

The Faces & Voices of Recovery Campaign Raises Awareness About Recovery from Addiction

Strengthening and sustaining the Faces & Voices of Recovery coalition

SUMMARY

In 2001, the Alliance Project of the Legal Action Center of the City of New York (a nonprofit law firm) developed a formal coalition of people in recovery from addiction to alcohol and other drugs known as Faces & Voices of Recovery.

Over the next eight years, Faces & Voices of Recovery expanded the capacity of people in recovery to advocate for better public understanding of addiction and recovery through a grassroots campaign at local, state, and national levels, and promoted expanded research and wider access to treatment options. In 2004, Faces & Voices of Recovery, located in Washington, D.C., became an independent 501(c)(3) nonprofit organization.

To inform this work, the Alliance Project commissioned Peter D. Hart Research Associates, Washington, to conduct two national telephone surveys (2001 and 2004) and eight focus groups (2005) with people in recovery and the public.

In 2011, the Coalition for Whole Health—composed of organizations advocating for equitable coverage of mental health and substance abuse in health reform, including Faces & Voices of Recovery—engaged Milliman, Inc., an independent actuarial consulting firm, to analyze coverage of mental health and substance abuse disorders by employer health plans across the country. The project aimed to inform recommendations on essential services for mental health and substance use disorders required under the federal Affordable Care Act of 2010.

Key Findings

Hart Research Associates reported these key findings from its surveys and focus groups:

• People in recovery resemble the overall U.S. population in age, race, number of children at home, and prevalence of white- and blue-collar jobs. Men are slightly overrepresented in the recovery population versus the overall U.S. population.

- Some 63 percent of U.S. adults surveyed said that addiction has had a great deal or some impact on their lives.
- When someone says he or she is in recovery, most people think that person is still
 using drugs or alcohol. Thus, communications that are understood within the recovery
 community do not work when talking to the public.

In a report to the Coalition for Whole Health, Milliman researchers reported these key findings from their 2011 analysis:

- Employer-sponsored health plans typically cover a broad spectrum of services for mental health and substance abuse disorders. Health plans paid an average of \$6.50 to \$7.90 per member per month to providers for these services.
- Summary documents often lack clarity in explaining which mental health and substance use services a plan covers or excludes.

Key Results

In reports to the Robert Wood Johnson Foundation (RWJF), Faces & Voices of Recovery cited these key results:

- The Alliance Project of the Legal Action Center, headed by Project Director Jeff Blodgett, launched Faces & Voices of Recovery, a national grassroots campaign in which people in recovery and their allies fought against stigma and discrimination and advocated for more treatment, research, and opportunities for recovery, and became a hub for such work.
- The campaign provided tools and training to encourage people in recovery, their families, and allies to participate in community recovery organizations and in the national campaign, and to help them become more effective advocates.
- Faces & Voices of Recovery helped spur "major improvements in policies and treatments for people with addictions," according to Kristin Schubert, RWJF program officer for the project.

Funding

RWJF provided five grants from April 2001 through February 2012 totaling \$1,774,108. The Legal Action Center of the City of New York, the fiscal agent for the Alliance Project and Faces & Voices of Recovery, received the first three. Faces & Voices of Recovery received the last two after it became an independent nonprofit organization.

CONTEXT

Decades of research have validated addiction to alcohol and other drugs as a chronic, relapsing condition, and underscored that there are effective treatments and that people

can and do recover. Yet large gaps persist between science and public policy. Of the 13 million to 16 million people who needed treatment for addiction when RWJF funded this project, only 3 million received care, according to *Changing the Conversation:*Improving Substance Abuse Treatment, a 2000 report from the federal Center for Substance Abuse Treatment (CSAT).

Public perceptions of addiction as a moral failure rather than a chronic illness and of treatment as costly and ineffective—as well as a lack of understanding that people can and do recover from addiction—have curtailed insurance coverage and federal and state funding for research, treatment, and recovery support. These perceptions have also perpetuated stigma and discrimination against people with addiction and in recovery from addiction, according to advocates.

