9561

Bethesda, MD 20892-9561

301-443-1124

www.teens.drugabuse.gov

Workplace

U.S. DEPARTMENT OF LABOR (DOL)

This Federal agency provides information for U.S. job seekers, wage earners, and retirees, offering information about workplace rules and regulations.

200 Constitution Avenue NW

Washington, D.C. 20210

866-4-USA-DOL

www.dol.gov

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

Information for small business employers about EEOC-enforced laws and processes is available through the EEOC.

U.S. Equal Employment Opportunity Commission

1801 L Street NW

Washington, D.C. 20507

202-663-4900

www.eeoc.gov

U.S. NATIONAL LABOR RELATIONS BOARD (NLRB)

The NLRB is a Federal agency that administers the National Labor Relations Act by conducting elections to determine whether or not employees want union representation, as well as investigating and remedying unfair labor practices by employers and unions.

1099 14th Street NW

Washington, D.C. 20570-0001

866-667-NLRB (866-667-6572)

866-315-NLRB (866-315-6572) (TTY)

www.nlr.gov

U.S. SMALL BUSINESS ADMINISTRATION (SBA)

Grantees of the Paul D. Coverdell Drug Free Workplace Program assist small businesses with the implementation of a drug-free workplace program by providing financial, technical, and management assistance, including information about grants/loans and employee assistance programs.

SBA Answer Desk

6302 Fairview Road, Suite 300

Charlotte, NC 28210

800-U-ASK-SBA

www.sba.gov/aboutsba/sbaprograms/sbdc/sbdc_drug_free.html

DisabilityInfo.gov

This comprehensive Federal Web site provides disability-related government resources.

www.disabilityinfo.gov

DOL, Drug-Free Workplace Advisor

The Advisor provides information to businesses about how to establish and maintain an alcohol- and drug-free workplace. The Advisor also provides information about the Drug-Free Workplace Act of 1988, based on the Office of Management and Budget's (OMB) government-wide non-regulatory guidance.

U.S. Department of Labor

Frances Perkins Building

200 Constitution Avenue NW, Room S-2312

Washington, D.C. 20210

202-693-5919

www.dol.gov/elaws/drugfree.htm

DOL, Substance Abuse Information Database

This interactive database of the U.S. Department of Labor's Working Partners for an Alcohol- and Drug-Free Workplace provides a one-stop source of information with summaries and full text of materials relating to workplace substance abuse issues. Employers can draw on articles from experts as well as success stories from a variety of industries to assist them in establishing and maintaining a workplace substance abuse program.

U.S. Department of Labor

200 Constitution Avenue NW, Room S-2312

Washington, D.C. 20210

202-693-5919

www.dol.gov/asp/gils/records/000152.htm

DOL, Working Partners for an Alcohol- and Drug-Free Workplace

Working Partners helps to build a drug-free workforce by equipping businesses and communities with tools and information to effectively address alcohol and drug problems.

U.S. Department of Labor

200 Constitution Avenue NW, Room S-2312

Washington, D.C. 20210

202-693-5919

www.dol.gov/workingpartners

HHS, SAMHSA

CSAP Workplace Resource Center Helpline

This helpline supplies centralized access to information about drug-free workplaces and related topics.

1 Choke Cherry Road

Rockville, MD 20857

800-WORKPLACE (800-967-5752)

240-276-2600

www.drugfreeworkplace.gov

SBA U.S. Business Advisor

The Business Advisor gives access to Federal government information, services, and transactions.

www.business.gov

OTHER RESOURCES

Culture-Specific Resources

Arab Community Center for Economic and Social Services (ACCESS)

ACCESS is the largest nonprofit Arab-American organization in North America and the most comprehensive in the nature and variety of services available. It provides services in many areas, such as social services, immigration, employment, public and mental health (including substance abuse prevention and treatment), environment, national outreach, and research.

2651 Saulino Court
Dearborn, MI 48120
313-842-7010

www.accesscommunity.org

National Association of Lesbian and Gay Addiction Professionals

This membership organization, founded in 1979, is dedicated to the prevention and treatment of alcoholism, substance abuse, and other addictions in lesbian, gay, bisexual, and transgender communities.

901 North Washington Street, Suite 600
Alexandria, VA 22314
703-465-0539

www.nalgap.org

National Minority AIDS Council

The Council supplies resources for minorities with AIDS.

1931 13th Street NW
Washington, D.C. 20009-4432
202-483-6622

www.nmac.org

African American

Association of Black Psychologists

This association addresses issues facing black psychologists and the black community.

P.O. Box 55999
Washington, D.C. 20040-5999
202-722-0808

www.abpsi.org

Black Administrators in Child Welfare, Inc.

This association provides help for African-American children and their families in the child welfare system.

1319 F Street NW, Suite 401
Washington, D.C. 20004
202-783-3714

www.blackadministrators.org

National Association of African Americans for Positive Imagery

This campaign includes alcohol and tobacco control to promote positive community and self images and foster environments free of health disparities.

1231 North Broad Street, First Floor
Philadelphia, PA 19122
215-235-6491

www.naaapi.org

National Association of Black Social Workers

The membership of this association includes African Americans working in social services.

2305 Martin Luther King Avenue SE
Washington, D.C. 20020
202-678-4570
www.nabsw.org

National Association for Equal Opportunity in Higher Education

This association offers programs and services for African-American college students and college campuses.

209 Third Street SE
Washington, D.C. 20003
202-552-3300
www.nafeo.org

National Black Alcoholism and Addiction Council

This group provides programs, education, and training for the prevention and treatment of substance use disorders in the African-American community.

5104 North Orange Blossom Trail, Suite 111
Orlando, FL 32810
888-NBACORG
407-532-2774
www.nbacinc.org

National Council of Negro Women, Inc.

This organization offers information about issues affecting African-American women and their families.

633 Pennsylvania Avenue NW
Washington, D.C. 20004
202-737-0120
www.ncnw.org

National Medical Association

This association serves as the collective voice of African-American physicians and a force for parity and justice in medicine and the elimination of disparities in health.

1012 10th Street NW
Washington, D.C. 20001
202-347-1895
www.nmanet.org

Asian/Pacific Islander**Asian and Pacific Islander American Health Forum**

This forum includes Asian and Pacific Islander communities in all health, political, social, and economic arenas.

1001 Connecticut Avenue NW, Suite 530
Washington, D.C. 20036
202-466-7772
www.apiahf.org

Japanese American Citizens League

A community organization, the League provides assistance through programs that enhance the cultural preservation of the Japanese-American community and challenge social injustice wherever it may occur.

1765 Sutter Street
San Francisco, CA 94115
415-921-5225
www.jacl.org

Korean American Coalition

This group holds one strong voice for the Korean-American community by bringing people together to build a better community for all through education, service, and advocacy.

1001 Connecticut Avenue NW, Suite 730

Washington, D.C. 20036

202-296-9560

www.kacdc.org

National Asian American Pacific Islander Mental Health Association

This association aids the mental well-being of Asian Americans and Pacific Islanders when dealing with problems including substance use.

1215 19th Street, Suite A

Denver, CO 80202

303-298-7910

www.naapimha.org

National Asian Pacific American Families Against Substance Abuse, Inc.

This private, nonprofit membership organization involves service providers, families, and youth to promote health and social justice and address the alcohol, tobacco, and other drug issues of Asian and Pacific Islander populations.

340 East Second Street, Suite 409

Los Angeles, CA 90012

213-625-5795

www.napafasa.org

Organization of Chinese Americans

This organization serves as a resource for Chinese-American and Asian-American citizens and permanent residents to help them secure their rights through legislative and policy initiatives.

1001 Connecticut Avenue NW, Suite 601

Washington, D.C. 20036

202-223-5500

www.ocanatl.org

Hispanic/Latino

ASPIRA Association, Inc.

This association offers programs and activities dedicated to leadership development and education of Puerto Rican and other Latino youth.

1444 Eye Street NW, Suite 800

Washington, D.C. 20005

202-835-3600

www.aspira.org

Chicanos Por La Causa, Inc.

This nonprofit community development corporation offers social service programs and services throughout Arizona.

1112 East Buckeye Road

Phoenix, AZ 85034-4043

602-257-0700

www.cplc.org

Latin American Youth Center

This center provides outpatient counseling services for Hispanic individuals, families, and groups.

1419 Columbia Road NW

Washington, D.C. 20009

202-319-2225

www.layc-dc.org

National Alliance for Hispanic Health

This alliance offers information on health issues that affect the Hispanic community.

1501 16th Street NW
Washington, D.C. 20036
202-387-5000
www.hispanichealth.org

National Hispanic Medical Association

This association conducts health and policy research and offers programs to improve the health of Hispanics and other underserved populations.

1411 K Street NW, Suite 1100
Washington, D.C. 20005
202-628-5895
www.nhmamd.org

National Latino Children's Institute

This national institute conducts research and presents educational materials, programs, and services focused on Latino children.

1115 South St. Mary's Street
San Antonio, TX 78210
210-228-9997
www.nlci.org

National Latino Council on Alcohol and Tobacco Prevention

The Council prevents tobacco use and reduces alcohol use disorders in the Latino community through the dissemination of science-based research findings, community education, technical assistance, policy analysis, and advocacy.

1616 P Street NW, Suite 430
Washington, D.C. 20036
202-265-8054
www.nlcatp.org

Puerto Rican Organization for Community Education and Economic Development, Inc.

This organization addresses the social, health, and economic needs of Latino and non-Latino communities.

1126 Dickinson Street
Elizabeth, NJ 07201
908-351-7727
www.proceedinc.com

Native American

American Indian Community House

This organization provides health and social services for American Indians in New York City.

11 Broadway, Second Floor
New York, NY 10004-1303
212-598-0100
www.aich.org

National Association of Native American Children of Alcoholics (NANACoA)

This association provides a Native American framework for healing children of alcoholics.

6145 Lehman Drive, Suite 200
Colorado Springs, CO 80918
866-891-1495
719-548-1000
www.whitebison.org/nanacoa

National Congress of American Indians

This organization offers assistance for tribes, tribal leaders, and youth in the prevention of, treatment of, and recovery from substance use disorders among American Indian and Alaskan Native families and communities.

1301 Connecticut Avenue NW, Suite 200
Washington, D.C. 20036
202-466-7767
www.ncai.org

National Indian Child Welfare Association

This association is dedicated to the well-being of American Indian children and families.

5100 SW Macadam Avenue, Suite 300
Portland, OR 97239
503-222-4044
www.nicwa.org

National Indian Health Board

This organization provides health care research and services for tribes, area health boards, tribal organizations, Federal agencies, and private foundations.

101 Constitution Avenue NW, Suite 8-B02
Washington, D.C. 20001
202-742-4262
www.nihb.org

Pima Prevention Partnership

This nonprofit, multi-cultural coalition for substance use disorders and delinquency prevention in Tucson provides policy leadership, program development, youth prevention services, grant writing, planning, and evaluation services to promote community development for Native Americans.

2525 East Broadway, Suite 100
Tucson, AZ 85716
520-701-2711
www.thepartnership.us

United National Indian Tribal Youth, Inc.

This organization develops initiatives to foster the spiritual, mental, physical, and social development of Native American youth.

500 North Broadway Avenue, Suite 10
Oklahoma City, OK 73102
405-236-2800
www.unityinc.org

White Bison, Inc.

This American Indian nonprofit organization offers learning resources to the Native American community nationwide on topics such as sobriety, recovery, prevention, and wellness/Wellbriety (the inspiration to go on beyond sobriety and recovery, committing to a life of wellness and healing every day).

6145 Lehman Drive, Suite 200
Colorado Springs, CO 80918-3440
817-871-1495
719-548-1000
www.whitebison.org

Faith-Based Organizations

Alcoholics Victorious

This is a Christian-oriented 12-step support group for those recovering from alcohol or chemical dependency. It offers information and referrals, literature, phone support, conferences, support group meetings, and a newsletter.

1045 Swift Street
Kansas City, MO 64116-4127
816-471-8020
www.alcoholicsvictorious.org

Calix Society

This is a 12-step fellowship of Catholic alcoholics who help one another maintain sobriety through Alcoholics Anonymous. The group is concerned with total abstinence, spiritual development, and sanctification of the whole personality of each member.

2555 Hazelwood Avenue
St. Paul, MN 55109-2030
651-773-3117
www.calixsociety.org

Catholic Charities, USA

This membership association provides vital social services to people in need, regardless of their religious, social, or economic backgrounds.

1731 King Street
Alexandria, VA 22314-2756
703-549-1390
www.catholiccharitiesusa.org

Celebrate Recovery

This organization is a worldwide Christ-centered recovery ministry. By working the 12 steps, their Biblical principles, and the corresponding Eight Recovery Principles found in the Beatitudes, individuals find freedom from past hurts and harmful addictive and dysfunctional behaviors.

1 Saddleback Parkway
Lake Forest, CA 92630
949-609-8334
www.celebraterecovery.com

Clergy Recovery Network

The Network mentors ministry professionals through personal crises and early recovery. It seeks to help clergy guide their ministries toward spiritual and organizational health before, during, and after a leadership crisis.

P.O. Box 313
Joplin, MT 59531
406-292-3322
www.clergyrecovery.com

Church of Jesus Christ of Latter-Day Saints

This Mormon organization promotes strong family relationships.

2520 L Street NW, Second Floor
Washington, D.C. 20037
202-448-3333
www.lds.org

Faith WORKS

This organization facilitates the involvement of faith-based communities in the implementation of welfare reform.

3300 Veda Street, First Floor
Redding, CA 96001
530-242-1492
www.faith-works.cc/

United Methodist Church - General Board of Church and Society of the United Methodist Church

This organization offers faith-based substance abuse advocacy training for local churches and faith-based programs for people with substance use disorders.

100 Maryland Avenue NE
Washington, D.C. 20002
202-488-5600
www.umc-gbcs.org

**Institute for Public Health Faith Collaborations
Rollins School of Public Health, Emory University**

This institute promotes vital learning at the intersecting boundaries where faith and health overlap, merge, and emerge transformed.

1256 Briarcliff Road NE
Building A, Suite 107
Atlanta, GA 30306
404-727-5246
www.ihpnet.org

Intercongregational Alcoholism Program (ICAP)

ICAP is a network of recovering alcoholic women in religious orders. The group aims to help Roman Catholic women who are, or have been, members of religious orders who are in need due to alcoholism or chemical dependencies.

7777 Lake Street, Suite 115
River Forest, IL 60305-1734
708-488-9770

Jewish Alcoholics, Chemically Dependent Persons and Significant Others

This group assists Jewish alcoholics, chemically dependent persons and their families, friends, and associates to explore recovery in a nurturing Jewish environment.

120 West 57th Street
New York, NY 10019
212-397-4197
www.jacsweb.org

Jewish Big Brother and Big Sister League

The League is an outpatient treatment program for adolescents, adults, and families suffering from alcohol, drug, or other addictions.

5750 Park Heights Avenue, Suite 286
Baltimore, MD 21208
410-484-1991
www.jbbl.org

Lutheran Services in America

This organization advocates for sound and compassionate public policies on behalf of Lutheran social ministry organizations and the people they serve.

700 Light Street
Baltimore, MD 21230-3850
800-664-3848
www.lutheranservices.org

National Council of Churches

The Council helps parents communicate with their children about alcohol, tobacco, and illegal drugs.

110 Maryland Avenue NE
Washington, D.C. 20002
202-544-2350
www.nccusa.org

Overcomers In Christ (OIC)

OIC is a recovery program that deals with every aspect of addiction and dysfunction (spiritual, physical, mental, emotional, and social). Members overcome obstacles using Christ-centered motivations.

P.O. Box 34460
Omaha, NE 68134
402-573-0966
www.overcomersinchrist.org

Overcomers Outreach, Inc.

This group provides Christ-centered 12-step support for persons with any compulsive behavior, their families, and friends. It uses the 12 steps of Alcoholics Anonymous and applies them to the Scriptures. It also supplements involvement in other 12-step groups.

P.O. Box 922950
Sylmar, CA 91392-2950
800-310-3001
818-833-1803
www.overcomersoutreach.org

Presbyterians for Addiction Action (PAA)**Presbyterian Health, Education and Welfare Association**

PAA assists Presbyterians as they minister in an increasingly addictive society to restore people of the Presbyterian faith.

