

# Applying the Science of Addiction Recovery (SOAR): Expect Recovery! 240602

George S. Braucht; LPC & CARES; Email: [george@brauchtworks.com](mailto:george@brauchtworks.com)

Institute for Research, Education & Training in Addiction

January 22, 2025; 12:00pm-1:30pm

This seminar highlights the genetic and environmental factors that combine to produce alcohol and other drug use's impact on the brain, body (mind) and behavior. Over 50 years of clinical neuroscience research shows that recovery or resilience is due to neuroplasticity, our brain's ability to adapt and heal. Polyvagal Theory says that an essential element of progressive wellness is sustained engagements in co-regulating social supports. These vital connections are also known as the social model of recovery.

Objectives. Upon completion of this session you will be able to:

1. Explain alcohol and other drug intoxication, withdrawal, tolerance, craving and recovery based on changes that occur in the brain and social setting;
2. List at least five pathways to recovery that are available in our community; and
3. Compare the recovery rates for addiction and other chronic illnesses.

**Before the end of this session**, provide feedback on this session - required for a certificate – scan the QR code when it is presented.

Three Key Takeaways

- 1: Like other preventable, treatable and chronic health conditions, addiction and recovery affect the b\_\_\_\_\_, body (mind) and behavior.
- 2: Like other preventable, treatable and chronic health conditions, r\_\_\_\_\_ requires **daily** and **sustained** engagement and connections.
- 3: Over \_\_\_\_\_million Americans are in long-term recovery from alcohol and other drug use and we carry the message of h\_\_\_\_\_ and **Expect Recovery!**

Three Solutions

- A. Reverse opioid overdoes with n\_\_\_\_\_
- B. Listen for the benefits of sustained c\_\_\_\_\_ in recovery stories
- C. Develop Recovery-oriented S\_\_\_\_\_s of Care (ROSC) that include the S\_\_\_\_\_ Model of Recovery

Notes, Doodles and **My Top Three Takeaways:**

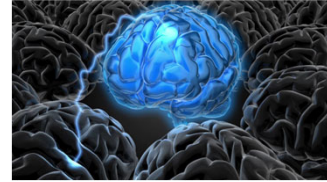


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Institute for Research, Education & Training in Addiction  
January 22, 2025; 12:00pm-1:30pm

## Applying the Science of Addiction Recovery: Expect Recovery!

**George S. Braucht**  
LPC & CARES



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Co-founder, Certified Addiction Recovery Empowerment Specialist (CARES) Academy &  
Forensic Peer Mentor Reentry Pro

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[brauchtworks.com](http://brauchtworks.com)



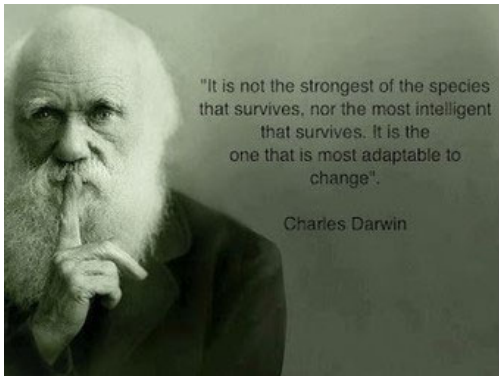
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## Applying the Science of Addiction Recovery (SOAR):

### Expect Recovery!



George Braucht adapted  
this presentation from the *Science of  
Addiction and Recovery (SOAR)* by  
**Flo Hilliard** - [fhilliar@wisc.edu](mailto:fhilliar@wisc.edu) – and  
the Faces & Voices of Recovery  
[facesandvoicesofrecovery.org](http://facesandvoicesofrecovery.org)



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# Applying the Science of Addiction Recovery (SOAR): Expect Recovery! 240602

## Why Applying the SOAR is important



### For the Family and the User:

- Helps explain behavior that often seems unexplainable: cravings and returning to alcohol or other drug (AOD) use
- Reduces stigma, blame and anger toward the family and the person who uses AOD
- Promotes recovery for more people and their family members

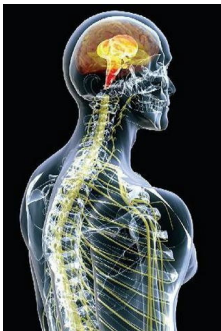


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“Announcement: The following program contains scenes of a frank and explicit nature. After this session participants will be able to: Viewer discretion is advised.”



- ✓ Explain alcohol and other drug intoxication, withdrawal, tolerance, craving and recovery based on changes that occur in the brain/body (mind) and social setting;
- ✓ List at least five pathways to recovery that are available in our community; and
- ✓ Compare the recovery rates for addiction and other chronic illnesses.



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Three Key Takeaways

“...Leave your cares behind like other preventable, treatable and chronic health conditions: come with us and find the pleasures of a journey to the center of the mind. Come along if you care. Come along if you dare...”

↳ Addiction and recovery affect the **brain, body (mind) and behavior**

The Amboy Dukes (1968). ↳ **Recovery** requires **daily** and **sustained** engagement and connections



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Three Key Takeaways (cont.)

2017 ADDICTION RECOVERY AWARENESS DAY

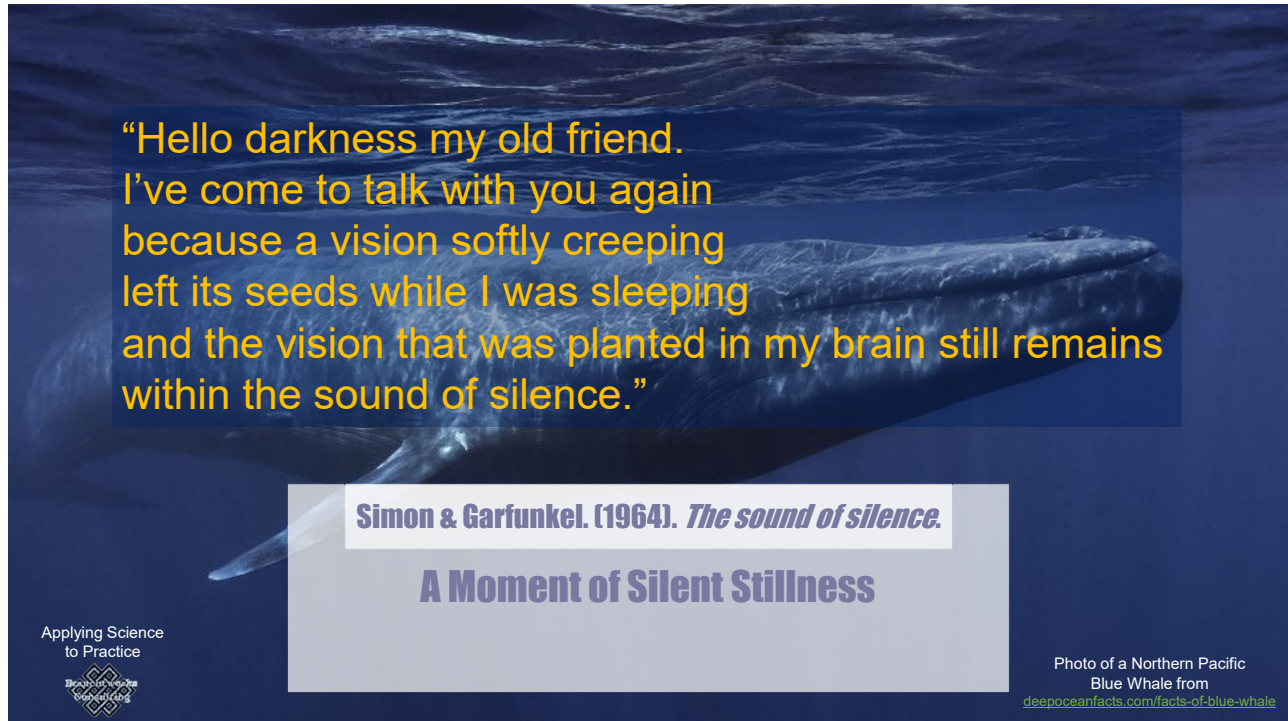
↳ Like other preventable, treatable and chronic health conditions,

↳ Over **23 million** Americans are in *long-term recovery* from AOD use and we carry the message of **hope** that **Expects Recovery!**



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**“Hello darkness my old friend.  
I’ve come to talk with you again  
because a vision softly creeping  
left its seeds while I was sleeping  
and the vision that was planted in my brain still remains  
within the sound of silence.”**