In 1998, community recovery organizations (see below) and national groups working to prevent and treat substance abuse formed the Alliance Project, with funding from the Johnson Institute Foundation, St. Paul, Minn., and CSAT. The goals of the project were to:

- Give people in recovery a face, and provide proof that millions of Americans do recover from addiction
- Add the voices of people in recovery to public debate on alcohol and drug addiction
- Challenge stigma and discrimination associated with addiction and recovery

Recovery community organizations are composed of people in recovery and their allies. These groups may help people start and sustain recovery; educate the public, policy-makers, and the media about the reality of long-term recovery; and advocate for local, state, and federal policies that support it.

Also in 1998, CSAT created the Recovery Community Support Program, which funded 19 community organizations to develop their advocacy skills. However, most community groups did not receive funding, and they remained disconnected and lacked training in effective advocacy, according to Paul Samuels, PhD, director of the Legal Action Center, New York, who served on the Alliance Project steering committee.

Part of the problem was that schisms had developed between some advocates of 12-step programs such as Alcoholics Anonymous and Narcotics Anonymous, which urge abstinence, and providers who rely on medication to aid recovery, such as by providing methadone to help people stop using heroin. To convince policy-makers to listen to its needs, the recovery community needed to present a united front, according to Connie Pechura, former RWJF senior program officer.

In January 2001, 20 leaders met to discuss the need for a national initiative that would knit diverse organizations together, broaden the recovery movement, and make it more

effective. The leaders agreed to convene a national summit to explore launching a national campaign.

Implementing Federal Health Care Reform

The 2010 Affordable Care Act (ACA) included coverage for addiction and mental illness "as a result of a lot of advocacy," noted Patricia A. Taylor, executive director of Faces & Voices of Recovery. Under the ACA, states are required to establish an Essential Health Benefit (EHB) that balances benefits across 10 categories of care, including addiction and mental illness. All states must choose their benchmark plan or have it chosen for them by the federal government by December 1, 2012—though some further delay may be granted.

For addiction services, it is expected that the benchmark plans will fall short in terms of coverage offered. There will be opportunities to improve the benchmark, however. The ACA requires the Secretary of the U.S. Department of Health and Human Services to base these benefits on the typical employer plan, but does not define "typical." According to Taylor, "No one had analyzed mental health and addiction benefits in existing employer-sponsored health plans. However, that information was critical in enabling advocates to recommend these essential provisions.

RWJF's Interest in This Area

RWJF staff wanted to help start a national organization for people and families in recovery that was similar to the National Alliance on Mental Illness. RWJF and others credit that advocacy group with lessening stigma and discrimination against people with mental illnesses, as well as persuading the federal government to fund more research and treatment.

"There was absolutely no cohesive consumer voice in the substance abuse and addiction field," said Schubert, the RWJF program officer for this project. "When we look to AIDS or mental health, involving people who are directly affected is what helps move the needle. People need to advocate to get better treatment and policies in place."

RWJF staff also wanted to ensure that this new national movement welcomed all people in recovery no matter which route they took—medication, a 12-step recovery program, or other programs.

THE PROJECT

In 2001, RWJF awarded a 22-month grant¹ to the Legal Action Center for the Alliance Project to pursue three core activities related to building a formal coalition that was eventually called Faces & Voices of Recovery:

- Poll people in recovery to measure support for a national campaign to combat stigma and discrimination, and to raise the profile of people in recovery in policy debates
- Convene a national meeting attended by the spectrum of people in recovery and groups that represent them, to decide whether to launch such a campaign
- Help recovery community organizations hone their advocacy skills and expand their advocacy

In 2001, the Alliance Project commissioned Peter D. Hart Research Associates, Washington, to conduct a national telephone survey of 250 people in recovery and 250 family members, to shed light on this community and its interest in supporting a national campaign. (See Findings for what they learned.)

The Alliance Project convened a national summit October 5–7, 2001, in St. Paul, Minn., which drew nearly 200 participants representing a wide range of approaches to recovery, as well as broad geographic and cultural diversity. Participants agreed to found a national organization of people in recovery, adopted a core positioning statement, elected a 22-member campaign advisory committee, and selected a new name: Faces & Voices of Recovery.