100 Witherspoon Street, Room 3041
Louisville, KY 40202-1396
888-728-7228 ext. 5800
502-369-5000
www.pcusa.org/phewa/paa.htm

Recovery Consultants of Atlanta, Inc. (RCA)

RCA, Inc., is a nonprofit, faith-based organization founded by concerned, committed, and spiritually centered members of metro-Atlanta's recovery community. RCA collaborates with faith (primarily churches) and community-based organizations and develops peer-to-peer support services and programs and works to build a network of recovering individuals.

1904 Glenwood Avenue SE
Atlanta, GA 30316
404-370-0123
www.recoveryconsultants.org

Recovery Ministries of the Episcopal Church

This is a national membership organization that raises awareness throughout the church community about addictions and the hope of recovery from these illnesses.

38439 Fifth Avenue, #2705
Zephyrhills, FL 33542
866-306-1542
813-788-0286
www.episcopalrecovery.org

**Reviving the Human Spirit: A Faith Community Initiative
Health Foundation of Greater Cincinnati**

This independent foundation is dedicated to improving community health in Cincinnati and 20 surrounding counties.

Rookwood Tower
3805 Edwards Road, Suite 500
Cincinnati, OH 45209-1948
513-458-6640
www.asapcenter.org/rths/sam.html

The Rush Center of the Johnson Institute

This Center engages and assists people of faith in the development of caring communities that promote the prevention of alcohol, tobacco, and other drug abuse. The group aims to create a place where recovery from addiction is valued and supported.

2525 Wallingwood Drive
Building 8, #804
Austin, TX 78746
888-451-9527
www.rushcenter.org

Salvation Army

This organization provides a broad array of social services that include providing food for the hungry, relief for disaster victims, assistance for the disabled, outreach to the elderly and ill, clothing and shelter to the homeless, and opportunities for underprivileged children.

615 Slaters Lane

P.O. Box 269

Alexandria, VA 22313

703-684-5500

www.salvationarmyusa.org

Seventh-Day Adventist Church

Through the Adventist Development and Relief Agency and other programs, the Adventist Church operates youth camps, community service projects, family life counseling, and Health & Temperance Programs, which include substance use disorder prevention/treatment and recovery options as a continuum.

12501 Old Columbia Pike

Silver Spring, MD 20904

301-680-6000

www.adventist.org

SOS Clearinghouse (Save Our Selves)

This organization is dedicated to providing a path to sobriety, an alternative to those paths depending upon supernatural or religious beliefs.

4773 Hollywood Boulevard

Hollywood, CA 90027

323-666-4295

www.secularsobriety.org

The Springs Rescue Mission

The Mission reaches the poor and needy of Colorado Springs by providing for their physical needs while ministering restoration to their spirit, soul, and body.

5 West Las Vegas Street

Colorado Springs, CO 80903

719-632-1822

www.springsrescuemission.org

St. Paul's Episcopal Church

St. Paul's has hosted 12-step programs and other affiliate programs for more than 15 years.

221 34th Street

Newport News, VA 23607

757-247-5086

www.stpaulsnn.org

Volunteers of America

This organization is a national, nonprofit, faith-based organization dedicated to helping those in need rebuild their lives and reach their full potential. Through thousands of human service programs, including housing and health care, Volunteers of America helps nearly 2 million people in over 400 communities. Since 1896, its ministry of service has supported and empowered America's most vulnerable groups, including at-risk youth, the frail elderly, men and women returning from prison, homeless individuals and families, people with disabilities, and those recovering from addictions.

1660 Duke Street

Alexandria, VA 22314

800-899-0089

703-341-5000

www.volunteersofamerica.org

We Care America

This national network of individuals, churches, and ministries work together to meet the needs of the poor and hurting by building capacity among faith-based organizations.

44180 Riverside Parkway, Suite 201
Lansdowne, VA 20176
703-554-8600

Family and Social Services

Alliance for Children and Families

The Alliance provides services to nonprofit child and family sectors and economic empowerment organizations.

11700 West Lake Park Drive
Milwaukee, WI 53244-3099
414-359-1040
www.alliance1.org

Child Welfare League of America (CWLA)

This membership organization has more than 1,100 public and private nonprofit agencies promoting the well-being of children, youth, and their families, and protecting every child from harm.

440 First Street NW, Third Floor
Washington, D.C. 20001-2085
202-638-2952
www.cwla.org

COAF (Children of Alcoholics Foundation)

Phoenix House's Center on Addiction and the Family

COAF focuses on information, support, and resources for families that have been affected by parental substance abuse, as well as practice improvement for the professionals who work with them.

164 West 74th Street
New York, NY 10023
646-505-2060
www.coaf.org

Children's Defense Fund

This group provides child welfare and health programs.

25 E Street NW
Washington, D.C. 20001
202-628-8787
www.childrensdefense.org

Federation of Families for Children's Mental Health

This national parent-run organization focuses on the needs of children and youth with emotional, behavioral, or mental disorders, and their families.

9605 Medical Center Drive, Suite 280
Rockville, MD 20850
240-403-1901
www.ffcmh.org

Intervention 911

This organization works with families nationwide to bring loved ones suffering from addiction to treatment and also provides family and friends with the tools they need to heal themselves and help during the recovery process.

170 North Vista Street
Los Angeles, CA 90036
866-888-4911
www.intervention911.com

Kennedy Krieger Family Center

This Center provides mental health and support services for children, adolescents, and families who experience trauma through the effects of abuse, neglect, and environmental factors.

2901 East Biddle Street

Baltimore, MD 21213

443-923-5800

www.kennedykrieger.org/kki_cp.jsp?pid=1400

National Association for Children of Alcoholics (NACoA)

For a full description, refer to Mutual Support Groups.

National Association of Public Child Welfare Administrators (NAPCWA)

This association is solely devoted to representing administrators of state and local public child welfare agencies, bringing an informed view of the problems facing families today to the formulation of child welfare policy.

810 First Street NE, Suite 500

Washington, D.C. 20002

202-682-0100

www.aphsa.org/napcwa

North American Family Renewal Institute, Inc. (NAFRI)

This institute researches, treats, and educates on all forms of addictive behaviors, and provides therapist training, public policy awareness, and specialized networking weekends for individuals in the recovery community.

8503 Schultz Road

Clinton, MD 20735

703-739-2546

Sigma Gamma Rho Sorority, Inc.

This sorority offers social services for communities around the nation.

1000 South Hill Drive

Cary, NC 27513

888-747-1922

www.sgrho1922.org

U.S. DEPARTMENT OF AGRICULTURE, 4-H

For a full description, refer to Schools/Youth under Federal Agencies.

University of Baltimore Center for Families, Children and the Courts

This group's mission is to create, foster, and support a national movement to integrate communities, families, and the justice system to improve the lives of families and the health of the community.

1420 North Charles Street

Baltimore, MD 21201

410-837-5750

<http://law.ubalt.edu/cfcc>

Young Men's and Young Women's Hebrew Association/92nd Street Y

This organization is committed to sharing its programs with all New Yorkers regardless of economic circumstance. It provides financial assistance and an outreach program that brings the arts into the lives of economically disadvantaged local schoolchildren and keeps them off the streets.

1395 Lexington Avenue

New York, NY 10128

212-415-5500

www.92y.org

Young Men's Christian Association of the U.S.A. (YMCA)

The YMCA provides health and social services for men, women, and children.

1701 K Street NW, Suite 903

Washington, D.C. 20006

202-835-9043

www.ymca.net

Young Women's Christian Association of the U.S.A. (YWCA)

The YWCA offers health and social services for women and their families.

1015 18th Street NW, Suite 1100

Washington, D.C. 20036

800-YWCA-US1

202-467-0801

www.ywca.org

Health Care

The Ensuring Solutions to Alcohol Problems Initiative George Washington University

This program works to increase access to treatment for individuals with alcohol problems by collaborating with policymakers, employers, and concerned citizens.

2021 K Street NW, Suite 800

Washington, D.C. 20006

202-296-6922

www.ensuringsolutions.org

Families USA

This organization provides resources on access to high-quality, affordable health care as well as senior citizen issues.

1201 New York Avenue, Suite 1100

Washington, D.C. 20005

202-628-3030

www.familiesusa.org

Haight Ashbury Free Clinics, Inc.

Haight Ashbury works to increase access to health care for all and improve the health and well-being of its clients. More than 34,000 individuals and their loved ones depend on the clinics every year to provide free, high-quality, demystified, and comprehensive health care that is culturally sensitive, nonjudgmental, and accessible to all in need.

P.O. Box 29917

San Francisco, CA 94129

415-746-1967

www.hafci.org

National Association of Community Health Centers

This association collaborates with community, migrant, and homeless health centers that provide health care to the poor and medically underserved.

7200 Wisconsin Avenue, Suite 210

Bethesda, MD 20814

301-347-0400

www.nachc.com

National Association of County Behavioral Health and Developmental Disability Directors (NACBHD)

For a full description, refer to State and Local Resources.

National Committee for Quality Assurance (NCQA)

The NCQA provides information about the quality of the nation's managed care plans.

2000 L Street NW, Suite 500

Washington, D.C. 20036

202-955-3500

www.ncqa.org

National Council on Patient Information and Education (NCPIE)

NCPIE is a multi-disciplinary coalition of over 100 organizations working to stimulate and improve communication of information on appropriate medicine use to consumers and health care professionals.

4915 Saint Elmo Avenue, Suite 505

Bethesda, MD 20814-6082

301-656-8565

www.talkaboutrx.org

National Health Law Program

This national program provides resources on health care for uninsured or underinsured low-income people.

Health Consumer Alliance

2639 South La Cienega Boulevard

Los Angeles, CA 90034

310-204-2675

www.healthlaw.org

National Poison Control Hotline

The Hotline was established to respond to emergency calls from concerned citizens about poison prevention. Housed in The National Capital Poison Center in Washington, D.C., this hotline is manned 24 hours a day, 7 days a week by registered nurses or pharmacists with backgrounds in critical care.

3201 New Mexico Avenue, Suite 310

Washington, D.C. 20016

800-222-1222

www.poison.org

Justice/Legal System

American Bar Association (ABA)

Standing Committee on Substance Abuse

The Standing Committee is committed to promoting justice system reform that addresses problems associated with illegal use of drugs and alcohol in this country. To carry out this mission, the Standing Committee collaborates with other ABA entities, federal, state, and local public/private organizations, and state, local, and territorial bar associations.

740 15th Street NW

Washington, D.C. 20005-1019

202-662-1000

www.abanet.org/subabuse

American Correctional Association

This organization provides resources for practitioners in the correctional profession and those interested in improving the justice system.

206 North Washington Street, Suite 200

Alexandria, VA 22314

800-ACA-JOIN

703-224-0000

www.aca.org

Center for Families, Children and the Courts

This center is dedicated to improving the quality of justice and services to meet the diverse needs of children, youth, families, and self-represented litigants in the California courts.

455 Golden Gate Avenue, Sixth Floor

San Francisco, CA 94102-3660

415-865-7739

www.courtinfo.ca.gov/programs/cfcc

Center on Juvenile and Criminal Justice

This center focuses on reducing reliance on incarceration as a solution to social problems.

54 Dore Street

San Francisco, CA 94103

415-621-5661

www.cjcj.org

D.C. Bar

This organization provides services to the profession, the courts, and the community in Washington, D.C.

1250 H Street NW, Sixth Floor

Washington, D.C. 20005-5937

202-737-4700

www.dcbar.org

Drug Court Clearinghouse

The Clearinghouse provides technical assistance for drug court programs.

Justice Programs Office

School of Public Affairs

American University

4000 Brandywine, Suite 100

Washington, D.C. 20016-8159

202-885-2875

www.spa.american.edu/justice

International Community Corrections Association

To enhance the quality of services and supervision for offenders in community corrections programs, this association offers information, training, and other services.

1730 Rhode Island Avenue NW, Suite 403

Washington, D.C. 20006

202-828-5605

www.iccaweb.org

The Legal Action Center

This nonprofit law and policy organization fights discrimination against people with histories of substance use disorders, HIV/AIDS, or criminal records, and advocates for sound public policies in these areas.

225 Varick Street

New York, NY 10014

800-223-4044

212-243-1313

www.lac.org

National Association of Drug Court Professionals (NADCP)

This association seeks to reduce substance abuse, crime, and recidivism by promoting and advocating for the establishment and funding of drug courts and providing for the collection and dissemination of information, technical assistance, and mutual support to association members.

4900 Seminary Road, Suite 320

Alexandria, VA 22311

703-575-9400

www.nadcp.org

National Council of Juvenile and Family Court Judges

The Council supplies publications and information about juvenile and family courts.

P.O. Box 8970
Reno, NV 89507
775-784-6012
www.ncjfcj.org

National Drug Court Institute

This institute promotes education, research, and scholarship for drug court and other court-based intervention programs.

4900 Seminary Road, Suite 320
Alexandria, VA 22311
703-575-9400
www.ndci.org

National Sheriffs' Association

This Association offers crime prevention programs that help sheriffs better serve the people of their cities, counties, or jurisdictions.

1450 Duke Street
Alexandria, VA 22314-3490
800-424-7827
www.sheriffs.org

National TASC (Treatment Accountability for Safer Communities)

This membership organization represents individuals and programs dedicated to the professional delivery of treatment and case management services to populations with substance use disorders.

2204 Mount Vernon Avenue, Suite 200
Alexandria, VA 22301
703-836-8272
www.nationaltasc.org

The Sentencing Project

The Sentencing Project conducts research on sentencing and incarceration.

514 10th Street NW, Suite 1000
Washington, D.C. 20004
202-628-0871
www.sentencingproject.org

Mental Health

Connecticut Department of Mental Health Addiction Services (DMHAS)

This organization promotes and administers comprehensive, recovery-oriented services in the areas of mental health treatment and substance use disorder prevention and treatment throughout Connecticut.

410 Capitol Avenue
P.O. Box 341431
Hartford, CT 06134
800-446-7348
860-418-7000
www.dmhas.state.ct.us

Mental Health America (MHA)

This nonprofit organization is the country's oldest and largest, addressing all aspects of mental health and mental illness. With more than 320 affiliates nationwide, MHA works to improve the mental health of all Americans through advocacy, education, research, and service.

2000 North Beauregard Street, Sixth Floor
Alexandria, VA 22311
800-969-6MHA (6642)
800-433-5959 (TTY)
www.mentalhealthamerica.net

National Alliance on Mental Illness (NAMI)

NAMI is a nonprofit support and advocacy organization of consumers, families, and friends of people with severe mental illnesses. NAMI works to achieve equitable services and treatment for more than 15 million Americans living with severe mental illnesses and their families.

Colonial Place Three
2107 Wilson Boulevard, Suite 300
Arlington, VA 22201-3042
800-950-NAMI (6264)
www.nami.org

National Association for Children of Alcoholics (NACoA)

For a full description, refer to Mutual Support Groups.

National Association of School Psychologists

For a full description, refer to Provider and Professional Organizations.

National GAINS Center for People with Co-Occurring Disorders in the Justice System

This center provides access to community-based services for adult and juvenile criminal offenders with co-occurring mental illness and substance use disorders.

345 Delaware Avenue
Delmar, NY 12054
800-311-4246
<http://gainscenter.samhsa.gov>

Western Psychiatric Institute and Clinic

The institute provides behavioral health services for children, families, schools, and communities.

3811 O'Hara Street
Pittsburgh, PA 15213
412-624-2100
<http://wpic.upmc.com/Default.htm>

Military/Veterans

AMVETS

A leader since 1944 in preserving the freedoms secured by America's Armed Forces, AMVETS provides support for veterans and the active military in procuring their earned entitlements. It also offers community services that enhance the quality of life for this nation's citizens.

4647 Forbes Boulevard
Lanham, MD 20706-4380
877-726-8387
301-459-9600
www.amvets.org

Disabled American Veterans (DAV)

The million-member DAV is the official voice of America's service-connected disabled veterans—a strong, insistent voice that represents all of America's 2.1 million disabled veterans, their families, and survivors. Its nationwide network of services, which is free of charge to all veterans and members of their families, is completely supported by membership dues and contributions from the American public. The DAV's national organization receives no government funds.

3725 Alexandria Pike
Cold Spring, KY 41076
877-426-2838
www.dav.org

National Coalition for Homeless Veterans (NCHV)

This nonprofit organization serves as the resource and technical assistance center for a national network of community-based service providers and local, state, and federal agencies. These groups provide emergency and supportive housing, food, health services, job training and placement assistance, and legal aid and case management support for hundreds of thousands of homeless veterans each year.