**Simon & Garfunkel. (1964). *The sound of silence.***

**A Moment of Silent Stillness**

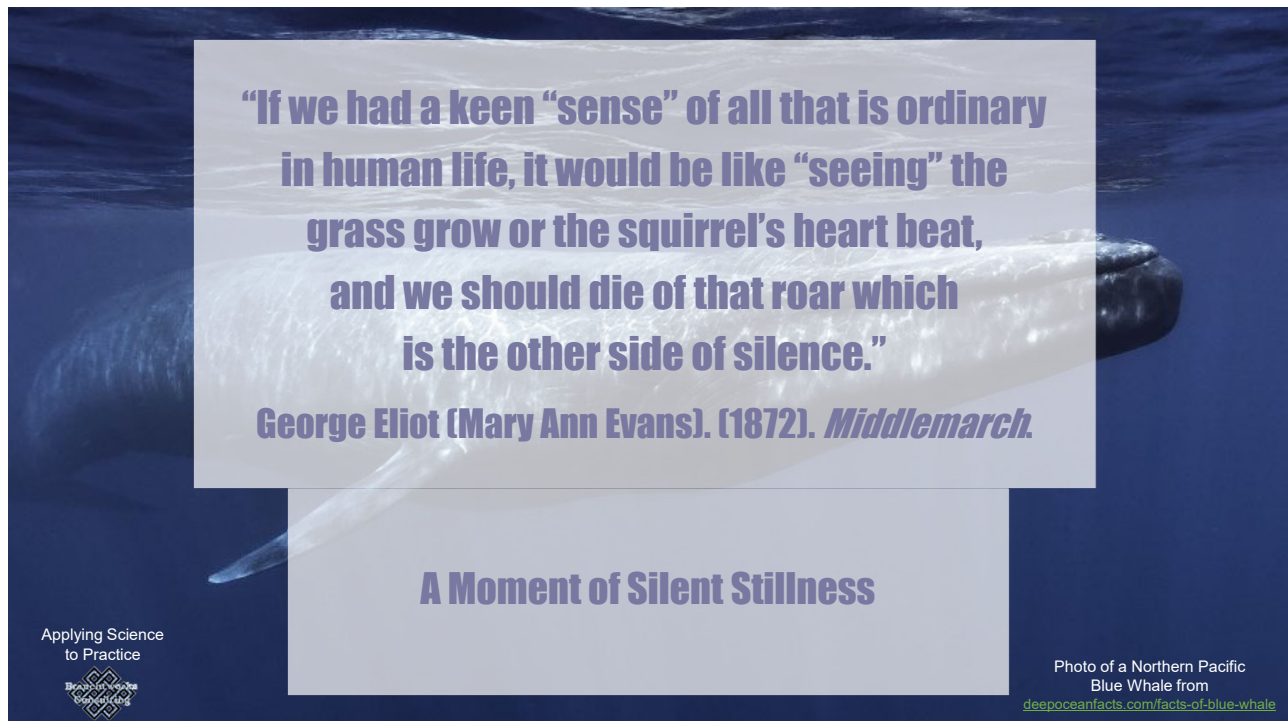
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Photo of a Northern Pacific Blue Whale from [deepoceanfacts.com/facts-of-blue-whale](http://deepoceanfacts.com/facts-of-blue-whale)

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**“If we had a keen “sense” of all that is ordinary  
in human life, it would be like “seeing” the  
grass grow or the squirrel’s heart beat,  
and we should die of that roar which  
is the other side of silence.”**

**George Eliot (Mary Ann Evans). (1872). *Middlemarch.***

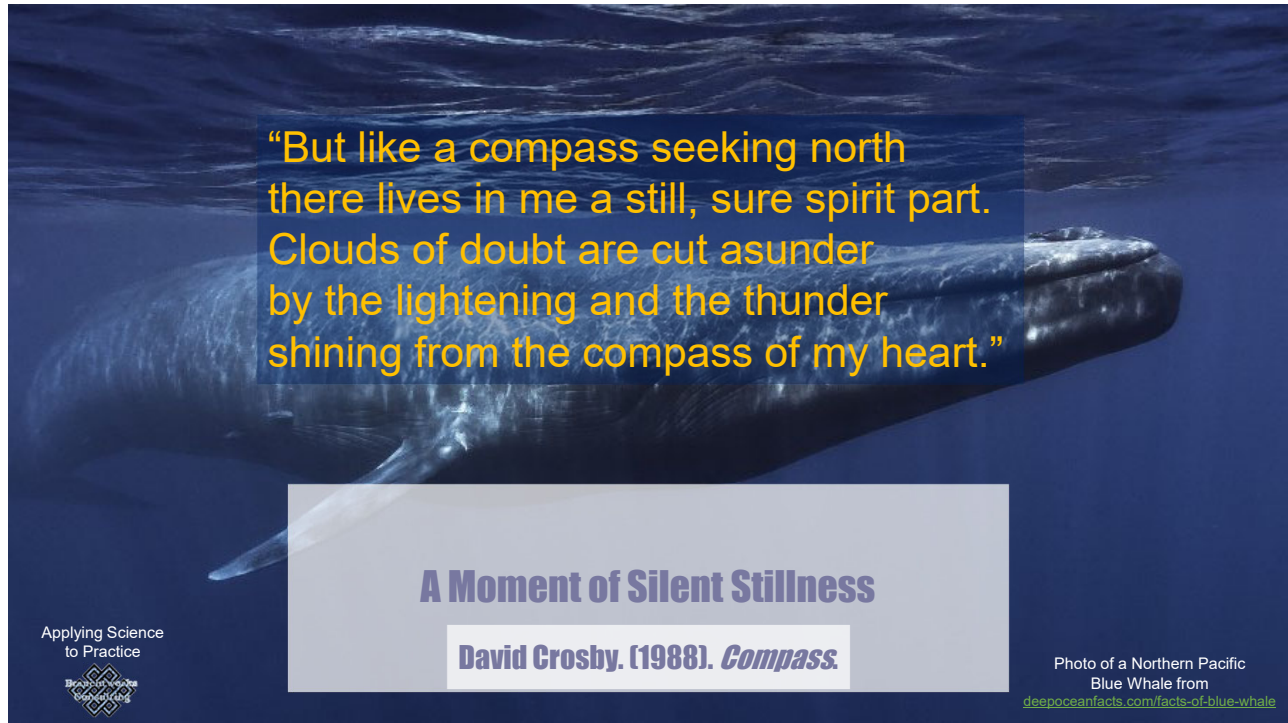
**A Moment of Silent Stillness**

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Photo of a Northern Pacific Blue Whale from [deepoceanfacts.com/facts-of-blue-whale](http://deepoceanfacts.com/facts-of-blue-whale)

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“...I’ve spent my whole life promoting the personal, professional and community development of people.” —Neil Young (1972)

**“I just want to help people.”**

**George S. Braucht**  
LPC & CARES  
Brauchtworks Consulting  
Applying Science to Practice  
[brauchtworks.com](http://brauchtworks.com)

- ✓ Master of Science in **Experimental/Physiological Psychology** then **Community Psychology**; 1<sup>st</sup> psychology class taught at Georgia College in 1979
- ✓ 14,000+ hours of supervised psychotherapy experience as a **Licensed Professional Counselor** and **Certified Professional Counselor Supervisor** including 27 years with the **GA State Board of Pardons & Paroles/GOTSR/Dept. of Community Supervision**
- ✓ Co-founder & Facilitator, **Certified Addiction Recovery Empowerment Specialist (CARES) Academy** and **Forensic Peer Mentor Ready4ReentryPro**
- ✓ Curriculum Development & Lead Faculty, **Recovery Residence Manager, Enhanced Supervision Program** and **REC CAP - Recovery Navigation Support** trainings
- ✓ Charter Board Member & Curriculum Developer, **National Alliance for Recovery Residences**
- ✓ Level II Trainer, **Partners for Change Outcome Management System (PCOMS)**
- ✓ Recovery Consultant with SAMHSA’s **Opioid Response Network**

Key Justice Empowerment

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**My Why**

“...I sing the song because I love the man I know that some of you don't understand Milk blood to keep from running out. I've seen the needle and the damage done A little part of it in everyone....”  
**Neil Young. (1971). Harvest.**

**George S. Braucht**  
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Budda, my first rat  
Georgia College  
Milledgeville

State Board of Pardons  
and Paroles  
Atlanta GA

Jane, my Better-Half,  
Mindy  
& Waynn

Polar Plunge  
New Year's Day  
Jekyll Island GA

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brauchtworks.com/home

“...What you don't know is you are the luckiest man. You're the luckiest man...”  
**The Wood Brothers. (2005). Ways Not to Lose.**

**George S. Braucht: LPC, CPCS & CARES**  
Applying Science to Practice  
Gathering practice-based evidence of effectiveness using evidence-based practices

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Toolkit  
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**What's New?**

1. [Here](#) is the handout for Applying the Science of Addiction Recovery
2. [Crisis Intervention \(ED &WL\): Recovery and Resilience](#) handout for the CGCA Community Connections training is [here](#)
3. [Here](#) is the Fore(In)Sight Foundation seminar handout: *Happiness as Recovery or Resilience*
4. [Here](#) is the *Applying the Science of Addiction Recovery: Expect Resilience, Not Relapse* handout for the Georgia Opioid Learning Collaborative
5. [Finn, Prevost, Braucht, Hawk, Meredith & Johnson. \(2017\). Home visits in community supervision: A qualitative analysis of themes and tone. Criminal Justice and Behavior. DOI: https://doi.org/10.1177/0093854817711209](#)
6. [Here](#) is the handout for the Georgia Association of Recovery Residences' *Asset-based Community Development* training.
7. Click [here](#) for Dunn et al's (2016) *Brief Opioid Overdose Knowledge (BOOK) Questionnaire*. [Here](#) is the source article.
8. *Improving Retention, Outcomes and Supervision with PCOMS* NAADAC webinar: Click [here](#) for the handout.
9. *Enhancing Cultural Competence 2-Day Workshop*: Approved for 11 CEUs by the LPCAGA and ADACBGA. Click [here](#) for the handout.