The Alliance Project also began developing tools that community recovery organizations could use to engage people in recovery in public advocacy. (See Results for more information.)

Launching and Building the Campaign

During 2003–2008, the Legal Action Center received two more RWJF grants to build Faces & Voices of Recovery and its national grassroots campaign.² After the organization became an official nonprofit in 2004, it received another RWJF grant³ to strengthen and sustain itself.

¹ ID# 38514.

² ID#s 47155 and 59165.

³ ID# 59193.

Project staff:

- Conducted research to learn more about people in recovery and people's attitudes toward them, and to create messages to help the public understand the meaning of recovery. Specifically, it:
 - Commissioned Peter D. Hart Research Associates to conduct a second poll (with Coldwater Corp., a consulting and research organization in Ann Arbor, Mich.) in April 2004 of 801 adults across the country, to gauge their views of people in recovery. (This poll was not conducted using RWJF funds.) See Findings.
 - Commissioned Peter D. Hart Research Associates to conduct eight focus groups (with the National Council on Alcoholism and Drug Dependence). The groups each involved recovery professionals, people in recovery, and the public from March to May 2005 in four locations: Boston, Dallas, Minneapolis, and Portland, Ore. The goal was to develop and test language that would enable the recovery community to speak effectively about addiction and recovery.
- Provided recovery community organizations, people in recovery, and their families
 with training, tools, messages, and technical assistance to help them become more
 effective advocates. (See Results.) To help create the messages, develop multimedia
 products, and train people in recovery in speaking to reporters and the public, the
 Legal Action Center, and later Faces & Voices of Recovery, subcontracted with
 GMMB, a communications firm in Washington.
- Encouraged people in recovery and their allies to participate in local, state, and national public policy debates, and to seek appointments to decision-making bodies
- Developed its organizational capacity. For example:
 - Shortly before Faces & Voices of Recovery incorporated as a 501(c)(3) organization and elected a 21-member board of directors in 2004, the organization hired Patricia Taylor as executive director and opened its headquarters in Washington.
 - Faces & Voices of Recovery adopted a four-year strategic plan and a Right to Addiction Recovery Platform in 2006.
 - Faces & Voices of Recovery hired a development officer in 2007, and launched a membership plan and donor program to make the organization financially selfsufficient.

Organizational consultant Julie Ritchie at Ritchie Tye Consulting, New York, provided assistance with organizational development activities throughout the grant period and continues to provide organizational development support.

In a separate project, Faces & Voices of Recovery collaborated with Join Together, in Boston, and Community Anti-Drug Coalitions of America, in Alexandria, Va., to publicize the release of "Addiction," an HBO series partially funded by RWJF.⁴

Challenges

Staff members of the Alliance Project and Faces & Voices of Recovery reported the following challenges:

- It was difficult at times to persuade people in recovery to advocate for their rights and participate in a national movement. Some had faced stigma and discrimination, some had criminal records, and some had come to recovery through programs that emphasized anonymity, so they were reluctant to speak out.
 - Project staff responded by developing materials on the importance of advocating for one's rights and how to speak out without violating the traditions of a particular recovery program. Staff members developed messaging about recovery and trained people to speak to the public and the media about their personal recovery or the recovery of a family member.
- Recovery community organizations needed significant technical support, and this
 need sometimes conflicted with the desire of staff members to develop a national
 movement. That is, organizers sometimes felt torn about whether to devote resources
 at local, state, or national levels, according to Executive Director Taylor.
- Faces & Voices faced challenges in finding long-term funding as RWJF core support
 ended in 2008, a recession year. When a campaign to enroll dues-paying members did
 not yield the hoped-for number, the organization shifted to cultivating individual
 donors, identified new sources of funding, and established an annual fund-raising
 event in Washington. The first such event occurred in 2008.