333 ½ Pennsylvania Avenue SE
Washington, D.C. 20003-1148
800-VET-HELP
www.nchv.org

National Veterans Foundation

This group's mission is to serve the crisis management, information and referral needs of all U.S. veterans and their families. It operates the nation's only toll-free helpline for all veterans and their families. It also offers public awareness programs that shed light on the needs of America's veterans, and outreach services that provide veterans and families in need with food, clothing, transportation, and employment.

9841 Airport Boulevard, Suite 512
Los Angeles, CA 90045
877-777-4443
www.nvf.org

New Directions

New Directions, Inc., is a long-term drug and alcohol treatment program that provides food, shelter, and rehabilitation to homeless veterans at four Los Angeles-area locations. An estimated 27,000 homeless veterans live in Los Angeles, which is home to the country's largest Veteran's Affairs hospital.

11303 Wilshire Boulevard, VA Building 116
Los Angeles, CA 90073-1003
310-914-4045
www.newdirectionsinc.org

Swords to Plowshares

This group's mission is to heal the wounds and restore dignity, hope, and self-sufficiency to all veterans in need, and to significantly reduce homelessness and poverty among veterans. It promotes and protects the rights of veterans through advocacy, public education, and partnerships.

1060 Howard Street
San Francisco, CA 94103
415-252-4788
www.swords-to-plowshares.org

Veterans of Foreign Wars (VFW)

VFW members mentor youth groups, help in community food kitchens, volunteer in blood drives, and visit hospitalized veterans. Other members help veterans file compensation claims or "voice their vote" with elected officials.

406 West 34th Street
Kansas City, MO 64111
816-756-3390
www.vfw.org

Mutual Support Groups

16 Steps of Discovery & Empowerment

16 Steps offers support for a wide variety of quality of life issues, such as addiction, codependency, abuse and empowerment. The 16 Steps focus on a positive approach to help members celebrate personal strengths, stand up for themselves, heal physically, and see themselves as part of the entire community, not just the recovery community.

Box 1302
Lolo, MT 59847
406-273-6080

Adult Children of Alcoholics WSO

Adult Children of Alcoholics is a 12-step, 12-tradition program of women and men who grew up in alcoholic or otherwise dysfunctional homes. Members meet with each other in a mutually respectful, safe environment and acknowledge common experiences.

P.O. Box 3216
Torrance, CA 90510
310-534-1815
www.adultchildren.org

Al-Anon/Alateen

This 12-step mutual support program provides groups for adults and teenagers who are the families and friends of alcoholics.

Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AL-ANON (888-425-2666)
757-563-1600
www.al-anon.alateen.org

Alcoholics Anonymous (AA)

AA offers a support group that provides sponsorship and a 12-step program for life without alcohol.

P.O. Box 459
New York, NY 10163
212-870-3400
www.aa.org

Alcoholics Victorious

For a full description, refer to Faith-Based Organizations.

American Self-Help Sourcebook

This is a searchable database of more than 1,100 national, international, model, and online self-help support groups for addictions, bereavement, health, mental health, disabilities, abuse, parenting, caregiver concerns, and other stressful life situations.

Saint Clare's Health Services
100 East Hanover Avenue, Suite 202
Cedarknolls, NJ 07927-2020
973-326-6789
www.mentalhelp.net/selfhelp

Anesthetists in Recovery (AIR)

AIR is a network of recovering nurse anesthetists. Members support one another through phone support, information, and referrals to groups and treatment.

8233 Brookside Road
Elkins Park, PA 19027
215-635-0183
www.aana.com

Benzodiazepine Anonymous (BA)

BA is a mutual support group for persons in recovery from addiction to benzodiazepines (Xanax®, Halcion®, Valium®, Ativan®, Dalmane®, Librium®, etc.) or any other addicting prescription drug. BA uses its own lists of 12 steps and 12 goals.

11507 Cumpston Street
North Hollywood, CA 91601
818-667-1070

Calix Society

For a full description, refer to Faith-Based Organizations.

Chapter Nine Group of Hollywood, MD

This is a 12-step program of recovering couples (substance abuse) in which partners work together. The group name comes from chapter nine of the Alcoholics Anonymous Big Book "The Family Afterwards," which is based on the belief that members of the family or couples should meet on the common ground of tolerance, understanding, and love.

1168 White Sands Drive
Lusby, MD 20657
410-586-1425

Chemically Dependent Anonymous (CDA)

CDA's purpose is to carry the message of recovery to the chemically dependent person for those with a desire to abstain from drugs/alcohol.

P.O. Box 423
Severna Park, MD 21146-0423
888-CDA-HOPE
www.cdaweb.org

Co-Anon Family Groups

This organization is a fellowship of men and women who are husbands, wives, parents, relatives, or close friends of someone who is chemically dependent. The program is primarily a 12-step program that combines self and mutual support systems.

P.O. Box 12722
Tucson, AZ 85732-2722
800-898-9985
www.co-anon.org

Cocaine Anonymous World Services

This is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from their addiction.

3740 Overland Avenue, Suite C
Los Angeles, CA 90034
800-347-8998
310-559-5833
www.ca.org

Crystal Meth Anonymous

This organization is a 12-step fellowship for those in recovery from addiction to crystal meth. The only requirement for membership is the desire to stop using crystal meth.

8205 Santa Monica Boulevard, PMB 1-114
West Hollywood, CA 90046-5977
213-488-4455
www.crystalmeth.org

Double Trouble Recovery, Inc.

This is a fellowship of men and women who share their experience, strength, and hope with each other so that they may solve their common problems and help others to recover from their particular addiction(s) and mental disorders. It is for people who are dually diagnosed with an addiction as well as a mental disorder.

P.O. Box 245055
Brooklyn, NY 11224
718-373-2684
www.doubletroubleinrecovery.org

Dual Disorders Anonymous (DDA)

DDA is a 12-step fellowship of men and women who come together to help those members who still suffer from both a mental disorder and alcoholism and/or drug addiction.

P.O. Box 681264

Schaumburg, IL 60168-1264

847-490-9379

<http://ourworld.cs.com/pat63659/myhomepage/business.html>

Dual Recovery Anonymous (DRA)

DRA is a self-help program for individuals who experience a dual disorder of chemical dependency and a psychiatric or emotional illness. The group is based on the principles of the 12 steps and the personal experiences of individuals in dual recovery.

P.O. Box 8107

Prairie Village, KS 66208

877-883-2332

www.draonline.org

Families Anonymous (FA)

FA is a 12-step, self-help, recovery, and fellowship of support groups for relatives and friends of those who have alcohol, drug, or behavioral problems. The group is a nonprofit mutual help organization and is not affiliated with any religion or institution.

P.O. Box 3475

Culver City, CA 90231-3475

800-736-9805

www.familiesanonymous.org

Family Empowerment Network (FEN)

FEN offers support, education, and training for families of children with fetal alcohol syndrome or fetal alcohol effects, as well as interested professionals. The group creates a network of families that support one another and hosts annual family retreats.

777 South Mills Street

Madison, WI 53715

800-462-5254

608-262-6590

www.fammed.wisc.edu/fen

Fetal Alcohol Syndrome Family Resource Institute (FASFRI)

FASFRI is a grassroots coalition of families and professionals concerned with fetal alcohol syndrome effects. The group offers educational programs, brochures, information packets, group meetings, phone support, conferences, and referrals.

P.O. Box 2525

Lynnwood, WA 98036

253-531-2878

www.fetalalcoholsyndrome.org

Free-N-One

This support group teaches people to be free mentally and spiritually, as well as free from drugs and alcohol. It offers information and referrals, phone support, literature, and conferences.

538 South Overhill Drive

Los Angeles, CA 90043

323-359-0009

www.freenone.net

Hypoics Not Anonymous (HNA)

HNA is for anyone with any type of addiction.

The group uses the philosophy that addictions are caused by neurological mechanisms rather than personal weaknesses.

8779 Misty Creek Drive

Sarasota, FL 34241

941-929-0893

www.nvo.com/hypoism/hypoicsnotanonymous/

Inter-Congregational Alcoholism Program (ICAP)

For a full description, refer to Faith-Based Organizations.

International Doctors in Alcoholics Anonymous (IDAA)

IDAA is a group of approximately 4,500 recovering health care professionals of doctorate level who help one another achieve and maintain sobriety from addictions.

3311 Brookhill Circle

Lexington, KY 40502

859-277-9379

www.idaa.org

International Lawyers in Alcoholics Anonymous (ILAA)

ILAA serves as a clearinghouse for support groups for lawyers who are recovering alcoholics or have other chemical dependencies.

455 Cayuna Road, Suite 600

Buffalo, NY 14225

www.ilaa.org

International Pharmacists Anonymous (IPA)

IPA is a 12-step fellowship of pharmacists and pharmacy students recovering from any addiction.

11 Dewey Lane

Glen Gardner, NJ 08826-3102

908-537-4295

<http://mywebpages.comcast.net/ipa/ipapage.htm>

Jewish Alcoholics, Chemically Dependent Persons and Significant Others

For a full description, refer to Faith-Based Organizations.

Lawyers Assistance Program – D.C. Bar

Established in 1985, the D.C. Bar Lawyer Assistance Program is a free and confidential program assisting lawyers, judges, and law students who experience problems that interfere with their personal lives or their ability to serve as counsel or officers of the court.

1250 H Street NW, Sixth Floor

Washington, D.C. 20005-5937

202-737-4700

www.dcbbar.org/for_lawyers/bar_services/counseling/index.cfm

MADD (Mothers Against Drunk Driving)

The MADD mission is to stop drunk driving, support victims, and prevent underage drinking.

511 East John Carpenter Freeway, Suite 700

Irving, TX 75062

800-GET-MADD (438-6233)

www.madd.org

MADD DADS Inc. (Men Against Destruction Defending Against Drugs and Social Disorder)

This is a grassroots organization of fathers aimed at fighting gang and gang-related violence. MADD DADS provides family activities, community education, speaking engagements, and “surrogate fathers” who listen to and care about street teens.

555 Stockton Street
Jacksonville, FL 32204
904-388-8171
www.maddads.com

Marijuana Anonymous World Services

This organization is a fellowship of men and women who share a desire to stop using marijuana. They accomplish their goals by using the basic 12 steps of recovery founded by Alcoholics Anonymous.

P.O. Box 2912
Van Nuys, CA 91404
800-766-6779
www.marijuana-anonymous.org

Men for Sobriety

This organization’s purpose is to help all men recover from problem drinking through the discovery of self, gained by sharing experiences, hopes, and encouragement with other men in similar circumstances.

P.O. Box 618
Quakertown, PA 18951-0618
215-536-8026

MusiCares

This organization provides a safety net of critical assistance for people in times of need. MusiCares’ services and resources cover a wide range of financial, medical, and personal. MusiCares also focuses the resources and attention of the music industry on human service issues that directly impact the health and welfare of the music community.

3402 Pico Boulevard
Santa Monica, CA 90405
800-687-4227
www.musicares.com

Nar-Anon/Narateen

This organization provides support for families and friends of drug users.

Nar-Anon Family Group Headquarters, Inc.
22527 Crenshaw Boulevard, Suite 200 B
Torrance, CA 90505
800-477-6291
www.nar-anon.org

Narconon

This is a nonprofit drug rehab program dedicated to eliminating drug abuse and drug addiction through drug prevention, education, and rehabilitation.

7060 Hollywood Boulevard, Suite 220
Hollywood, CA 90028
323-962-2404
www.narconon.org

Narcotics Anonymous World Services

This is a nonprofit fellowship society of men and women for whom drugs had become a major problem. Membership is open to all drug addicts, regardless of the particular drug or combination of drugs used.

P.O. Box 9999
Van Nuys, CA 91409
818-773-9999
www.na.org

National Association for Children of Alcoholics (NACoA)

This national nonprofit membership and affiliate organization works on behalf of children of alcohol- and drug-dependent parents and all family members affected by substance use disorders.

11426 Rockville Pike, Suite 301
Rockville, MD 20852
888-55-4COAS (2627)
301-468-0985
www.nacoa.org

National Association for Native American Children of Alcoholics (NANACoA)

For a full description, refer to Culture-Specific Resources.

National Family Partnership (NFP)

NFP is a coalition of families working for substance abuse prevention. The group hosts a number of prevention activities including the Red Ribbon Campaign and the Plant the Promise Campaign. It also is in the process of developing a resource center.

2490 Coral Way, Suite 501
Miami, FL 33145
800-705-8997
www.nfp.org

Overcomers In Christ (OIC)

For a full description, refer to Faith-Based Organizations.

Overcomers Outreach, Inc.

For a full description, refer to Faith-Based Organizations.

Pills Anonymous (PA)

PA is a self-help, self-supporting, anonymous 12-step program based on Alcoholics Anonymous. It is designed for those who want to help themselves and others recover from chemical addiction.

5201 White Lane
New York, NY 10001
212-874-0700

Psychologists Helping Psychologists (PHP)

PHP is a mutual support group for doctoral-level psychologists or students who have had a personal experience with alcohol or drugs. Members aim to support each other in recovery and help others to recover and educate the psychology community.

3484 South Utah Street
Arlington, VA 22206
703-243-4470

Rational Recovery Systems (RRS)

RRS is a program of self-recovery from addiction to alcohol and other drugs through planned, permanent abstinence using Addictive Voice Recognition Technique (AVRT).

Box 800
Lotus, CA 95651
530-621-2667
www.rational.org

RID (Remove Intoxicated Drivers)

RID's mission is to deter impaired driving and teen binge drinking that often leads to intense trauma. Its members advocate for victims, enablers of tough laws, and watchdogs for law enforcement and adjudication in the courts.

P.O. Box 520
Schenectady, NY 12301
888-283-0034
www.rid-usa.org

SMART Recovery® (Self Management And Recovery Training)

This not-for-profit, abstinence-based network of free mutual self-help support groups (face-to-face and via the Web) helps individuals gain independence from harmful addictive behaviors. It uses cognitive-behavioral concepts, and offers specific tools and techniques.

7537 Mentor Avenue, Suite 306

Mentor, OH 44060

866-951-5357

440-951-5357

www.smartrecovery.org

Social Workers Helping Social Workers (SWHSW)

SWHSW supports people's recovery from alcohol or other chemical dependence, either their own or that of a significant other, among social workers, BSW/MSW, or MSW matriculating students. Social workers with other addictions are welcome to attend meetings.

1300 East 47th Street

Chicago, IL 60653

773-493-6940

SOS Clearinghouse (Save Our Selves)

This organization is dedicated to providing a path to sobriety, an alternative to those paths depending upon supernatural or religious beliefs.

4773 Hollywood Boulevard

Hollywood, CA 90027

323-666-4295

www.secularsobriety.org

Veterinarians in Recovery (VIR)

VIR is a support network for veterinarians in recovery from alcoholism and other addictions. The group provides information and referrals, phone support, and newsletters.

104 Maple Trace

Birmingham, AL 35244

651-261-4029

www.veterinariansinrecovery.info

Policy/Education

Addiction Technology Transfer Center National Office (ATTC)

For a full description, refer to Research.

Alliance for Recovery Advocates

This organization empowers people to become advocates for recovery.

6601 Grand Teton Plaza, Suite A

Madison, WI 53719

800-787-9979

www.waoda.org/advocacy.html

American Council on Alcoholism (ACA)

ACA is dedicated to educating the public about the effects of alcohol, alcoholism, alcohol abuse, and the need for prompt, effective, readily available, and affordable alcoholism treatment.

1000 East Indian School Road

Phoenix, AZ 85014

800-527-5344

www.aca-usa.org

**American Medical Association (AMA)
Office of Alcohol and Other Drug Abuse**

This collaboration of the AMA and The Robert Wood Johnson Foundation works to reduce underage alcohol use.

515 North State Street

Chicago, IL 60610

800-621-8335

312-464-5000

www.ama-assn.org/ama/pub/category/3337.html

American Public Human Services Association (APHSA)

The APHSA develops, promotes, and implements public human service policies and practices that improve the health and well-being of families, children, and adults.

810 First Street NE, Suite 500

Washington, D.C. 20002

202-682-0100

www.aphsa.org/Home/Contact.asp

Association of State and Territorial Health Officials

For a full description, refer to State and Local Resources.

Boston University School of Medicine (BUMC)

*Boston University School of Medicine (BUMC) provides summaries of the latest clinically relevant research on alcohol and health, particularly in the area of health disparities. The newsletter **Alcohol and Health: Current Evidence***

is published by BUMC and can be located at

www.bu.edu/act/alcoholandhealth/index.html.