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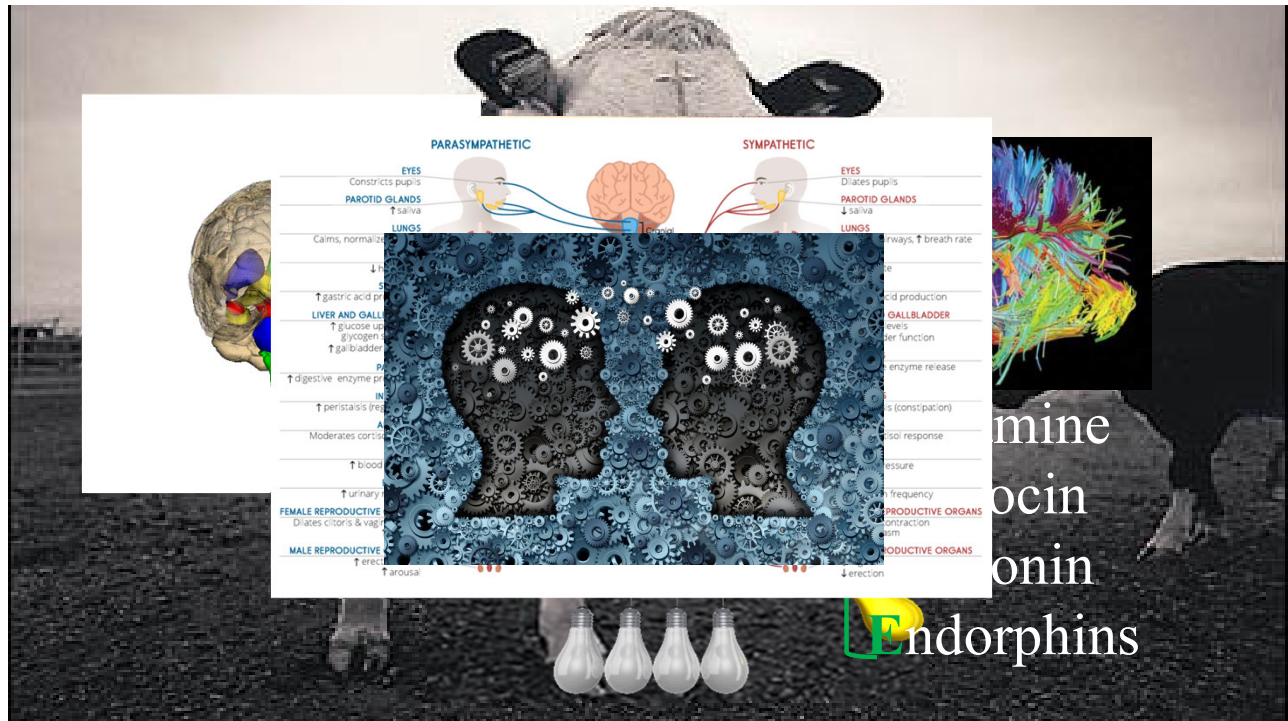
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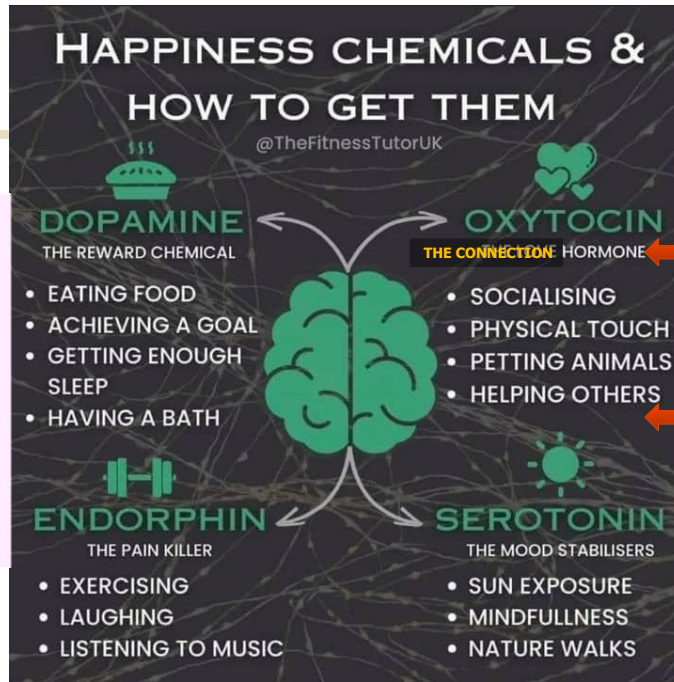
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## Got DOSE?

“Might as well face it  
you’re addicted  
to love.  
Might as well face it  
you’re addicted  
to love....”  
Robert Palmer.  
(1986). *Riptide*.



One suggested modification!

Add Childbirth & lactation



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The Problem  
“Houston, we have  
a problem....”

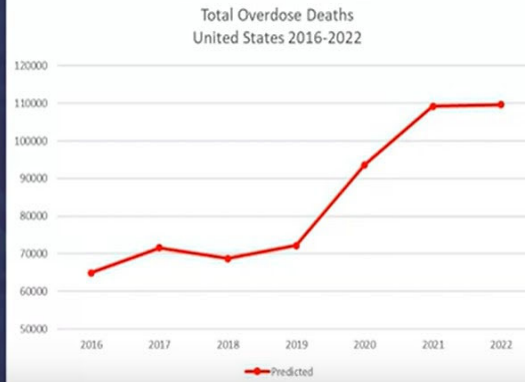
Addiction is a chronic  
health condition  
involving brain/body  
(mind) and social  
circuitry for reward,  
memory & motivation



Photo by Pixabay:  
<https://www.pexels.com/photo/sk-y-earth-space-working-2156/>

2,687 fatal overdoses in GA in 2022 =  
7.4 per day = statistically significant  
increase from 4.2 in 2016

Overdose deaths in  
the United States  
are expected to top  
110,000 in 2022.



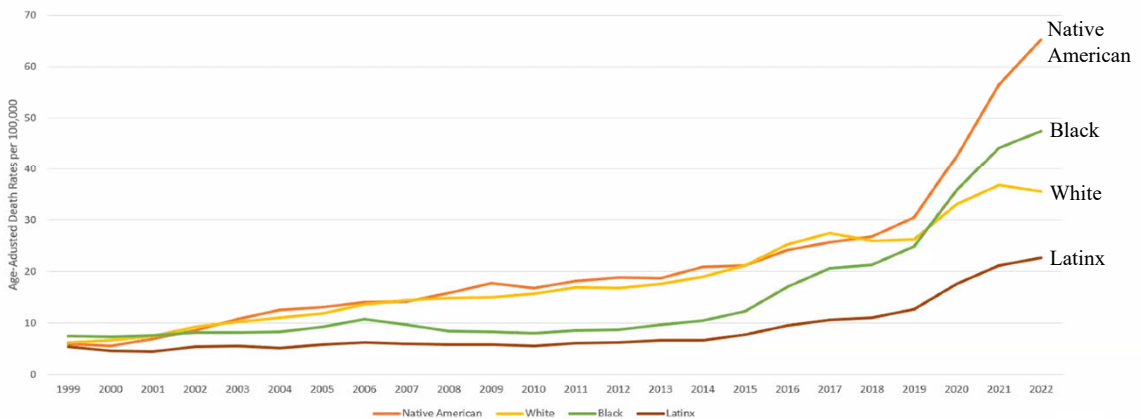
See: [opioid-statistics-georgiadph.hub.arcgis.com/](https://opioid-statistics-georgiadph.hub.arcgis.com/)

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## National Drug Overdose Death Rates, By Race/Ethnicity



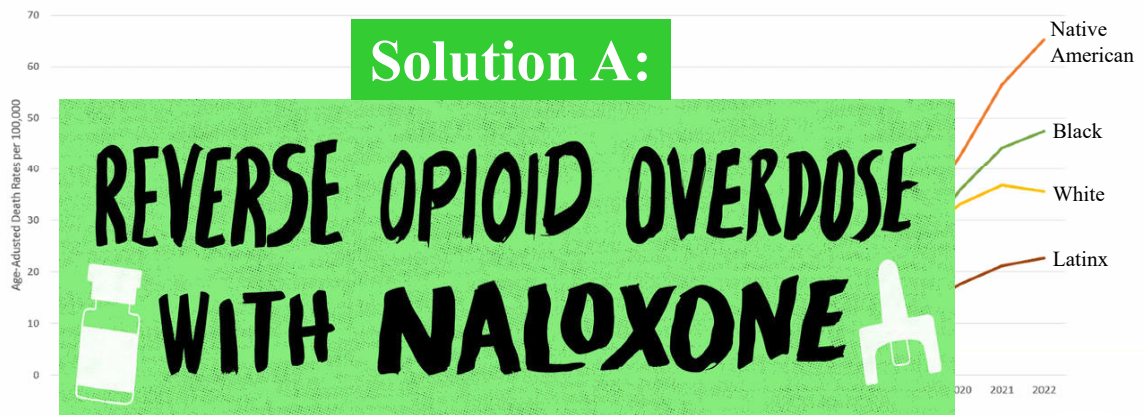
DRUG POLICY ALLIANCE

Source: CDC WONDER

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## National Drug Overdose Death Rates, By Race/Ethnicity



DRUG POLICY ALLIANCE

Source: CDC WONDER



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Solution B: Listen for the benefits of **sustained connections** in recovery stories

**Until lions have historians,  
tales of the hunt will always  
glorify the hunter.**

**African Proverb**



Photo by Petr Ganaj:  
<https://www.pexels.com/photo/a-roaring-lion-4032590/>



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## Attitudes About Addiction & Recovery

“The long and winding road....” The Beatles. (1970). *Let it be.*

- ☯ Disease!
- ☯ Behavior problem!
- ☯ Moral/emotional weakness!
- ☯ Different causes and cures for different people!