The 2011 Study

In 2011, the Coalition for Whole Health—composed of organizations advocating for equitable coverage of mental health and substance abuse in health reform, including Faces & Voices of Recovery—engaged Milliman, Inc. to analyze coverage of mental health and substance abuse disorders among employer health plans across the country.⁵

Milliman had analyzed more than 2,000 plans and helped hundreds of insurers and employers comply with the Mental Health and Addictions Equity Act of 2008. For the

⁴ See Program Results on ID#s 063467, 058657, and 058181.

⁵ RWJF awarded a \$6,000 grant (ID# 69585) to Faces & Voices of Recovery to help fund the study.

2011 study, Milliman selected a cross-section of 95 plans representing all U.S. regions and small, 6 medium, and large employers.

The coalition aimed to use this analysis to develop recommendations on essential health benefits under the Affordable Care Act.

Other Funding

Faces & Voices of Recovery also received funding from the following sources from 2001 to 2008:

- Center for Substance Abuse Treatment, Rockville, Md. (\$750,000)
- Join Together, Boston (subcontract from RWJF Grant ID# 063467) (\$180,000)
- Reckitt-Benckiser, Berkshire, England (\$130,000)
- National Institute on Drug Abuse, Rockville, Md. (\$60,000)
- National Conference of State Legislatures, Washington (\$20,000)
- Sumner Gerard Foundation, New York, N.Y. (\$10,000)
- Hanley Family Foundation, Atlanta, Ga. (\$10,000)

In addition to the grant from RWJF, Faces & Voices of Recovery and the Coalition for Whole Health received \$40,000 from other funders to complete the Milliman study. Those funders included the Association for Ambulatory Behavioral Healthcare, FAM Consulting, Community Anti-Drug Coalitions of America, National Association of Psychiatric Health Systems, and National Association of Addiction Treatment Providers.

FINDINGS

Peter D. Hart Research Associates reported the following findings from the two surveys and eight focus groups:

The 2001 Survey

These 2001 survey responses were from 250 people in recovery and 250 family members or friends:

 People in recovery resemble the overall U.S. population in age, race, number of children at home, and prevalence of white- and blue-collar jobs. Men are slightly overrepresented in the recovery population versus the overall U.S. population.

⁶ All employers had more than 50 employees.

- The biggest barriers to getting help for addiction to drugs or alcohol are:
 - Denial of the problem (60 percent)
 - Embarrassment and shame (40 percent)
 - Cost of treatment or lack of insurance (27 percent)
 - Fear of being fired or discriminated against (19 percent)
- Only 63 percent of the recovery community reported that the person addicted to alcohol or drugs carried health insurance, and only one-third of that group said that insurance paid for their treatment.
- The recovery community strongly supported the Alliance Project's proposal to launch a national advocacy campaign.
 - Some 87 percent said it was very important for the American public to understand the basic facts about addiction and recovery.
 - Half of respondents said they would be very (31 percent) or fairly (19 percent) likely to actively participate in such a campaign. They were most motivated to do so by a message that children are the most helpless victims of addiction and the biggest winners in long-term recovery.

To see the full survey results, click here, or see the Bibliography for details about publication of the findings.

The 2004 Survey

Not paid for with RWJF funds, the 2004 survey elicited these responses from 801 adults around the United States:

- Addiction to alcohol or other drugs has affected a majority of Americans. Specific findings include:
 - Some 63 percent of respondents said addiction has had a great deal or some impact on their lives.
 - Some 38 percent of adults know a family member or close friend (or both) in recovery from addiction to alcohol or other drugs.
- Two-thirds (67%) believe that people in recovery face stigma and discrimination. Specifically:
 - Some 43 percent said they would be less likely to vote for a gubernatorial candidate who is in recovery.
 - Some 27 percent admitted they would be less likely to hire a qualified job applicant upon learning that he or she was in long-term recovery.

- Three-quarters (75%) of respondents believe that people in recovery are being denied medical, life, or other insurance coverage.
- Some 81 percent say they are more likely to vote for a candidate who proposes reallocating government spending toward prevention, education, treatment, and support for recovery. The same percentage is more likely to vote for a candidate who would expand treatment for drug users rather than locking them up.

The full survey results are available online.