Boston University School of Public Health

715 Albany Street

Boston, MA 02118

617-638-8000

www.bumc.bu.edu

Capitol Decisions, Inc.

This consulting group has diverse interests, including substance use disorder support, as well as ambulatory care.

101 Constitution Avenue NW, Suite 675 East

Washington, D.C. 20001

202-638-0326

www.capitoldecisions.com

Center for Alcohol and Drug Research and Education

This international nonprofit organization provides public information and technical assistance, guidance, and expert service to individuals, governmental agencies, and a variety of nonprofit organizations in the private sector to improve the quality of their response to substance use disorders.

6200 North Charles Street

Baltimore, MD 21212-1112

410-377-8992

Community Anti-Drug Coalitions of America (CADCA)

For a full description, refer to State and Local Resources.

Drug Strategies

This group develops publications and programs focused on effective approaches to the nation's drug problems.

*This organization publishes a guide to treating youth with substance use disorders titled **Treating Youth:***

A Guide to Adolescent Drug Programs.

1616 P Street NW, Suite 220

Washington, D.C. 20036

202-289-9070

www.drugstrategies.org

Entertainment Industries Council, Inc. (EIC)

This nonprofit organization works within the film, television, and music industries to promote the accurate depiction of health and social issues in entertainment productions. EIC's annual awards show, the PRISM Awards TV special, airs nationally and is distributed to over 11,000 treatment and recovery centers nationwide as a tool to encourage open discussion among treatment center staff and recovering clients.

EIC East

1760 Reston Parkway, Suite 415

Reston, VA 20190-3303

703-481-1414

www.eiconline.org

EIC West

2600 West Olive Street, Suite 574

Burbank, CA 91505

818-333-5001

www.eiconline.org

Faces & Voices of Recovery

This national recovery advocacy organization mobilizes people in recovery from addiction to alcohol and other drugs, families, friends, and allies in campaigns to end discrimination and make recovery a reality for even more Americans.

1010 Vermont Avenue NW, Suite 708

Washington, D.C. 20005

202-737-0690

www.facesandvoicesofrecovery.org

Health Matrix, Inc.

This organization develops communications programs that inform the debate on key issues in science, policy, and health care.

7918 Jones Branch Drive, Suite 600

McLean, VA 22102

703-918-4930

www.healthmatrixinc.com

Health Policy Institute: Center on an Aging Society at Georgetown University

The center is a non-partisan public policy institute that fosters critical thinking about the implications of an aging society and studies the impact of demographic changes on public and private institutions and families of all ages.

2233 Wisconsin Avenue NW, Suite 525

Washington, D.C. 20007

202-687-9840

<http://ihcrp.georgetown.edu/agingsociety>

Join Together

For a full description, refer to State and Local Resources.

Kaiser Family Foundation

This organization is a nonprofit, private operating foundation focusing on the major health care issues facing the nation.

The Foundation is an independent voice and source of facts and analysis for policymakers, the media, the health care community, and the general public.

2400 Sand Hill Road

Menlo Park, CA 94025

650-854-9400

www.kff.org

Maine Alliance for Addiction Recovery

The Maine Alliance for Addiction Recovery is a grassroots alliance of individuals who support recovery. Its purpose is to initiate change in legislation and resource allocation, raise awareness through public acknowledgment, and promote support by sharing the experiences of recovering people, their families, and friends.

8 Mulliken Court
Augusta, ME 04330
877-406-2727
www.masap.org/site/recovery.asp

Mothers Against Drunk Driving (MADD)

For a full description, refer to Mutual Support Groups.

National Association of Attorneys General (NAAG)

NAAG offers information about statewide tobacco settlements.

2030 M Street NW, Eighth Floor
Washington, D.C. 20036
202-326-6000
www.naag.org

National Association of State Medicaid Directors (NASMD)

For a full description, refer to State and Local Resources.

National Conference of State Legislatures (NCSL)

For a full description, refer to State and Local Resources.

National Governors Association Center for Best Practices

For a full description, refer to State and Local Resources.

National Civic League (NCL)

The NCL is a nonprofit, non-partisan membership organization dedicated to strengthening citizen democracy by transforming democratic institutions. The NCL fosters innovative community building and political reform, assists local governments, and recognizes collaborative community achievement.

1445 Market Street, Suite 300
Denver, CO 80202
303-371-4343
www.ncl.org

National Commission Against Drunk Driving (NCADD)

By uniting a broad-based coalition of public and private sector organizations and others, the Commission works to reduce impaired driving and its tragic consequences.

8403 Colesville Road, Suite 370
Silver Spring, MD 20910
240-247-6004

Parent/Professional Advocacy League (PAL)

PAL provides support, education, and advocacy around issues related to children's mental health.

59 Temple Place
Suite 664
Boston, MA 02111
617-542-7860
www.ppal.net

Physicians and Lawyers for National Drug Policy

This organization conducts research and provides information to the public on drug use disorders, and works to put a new emphasis on the national drug policy by substantially refocusing the investment in the prevention and treatment of harmful drug use.

PLNDP National Project Office
Center for Alcohol and Addiction Studies
Brown University
Box G-BH
Providence, RI 02912
401-444-1817
www.plndp.org

Recovery Network Foundation (RNF)

This foundation develops recovery-dedicated projects in print, radio, TV, film, and video formats. "Under the Influence: The Film Series," is a national touring festival that showcases films in which addiction and recovery play leading roles.

P.O. Box 8969
Briarcliff Manor
New York, NY 10510-8969
914-941-2863
www.recoverynetworkfoundation.org

U.S. Conference of Mayors

For a full description, refer to State and Local Resources.

Prevention

American Council for Drug Education (ACDE)

This prevention and education agency develops programs and materials based on the most current scientific research on drug use and its impact on society.

164 West 74th Street
New York, NY 10023
800-488-DRUG
www.acde.org

Campaign for Tobacco-Free Kids

This non-governmental campaign works to protect children from tobacco use and exposure to secondhand smoke.

1400 Eye Street NW, Suite 1200
Washington, D.C. 20005
202-296-5469
www.tobaccofreekids.org

Fetal Alcohol and Drug Unit

This research unit is dedicated to the prevention, intervention, and treatment of Fetal Alcohol Syndrome and Fetal Alcohol Effects.

180 Nickerson Street, Suite 309
Seattle, WA 98109
206-543-7155
<http://depts.washington.edu/fadu/>

Hands Across Cultures

This organization works to improve the health, education, and well-being of the people of Northern New Mexico through family-centered approaches deeply rooted in the multicultural traditions of their communities.

P.O. Box 2215
Española, NM 87532
505-747-1889
www.hacc95.org

National Association of State Alcohol and Drug Abuse Directors (NASADAD)

For a full description, refer to State and Local Resources.

National Capital Coalition to Prevent Underage Drinking

The Coalition offers educational materials to prevent underage drinking.

1616 P Street NW, Suite 430
Washington, D.C. 20036
202-265-8922
www.nccpud.com

National Center for Prevention and Research Solutions

This center operates a drug prevention and education program called Race Against Drugs, and has a nationwide network of volunteers and DEA/FBI agents assisting the program by conducting community and school events throughout the country.

3132 South Ridgewood Avenue
South Daytona, FL 32119
866-NCPRS-NOW
386-760-2254
www.ncprs.org

National Education Association Health Information Network

This association offers resources on youth alcohol and drug use prevention.

1201 16th Street NW, Suite 521
Washington, D.C. 20036
202-822-7570
www.neahin.org/programs/substance/index.htm

National Families in Action

This organization presents science-based policies to help families and communities prevent youth drug use.

2957 Clairmont Road NE, Suite 150
Atlanta, GA 30329
404-248-9676
www.nationalfamilies.org

National Inhalant Prevention Coalition (NIPC)

This nonprofit coalition is a public-private effort to promote awareness and recognition of the under-publicized problem of inhalant use. The NIPC serves as an inhalant referral and information clearinghouse, stimulates media coverage about inhalant issues, develops informational materials and a newsletter, provides training and technical assistance, and leads a week-long national grassroots education and awareness campaign.

322-A Thompson Street
Chattanooga, TN 37405
800-269-4237
www.inhalants.org

National Organization on Fetal Alcohol Syndrome

This organization provides education and awareness about the prevention of birth defects caused by alcohol consumption during pregnancy.

900 17th Street NW, Suite 910
Washington, D.C. 20006
202-785-4585
www.nofas.org

National PTA Drug and Alcohol Abuse Prevention Project

This project presents drug facts, parenting tips, and family activities on protecting children from drugs and alcohol.

541 North Fairbanks Court, Suite 1300
Chicago, IL 60611-3396
312-670-6782
www.pta.org

Partnership for a Drug-Free America (PDFA)

For a full description, refer to Youth Programs.

Society for Adolescent Medicine

The Society for Adolescent Medicine offers advice for teens and parents on how to avoid alcohol and drug dependency.

1916 NW Copper Oaks Circle
Blue Springs, MO 64015
816-224-8010
www.adolescenthealth.org

Provider and Professional Organizations

The ACTION Campaign (Adopting Changes To Improve Outcomes Now)

This campaign seeks to increase access and keep clients engaged in treatment. The Campaign is a cross-sector partnership among nongovernmental organizations, foundations, and government agencies, including SAMHSA/CSAT, State Associations of Addiction Services, the Network for the Improvement of Addiction Treatment, and the National Association of State Alcohol and Drug Abuse Directors (NASADAD).

608-890-1445

www.actioncampaign.org

Alcohol and Drug Services Institute

This organization educates physicians to prevent and treat substance use disorders.

3900 Germantown Road, Suite 200

Fairfax, VA 22030

703-934-5477

www.fairfaxcounty.gov

Alcoholism and Substance Abuse Providers of New York State

This nonprofit membership association consists of coalitions, programs, and agencies throughout New York State that provide substance use disorder prevention, treatment, and research.

1 Columbia Place, Suite 400

Albany, NY 12207-1006

518-426-3122

www.asapnys.org

American Academy of Addiction Psychiatry

The Academy offers continuing education for substance use disorder treatment professionals.

345 Blackstone Boulevard, Second Floor-RCN

Providence, RI 02906

401-524-3076

www.aaap.org

American Academy of Child and Adolescent Psychiatry (AACAP)

This academy provides information for AACAP members, parents, and families about the treatment of developmental, behavioral, and mental disorders.

3615 Wisconsin Avenue NW

Washington, D.C. 20016-3007

202-966-7300

www.aacap.org

American Academy of Pediatrics (AAP)

AAP serves as a forum for pediatricians to address children's health needs.

141 Northwest Point Boulevard

Elk Grove Village, IL 60007-1098

847-434-4000

www.aap.org

American Association for Marriage and Family Therapy (AAMFT)

This association represents the professional interests of more than 24,000 marriage and family therapists throughout the United States, Canada, and abroad.

112 South Alfred Street

Alexandria, VA 22314-3061

703-838-9808

www.aamft.org

American Association for the Treatment of Opioid Dependence (AATOD)

AATOD was founded in 1984 to enhance the quality of patient care in treatment programs by promoting the growth and development of comprehensive methadone treatment services throughout the United States.

225 Varick Street, Fourth Floor
New York, NY 10014
212-566-5555
www.aatod.org

American Association of Pastoral Counselors

The American Association of Pastoral Counselors represents and sets professional standards for over 3,000 Pastoral Counselors and 100 pastoral counseling centers in North America and around the world. It is non-sectarian and respects the spiritual commitments and religious traditions of those who seek assistance without imposing counselor beliefs onto the client.

9504A Lee Highway
Fairfax, VA 22031-2303
703-385-6967
www.aapc.org

American Dental Association (ADA)

ADA is the world's oldest and largest national dental society, representing more than 70 percent of dentists throughout the United States. Its mission is to maintain the integrity of the dental profession, enhance the quality of dental practice, and advance the oral health of the American public. The ADA is committed to helping its members better identify, understand, and accommodate the special health care needs of patients with substance use disorders, and to facilitate the journey of recovery for its member dentists and their respective office staff(s).

211 East Chicago Avenue
Chicago, IL 60611-2678
312-440-3500
www.ada.org

American Medical Women's Association

This national association offers publications and information related to women's health.

100 North 20th Street, Fourth Floor
Philadelphia, PA 19103
215-320-3716
www.amwa-doc.org

American Mental Health Counselors Association (AMHCA)

The AMHCA works exclusively for licensed mental health counselors by advocating for legislation that expands, enhances, and protects the right to practice, promotes mental health awareness, and builds the profession of mental health counseling nationally. Most mental health counselors are trained in substance abuse and are qualified to treat substance abuse and dually diagnosed clientele.

801 North Fairfax Street, Suite 304
Alexandria, VA 22314
703-548-6002
www.amhca.org

American Psychiatric Association

This association offers mental health information for professionals, individuals, and families.

1000 Wilson Boulevard, Suite 1825
Arlington, VA 22209-3901
888-357-7924
703-907-7300
www.psych.org

American Psychological Association (APA)

APA is the largest scientific and professional organization representing psychology in the United States. Its membership includes more than 150,000 researchers, educators, clinicians, consultants, and students.

750 First Street NE
Washington, D.C. 20002-4242
800-374-2721
202-336-6123 (TDD/TTY)
202-336-5500
www.apa.org

American Public Health Association

This association influences policies and priorities to set public health practice standards and to improve health worldwide.

800 Eye Street NW
Washington, D.C. 20001
202-777-2742
www.apha.org

American Society of Addiction Medicine (ASAM)

The ASAM is an association of 3,000 physicians from across America dedicated to improving the treatment of alcoholism and other addictions, educating physicians and medical students, promoting research and prevention, and enlightening and informing the medical community and the public about these issues.

4601 North Park Avenue
Upper Arcade, Suite 101
Chevy Chase, MD 20815-4520
301-656-3920
www.asam.org

Association for Behavioral Health and Wellness

This organization provides individualized care management, specialty networks, continuum of care, quality management programs, consumer orientations, and innovations in behavioral health care delivery.

1101 Pennsylvania Avenue NW, Sixth Floor
Washington, D.C. 20004
202-756-7726
www.abhw.org

Association for Medical Education and Research in Substance Abuse (AMERSA)

This association offers training and materials for medical professionals and students and all primary health professional disciplines.

125 Whipple Street, Suite 300
Providence, RI 02908
401-349-0000
www.amersa.org

Children of Alcoholics Foundation (COAF)

For a full description, refer to Family and Social Services.

Child Welfare League of America (CWLA)

For a full description, refer to Family and Social Services.

Community Intervention

Community Intervention offers educational materials, training, and consultation for professionals working with children ages 5 to 18.

2412 University Avenue SE, Suite B
Minneapolis, MN 55414
800-328-0417
www.communityintervention.org

Health Communications, Inc.

Founded in 1976, Health Communications, Inc., (HCI) publishes several new titles per year for professionals and consumers. The company provides information and education to addiction and mental health professionals through

Counselor, The Magazine for Addiction Professionals.

3201 SW 15th Street
Deerfield Beach, FL 33442
800-851-9100
www.counselormagazine.com

Institute for the Advancement of Human Behavior

The institute provides continuing medical education for mental health, chemical dependency, and substance use disorder treatment providers in the United States and Canada.

4370 Alpine Road, Suite 209
Portola Valley, CA 94028
800-258-8411
www.iahb.org

**International Certification and Reciprocity Consortium/
Alcohol and Other Drug Abuse**

This nonprofit voluntary membership organization is comprised of certifying agencies involved in credentialing alcohol and drug use counselors, clinical supervisors, and prevention specialists.

298 South Progress Avenue
Harrisburg, PA 17109
717-540-4457
www.icrcaoda.org

International Nurses Society on Addictions

This society offers information and education for nurses concerning prevention, intervention, treatment, and management of substance use disorders.

2170 South Parker Road, Suite 229
Denver, CO 80231
484-318-6739
www.intnsa.org

Johnson Institute

This national organization works to identify and eliminate barriers to recovery, while promoting the power and possibility of recovery by enhancing awareness, prevention, intervention, and treatment practices for substance use disorders.

613 Second Street NE
Washington, D.C. 20002
202-662-7104
www.johnsoninstitute.org

**National Association of Addiction Treatment
Providers (NAATP)**

This association represents private substance use disorder treatment programs throughout the United States.

