



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.



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