Photo by Craig Adderley:  
<https://www.pexels.com/photo/gray-concrete-roadway-beside-green-and-brown-leaved-trees-1546898/>

**Each view values one or more  
recovery/health/wellbeing pathways!**



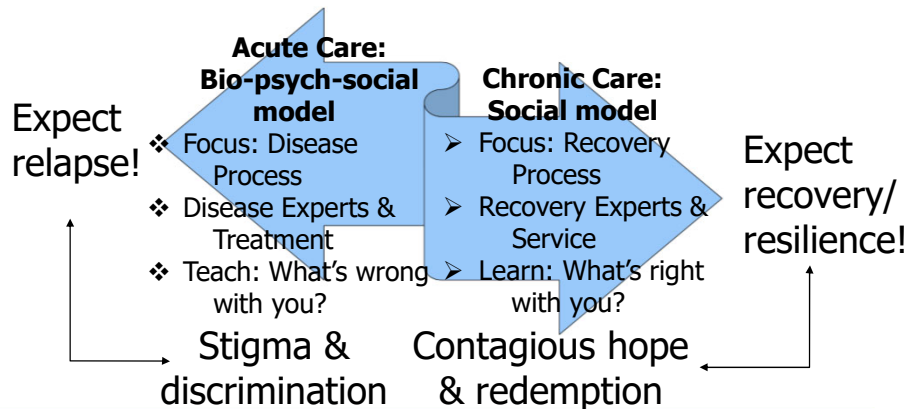
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## Solution C: Develop Recovery-oriented Systems of Care (ROSC)

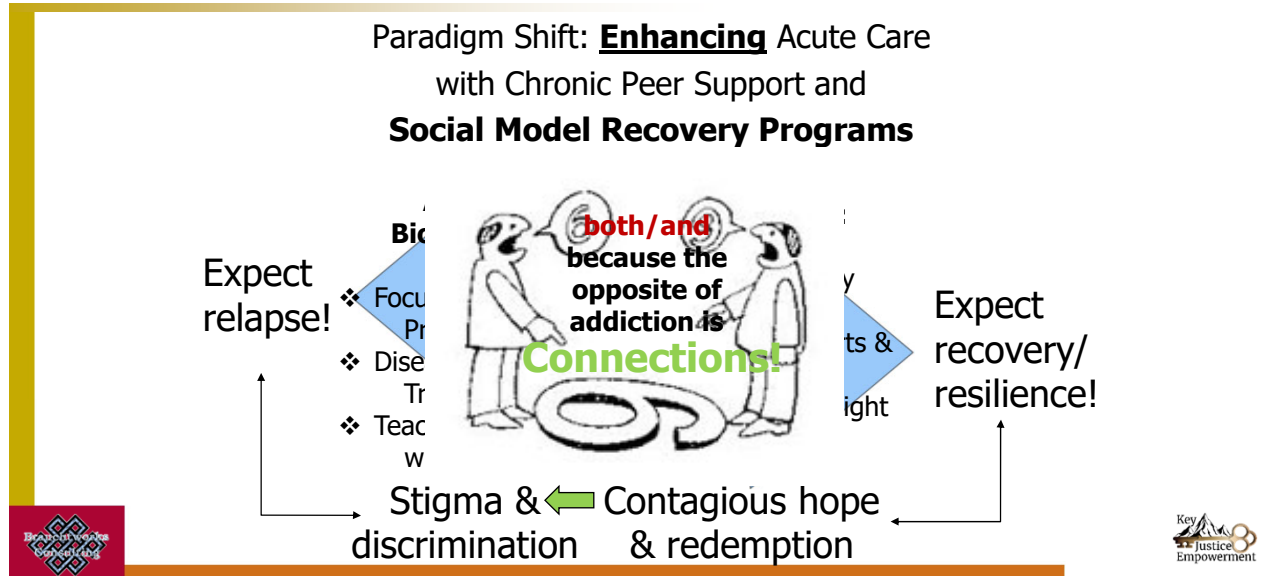
Paradigm Shift: **Enhancing** Acute Care  
with Chronic Peer Support and  
**Social Model Recovery Programs**



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## Solution C: Develop Recovery-oriented Systems of Care (ROSC)



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## Solution C: The Social Model of Recovery (cont.) "You alone can do recovery, but you can't do it alone!"

### Dr. Thomasina Borkman

1. Emphasizes social & interpersonal connections as the foundation of sustainable recovery. "So, I've got friends in low places...."
2. Values experiential knowledge. **Garth Brooks. (1990). No fences.**
3. Promotes peer-to-peer, mutual aid and other recovery supportive environments in which progressive wellbeing is the common bond.
4. Requires active work in an individualized recovery program.
5. Emphasizes peer-to-peer AND practitioner-client relationships that blend to mutually enhance treatment and recovery/wellness objectives and key results.

Borkman, Kaskutas, Rooms, Bryan, & Barrows. (1998). An historical and developmental analysis of Social Model Programs. *Journal of Substance Abuse Treatment*, 15 (1), 7-17.



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**Solution C: Enhance Recovery Capital (Connections)  
within ROSC including the Social Model of Recovery**

**To travel fast, go alone.  
To go far, travel with many.  
African Proverb**



Photo by [Bailey Torres](#) on [Unsplash](#)



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## The \$Million Question



Why do some  
people  
get into  
recovery  
while others  
do not?

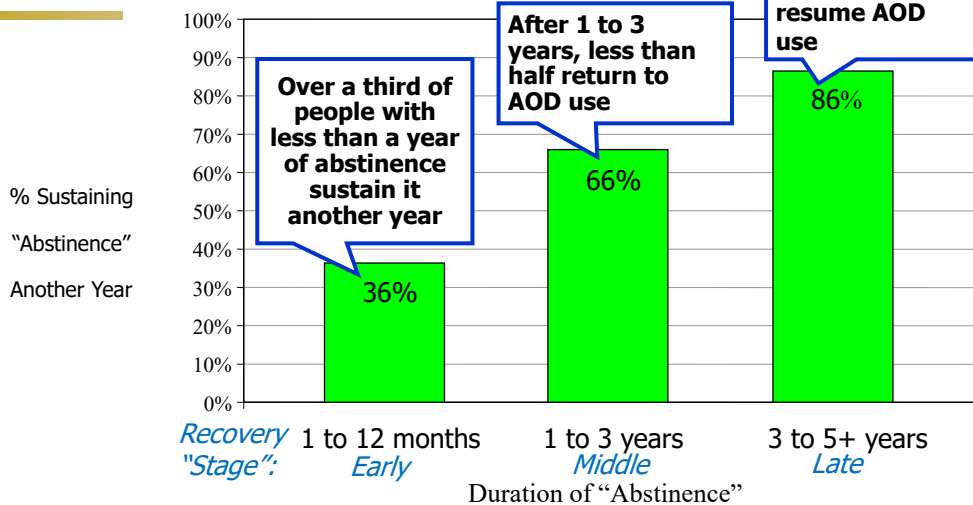


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### The Likelihood of Sustaining Abstinence Increases Over Time with 1,100 Treatment Seekers in 1998



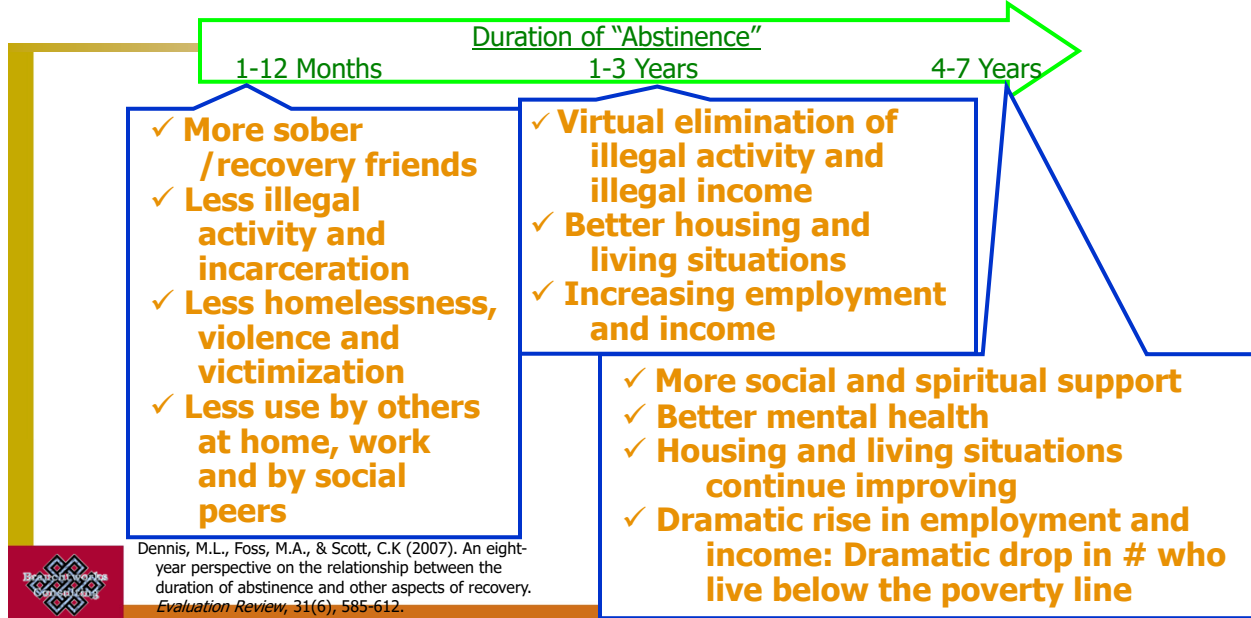
Dennis, Foss & Scott (2007). An eight-year perspective on the relationship between the duration of abstinence and other aspects of recovery. *Evaluation Review*, 31(6), 585-612.