The 2005 Focus Groups

Both the 2004 survey and the eight focus groups in Boston, Dallas, Minneapolis, and Portland, Ore., revealed that when someone says he or she is in recovery, the public thinks that person is still using drugs or alcohol, according to Taylor. Thus, what works for communicating within the recovery community, including recovery support groups, does not work when educating the public about recovery.

"One of my first insights was when I was in a meeting in Washington," she said. "A guy got up and said 'I'm Joe and I'm an addict' [the way he would in a Narcotics Anonymous meeting]. Later I found out that he had 26 years of recovery, but that never came up when he gave his presentation to policy-makers."

The surveys and focus groups also revealed that the term "substance abuse" suggests a significantly less serious problem than "addiction to alcohol and other drugs." People whose primary problem has been with alcohol also feel that "substance abuse" connotes a problem with drugs, and prefer "alcohol addiction."

Faces & Voices of Recovery used those findings to develop messages for use by people in recovery when speaking to officials, the public, and the media. Those messages included defining the meaning of "recovery" and encouraging people to use their full names, so they do not seem anonymous or mysterious, according to Taylor. For example, someone could say, "I'm Joe Taylor and I'm in long-term recovery, which means that I haven't used drugs in 26 years."

The 2011 Analysis of Employer Health Plans

In a December 2011 report, Milliman researchers cited these findings:

- Employer-sponsored health plans typically cover a broad spectrum of services for mental health and substance abuse disorders.
- All the plans covered inpatient services for both mental health and inpatient detox services, while 85 percent of plans covered inpatient services for substance abuse rehabilitation. All the plans also covered emergency services and professional office visits.

- Some 60 to 100 percent of the plans covered facility-based outpatient services, while 55 percent to 65 percent covered residential treatment. (The ranges reflect the fact that many plans do not specifically include or exclude coverage of these services.)
- Plans often require prior authorization for both inpatient and non-inpatient services, step therapy (which starts with the least expensive option, usually drugs, and progresses to riskier therapy only if necessary), a treatment plan, and completion of treatment.
- Many plans do not cover biofeedback, marriage and family counseling, wilderness
 programs designed to treat behavioral disorders, and services related to learning
 disabilities, mental retardation, and developmental delays.
- Summary documents often lack clarity in explaining which mental health and substance use services a plan covers or excludes.
- Health plans paid an average of \$6.50 to \$7.90 per member per month to providers for mental health and substance abuse services. Mental health services accounted for 83 percent of these costs, and substance abuse services for 17 percent.

According to Taylor, the Coalition for Whole Health and Faces & Voices of Recovery used these findings to develop recommendations and testify on essential health benefits at federal and state levels, and to enable recovery organizations around the country to do so. The coalition posted the recommendations on its website.

RESULTS

According to Taylor and reports to RWJF, Faces & Voices of Recovery achieved the following results:

- Launched a national grassroots campaign in which people in recovery and their allies fought against stigma and discrimination, advocated for more treatment, and research, and became a hub for such work. For example, Faces & Voices:
 - Held a second national summit for recovery advocates September 6–8, 2005, in Washington (the first was held in October 2001). This event, known as "Rising! Recovery in Action," included day-long training in strategic advocacy and a lunch on Capitol Hill marking National Alcohol and Drug Addiction Recovery Month, attended by more than 250 recovery advocates from around the country.
 - Initiated an annual "Rally for Recovery!" day in 2006—a national event in which people in recovery, family members, and friends share information and experiences among themselves and with the public. On September 20, 2008, for example, 60 gatherings across the country attracted more than 40,000 people, with the main event—held in St. Louis that year—featuring actor Louis Gossett, Jr., as keynote speaker.

Because of these and other events and activities (see below), the number of community organizations participating in the campaign grew from 66 in 2004 to 180 in 2008, while the number of individuals rose from 3,500 to 20,000.

Before the organization built its campaign, "the addiction field was siloed and isolated, with a lot of differences between people in treatment and prevention, and disorganization at the national as well as local levels," according to RWJF Program Officer Schubert. Faces & Voices was one of the leaders "in getting everyone on the same page."