313 West Liberty Street, Suite 129
Lancaster, PA 17603-2748
717-392-8480
www.naatp.org

NAADAC, The Association for Addiction Professionals

This membership organization serves addiction services professionals who specialize in addiction prevention, intervention, treatment, and after-care services.

901 North Washington Street, Suite 600
Alexandria, VA 22314
800-548-0497
www.naadac.org

National Association of Rural Health Clinics

This association offers information on how to improve the delivery of quality, cost-effective health care in rural, underserved areas.

426 C Street NE
Washington, D.C. 20002
202-543-0348
www.narhc.org

National Association of School Psychologists

The Association provides resources focused on enhancing the mental health and educational competence of all children.

4340 East West Highway, Suite 402
Bethesda, MD 20814
301-657-0270
www.nasponline.org

National Association of Social Workers (NASW)

As the largest membership organization of professional social workers in the world, this organization works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies.

750 First Street NE, Suite 700
Washington, D.C. 20002-4241
800-638-8799
202-408-8600
www.socialworkers.org

National Council for Community Behavioral Healthcare

This group is the national association of community providers who together care for 6 million adults and children across America who suffer from mental illnesses, developmental disabilities, and substance use disorders. Its members employ more than 250,000 staff and provide mental health and substance abuse treatment, rehabilitation, housing, and community support services.

12300 Twinbrook Parkway, Suite 320
Rockville, MD 20852
301-984-6200
www.nccbh.org

Network for the Improvement of Addiction Treatment (NIATx)

NIATx is a partnership between the Robert Wood Johnson Foundation's Paths to Recovery program, the Center for Substance Abuse Treatment's Strengthening Treatment Access and Retention (STAR) program, the National Institute on Drug Abuse, and a number of independent addiction treatment organizations. NIATx works with addiction treatment providers to make more efficient use of their capacity and shares strategies for improving treatment access and retention.

610 Walnut Street, Room 1109
Madison, WI 53726
608-265-0063
www.niatx.net

Portland State University, Graduate School of Social Work

The Graduate School of Social Work offers the only graduate social work education programs in Oregon accredited by the Council on Social Work Education. The three major functions of the school are teaching, research, and community service. Some of its students work with faculty members in regional and national research projects, such as the "Reclaiming Futures: Building Community Solutions to Substance Abuse and Delinquency" project in 10 sites across the country.

Graduate School of Social Work
Portland State University
P.O. Box 751
Portland, OR 97207-0751
503-725-4712
www.ssw.pdx.edu/

Society for Adolescent Substance Abuse Treatment Effectiveness (SASATE)

SASATE is a voluntary and informal network of researchers, evaluators, providers, and policymakers interested in pooling their knowledge and resources

301-587-1600

www.chestnut.org/LI/APSS/SASATE/

Recovery Support Programs

National

Asian Counseling and Referral Service, Inc.

This service provides a culturally competent, linguistically accessible community recovery center for Asian and Pacific Americans and other immigrants and refugees with a history of substance use disorders.

720 Eighth Avenue South, Suite 200

Seattle, WA 98104

206-695-7600

www.acrs.org

Association of Persons Affected by Addiction (APAA)

This nonprofit recovery community organization is designed to engage the faces and voices of the recovery community in reducing stigma and enhancing recovery support services. The APAA specializes in providing recovery community support services for people seeking or in recovery and their family members.

2438 Butler Street, Suite 120

Dallas, TX 75235

214-634-APAA (2722)

www.apaarecovery.org

Dual Diagnosis Anonymous World Services, Inc.

Dual Diagnosis Anonymous Expansion Project

This project addresses the needs of individuals diagnosed with co-occurring substance use disorders and mental illness.

201 West Mill Street

San Bernardino, CA 92408

909-888-9282

www.ddaworldwide.org

Lesbian, Gay, Bisexual and Transgender Community Center SpeakOUT!: Voices for Recovery

This center works to create safe and welcoming spaces for lesbian, gay, bisexual, and transgender people in recovery.

208 West 13th Street

New York, NY 10011

212-620-7310

www.gaycenter.org

National Home Infusion Association

NHIA is a trade association that represents and advances the interests of organizations that provide infusion and specialized pharmacy services and products and to the entire spectrum of home-based patients.

100 Daingerfield Road

Alexandria, VA 22314

703-549-3740

www.nhianet.org

SMART Recovery®

For a full description, refer to Mutual Support Groups.

TASC, Inc., of Illinois

This not-for-profit organization conducts research, advances public policy, and provides services to ensure that individuals with substance use and mental health disorders receive treatment and access to recovery.

1500 North Halsted Street

Chicago, IL 60622

312-787-0208

www.tasc.org

Women for Sobriety, Inc.

This is a nonprofit organization dedicated to helping women overcome alcoholism and other addictions.

P.O. Box 618

Quakertown, PA 18951-0618

215-536-8026

www.womenforsobriety.org

Alaska**Southcentral Foundation: Alaska Women's Recovery Project (AWRP)**

This project provides leadership training, mentoring, and support for recovering women.

4130 San Ernesto Avenue

Anchorage, AK 99508

907-729-5090

www.southcentralfoundation.com

Arizona**Community Bridges, Inc.**

This organization offers treatment and recovery to homeless, indigent, and working poor adults. It also provides prevention, education, and training services to the public.

1811 South Alma School Road, Suite 160

Mesa, AZ 85210

480-831-7566

www.communitybridgesaz.org

Women in New Recovery: Our Common Welfare

This recovery community organization is for women in Arizona and New Mexico.

860 North Center Street

Mesa, AZ 85201

480-464-5764

www.winr.org

Pascua Yaqui Tribe of Arizona: Community Change Oriented Recovery Effort (C-CORE)

This program provides quality, competent, and culturally compatible peer services to tribal and community members.

9405 South Avenida del Yaqui

Guadalupe, AZ 85283

480-768-2025

claremcory@aol.com

Pinal Hispanic Council: Proyecto Bienestar (Project WellBeing)

This project seeks to empower members to assist others, motivating them to sustain recovery through education and training.

712 North Main Street

Eloy, AZ 85231

520-466-7765

www.pinalhispaniccouncil.org/grants/RCSPGrant.htm

Pima Prevention Partnership: A Recovery Movement For and About Young People

The Pima Prevention Partnership aims to reduce relapse and supports wellness using a strength-based approach to recovery for Native Americans.

2525 East Broadway, Suite 100

Tucson, AZ 85716

520-624-5800

www.thepartnership.us

Tohono O'odham Nation

This tribal government is establishing a recovery community service project and peer-to-peer system.

P.O. Box 837

Sells, AZ 85634

520-603-2477

janelatare@hotmail.com

California

Community Recovery Network

This network provides leadership in community responses to substance use disorders.

P.O. Box 28

Santa Barbara, CA 93102

805-899-2933

Council on Alcoholism and Drug Abuse

The Council provides peer-led recovery support services in Santa Barbara, CA.

232 East Canon Perdido Street, Suite H

Santa Barbara, CA 93101

805-963-1433

www.cadasb.org

Walden House, Inc.: PROSPER (Peers Reaching Out Supporting Peers to Embrace Recovery)

This project provides strength-based peer-to-peer recovery services to people who face the challenges of recovery and re-entry into society from prison, and their families.

520 Townsend Street

San Francisco, CA 94103

213-741-3731

www.waldenhouse.org

Welcome Home Ministries: Face to Face

This faith-based program is for women who face the dual challenges of recovery and re-entry to society from incarceration.

104 South Barnes

Oceanside, CA 92054

760-439-1136

www.welcomهومeministries.org

Colorado

White Bison, Inc.: Circles of Recovery III

This organization conducts education, training, and development focused on Native American recovery communities on reservations and in urban areas.

6145 Lehman Drive, Suite 200

Colorado Springs, CO 80918-3440

719-548-1000

www.whitebison.org

Connecticut

Connecticut Community for Addiction Recovery (CCAR)

A community of persons in recovery, family members, friends, and allies, CCAR is organized to put a positive face and voice on recovery from substance use disorders.

198 Wethersfield Avenue

Hartford, CT 06114

860-224-2227

www.ccar.us

Georgia

Recovery Consultants of Atlanta, Inc.

For a full description, refer to Faith-Based Organizations.

Hawaii

The Waianae Men in Recovery

The Waianae Men in Recovery offer what is known as a “clean and sober house,” which provides a clean and sober living environment for men in recovery from alcoholism and other addictions.

P.O. Box 458
Waianae, HI 96792
wmir@hawaii.rr.com

Illinois

Recovery Resource Center

This comprehensive recovery resource center links individuals in recovery to an array of holistic recovery supports, with special emphasis on meeting the needs of women in recovery.

1140 Lake Street, Suite 500
Oak Park, IL 60301
708-445-0500
RRCDontUse1@aol.com

Kentucky

Heartland Cares, Inc.

This project promotes effective long-term recovery among HIV-positive persons in a rural area of Kentucky and Illinois.

3025 Clay Street
Paducah, KY 42001
270-691-8183, ext. 103
www.hcares.org

Massachusetts

Western Massachusetts Training Consortium:

The RECOVER Project

This peer-led recovery community in Massachusetts helps those in recovery assume meaningful roles in their towns and neighborhoods.

187 High Street, Suite 204
Holyoke, MA 01040
413-536-2401 ext. 3006
www.wmtcinfo.org

Michigan

Clark Associates: The Detroit Recovery Project

This organization offers useful information, training, and city-wide support and resources for making communities safe and drug free.

1151 Taylor Street, Room 317B
Detroit, MI 48202
313-876-0770
www.drugfreedetroit.org

Nevada

Center for the Application of Substance Abuse Technologies, Frontier Recovery Network

The staff and peer volunteers of the Frontier Recovery Network assist recovering individuals in Reno, NV, with education about or referral for treatment, housing, transportation, child care, and life skills.

Mail Stop 279
University of Nevada, Reno
Reno, NV 89557-0258
775-324-7560
<http://casat.unr.edu/>

New Hampshire

New England Institute of Addiction Studies (NEIAS) and New England Alliance for Addiction Recovery (NEAAR): Expanding the New England Alliance for Addiction Recovery

This collaboration of statewide recovery community organizations is dedicated to the promotion and enhancement of recovery and to improving public awareness about substance use disorders.

1492 Elm Street
Manchester, NH 03101
603-647-4629
neias@mva.net

New Jersey

NCADD-New Jersey, Inc.: Friends of Addiction Recovery-New Jersey (FOAR-NJ)

This organization promotes recovery and builds leadership skills and capacity in the recovery community in New Jersey.

360 Corporate Boulevard
Robbinsville, NJ 08691
609-689-0599
www.ncaddnj.org

New York

AIDS Service Center of Lower Manhattan, Inc. HIGH (How I Get Help on Recovery)

This center facilitates the creation of Empowerment, a peer-delivered recovery community organization.

41 East 11th Street, Fifth Floor
New York, NY 10003
212-645-0875, ext. 342
www.ascnyc.org

Center for Community Alternatives: Recovery Network of New York

This project organizes recovering individuals who have a history of involvement in the criminal justice system to improve the delivery of treatment to offenders and ex-offenders and to help reduce the dual stigmatization of ex-offenders in recovery.

115 East Jefferson Street, Suite 300
Syracuse, NY 13202
315-422-5638, ext. 222
www.communityalternatives.org

Exponents, Inc.

This minority-led organization is dedicated to improving the quality of life of individuals affected by drug addiction, incarceration, and HIV/AIDS. Exponents' programs assist individuals and their families through difficult transitions—from addiction to recovery, from incarceration to civilian life, and from welfare to work.

151 West 26th Street, Third Floor
New York, NY 10001
212-243-3434
www.exponents.org

The Fortune Society

This project provides peer-to-peer recovery support services to ex-prisoners and their families who are working toward recovery.

53 West 23rd Street, Eighth Floor
New York, NY 10010
212-691-7554
www.fortunesociety.org

GROUP Ministries, Inc.

This project provides peer recovery support services focused primarily on African Americans and other people of color.

1333 Jefferson Avenue
Buffalo, NY 14208
716-883-4367, ext. 21
khsmith101@aol.com

National Alliance of Methadone Advocates, Inc.

For a full description, refer to Recovery/Treatment.

Rockland Council on Alcoholism & Other Drug Dependence, Inc.: Friends of Recovery-Rockland (FOR-Rockland)

The Council challenges stereotypes about addiction recovery.

20 Squadron Boulevard, Suite 650
New City, NY 10956
845-639-7373, ext. 28
www.rcadd.org

North Carolina**Eastern Band of Cherokee Indians: A-Ye-Ga: Awakening the Recovery Spirit**

This recovery community organization in Cherokee, NC, is of, by, and for the Eastern Band of Cherokee Indians.

P.O. Box 455
Cherokee, NC 28719
828-497-7000
www.nc-choerokee.com

VOICES for Addiction Recovery, NC, Inc.: Voices for Addiction Recovery

This organization serves addicted, single, pregnant women, addicted teenagers, and adults who have become part of the criminal justice system, people with HIV/AIDS and their support organizations, and the growing Hispanic population who are struggling with addiction issues.

P.O. Box 2925
Asheville, NC 28802
828-252-9022
voicesnc@aol.com

Ohio**Northern Ohio Recovery Association (NORA)**

This project provides faith-based recovery support services in a three-county area in Northern Ohio.

3746 Prospect Avenue
Cleveland, OH 44115
216-319-6672
www.norainc.org

Oklahoma**Oklahoma Citizen Advocates for Recovery and Treatment**

This group's mission is to empower recovering people and their families through physical, emotional, and spiritual growth to make significant contributions to society.

5131 Classen Boulevard, Suite 200
Oklahoma City, OK 73118
866-848-7555
www.ocarta.org

Oregon

12 Step Space

This online social networking site for people in recovery is also a resource for making new friends and finding useful information about different regions and opportunities for people in recovery.

5397 Burbank Street North

Keizer, OR 97303

503-750-1199

www.12stepspace.com

Central City Concern: Recovery Association Project (RAP)

This peer-led recovery community organization focuses on building leadership and power among people in recovery. RAP's strengths-based peer services available to other groups include trainings on organizing recovering people with a focus on leadership and active citizenship, and implementing a peer-led recovery mentor program.

1100 Northeast 28th Avenue

Portland, OR 97232

503-493-9211

www.centralcityconcern.org

www.rap-nw.org

Relief Nurseries, Inc.: Accessing Success

This project targets parents of children in high-risk families and provides recovery support services.

1720 West 25th Avenue

Eugene, OR 97405

541-485-0007, ext. 223

www.reliefnursery.org

Pennsylvania

Bucks County Council on Alcoholism

The Council is an independent, nonprofit organization whose mission is to provide resources and opportunities to reduce the impact of addiction and to improve related health issues for the entire community. It provides services such as consultation, assessment, intervention, and treatment.

252 West Swamp Road

Doylestown, PA 18901

215-345-6644

www.bccadd.org

Easy Does It, Inc.: Full Circle

This group organizes committees that focus on a holistic approach to the process of personal growth within the recovery process.

1300 Hilltop Road

Leesport, PA 19533

610-373-2463

www.easydoesitinc.org

Pennsylvania Recovery Organizations Alliance, Inc. (PRO-A) Statewide/Regional Community Mobilization Project

This project supports recovery through peer-driven support services and education.

900 South Arlington Avenue, Suite 119

Harrisburg, PA 17109

717-545-8929

recovery@ezonline.com

Tennessee

Alcohol and Drug Council of Middle Tennessee Nashville Area Recovery Alliance (NARA)

This grassroots, membership-based organization is comprised of individuals in recovery, as well as their families, friends, and allies.

2612 Westwood Drive
Nashville, TN 37204
615-269-0029, ext. 121
www.adcmt.org

Texas

The El Paso Alliance

The Alliance was organized in 1998 to fight stigma and discrimination for people in recovery from substance use disorders, and is now dedicated to providing peer-to-peer recovery support services.

6000 Welch Street, #7
El Paso, TX 79905
915-594-7000
www.recoveryalliance.net

Serving Children and Adolescents in Need

This youth outreach group is developing the Futuros Saludables Recovery Services Program, which will enhance substance abuse treatment by promoting recovery, reducing relapse, and intervening when relapse does occur. The program will provide peer-designed and peer-led services with an emphasis on leadership development, principles of self-care, and cultural diversity among participants.

2387 East Saunders Street
Laredo, TX 78041
956-724-3177
www.scan-inc.org

Virginia

The Substance Abuse and Addiction Recovery Alliance (SAARA)

For a full description, refer to Recovery/Treatment.