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## Recovery, on average, looks like...

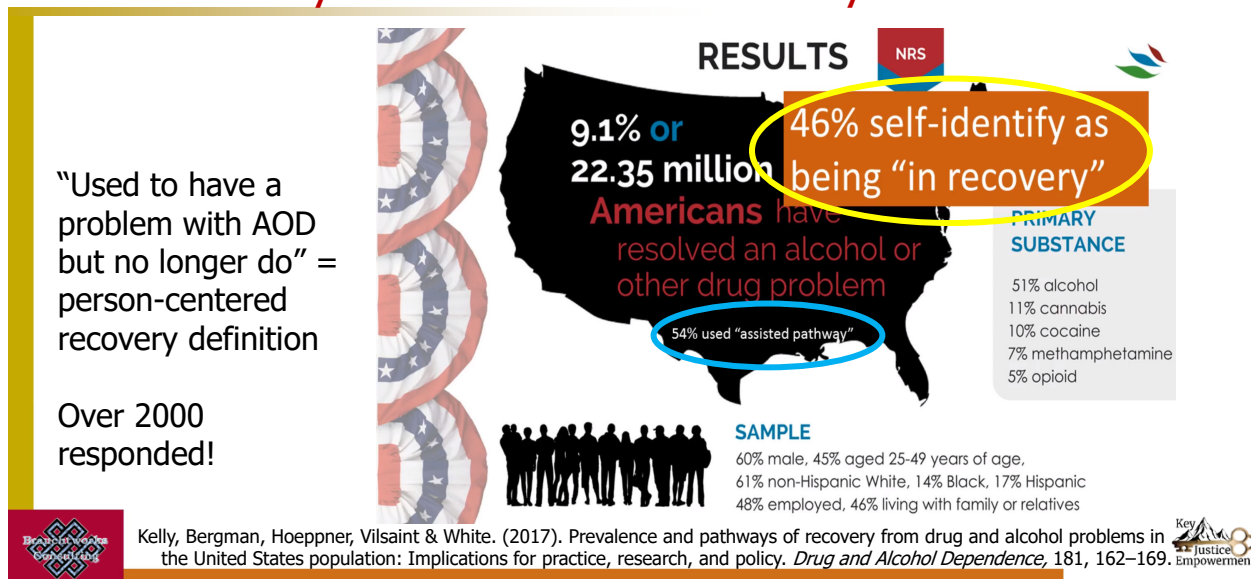


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## National Recovery Survey (2017) Recovery Prevalence and Pathways of US Adults









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## Recovery Capital & Many Pathways

"Now wait just a dern minute!  
Excuse me for talking ugly."  
Sheriff Andy Taylor  
(Andy Griffith)

-  Mutual support groups
-  Professional treatment
-  Faith-based groups
-  Medication-assisted treatment
-  "Natural" or on your own
-  And more indigenous routes



### A "menu" of local options



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## Individual Variability:

**B = P X E** (Lewin, 1936)

Behavior (**B**) is always a function of the interaction of people (**P**, individual characteristics) and environment (**E**, situational characteristics)

-  Genetics and your history of experiences (P) influences how you react along with...
-  Environmental (E) or situational contributions.



Lewin, K. (1936). *Principles of topological psychology*. New York: McGraw-Hill.



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## Individual Variability (cont.)

People vary in what they find pleasurable because of how our brains/bodies (minds) react to experiences like sex, drugs, rock-n-roll....



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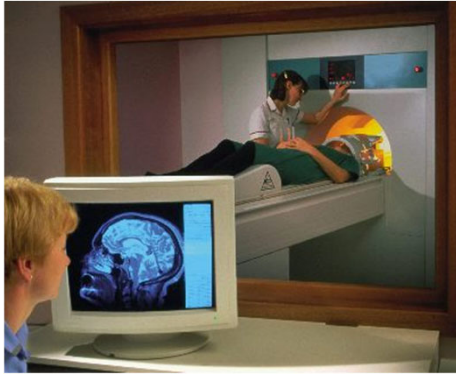
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Today's Brain Imaging



MRI



PET



SPECT



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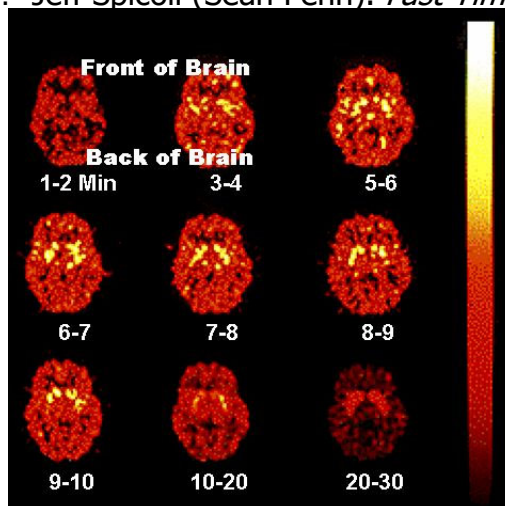


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Individual Variability: A brain on drugs

"Hey bud, let's party!" Jeff Spicoli (Sean Penn). *Fast Times At Ridgemont High*. (1982).

Produces:  
**Craving**  
(approach)  
or  
**Repulsion**  
(avoidance)



**Yellow =**  
where cocaine  
binds in the brain

The Mind says,  
"This must be life  
enhancing" or  
"No, this is not  
fun, enjoyable,  
etc.!"

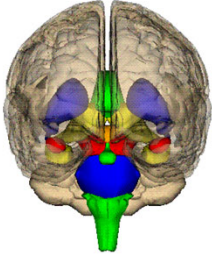


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## The Brain

- Approximately 4-6 pounds
- Estimated 100 billion neurons
  - 10,000 varieties of neurons
  - Neurons communicate via electro-chemical processes
  - Neuron connections grow and wither = **neuroplasticity**
  - **Estimated  $10^{10}$  connections among neurons**
- *Monitors sensory input for patterns → detects change plus creates maps and makes meanings → **The Mind***



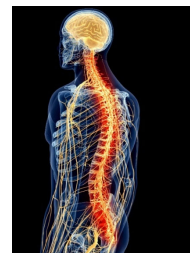
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## The Brain & Body (Mind)

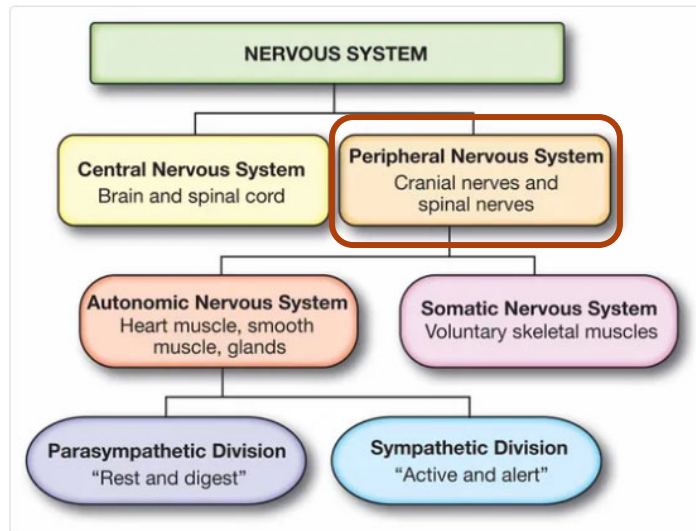
- ❖ Brain & body connections initiate and control every:
  - Sensation/feeling
  - Movement/behavior
  - Emotion/feeling
  - Thought or idea...
- ❖ Everything that makes up the human experience!
- ❖ Some of the most important changes in the brain occur in childhood and adolescence



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## Our Nervous System



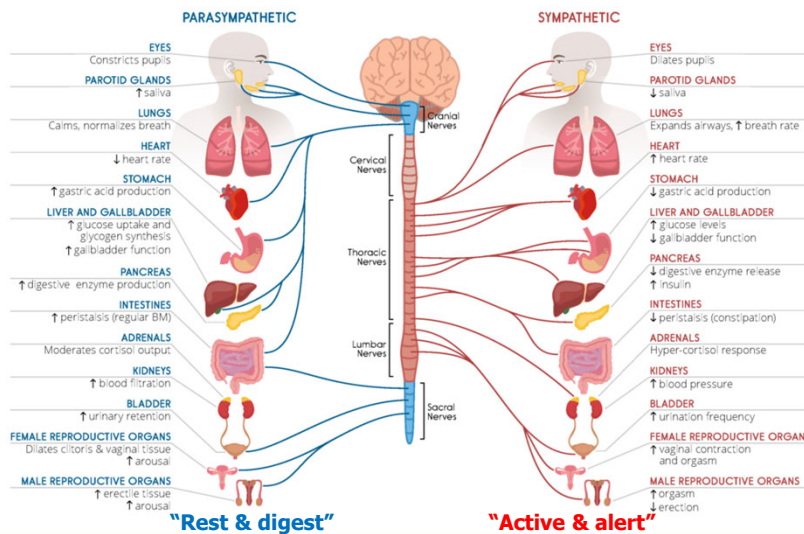
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## Our Nervous System (cont.)

### The Autonomic Component of the Peripheral Nervous System



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## Our Nervous System (cont.)

### Trauma and the nervous system: A polyvagal perspective (9:06)

<https://www.youtube.com/watch?v=uH5JQDAqA8E>

What are the three general responses or states used to navigate through the world each day?

“It’s about having a flexible and resilient nervous system that can assess safety and danger and respond appropriately. Resiliency means being able to move from one state to another.”