- Produced tools that encourage people in recovery to participate in recovery community organizations and the national organization—and that help them become effective advocates. Those materials included:
 - A website, launched in April 2004. The site includes tools for building recovery community organizations, actions that individuals and organizations can take to support recovery, information on national campaigns, and other resources.
 - A bimonthly eNewsletter started in 2004, which updates 11,000 recovery advocates on action they can take at the local, state, and national levels; provides resources they can use to do so; and summarizes findings from research on addiction.
 - Rising! Recovery in Action, a quarterly newsletter launched in 2005 featuring tools for advocates, stories about community recovery organizations, interviews with advocates, and other movement-building resources. Faces & Voices mailed 8,000 copies directly to recovery advocates and allies, and distributed another 6,000 through community organizations and others.
 - Join Us!, a recruitment brochure that recovery community organizations could tailor for their use. Faces & Voices produced more than 90,000 brochures, distributed at local recovery events and through the website.
 - Voices of Recovery, a videotape used by recovery community organizations, in treatment centers, and by individuals to encourage people in recovery and their family members to advocate for their needs.
 - "Another Voice for Recovery!" buttons. Faces & Voices for Recovery produced 20,000 buttons in fall 2004, and distributed them through local recovery community organizations.
 - Recovery Is a Reality, a PowerPoint[®] presentation that is regularly updated with information about Faces & Voices' most recent campaigns and programs, and used by speakers' bureau members, recovery community organizations, and treatment centers to teach people in recovery and family members about advocacy and the recovery movement. The presentation was delivered at more than 90 events to more than 20,500 people between 2004 and 2008.

- Talking About Recovery: Messaging from Facesthat & Voices of Recovery, a
 document suggesting messages the recovery community can use in educating the
 public and policy-makers about recovery.
- The Power of Our Stories, a 44-minute training video on speaking out about recovery.

See the Bibliography for additional details.

- Provided training to enable individuals in recovery and representatives from recovery community organizations to tell their stories and advocate for changes in public policy. Specifically, Faces & Voices of Recovery held:
 - Day-long regional training in 2004 to teach recovery advocates how to use their stories to educate appointed and elected officials, the business community, health care providers, and the public about what recovery means. In 2004, some 525 people attended the training in Boston, Dallas, New York, Wisconsin Dells, Wis., Portland, Ore., and Richmond, Va. Training included tools, such as *Talking About Recovery*, with messages that the recovery community can use in educating the public and policy-makers about recovery, practice in using them.
 - More than 60 one-and two-day train-the-trainer events from 2006 to 2008 to teach advocates to deliver the *Talking About Recovery* messages developed from the Peter D. Hart Associates' research to the media and the public. The training drew about 3,000 participants, including individuals in long-term recovery, family members, and local and state officials.
 - Six-hour "train-the-trainer" events for people in long-term recovery and their allies on the science of addiction and recovery, and how to convey that information to others (funded by the National Institute on Drug Abuse and held in Alexandria, Va., Washington, and Detroit during the grant period). Four more training events were held in 2009.
- Educated the public about the reality of recovery from addiction and the need for effective treatment. Specifically, Faces & Voices of Recovery:
 - Organized a national talk show call-in day in November 2003. Advocates called local radio shows to talk about their recovery and share messages about addiction, treatment, and recovery.
 - Organized more than 70 house parties in conjunction with the airing of "Saving Carrick" in July 2005, a "Dateline" NBC show featuring a family in Westchester County, N.Y.
 - In the documentary, a mother—in long-term recovery from alcoholism and the founder of a recovery community organization—and her husband, also in recovery, struggle with their teenage daughter's addiction and eventual recovery using medication.

Faces & Voices of Recovery distributed kits to help organizers of the parties guide discussions of recovery and promote local media coverage of the "Dateline" show and the house parties.

- Developed a speakers' bureau with 25 advocates who addressed events such as the annual meetings of the National Association of Drug Court Professionals,
 National Association of County Behavioral Healthcare Directors, and Community Anti-Drug Coalitions of America, as well as statewide recovery events in Missouri, Vermont, Utah, and Wisconsin, among others.
- Campaigned against negative stereotypes of people with addiction in the media, and advocated for more accurate portrayals of people in recovery. For example:
 - In 2002, Faces & Voices of Recovery organized a letter-writing campaign against Addict, a new Christian Dior line of fragrance, lipstick, and nail polish, charging that advertisements glamorized the addiction health crisis and trivialized its impact.