Washington

Multifaith Works

This group unites communities of compassionate care and inclusive spirituality with people living in isolation and loneliness. It will be establishing a recovery support service information network that is driven and led by peers in recovery. The network will provide administrative, emotional, and supervisory support, as well as volunteer recruitment, training, and leadership skill development for peer volunteers.

115 16th Avenue
Seattle, WA 98122
206-324-1520
www.multifaith.org

Recovery/Treatment

Addiction Treatment Watchdog

This group is a resource for educating medication-assisted-treatment patients and others about the disease and treatment of opiate addiction.

www.atwatchdog.org/

Advocates for the Integration of Recovery and Methadone (AFIRM)

This group supports methadone as an effective tool of recovery that can be enhanced through the integration of other treatment approaches. It promotes the development of Methadone Anonymous (MA) and other 12-step fellowships, as well as clinical treatment alternatives, such as incorporating spirituality modalities into traditional treatment settings.

455 East Bay Drive

Long Beach, NY 11561

516-897-1330 (days)

516-889-8142 (evenings)

www.methadonetoday.org/afirm.html

Advocates for Recovery Through Medicine (ARM)

ARM's goals are to end stigma and discrimination against people who use medications to treat addictions and to move addiction treatment, especially opiate addiction treatment, into mainstream medicine.

P.O. Box 90337

Burton, MI 48509

810-250-9064

www.armmat.org

The Alexandria Community Services Board (CSB)

The mission of the Alexandria CSB is to provide effective and cost-efficient mental health, mental retardation, and substance abuse prevention and treatment services that measurably improve the quality of life for Alexandria, VA's neediest citizens.

720 North Saint Asaph Street

Alexandria, VA 22314

703-838-6400

www.alexandriava.gov/mhmrsa

Aliviane NO-AD, Inc.

This nonprofit, community-based organization is dedicated to the provision of HIV and substance use disorder prevention, intervention, treatment, education, and follow-up care to the residents of West Texas.

10690 Socorro Road

El Paso, TX 79927

915-858-6208

www.aliviane.org

The American Association of Poison Control Centers (AAPCC)

The AAPCC is a nationwide organization of poison centers and interested individuals. Locate your local poison center at www.aapcc.org. To contact your local poison center for poison emergencies and information, call 800-222-1222.

3201 New Mexico Avenue, Suite 330

Washington, D.C. 20016

202-362-7217

www.aapcc.org

Association of Recovery Schools

This association brings together students and secondary and post-secondary schools, and helps professionals to support students in recovery from substance use disorders.

145 Thompson Lane

Nashville, TN 37211

615-248-8206

www.recoveryschools.org

Behavioral Health Services

This nonprofit organization has provided a continuum of substance abuse, mental health, and senior services since 1973. Each of its 11 facilities (located throughout Los Angeles County) is based on its mission of transforming lives by offering hope and opportunities for recovery, wellness, and independence.

15519 Crenshaw Boulevard
Gardena, CA 90249
310-679-9126
www.bhs-inc.org

Betty Ford Center

The Betty Ford Center provides treatment for chemical dependency, as well as support and educational resources for family members and children of clients.

39000 Bob Hope Drive
Rancho Mirage, CA 92270
800-854-9211
760-773-4100
www.bettyfordcenter.org

California Association of Addiction Recovery Resources (CAARR)

The CAARR educates and provides statewide recovery resources for alcoholics and people with addiction problems living in California.

2921 Fulton Avenue
P.O. Box 214127
Sacramento, CA 95821
916-338-9460
www.caarr.org

Caron Treatment Centers

The Caron Treatment Centers offer detoxification, gender-separate rehabilitation, relapse treatment, and extended care for adults and adolescents; educational programs for family members; and student assistance services.

P.O. Box 150
Wernersville, PA 19565-0150
800-678-2332
www.caron.org

CRC Health Group

CRC offers the most comprehensive network of specialized behavioral care services in the nation. The group has provided healing and hope in the lives of patients and students and offers the largest array of personalized treatment services for individuals, families, and professionals. Every day, more than 30,000 people receive treatment from CRC programs.

20400 Stevens Creek Boulevard, Suite 600
Cupertino, CA 95014
877-637-6237
www.crchealth.com

Faces & Voices of Recovery

For a full description, refer to Policy/Education.

Fairview Recovery Services

Fairview offers individually tailored services for people suffering from chemical dependency.

Five Merrick Street
Binghamton, NY 13901
607-722-8987
www.frsinc.org

Father Martin's Ashley

This private, nonprofit facility for the treatment of substance use disorders has served persons aged 18 and over since 1987. Ashley offers a comprehensive program of services for individuals and families afflicted by the disease of addiction.

800 Tydings Lane
Havre de Grace, MD 21078
800-799-4673
www.fathermartinsashley.com

Foundations Associates

This treatment and advocacy organization is dedicated solely to the treatment and recovery of people with co-occurring mental illness and substance use disorders. The agency has a full continuum of care, with locations in Memphis and Nashville, TN. Another division of the agency, the Dual Diagnosis Recovery Network, is a membership-based advocacy group, providing educational activities, legislative and policy action, and awareness projects related to meeting the needs of individuals with co-occurring disorders.

220 Venture Circle
Nashville, TN 37228
888-869-9230
www.dualdiagnosis.org

Gateway Foundation

Gateway is a private, not-for-profit organization providing substance abuse treatment; in 2004, over 32,000 clients were provided care in community-based and correctional settings in 7 states.

55 East Jackson Avenue, #1500
Chicago, IL 60604
312-663-1130
www.gatewayfoundation.org

Gaudenzia, Inc.

Gaudenzia helps people affected by chemical dependency, mental illness, and related conditions to achieve a better quality of life—allowing them to live as productive and accountable individuals. The group also conducts research and educates the community on the causes, treatment, and prevention of addictions, mental illness, and related conditions.

106 West Main Street
Norristown, PA 19401
610-239-9600
www.gaudenzia.org

Hazelden Foundation

A national nonprofit organization founded in 1949, Hazelden helps people reclaim their lives from the disease of addiction. Hazelden's comprehensive approach to addiction addresses the full range of patient, family, and professional needs, including treatment and continuing care, research, higher learning, public education and advocacy, and publishing.

CO3, P.O. Box 11
Center City, MN 55012
800-257-7810
www.hazelden.org

Hope Networks/We Recover Foundation

This group supports community efforts regarding treatment, job skills, living skills, and retraining programs to reduce poverty, crime, and illiteracy found in untreated communities.

8867 Highland Road, Suite 320
Baton Rouge, LA 70808
866-859-3513

Mayo Clinic, Addiction Psychiatry

The addiction psychiatry unit offers chemical dependency programs for people with substance use disorders.

200 First Street SW
Rochester, MN 55905
507-284-2511
www.mayoclinic.org

Medical Assisted Treatment of America

This Web site aims to raise awareness and understanding of substance abuse, the problems it creates, and the ways to deal with these problems.

770-428-0871
www.medicalassistedtreatment.org

Methadone Support Organization (MSO)

This group is a support organization for medically assisted treatment that is available for people addicted or dependent on opiates for any reason. Its provider- and patient-friendly online support resources include information on methadone and pregnancy, Methadone Anonymous, support forums, on-site experts to answer questions, and more.

www.methadonesupport.org/board.html

Mount Saint John Home & School for Boys

This residential treatment center is for boys with behavioral and learning problems.

135 Kirtland Street
Deep River, CT 06417
860-526-5391
www.mtstjohn.org

National Alliance of Advocates for Buprenorphine Treatment (NAABT)

This nonprofit organization has the mission to educate the public about the disease of opioid addiction and the buprenorphine treatment option, to help reduce the stigma and discrimination associated with patients with addiction disorders, and to serve as a conduit connecting patients in need of treatment to qualified treatment providers.

P.O. Box 333
Farmington, CT 06034
www.naabt.org

National Alliance of Methadone Advocates (NAMA)

NAMA is a membership organization representing persons whose recovery from opiate dependence is assisted with medication. NAMA's membership includes methadone patients, family members, and health care professionals whose common goal is to fight the ignorance and prejudice surrounding medication-assisted recovery.

435 Second Avenue
New York, NY 10010
212-595-NAMA
www.methadone.org

National Association on Alcohol, Drugs and Disability, Inc. (NAADD)

This association promotes awareness and education about substance use disorders among people with physical, sensory, cognitive, and developmental disabilities.

2165 Bunker Hill Drive
San Mateo, CA 94402-3801
650-578-8047
www.naadd.org

National Council on Alcoholism and Drug Dependence, Inc. (NCADD)

Founded in 1944, NCADD is dedicated to increasing public awareness and understanding of the disease of alcoholism and drug dependence. NCADD and its national network of state and local affiliates provide education, prevention, information/referral, intervention, treatment services, and advocacy, and have helped hundreds of thousands of individuals and families into recovery.

244 East 58th Street, Fourth Floor

New York, NY 10022

800-NCA-CALL (Hope Line)

212-269-7797

www.ncadd.org

Opiate Dependence Resource Center (ODRC)

This national organization serves to safeguard patients through effective mediation, assuring access to care, improved quality of life, and preservation of the familial structure to improve their quality of life and help them achieve recovery. ODRC also serves as advocate-liaison between the individual receiving services and his or her medical care providers, corrections officials, insurers, and others to resolve domestic, insurance, medical, treatment retention, and legal matters through social services, case managers, doctors, and attorneys.

67 Main Street, Suite 304

Brattleboro, VT 05301

802-251-0066

www.methadone.net/index2.htm

Oxford House, Inc.

This is the umbrella organization for a network of more than 1,200 democratically run, self-supporting, and drug-free group homes throughout the country.

1010 Wayne Avenue, Suite 400

Silver Spring, MD 20910

301-587-2916

www.oxfordhouse.org

Partnership for Recovery (PFR)

This coalition includes the Betty Ford Center, Bradford Health Systems, Cumberland Heights, Father Martin's Ashley, Gateway Rehabilitation Center, Hazelden Foundation, Valley Hope Association, and the National Association of Addiction Treatment Providers. The PFR works to eliminate barriers to addiction treatment through education and awareness.

101 Constitution Avenue NW, Suite 675 East

Washington, D.C. 20001

202-737-8167

Phoenix House

This is a nonprofit substance use disorder treatment organization.

164 West 74th Street

New York, NY 10023

212-595-5810

www.phoenixhouse.org

Recovery Connection

A comprehensive addiction treatment resource and drug rehabilitation referral service, this organization has staff across the country available 24 hours a day to answer all concerns about substance abuse, addiction treatment, and rehabilitation.

4825 North Dixie Highway

Oakland Park, FL 33334

800-993-3869

www.recoveryconnection.org

Recovery Works

This program offers resources for recovery from various forms of addiction.

www.addictions.org/recoveryworks

Resolution Ranch

This is a therapeutic camp in Texas for troubled teen boys ages 13 to 17.

512-923-9636

www.resolutionranch.com/

Ridgeview Institute

This institute provides mental health and substance use disorder treatment services in Georgia.

3995 South Cobb Drive

Smyrna, GA 30080

800-329-9775

www.ridgeviewinstitute.com

Rimrock Foundation

This foundation offers community-developed treatment services for substance use disorders.

1231 North 29th Street

Billings, MT 59101

406-248-3175

www.rimrock.org

The Second Road

This is a Web-based nonprofit group to help those in recovery (and the families of those affected by addiction) learn to live with the challenges presented by everyday life and continue on a fulfilling road of recovery. The Second Road offers a community of trust and understanding, 24-hour access, inspiring stories from people of diverse cultures and backgrounds, the knowledge of many experts in the addiction treatment field, and the tools to resist relapse in a secure, non-threatening environment.

P.O. Box 1506

Charlottesville, VA 22902

434-295-9595

www.thesecondroad.org

The Substance Abuse and Addiction Recovery Alliance (SAARA)

SAARA is a community-based grassroots membership organization of individuals in recovery from alcohol and other drug addiction, their families, friends, and committed community supporters.

4202 Park Place Court, Suite B

Glen Allen, VA 23060

804-762-4445

www.saara.org

State Associations of Addiction Services (SAAS)

SAAS is the national organization of state provider associations representing treatment and prevention programs for substance use disorders.

236 Massachusetts Avenue NE, Suite 505

Washington, D.C. 20002

202-546-4600

www.saasnet.org

Therapeutic Communities of America

This national nonprofit membership association represents more than 650 substance abuse and mental health treatment programs that provide a variety of services to substance use and co-occurring disorder clients with a range of special needs.

1601 Connecticut Avenue NW, Suite 803

Washington, D.C. 20009

202-296-3503

www.therapeuticcommunitiesofamerica.org

United for Recovery

This nonprofit organization is an advocacy group for persons in treatment and in recovery. United for Recovery works to broaden public awareness and understanding of addiction and recovery and increase opportunities for people to get the help they need.

310-704-1336

Valley Hope Association

This nonprofit organization has provided quality substance use disorder treatment services since 1967. It operates treatment facilities in Arizona, Colorado, Kansas, Missouri, Nebraska, Oklahoma, and Texas.

P.O. Box 510

Norton, KS 67654

800-654-0486

www.valleyhope.com

Vanguard Services Unlimited

This nonprofit, community-based organization offers high-quality treatment and recovery to individuals and their families with substance use disorders.

521 North Quincy Street

Arlington, VA 22203

703-841-0703

www.vanguardservices.org

Vera Institute of Justice, La Bodega de la Familia

This institute offers family- and community-based recovery services for people on parole or probation.

233 Broadway, 12th Floor

New York, NY 10279

212-334-1300

www.vera.org

Veritas Villa, Inc.

This organization provides inpatient rehabilitation and wellness services.

5 Ridgeview Road

P.O. Box 6105

845-626-3555

www.veritasvilla.com

The Village South

This organization offers substance use disorder treatment programs and referrals for job training, shelter, and HIV testing for the diverse communities of Miami-Dade County, FL.

3180 Biscayne Boulevard

Miami, FL 33137

800-443-3784

305-573-3784

www.villagesouth.com

The Watershed

This is a group of recovery facilities that provides services including detoxification, residential rehabilitation, intensive outpatient treatment, prevention, and education.

P.O. Box 7185

Columbia, SC 29202

800-861-1768

www.thewatershed.com

Research

Addiction Technology Transfer Center National Office (ATTC)

The SAMHSA/CSAT-funded Addiction Technology Transfer Center network is comprised of 15 regional centers and a national office that serves the 50 states, Washington, D.C., Puerto Rico, the U.S. Virgin Islands, and the Pacific Territories. The ATTC provides training, education, resource materials, and technical assistance to the addiction treatment workforce to advance the adoption of evidence-based practices. Following is a list of regional centers, the states they serve, and contact information.

National Office

University of Missouri – Kansas City

5100 Rockhill Road

Kansas City, MO 64110-2499

816-235-6888

www.ATTCnetwork.org

Caribbean Basin and Hispanic ATTC

(serving Puerto Rico and the U.S. Virgin Islands)

Centro de Estudios en Adiccion Universidad Central del Caribe

Call Box 60-327

Bayamon, PR 00960-6032

787-785-4211

<http://cbattc.uccaribe.edu>

Central East ATTC (serving DE, D.C., MD, NJ)

8737 Colesville Road, Suite 300

Silver Spring, MD 20910

240-645-1145

www.ceattc.org

Great Lakes ATTC (serving IL, OH, IN, MI)

Jane Addams College of Social Work

University of Illinois at Chicago

1640 West Roosevelt Road, Suite 511

Chicago, IL 60608-1316

312-996-1373

www.glattc.org

Gulf Coast ATTC (serving TX, LA, NM)

University of Texas School of Social Work

Center for Social Work Research

1717 West Sixth Street, Suite 335

Austin, TX 78703

512-232-0616

www.utattc.net

Mid-America ATTC (serving AR, KS, MO, OK, NE)

University of Missouri-Kansas City

5100 Rockhill Road

Kansas City, MO 64110-2499

816-482-1100

www.mattc.org

Mid-Atlantic ATTC (serving VA, WV, KY, TN)

Virginia Commonwealth University

P.O. Box 980469

Richmond, VA 23298-0469

804-828-9910

www.mid-attc.org

Mountain West ATTC (serving NV, MT, WY, UT, CO, ID)

University of Nevada, Reno

Mailstop 279

Reno, NV 89557

775-784-6265

www.mwattc.org

New England ATTC (serving ME, NH, VT, MA, CT, RI)

Center for Alcohol and Addiction Studies

Brown University

Box G-S121

Providence, RI 02912

401-863-6486

www.attc-ne.org

Northeast ATTC (serving NY, PA)

Institute for Research, Education & Training in Addictions

425 Sixth Avenue, Suite 1710

Pittsburgh, PA 15219

866-246-5344

www.neattc.org

Northwest Frontier ATTC

(serving AK, WA, OR, HI, Pacific Islands)

810 D Street NE

Salem, OR 97301

503-373-1322

www.nfattc.org

Pacific Southwest ATTC (serving CA, AZ)

1640 South Sepulveda Boulevard, Suite 200

Los Angeles, CA 90025

310-267-5408

www.psattc.org

Prairielands ATTC (IA, MN, ND, SD, WI)

University of Iowa

1207 Westlawn

Iowa City, IA 52242

319-335-5368

www.pattc.org

Southern Coast ATTC (serving FL, AL, MS)

Florida Certification Board

1715 South Gadsden Street

Tallahassee, FL 32301

805-222-6731

www.scattc.org

Southeast ATTC (serving GA, NC, SC)

National Center for Primary Care at Morehouse

School of Medicine

720 Westview Drive SW

Atlanta, GA 30310-1495

404-752-1016

www.sattc.org

**Center for Science in the Public Interest:
Alcohol Policies Project**

This center conducts policy development and technical research for the prevention of alcohol use disorders at local, state, and national levels.