#### Polyvagal Three Circuits

##### Social Engagement System

- Safe Connection
- Calm | Regulated
- Healthy Balance
- Resourced | Resourceful



##### Mobilization

- Cues of threat or danger
- Chronic stress or anxiety
- Fight or flight response
- Greater conflict in relationships



##### Immobilization

- Threat feels life-threatening
- Collapse | Shutdown
- Unhealthy coping behaviours
- Despair | Hopelessness



Credit: Stephen Porges and Carrie DeJong (carriedejong.com) 

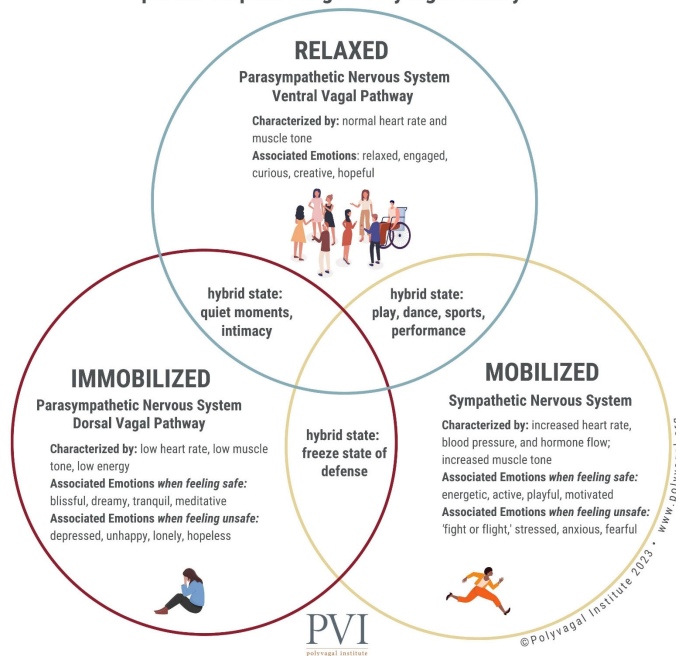


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#### Autonomic Nervous System States per Dr. Stephen Porges' Polyvagal Theory



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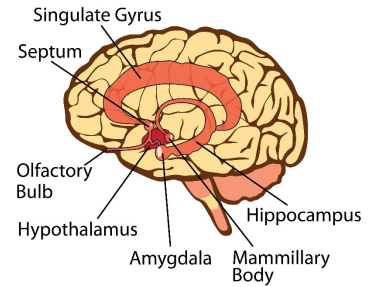
## Where Addiction/Recovery Starts in the Brain

"Celebrate good times, come on! Everyday is gonna be alright. Let's celebrate..." Kool and the Gang. (1980).

### The limbic system

- Reacts subconsciously to environmental stimulation & patterns
- Creates powerful emotions & memories, both pleasant [joy; approach] and unpleasant [fear; avoidance], that drive survival [instinctual] behavior
- The Five "F's" of Primitive Survival: Feeding, Fighting, Fleeing, Feeling & "sex"!

LIMBIC SYSTEM STRUCTURES



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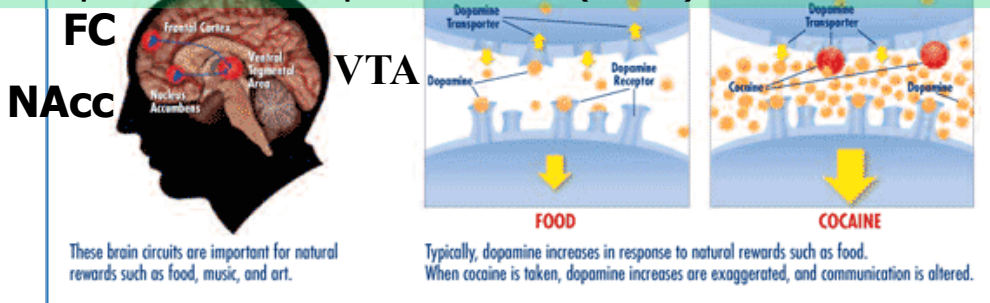
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"...No I, no I need you in my blood stream. That's my kind of dopamine. That's my kind of dopamine. That's my kind of dopamine..." Daphne Willis. (2017). *Freaks Like Me*.

ALL DRUGS OF ABUSE TARGET THE BRAIN'S PLEASURE CENTER

Brain reward (dopamine) pathways

All drugs of abuse increase dopamine



**NAcc** = Releases dopamine, oxytocin, etc. → **VTA**

**VTA** = Prediction errors and learning → **FC**

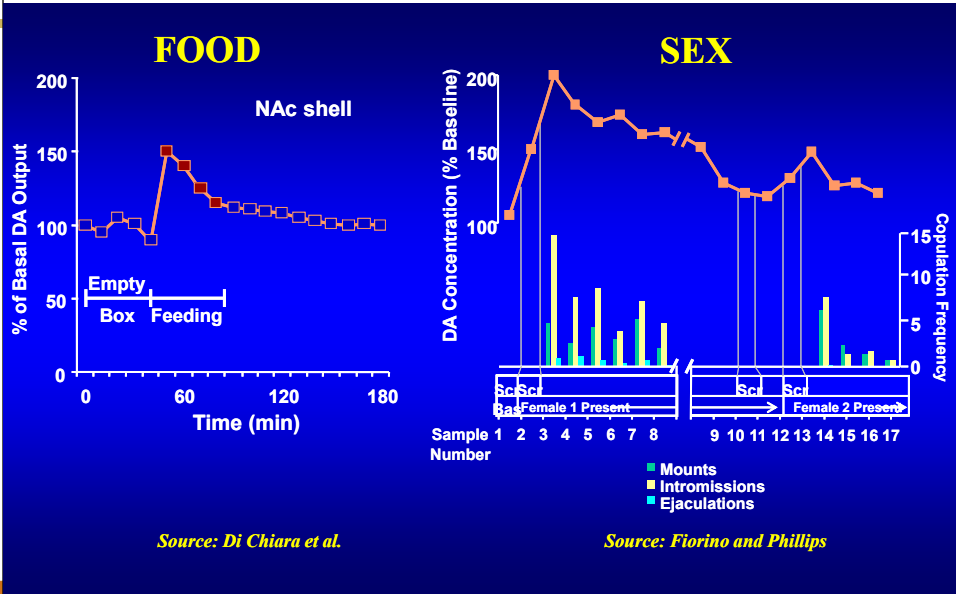
**FC** = Integrates body-based (**intrapersonal**) **AND** others' (**interpersonal**) emotions into decision-making.



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## Natural rewards elevate dopamine levels

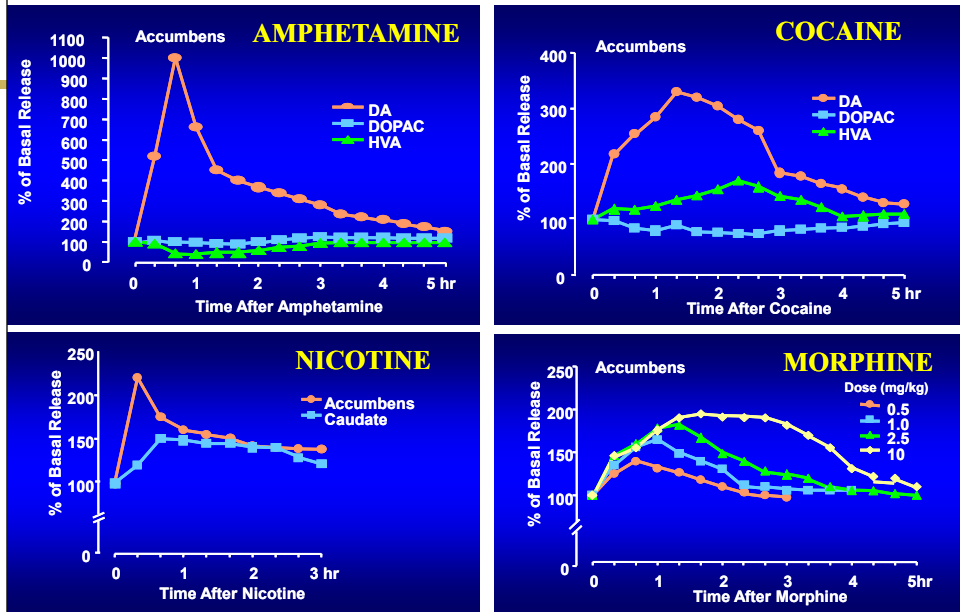


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## Effect of drugs on dopamine release



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**ALL DRUGS OF ABUSE TARGET THE BRAIN'S PLEASURE CENTER**

**Brain reward (dopamine) pathways**

**FC** (Frontal Cortex)  
**NAcc** (Nucleus Accumbens)  
**VTA** (Ventral Tegmental Area)

**All drugs of abuse increase dopamine**

Typically, dopamine increases in response to natural rewards such as food.  
When cocaine is taken, dopamine increases are exaggerated, and communication is altered.

These brain circuits are important for natural rewards such as food, music, and art.