According to Robin Givhan, writing in the October 25, 2002, *Washington Post*, "The [Dior] promotional campaign also includes an Internet film featuring a sweaty and anxious model who appears to be craving a fix...of Dior Addict lipstick. Her jones [craving] is satisfied by the film's end when she smears a bright red gloss on her pouting lips. The tag line for the campaign is 'Admit it.'"

Faces & Voices' advocacy prompted the U.S. Army and Foley's Department Store in Texas to stop stocking Addict products. After meeting with advocates, Christian Dior's CEO pledged to recast the ad campaign to distinguish between "addiction" to the products' scent and addiction to alcohol and drugs.

— Advocates contacted by Faces & Voices of Recovery called and sent letters to producers of the A&E television show "Intervention." On each episode, someone in active addiction receives an intervention from family, friends, and an intervention specialist, and the chance to enter a treatment facility free of charge. Advocates thought the show focused too heavily on people's addiction and not enough on their recovery.

Although the producers did not commit to changing the show, they added followup episodes on the progress of people in recovery, and provided information on finding help for addiction to the show's website.

A&E also launched *The Recovery Project* in 2008, to build public awareness that addiction is a treatable disease and recovery is possible. More than 5,000 people attended an A&E-sponsored recovery rally on September 27, 2008, in New York City; Faces & Voices actively participated in the event.

- Engaged recovery advocates in public policy-making. Specifically, Faces & Voices of Recovery staff:
 - Distributed a background paper and spoke at the Center for Substance Abuse Treatment's Summit, "Recovery-Oriented System of Care," held in Washington, September 28–29, 2005. The summit focused on transforming policy, services, and systems, developing guiding principles and measures for recovery, and tailoring care to specific settings
 - Wrote a follow-up paper to the Institute of Medicine's November 2005 report
 Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series with recommendations on lessening stigma and discrimination
 - Convened a meeting in 2006 of recovery researchers and officials from the federal Substance Abuse and Mental Health Service Administration's Office of Applied Science to ask the agency to collect data on people in recovery during the National Survey on Drug Use and Health
 - In 2007, the agency announced that, for the first time, the 2010 National Survey on Drug Use and Health would obtain data on people in recovery from substance abuse and mental illness, the services they use, and the services they need.
 - "We spend so much money tracking addiction and very little money tracking and understanding what it takes to get people in recovery and stay in recovery," Taylor said. "We don't know how many people are in recovery from alcohol and drug addiction. We don't know what made it possible for people to get well. We need that information to inform services and public policy."
 - Helped organize the congressional Addiction, Treatment and Recovery Caucus, which educates Congress about addiction and recovery and builds support for policies that support recovery. Faces & Voices of Recovery organized a campaign by advocates and their allies to encourage members of Congress to join the caucus.
 - Co-sponsored a congressional briefing with the Addiction, Treatment and Recovery Caucus on September 28, 2006. The briefing, at CSAT, focused on two programs supporting people newly in recovery funded by the federal Recovery Community Services Program. More than 50 members of Congress and staff attended the briefing.
 - Won appointments for Faces & Voices of Recovery board members and other advocates to the boards of federal agencies and national organizations, including the Center for Substance Abuse Treatment, the Addiction Technology Transfer Center, and the Institute of Medicine's Committee to Consider Adaptation of Crossing the Quality Chasm to Mental Health and Addictive Disorders.