1875 Connecticut Avenue NW, Suite 300
Washington, D.C. 20009
202-332-9110
www.cspinet.org

Center for Substance Abuse Research

This research center provides information on substance use disorders and their impact on individuals, families, and communities.

4321 Hartwick Road, Suite 501
College Park, MD 20740
301-405-9770
www.cesar.umd.edu

CompassPoint Addiction Foundation

This foundation performs research about the causes and nature of substance use disorders.

7711 East Greenway Street, Suite 211
Scottsdale, AZ 85254
480-368-2688
www.addictionresearch.com

Harvard Medical School Division on Addictions

This center provides education and training to health care workers who treat substance use disorders and to scientists who study them.

101 Station Landing, Second Floor
Medford, MA 02155
781-306-8600
www.divisiononaddictions.org

McGovern Family Foundation

The McGovern Family Foundation conducts research on alcoholism and chemical dependence.

Brighton Hospital
12851 East Grand River Avenue
Brighton, MI 48116
800-523-8198
810-225-2570
www.stjohn.org/brighton

**National Center on Addiction and Substance Abuse at
Columbia University (CASA)**

This center conducts research on the economic and social costs of substance use disorders.

633 Third Avenue, 19th Floor
New York, NY 10017
212-841-5200
www.casacolumbia.org

National Development and Research Institutes, Inc. (NDRI)

Founded in 1967 and a National Institute on Drug Abuse grantee, NDRI is a nonprofit research and educational organization dedicated to advancing scientific knowledge in the areas of alcohol and drug abuse, treatment, and recovery; HIV, AIDS, and HCV; therapeutic communities; youth at risk; and related areas of public health, mental health, criminal justice, urban problems, prevention, and epidemiology.

71 West 23rd Street, Eighth Floor
New York, NY 10010
212-845-4400
www.ndri.org/

Physicians and Lawyers for National Drug Policy

For a full description, refer to Policy/Education.

The Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation offers grants for training, education, and research.

P.O. Box 2316

College Road East and Route 1

Princeton, NJ 08543-2316

888-631-9989

www.rwjf.org

Substance Abuse and Mental Health Data Archive (SAMHDA)

This data archive contains substance use disorder and mental health research data.

ICPSR

University of Michigan

Institute for Social Research

P.O. Box 1248

Ann Arbor, MI 48106-1248

888-741-7242

www.icpsr.umich.edu/SAMHDA/

The Urban Institute

The Urban Institute conducts economic and social policy research on a range of issues, including substance use disorders, health insurance, and community-based health care.

2100 M Street NW, Fifth Floor

Washington, D.C. 20037

202-833-7200

www.urban.org

State and Local Resources

Alcoholism and Substance Abuse Providers of New York State

This nonprofit membership association consists of coalitions, programs, and agencies throughout New York State that provide substance use disorder prevention, treatment, and research.

1 Columbia Place

Albany, NY 12207

518-426-3122

www.asapnys.org

American Council on Alcohol Problems

This federation of 37 state affiliates seeks long-range solutions to alcohol-related problems using educational and legislative approaches.

2376 Lakeside Drive

Birmingham, AL 35244

205-985-9062

Associates in Counseling

This group provides counseling and psychiatric services in addition to substance use disorder groups.

2225 North University Drive

Pembroke Pines, FL 33024

954-962-6200

Association of State and Territorial Health Officials

This association develops programs and policies for State health departments to promote health and prevent disease.

1275 K Street NW, Suite 800

Washington, D.C. 20005

202-371-9090

www.astho.org

Californians for Drug-Free Youth (CADFY)

Through community mobilization, CADFY co-develops and provides effective and comprehensive youth, adult, and family prevention/intervention/treatment and recovery community support services that are deployed through CADFY's national outreach bureau: Community Alliances for Drug-Free Youth.

1010 Second Avenue, Suite 1900

San Diego, CA 92101

619-921-3118

www.cadfy.org

Civic Entertainment Group

This marketing and promotions firm is located in New York City.

450 Park Avenue South, Floor 5

New York, NY 10016

212-564-0833

www.cegny.com

Coalition of Behavioral Health Services

This collaboration of organizations and individuals in the Greater Houston metropolitan area is working to bridge the gap between substance use disorder treatment resources, mental health resources, and residents in need of such services.

303 Jackson Hill

Houston, TX 77007

713-942-4100, ext. 324

www.cbhshouston.org

Community Anti-Drug Coalitions of America (CADCA)

CADCA builds and strengthens the capacity of community coalitions to create safe, healthy, and drug-free communities.

The organization supports its members with technical assistance and training, public policy, media strategies, conferences, and special events.

625 Slaters Lane, Suite 300

Alexandria, VA 22314

800-54-CADCA (22322)

www.cadca.org

Connecticut Clearinghouse

This organization serves as Connecticut's resource center for information about alcohol, tobacco, drugs, and related issues.

334 Farmington Avenue

Plainville, CT 06062

800-232-4424

www.ctclearinghouse.org

Connecticut Community for Addiction Recovery (CCAR)

For a full description, refer to Recovery Support Programs under Connecticut.

The El Paso Alliance

For a full description, refer to Recovery Support Programs.

Grace Street/The Garage Recovery Center (GRC)

This recovery, advocacy talk, and music radio show in Portland, ME, is committed to public advocacy. The Garage Recovery Center is a culturally relevant, youth-centered indoor skatepark, store, and coffee shop, as well as an art and prevention counseling center.

47 Carriage House Lane

Bath, ME 04530

207-443-3504

www.wmpg.org (GRC)

Join Together

This national resource for communities working to reduce substance use disorders offers a comprehensive Web site, daily news updates, publications, and technical assistance.

1 Appleton Street, Fourth Floor

Boston, MA 02116-5223

617-437-1500

www.jointogether.org

La Joya ISD

This independent school district in La Joya, Texas, offers programs and counseling for substance abuse prevention, education, and intervention. La Joya ISD employs four counselors to conduct intervention and crisis counseling for students and to serve as a link to community resources for substance abuse counseling and/or inpatient treatment and gang counseling.

201 East Expressway 83

La Joya, TX 78560

956-580-5000

www.lajoyaisd.com

Massachusetts Organization for Addiction Recovery (MOAR)

This organization is a collective voice of people in recovery, families, and friends who are helping each other educate the public about the value of living in recovery and the resources to support recovery.

c/o Boston ASAP

30 Winter Street, Third Floor

Boston, MA 02108

617-423-6627

www.neaar.org/moar

Mental Help, Educate and Advocate

This Web site is a compilation of information gathered by members of the Massachusetts Department of Mental Health (DMH) Southwest Suburban Site Board. Its mission is to learn about, educate, and advocate for all people living with mental illness.

www.mentalhelpinfo.org/Home_Page.php

**Miami Coalition for a Safe and Drug-Free Community
University of Miami/North South Center**

This broadly based community organization is committed to reducing the problems of substance use disorders and directly related social issues by serving in the role as a community convener and facilitator.

2140 South Dixie Highway, Suite 205

Miami, FL 33133

305-856-4077

www.miamicoalition.org

Minnesota Supreme Court

This court is the final guardian of the Minnesota state constitution that interprets and applies the U.S. Constitution.

Office of the Commissioner

25 Reverend Doctor Martin Luther King Jr. Boulevard

St. Paul, MN 55155

651-296-6043

www.courts.state.mn.us/?page=550

National Association of Counties

The Association offers national legislative, research, technical, and public affairs assistance for U.S. counties.

25 Massachusetts Avenue NW

Washington, D.C. 20001

202-393-6226

www.naco.org

National Association of County Behavioral Health and Developmental Disability Directors (NACBHD)

This nonprofit membership organization is comprised of county/local behavioral health authorities who plan and deliver mental health, developmental disability, and substance use disorder services, as well as the state associations that represent their interests.

25 Massachusetts Avenue NW, Suite 500

Washington, D.C. 20001

202-661-8816

www.nacbhd.org

National Association of State Alcohol and Drug Abuse Directors (NASADAD)

This association supports the development of effective prevention and treatment programs throughout every state.

808 17th Street NW, Suite 410

Washington, D.C. 20006

202-293-0090

www.nasadad.org

National Association of State Medicaid Directors (NASMD)

This is a bipartisan, professional, nonprofit organization of representatives of state Medicaid agencies, affiliated with the American Public Human Services Association (APHSA). The primary purposes of NASMD are to serve as a focal point of communication between the states and the federal government, and to provide an information network among the states on issues pertinent to the Medicaid program.

810 First Street NE, Suite 500

Washington, D.C. 20002

202-682-0100

www.nasmd.org

National Conference of State Legislatures (NCSL)

The NCSL is a bipartisan organization that serves the legislators and staffs of the nation's 50 states, its commonwealths, and territories. The NCSL provides research, technical assistance, and opportunities for policymakers to exchange ideas on the most pressing state issues. It has a significant focus on substance abuse treatment and prevention.

444 North Capitol Street NW, Suite 515

Washington, D.C. 20001

202-624-3581

www.ncsl.org

**National Governors Association (NGA)
Center for Best Practices**

This bipartisan, nonprofit association represents the collective voice of the nation's Governors. Its mission is to help shape and implement national policy and help Governors and their policy staff develop and implement innovative solutions to the challenges facing their states.

444 North Capitol Street, Suite 267

Washington, D.C. 20001

202-624-5300

www.nga.org/center

OpenMindsOpenDoors

This initiative aims at ending discrimination against people with mental illness and is coordinated by the Mental Health Association in Pennsylvania. The campaign is centered on educating the public about mental illness and the legal rights of people living with a mental illness.

1414 North Cameron Street, Second Floor
Harrisburg, PA 17103
866-578-3659
www.openmindsopendoors.com

Partnership for a Drug-Free NC, Inc.

The Partnership coordinates statewide resources and provides services to reduce the negative impact of substance abuse and mental illness on North Carolina's individuals, families, and communities.

665 West Fourth Street
Winston-Salem, NC 27101
800-758-6077
336-714-3399
www.drugfreenc.org

Pennsylvania Department of Health, Bureau of Drug and Alcohol Programs

The Bureau develops and implements a comprehensive health, education, and rehabilitation program for the prevention, intervention, treatment, and case management of drug and alcohol abuse and dependence.

Health and Welfare Building
Seventh and Forster Streets
Harrisburg, PA 17120
717-783-8200
www.health.state.pa.us/bdap

The RASE Project

The RASE Project is a nonprofit organization comprised entirely of staff and volunteers from the recovery community in south central Pennsylvania. The organization provides peer support services, recovery events, training and education, and supportive housing.

1820 Linglestown Road, Suite 101
Harrisburg, PA 17110
717-232-8535
www.raseproject.org

Recovery Consultants of Atlanta, Inc.

For a full description, refer to Faith-Based Organizations.

U.S. Conference of Mayors

This forum provides mayors with the opportunity to share ideas and recommend policy positions.

1620 Eye Street NW, Suite 400
Washington, D.C. 20006
202-293-7330
www.usmayors.org

Wisconsin Clearinghouse for Prevention Resources

The Clearinghouse provides substance use prevention resources for youth, parents, schools, and communities.

1552 University Avenue
Madison, WI 53726-4085
800-248-9244
608-262-9157
<http://wch.uhs.wisc.edu>

Workplace, Labor, and Insurance Resources

A Safe Haven Foundation

The Foundation supports an individual as he or she enters into and sustains long-term recovery from substance abuse. It works with each person to declare a personal "Continuum of Housing and Care."

180 West Washington Street, Suite 1000
Chicago, IL 60602
312-372-6707
www.asafehaven.com

America in Recovery

This organization offers a no-charge hiring Web site that will help employers and potential employees who are in recovery find each other.

P.O. Box 38589
Houston, TX 77238-8589
www.americainrecovery.org

American Association of Health Plans

This is a health plan association representing more than 1,000 health plans throughout the country. It provides information on managed care organization educational programs, health care delivery, research, services, and products.

601 Pennsylvania Avenue NW
South Building, Suite 500
Washington, D.C. 20004
202-778-3200
www.ahip.org

American Federation of Government Employees (AFGE)

The AFGE is the largest federal employee union representing 600,000 federal and Washington, D.C., government workers nationwide and overseas. Workers in virtually all functions of government at every federal agency depend upon AFGE for legal representation, legislative advocacy, technical expertise, and informational services.

80 F Street NW
Washington, D.C. 20001
202-737-8700
www.afge.org

American Federation of State, County and Municipal Employees (AFSCME)

AFSCME is the nation's largest and fastest-growing public service employees' union. It has 1.4 million members and is made up of people who serve the public every day in all areas of government, health, education, and other services, both public and private.

1625 L Street NW
Washington, D.C. 20036-5687
202-429-1145
www.afscme.org

The Anti Drug@Work

TheAntiDrug.com serves as a drug prevention information center and a supportive community for parents to interact and learn from each other.

405 Lexington Avenue, 16th Floor
New York, NY 10174
800-729-6686
www.theantidrug.com/atwork

Drug Free Business Houston/Drug Free Business Texas

A division of The Council on Alcohol and Drugs Houston, this organization helps companies increase safety and productivity through the establishment of comprehensive drug-free workplace programs.

303 Jackson Hill

Houston, TX 77007

713-942-4100, ext. 325

www.council-houston.org/Workplace_Services/Drug_Free_Business_Houston.aqf

Employee Assistance Professionals Association

This membership organization offers resources to employee assistance professionals.

4350 North Fairfax Drive, Suite 410

Arlington, VA 22203

703-387-1000

www.eapassn.org

Employee Assistance Society of North America

This society provides information for EAP professionals and organizations.

2001 Jefferson Davis Highway, Suite 1004

Arlington, VA 22202-3617

703-416-0060

www.easna.org

Employee Health Programs

This group, a subsidiary of First Advantage Corporation, designs and manages drug-free workplace programs, employee assistance programs, and other services that benefit employers and employees.

P.O. Box 2430

Rockville, MD 20827

800-275-7051

www.ehp.com

Federation of State Physician Health Programs (FSPHP)

The FSPHP evolved from initiatives taken by the American Medical Association (AMA) and individual state physician health programs, focusing upon rehabilitation and monitoring of physicians with psychoactive substance use disorders as well as mental and physical illness. One of its goals is to promote the early identification, treatment, documentation, and monitoring of the ongoing recovery of physicians prior to the illness impacting the care rendered to patients.

515 North State Street

Chicago, IL 60610

312-464-4574

www.fsphp.org

The Green Dot

This professional services and management consulting firm provides a full range of administrative, clinical, and fiscal services to public and private sector clients worldwide focused on health promotion and disease prevention. The Green Dot also provides some pro bono services, including promoting the acquisition and broadcast of public service announcements on treatment and prevention, and providing free consultations to community organizations.