**NAcc** = Releases dopamine, oxytocin, etc. → **VTA**  
**VTA** = Prediction errors and learning → **FC**  
**FC** = Integrates body-based (**intrapersonal**) **AND** others' (**interpersonal**) emotions into decision-making

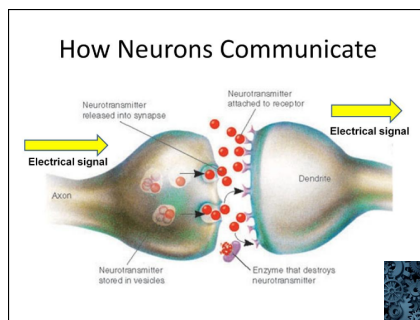


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## Genetically "Wired" with Two Types of "Synapses"



**Intrapersonal**  
(Neurological, within)

**Interpersonal**  
(Social, between or among)

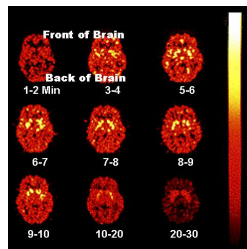


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# Applying the Science of Addiction Recovery (SOAR): Expect Recovery! 240602

## Brain (Mind) Adapts to AOD Use

1. Use → changes neurochemical levels & connections = **neuroplasticity**
2. Brain → stops or starts neurochemical production to re-establish biological balance = homeostasis
3. Result → a period of reduced brain functioning before returning to normal → **Craving**

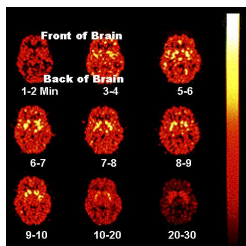


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## Brain (Mind) Adaptation to **Repeated** Use



1. Anticipation of Use → changes neurotransmitter/hormone levels = boosts emotions & pre-use preparations
2. Result → more of the drug is needed to get the desired effect =

**Tolerance**



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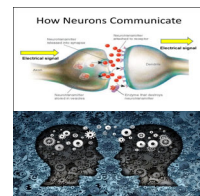
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**Keys to understanding people's behavior  
while using AOD and in early to middle recovery**

- Brain/body (mind) **and social** systems changes occur over time and...
- Time is required to re-set brain/body (mind) and social systems' functions that...
- Override factual memory storage (hippocampus) and logical reasoning (prefrontal cortex) while re-setting behavioral priorities.
- Helps explain behavior that "flies" in the face of logic like returning to AOD use, lying, etc.



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## Why return to AOD use? (B=PXE)

- ⇒ Cravings (**B**) are due to **internal (P)** & **external (E)** anchors that set off a physiological chain reaction from the brain or the body: freeze/fight/flight/tend/etc.
- ⇒ Examples of external (**E**) triggers:
  - ± People: "That wrong crowd"
  - ± Places: The Corner, Celebrations, etc.
  - ± Things: Cash, Payday, Fridays, overhearing a conversation, song/tune, commercial, drug paraphernalia, memory or dream, etc.



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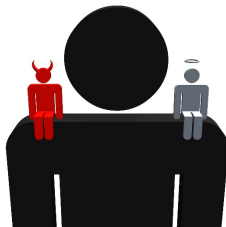


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## Why return to AOD use? (B=PXE) (cont.)

Examples of internal (**P**) triggers:

### **HALT: states of deprivation or excess**



Hungry or Happy  
Angry or Aggrandized  
Lonely or Love  
Tired or Tried and tempted

“the other side of silence”



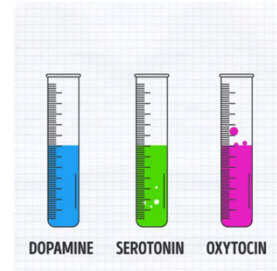
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Therefore, adaptation - neurological and social plasticity - accounts for cravings and returning to alcohol and other drug use that...



sets  
and re-sets  
brain/body systems  
and our priorities.



Explains seemingly weak-willed or otherwise unexplainable behavior



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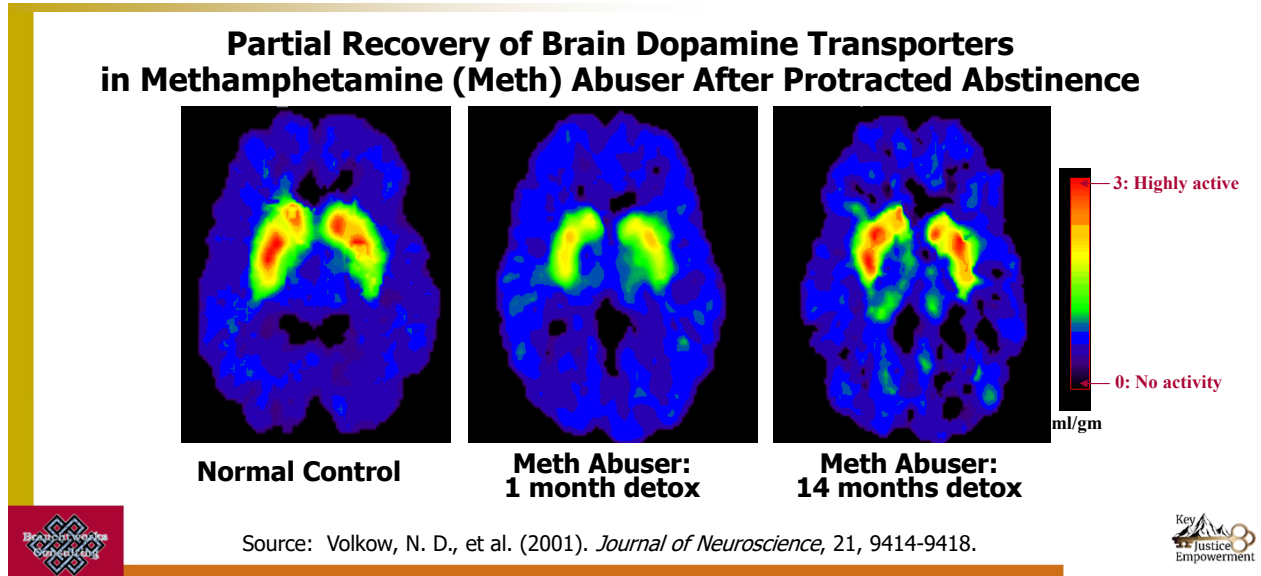
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However, recovery is real!

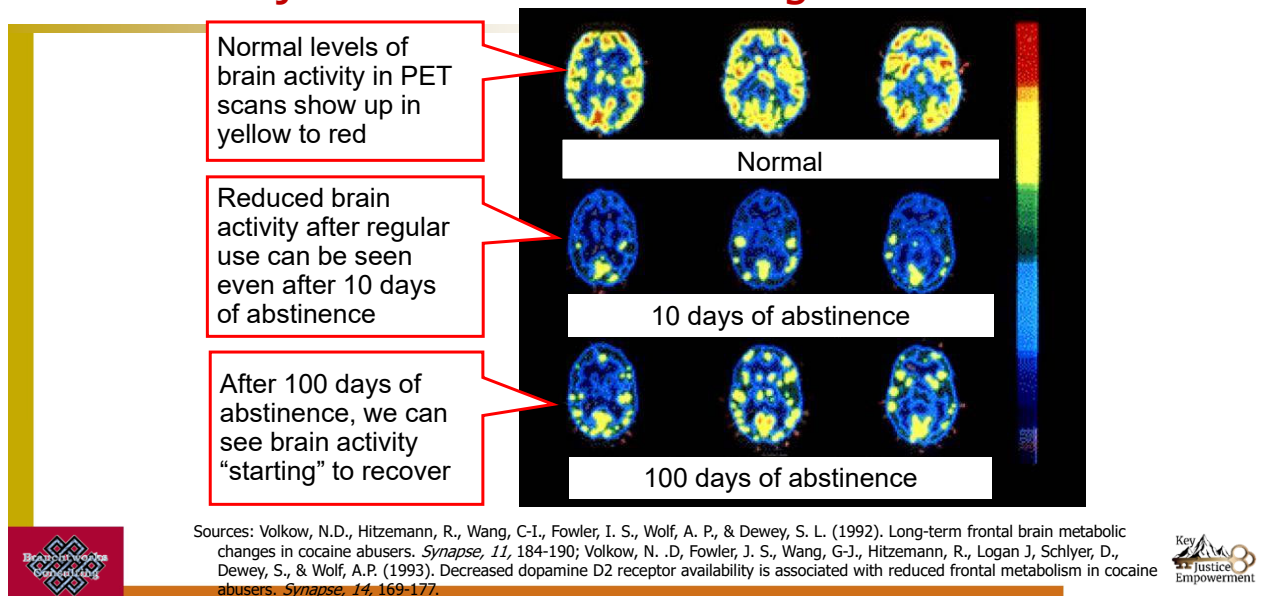


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Applying Science to Practice

## Your Brain on Drugs Today: Prolonged Substance Use Injures the Brain & Healing Takes Time



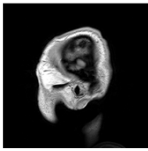
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**Brain-Body-Behavior (Mind) and Social Changes**

“That’s a fact,  
Jack!”