Additional Results

Faces & Voices of Recovery staff reported these additional results, which occurred without RWJF funding. Faces & Voices of Recovery:

- Helped win partial repeal of a ban on federal financial aid to students with drug convictions, effective July 2006
- Mounted a successful campaign to restore a \$2.5 million cut in funding for the Recovery Community Services Program in 2006
- Released the Recovery Bill of Rights in 2008—endorsed by more than 20 national addiction prevention, treatment, and recovery allies
- Organized the first Wellness/Recovery rooms at national political conventions as part of its nonpartisan civic engagement campaign, Recovery Voices Count

Impact on the Field

- Faces & Voices of Recovery helped establish the recovery community as a force to be reckoned with, according to Samuels, director of the Legal Action Center. "Convincing people in recovery to speak up on their own behalf is important from both a policy-making perspective and an empowerment perspective. The voice and input of a constituency really enriches discussion of policy reforms."
- Faces & Voices of Recovery helped spur "major improvements in policies and treatments for people with addictions," according to Schubert, RWJF senior program officer. For example, in states such as Connecticut, "recovery advocates helped design new programs that were integrative and designed to support people's recovery by assisting them with housing and jobs, and dealing with stigma and discrimination," said Jeff Blodgett, director of the Alliance Project.

When Faces & Voices of Recovery began, it was representing "a population that was wildly unpopular,: Schubert noted. "Using the right messages to convince policymakers and the public that addiction is a health condition that can be addressed with evidence-based treatments was a huge success."

LESSONS LEARNED

- 1. Enlisting people with diverse viewpoints is critical when organizing a national movement. "If groups just perpetuate long-standing divisions and prejudices they will fail," said former RWJF Senior Program Officer Pechura. Instead, Faces & Voices of Recovery reached out to people with a range of perspectives on recovery. Doing so enabled it to create a larger, more inclusive, and ultimately more influential campaign, according to Samuels, executive director of the Legal Action Center.
- 2. When starting a new organization, take the time to develop a sound governing structure, including a strong board of directors. The Legal Action Center used

some of its funding to hire a consultant to help develop structures that could sustain Faces & Voices of Recovery as an independent organization. Leaders of Faces & Voices of Recovery also enlisted board members who could contribute a variety of skills and help the organization grow. (Project Director/Taylor)

- 3. **Begin preparing for the loss of core operating support from the beginning of a long-term project.** Although Faces & Voices of Recovery knew it would not receive RWJF funding indefinitely and took steps to find other funding, the organization still struggled when nearing the end of RWJF's support. Organizations need to plan to raise funds and become self-sustaining from the start, and make board members responsible for ensuring the group's long-term viability. (Project Director/Taylor)
- 4. **Strong organizations stay flexible to meet changing needs.** The Alliance Project originally included both national groups in drug treatment and prevention and people in recovery. However, the organization gradually shifted its focus to people in recovery and their families. The result was a stronger organization, because the move reflected requests from its members. (Legal Action Center Director/Samuels)
- 5. **Be patient when trying to organize disenfranchised individuals.** Faces & Voices of Recovery was not the first national organization representing people in recovery and their allies. Previous efforts, like the Society of Americans for Recovery (SOAR) founded by the late Senator Harold Hughes, floundered in part because such individuals had faced stigma and discrimination.

Faces & Voices organizers had to create vehicles, such as trainings and gatherings, which enabled people in recovery and their allies to become comfortable organizing and speaking up. (Project Directors/Blodgett and Taylor)

AFTERWARD

As of August 2012, Faces & Voices of Recovery is continuing its work with funding from the National Institute on Drug Abuse, the federal Substance Abuse and Mental Health Services Administration, New Hampshire Charitable Foundation, Open Society Institute, Health Foundation of Greater Cincinnati, membership dues, and private donors.

The organization:

- Is holding train-the-trainer forums on the science of addiction and recovery, and communicating the recovery experience
- In July 2011, set up the Association of Recovery Community Organizations, to which members pay annual dues, and which has 765 members as of November 2012. The association is building a system for accreditating organizations providing peer recovery support services so they are eligible for reimbursement for providing services under the Affordable Care Act and other financing streams, and to ensure the quality of those services.

- Expanded membership among members of the U.S. House of Representatives in the congressional Addiction Treatment and Recovery Caucus, and educated its members about recovery
- Continues to bring recovery into the public sphere, such as by setting up meetings and Recovery Wellness rooms at the Democratic and Republican national party conventions

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