3314-B South Wakefield Street

Arlington, VA 22206-1715

703-931-2356

Institute for a Drug-Free Workplace

This institute emphasizes the need for drug-free workplace programs and educates employers and the public at large about the rights and responsibilities of employers and employees with regard to drug use disorders and the workplace.
8614 Westwood Center Drive, Suite 950
Vienna, VA 22182
703-288-4300
www.drugfreeworkplace.org

International Brotherhood of Electrical Workers (IBEW)

The IBEW represents approximately 750,000 members who work in a wide variety of fields, including utilities, construction, telecommunications, broadcasting, manufacturing, railroads, and government.
900 Seventh Street NW
Washington, D.C. 20001
202-833-7000
www.ibew.org

Labor Assistance Professionals (LAP)

LAP is composed of members of trade and industrial unions who are involved in the provision or administration of member assistance programs with special emphasis on issues of chemical abuse or dependency. LAP is dedicated to obtaining comprehensive alcohol and drug treatment and all other mental health services for its members at a reasonable and fair price.
13 Bolton Gardens
Bronxville, NY 10708
914-961-5867
www.wapeap.com/lap/

Laborers' Health and Safety Fund of North America (LHSFNA)

The LHSFNA exists to enhance jobsite safety and health, improve the competitiveness of signatory employers of the Laborer's International Union of North America (LIUNA), and strengthen LIUNA.
905 16th Street NW
Washington, D.C. 20006
202-628-5465
www.lhsfna.org

Lawyers Assistance Program – D.C. Bar

For a full description, refer to Mutual Support Groups.

Lawyers Helping Lawyers

This organization provides confidential, non-disciplinary help for lawyers, judges, law students, and their family members with substance abuse or mental health problems. Assistance may take many forms, such as assessment, professional consultation, information about and referral to treatment resources, informal and formal interventions, and monitoring.
700 East Main Street, Suite 1501
Richmond, VA 23219
877-545-4682 (Toll-Free in VA for confidential assistance)
804-644-3212
www.valhl.org

National Drug-Free Workplace Alliance

The Alliance offers drug-free workplace program assistance and education.
6868 South Plumer Avenue
Tucson, AZ 85706
877-817-6809
www.ndfwa.org

National Safety Council

The National Safety Council is a nonprofit public service organization dedicated to educating and influencing people to prevent accidental injuries and deaths.

1121 Spring Lake Drive
Itasca, IL 60143-3201
630-285-1121
www.nsc.org

Office of Alcoholism and Substance Abuse Services National Association on Drug Abuse Problems, Inc.

A private nonprofit organization founded by business and labor leaders, this office provides programs that assist at-risk and underserved individuals to become independent, self-sufficient, and employed.

355 Lexington Avenue, Second Floor
New York, NY 10017
212-986-1170
www.nadap.org

Society for Human Resource Management (SHRM)

The Society for Human Resource Management (SHRM) is the world's largest association devoted to human resource management.

1800 Duke Street
Alexandria, VA 22314
800-283-7476
www.shrm.org

U.S. Chamber of Commerce

The U.S. Chamber of Commerce provides resources for U.S. businesses, including information on EAPs and drug testing.

1615 H Street NW
Washington, D.C. 20062-2000
202-659-6000
www.uschamber.com

Washington State Labor Council (WSLC)

The Council, AFL-CIO, represents and provides services for hundreds of local unions and trade councils throughout Washington State. The WSLC's core programs are legislative advocacy, political action, communications and media relations, and assistance with organizing campaigns.

314 First Avenue West
Seattle, WA 98119
800-542-0904
www.wslc.org

Youth Programs

Augsburg College's StepUP Program

This institution conducts research and helps advance the field of recovery. Its StepUP program provides ongoing support to students in recovery who are willing and able to progress toward an academic degree through separate chemical-free housing, weekly individual support meetings, and community activities.

2211 Riverside Avenue
Minneapolis, MN 55454
612-330-1000
www.augsburg.edu

Big Brothers/Big Sisters of America

This youth mentoring organization helps at-risk youth overcome the many challenges they face.

230 North 13th Street
Philadelphia, PA 19107
215-567-7000
www.bbbsa.org

Boy Scouts of America

The Boy Scouts of America offers character development programs and leadership training for boys.

National Office
1325 West Walnut Hill Lane
Irving, TX 75015
972-580-2000
www.scouting.org

Boys and Girls Clubs of America

This organization provides opportunities for recreation and companionship for children at home with no adult care or supervision.

1230 West Peachtree Street NW
Atlanta, GA 30309
404-487-5700
www.bgca.org

Californians for Drug Free Youth, Inc.

For a full description, refer to State and Local Resources.

Camp Fire USA

This youth organization offers services in areas such as youth leadership, self-reliance, after-school groups, camping, and environmental education.

1100 Walnut Street, Suite 1900
Kansas City, MO 64112-1278
816-285-2010
www.campfireusa.org

D.A.R.E

D.A.R.E. is a police officer-led series of classroom lessons that teaches children from kindergarten through 12th grade how to resist peer pressure and live productive drug and violence-free lives.

D.A.R.E. America
9800 La Cienega Boulevard, Suite 401
Inglewood, CA 90301
800-223-DARE
www.dare.org

Girl Scouts of the USA

The Girl Scouts are dedicated to helping all girls everywhere build character and gain skills for success in the real world.

420 Fifth Avenue, 15th Floor
New York, NY 10018-2798
800-GSUSA4U (800-478-7248)
www.girlscouts.org

Junior Achievement

This organization educates and inspires young people to value free enterprise, business, and economics.

1 Education Way
Colorado Springs, CO 80906
719-540-8000
www.ja.org

MENTOR/National Mentoring Partnership

This group is widely acknowledged as the nation's premier advocate and resource for the expansion of mentoring initiatives nationwide. MENTOR leverages resources and provides the support and tools that mentoring organizations need to effectively serve young people in their communities.

1600 Duke Street, Suite 300

Alexandria, VA 22314

703-224-2200

www.mentoring.org

National Student Assistance Association (NSAA)

The NSAA, the national membership organization of student assistance professionals, offers early intervention and training on alcohol- and drug-related problems in thousands of schools across the country.

4200 Wisconsin Avenue NW, Suite 106-118

Washington, D.C. 20016

800-257-6310

www.nasap.org

Parents 4 A Change

This Web site works to raise awareness about the use of opiates and heroin among teenagers.

<http://parents4achange.com>

Partnership for a Drug-Free America (PDFA)

For more than 20 years, PDFA has united communications professionals, scientists, and parents to reduce illicit drug use among teens. The group has recently introduced user-friendly resources for parents and caregivers including TimeToTalk.org, an online parent-to-parent community and resource center.

212-922-1560

www.drugfree.org and www.timetotalk.org

Teen Challenge International

This network of 191 centers throughout the United States provides youth, adults, and families with effective and comprehensive faith-based solutions to life-controlling alcohol and drug problems. The Teen Challenge Training Center is an eight-month comprehensive residential treatment program that deals with the most acute cases of addiction, offered at minimal cost to the participant.

P.O. Box 1015

Springfield, MO 65801

417-862-6969

www.teenchallengeusa.com

U.S. DEPARTMENT OF AGRICULTURE (USDA), 4-H

For a full description, refer to Schools/Youth under Federal Agencies.

U-Turn of SAARA, Inc.

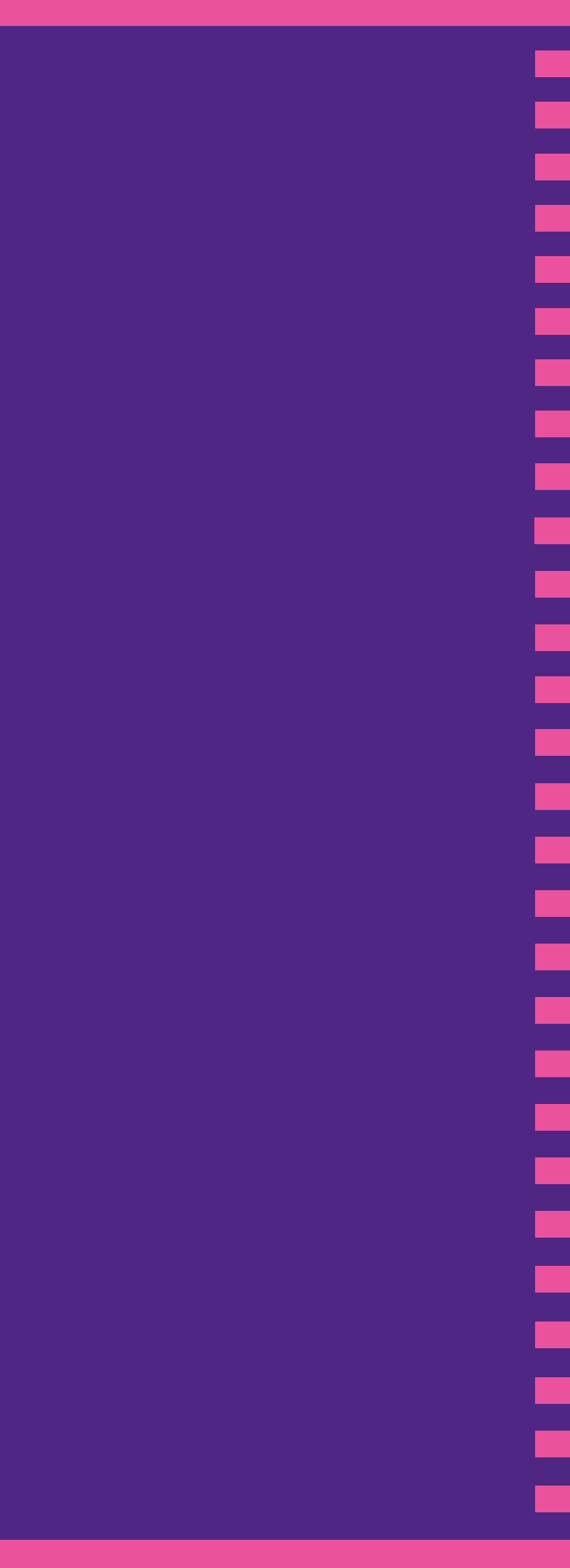
U-Turn is dedicated to empowering disadvantaged people, especially youth, to improve their lives, thus enabling them to improve their communities and ultimately society.

7969 Ashton Avenue

Manassas, VA 20109

703-792-5928

www.saara.org





Single-State Agency (SSA) Directory

Each U.S. state and territory offers information and support regarding substance use disorders through the local government offices listed below. The following facilities are licensed, certified, or otherwise approved for inclusion by their state's substance use treatment authority. Their role is to plan, carry out, and evaluate substance use disorder prevention and treatment services provided to individuals and families. During disasters, these offices can play a critical role in directing resources where they are most needed. Specifically, they oversee treatment centers and counselors in their respective states and, in many cases, supply funding to providers, track state trends, and ensure that residents receive the services to which they are entitled.

ALABAMA

J. Kent Hunt

Associate Commissioner for Substance Abuse

Substance Abuse Services Division

Alabama Department of Mental Health and

Mental Retardation

RSA Union Building

100 North Union Street

Montgomery, AL 36130-1410

TEL: 334-242-3953

FAX: 334-242-0759

Kent.Hunt@MH.alabama.gov

ALASKA

Melissa Witzler-Stone

Director

Division of Behavioral Health

Alaska Department of Health and Social Services

3601 C Street, Suite 934

Anchorage, AK 99503

TEL: 907-269-3410

FAX: 907-465-5864

melissa_stone@health.state.ak.us

www.hss.state.ak.us/dbh/

ARIZONA

Rodgers M. Wilson, M.D.

Medical Director

Division of Behavioral Health Services

Arizona Department of Health Services

150 North 18th Avenue, Suite 200

Phoenix, AZ 85007

TEL: 602-364-1947

FAX: 602-542-1082

wilsonr@azdhs.gov

www.azdhs.gov/bhs/

ARKANSAS

Joe M. Hill

Director

Office of Alcohol and Drug Abuse Prevention

Division of Behavioral Health Services

Arkansas Department of Health and Human Services

4313 West Markham

Third Floor Administration

Little Rock, AR 72205

TEL: 501-686-9871

FAX: 501-686-9035

Joe.Hill@arkansas.gov

www.arkansas.gov/dhhs/dmhs/



CALIFORNIA

Renee Zito, LMSU, CASAC

Director

California Department of Alcohol and Drug Programs
1700 K Street, Fifth Floor
Executive Office
Sacramento, CA 95814-4037
TEL: 916-445-1943
FAX: 916-324-7338
rzito@adp.ca.gov
www.adp.cahwnet.gov/

COLORADO

Janet Wood, M.B.A., M.Ed.

Director

Behavioral Health Services
Alcohol and Drug Abuse Division
Colorado Department of Human Services
4055 South Lowell Boulevard
Denver, CO 80236-3120
TEL: 303-866-7486
FAX: 303-866-7428
janet.wood@state.co.us
www.cdhs.state.co.us/adad/

CONNECTICUT

Thomas A. Kirk, Jr., Ph.D.

Commissioner

Department of Mental Health and Addiction Services
P.O. Box 341431
Hartford, CT 06134
TEL: 860-418-6700
FAX: 860-418-6691
Overnight mail address:
410 Capitol Avenue, MS #14 COM
Hartford, CT 06134
thomas.kirk@po.state.ct.us
www.dmhas.state.ct.us/

DELAWARE

Renata Henry, M.Ed.

Director

Division of Substance Abuse and Mental Health
Delaware Health and Social Services
1901 North DuPont Highway, Main Building
DHHS Campus, Room 192
New Castle, DE 19720
TEL: 302-255-9426
FAX: 302-255-4428
rehenry@state.de.us
www.dhss.delaware.gov/dhss/dsamh/index.html

FLORIDA

Stephenie W. Colston, M.A.

Director

Substance Abuse Program Office
Department of Children and Families
1317 Winewood Boulevard
Building Six, Room 300
Tallahassee, FL 32399-0700
TEL: 850-921-2495
FAX: 850-487-2627
stephenie_colston@dcf.state.fl.us
www.dcf.state.fl.us/mentalhealth/sa/

GEORGIA

Onaje M. Salim, LPC, MAC, CCS

Director

Office of Addictive Diseases
Division of Mental Health, Developmental Disabilities
and Addictive Diseases

Georgia Department of Human Resources

2 Peachtree Street NW, Suite 22-293

Atlanta, GA 30303-3171

TEL: 404-657-2331

FAX: 404-657-2256

omsalim@dhr.ga.gov

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CUSTOMER SATISFACTION FORM



RESOURCES

National Alcohol and Drug Addiction Recovery Month **Customer Satisfaction Form**

We would like to know about your ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)*** efforts this September and how useful you found this toolkit for planning your activities. This information will be used in the development of future outreach materials distributed by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

Your response is voluntary, but your input is essential so that the ***Recovery Month*** materials we provide in future years will continue to meet your needs. Please complete this form and return it by mail or fax to the address provided on the next page by October 31, 2008. **We encourage you to include photographs and/or samples of supporting materials from your *Recovery Month* activities.**

Name:	
Title:	
Organization name & mailing address:	Phone & fax numbers:
Organization Web site address:	E-mail address:
Please provide a brief description of your event or major activities. (Please attach additional sheets, if necessary.)	
Did you receive media coverage? If yes, who covered your event? (Please attach a brief summary or copies of articles.)	



RESOURCES

Please tell us which kit materials listed below you used and provide suggestions for improving them.

	Used It? (Y/N)	How Useful Was It?	Comments/Suggestions
Building Community Coalitions			
Planning Partners List			
Recovery Month Resources			
Single-State Agency Directory			
Promotional Event Ideas and Publicity Tips			
Media Tips			
Media Advisory			
Press Release			
Op-Ed			
Official Proclamations			
Live-Read Radio Public Service Announcement Scripts			
Letterhead			
Logo Sheet			
An Overview: Real People, Real Recovery			
Commonly Misused Substances			
A Guide to Treatment: How to Help People With Substance Use Disorders			
Join the Voices for Recovery			
Treatment Providers and the Recovery Community: People Who Change Lives			
Families: The Unsung Heroes of Recovery			
Faith-Based Organizations: How Faith Leaders Can Help People on a Path of Recovery			
Employers: How the Workforce Can Foster a Recovery Environment			
Civil Service Workers: How Local and State Government and Justice Personnel Can Make a Difference			

Please send your response to:

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Thank you for sharing your **Recovery Month** story with us.

NOTE: Public reporting for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: SAMHSA Reports Clearance Officer, Paperwork Reduction Project (0930-0197); Room 5-1039, 1 Choke Cherry Road, Second Floor, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0197 and the expiration date is 1/31/2011.