Brain **neuroplasticity** *and*  
social adaptation account for:



1. Drug intoxication & withdrawal
2. Tolerance & wanting to use
3. Cravings (relapse) & needing to use
4. Recovery



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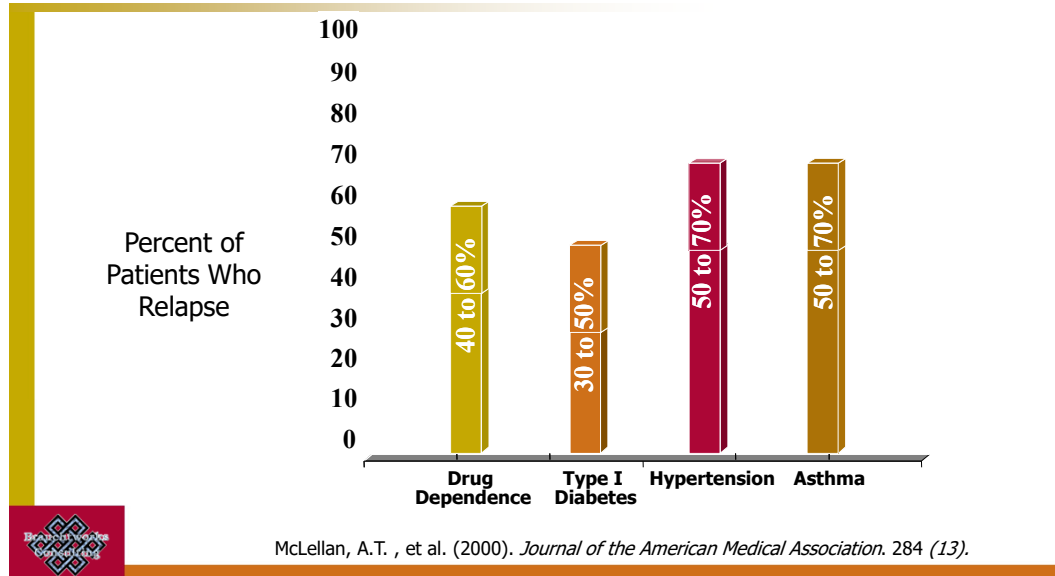
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### Relapse Rates are Similar for Addiction and Other Chronic Health Conditions



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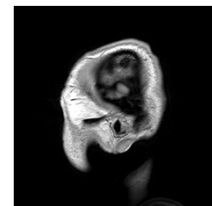


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### Expect Recovery!

Neuroscience research shows that:

- The brain has a remarkable ability to change, adapt and heal = recovery



Two keys after alcohol and other drugs are out of the body:

- 1) length of time and 2) one's social network(s)

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## Recovery Takes Time

For the brain to adapt and:

- 🕒 Heal = adjust to the absence of the drug
- 🕒 Replace responses to triggers with prosocial alternatives
- 🕒 Learn new ways of experiencing pleasure & fun!



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## Rewire the Brain/Body (Mind) By:

- ➔ Sustained and active engagement with recovery communities
- ➔ Focusing on strengths, using talents and skills & celebrating progressive wellness



- ✦ Biological/physical
- ✦ Emotional/spiritual
- ✦ Social/environmental



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## Recovery Capital: What's in your (wallet) community?

People in recovery, family members, friends, peers and allies...  
someone who'll stand up for you when you're not in the room



- ↳ National: Faces & Voices of Recovery (2001)  
[facesandvoicesofrecovery.org](http://facesandvoicesofrecovery.org)
- ↳ State: 1) Georgia Mental Health Consumer Network (1991)  
[gamhcn.org](http://gamhcn.org), **peer respite centers** and 2) Georgia Council for Recovery (2000) [gc4recovery.org](http://gc4recovery.org)

**CARES Warm Line: 1-844-326-5400, 9:00am-11:00pm**  
**GMHCN Peer2Peer Warm Line: 1-888-945-1414, 24/7/365**  
**GA Crisis & Access Line: 1-800-715-4225, mygal.com**

- ↳ Local recovery community organizations: list website, email, phone number, and contact person\*

↳ \*we make warm handoffs, not "referrals"



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"Rock n roll can never die.  
There's more to the picture than meets the eye.  
Hey, hey. My, my." Neil Young. (1979). *Rust never sleeps.*

**Recovery capital (PXE)**  
The opposite of addiction/illness is not  
abstinence or the absence of symptoms,  
it's connections!

**Job #1:**  
Model relationship enhancement skills  
that build mutually supportive and  
challenging relationships!

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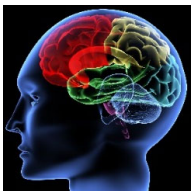


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After this session participants will be able to...



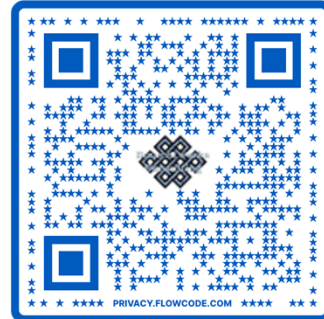
- ✓ Explain alcohol and other drug intoxication, withdrawal, tolerance, craving and recovery based on changes that occur in the brain and social setting;
- ✓ List at least five pathways to recovery that are available in our community; and
- ✓ Compare the recovery rates for addiction and other chronic illnesses.



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**Please help improve this training by  
completing a participant  
feedforward form!**



<https://goo.gl/forms/Emyw6MzRRwEiwVPe2>



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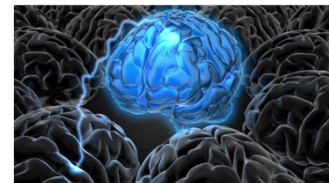


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**Institute for Research, Education & Training in Addiction  
January 22, 2025; 12:00pm-1:30pm**

**THANKS**  
**Applying the Science of Addiction Recovery:**  
**Expect Recovery!**

**ATTENTION**  
**George S. Braucht**  
**LPC & CARES**



Chief Mission Officer, Brauchtworks Consulting & Key Justice Empowerment  
Co-founder, Certified Addiction Recovery Empowerment Specialist (CARES) Academy &  
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**PARTICIPATION!**



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**brauchtworks.com**



Georgia Council  
for Recovery  
Freedom from Addiction  
**gc4recovery.org**

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Website: [brauchtworks.com](http://brauchtworks.com); Email: [george@brauchtworks.com](mailto:george@brauchtworks.com)

# THE RECOVERY BILL OF RIGHTS

FACES & VOICES OF RECOVERY



**We will improve the lives of millions of Americans, their families and communities if we treat addiction to alcohol and other drugs as a public health crisis. To overcome this crisis, we must accord dignity to people with addiction and recognize that there is no one path to recovery.** Individuals who are striving to be responsible citizens can recover on their own or with the help of others. Effective aid can be rendered by mutual support groups or health care professionals. Recovery can begin in a doctor's office, treatment center, church, prison, peer support meeting or in one's own home. The journey can be guided by religious faith, spiritual experience or secular teachings. Recovery happens every day across our country and there are effective solutions for people still struggling. Whatever the pathway, the journey will be far easier to travel if people seeking recovery are afforded respect for their basic rights:

- 1. We have the right to be viewed as capable of changing, growing** and becoming positively connected to our community, no matter what we did in the past because of our addiction.
- 2. We have the right—as do our families and friends—to know about the many pathways to recovery, the nature of addiction** and the barriers to long-term recovery, all conveyed in ways that we can understand.
- 3. We have the right, whether seeking recovery in the community, a physician's office, treatment center or while incarcerated, to set our own recovery goals,** working with a personalized recovery plan that we have designed based on accurate and understandable information about our health status, including a comprehensive, holistic assessment.
- 4. We have the right to select services that build on our strengths,** armed with full information about the experience, and credentials of the people providing services and the effectiveness of the services and programs from which we are seeking help.
- 5. We have the right to be served by organizations or health care and social service providers that view recovery positively,** meet the highest public health and safety standards, provide rapid access to services, treat us respectfully, understand that our motivation is related to successfully accessing our strengths and will work with us and our families to find a pathway to recovery.
- 6. We have the right to be considered as more than a statistic,** stereotype, risk score, diagnosis, label or pathology unit—free from the social stigma that characterizes us as weak or morally flawed. If we relapse and begin treatment again, we should be treated with dignity and respect that welcomes our continued efforts to achieve long-term recovery.
- 7. We have the right to a health care and social services system that recognizes the strengths and needs of people with addiction** and coordinates its efforts to provide recovery-based care that honors and respects our cultural beliefs. This support may include introduction to religious, spiritual and secular communities of recovery, and the involvement of our families, kinship networks and indigenous healers as part of our treatment experience.
- 8. We have the right to be represented by informed policymakers** who remove barriers to educational, housing and employment opportunities once we are no longer misusing alcohol or other drugs and are on the road to recovery.
- 9. We have the right to respectful, nondiscriminatory care from doctors** and other health care providers and to receive services on the same basis as people do for any other chronic illness, with the same provisions, copayments, lifetime benefits and catastrophic coverage in insurance, self-funded/self-insured health plans, Medicare and HMO plans. The criteria of "proper" care should be exclusively between our health care providers and ourselves; it should reflect the severity, complexity and duration of our illness and provide a reasonable opportunity for recovery maintenance.
- 10. We have the right to treatment and recovery support in the criminal justice system** and to regain our place and rights in society once we have served our sentences.
- 11. We have the right to speak out publicly about our recovery** to let others know that long-term recovery from addiction is a reality.

**ENDORSED BY:** American Association for the Treatment of Opioid Dependence, Inc. • American Society of Addiction Medicine • Community Anti-Drug Coalitions of America • Ensuring Solutions to Alcohol Problems • Entertainment Industries Council • Johnson Institute • Join Together • Legal Action Center • NAADAC, the Association for Addiction Professionals • National African American Drug Policy Coalition • National Alliance of Advocates for Buprenorphine Treatment • National Alliance of Methadone Advocates • National Association on Alcohol, Drugs and Disability • National Association of Drug Court Professionals • National Association for Children of Alcoholics • National Association of Addiction Treatment Providers • National Council on Alcoholism and Drug Dependence • National Council for Community Behavioral Healthcare • Rebecca Project for Human Rights • State Association of Addiction Services • TASC, Inc. • Therapeutic Communities of America • White Bison

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Georgia Addiction Counselors Association  
Georgia Association of Recovery Residences  
Georgia Council on Substance Abuse

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