THE RECOVERY BILL OF RIGHTS

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 service system that recognizes the strengths and needs of people seeking recovery** 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 so that we can prove that we are responsible citizens, deserving of suitable housing, employment and careers, education, and family and community life.

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, co-payments, 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.

Faces & Voices of Recovery's Board of Directors adopted **The Recovery Bill of Rights**, which has been endorsed by 23 national organizations. With the appropriate care and public policy environment, the more than 22 million Americans who live with addiction will get the help they need to find their own paths to recovery, and to join the millions of others who already lead full, productive lives in recovery.

MORE ON THE RECOVERY BILL OF RIGHTS

A new life, free from addiction to alcohol and other drugs, is a reality for millions of Americans. Regardless of the path a person takes in seeking recovery, the lives of those around the individual – family members, friends and neighbors – are vastly improved as a result. We know that recovery is an achievable goal for the 22 million Americans[1] who still need help. Breaking the cycle of addiction is critical to a healthy society.

Recovery is a process that requires time, patience and support. It's time now to implement public and private policies at the local, state and federal levels to help individuals and families get the help they need, including access to effective professional treatment and to peer and other recovery support services. Policies that discriminate against people in recovery must be reversed. The barriers that discrimination raises against people with addiction must be removed. People with drug convictions face additional obstacles – even after they have completed their sentences – that threaten their chances of ever becoming productive members of society.

Our nation's response to the crisis of addiction should be based on the engagement and involvement of the recovery community – people in recovery, their families, friends and allies – and on sound public health science. Policies and programs must close the gap between science and policy. By speaking out and putting a human face on recovery, people in or seeking recovery and their families play a critical role in breaking down barriers. These personal "faces and voices of recovery" serve powerfully to educate the public about addiction and recovery and about discrimination against those seeking sustained recovery.

Americans are misspending precious taxpayer dollars because of misguided approaches to addiction. This illness, left untreated, costs Americans more than 100,000 lives and $400 billion each year.[2] Addiction affects one of every four children in our country.[3] Yet, treating addiction is as successful as treating other chronic illnesses such as diabetes, hypertension and asthma.[4] Recovery benefits individuals and families. It brings relief to communities by improving public health and safety and reducing tax burdens. Every $1 invested in treatment yields a return of up to $7 in reduced drug-related crime and criminal justice costs. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1.[5] These benefits could be further enhanced if addiction treatment shifted from its acute care model of brief treatment to a model of sustained recovery support, analogous to the care provided to people recovering from other chronic illnesses.[6]

Public and private investment in recovery expands access to the growing number of recovery pathways. The reward: increased opportunities for individuals to regain their lives and for families and communities to grow stronger. The right to recovery is the right to a new life, free from addiction.

[1] Substance Abuse and Mental Health Services Administration. (2007) *2006 National Survey on Drug Use and Health.*

[2] Harwood, H. (2000) *Updating Estimates of the Economic Costs of Alcohol Abuse in the United States: Estimates, Updated Methods and Data.* [Based on data in Harwood et al., 1998.] Report prepared for the National Institute on Alcohol Abuse and Alcoholism,. Harwood, H., Fountain, D., Livermore, G. *The Economic Costs of Alcohol and Drug Abuse in the United States 1992.* Report prepared for the National Institute on Drug Abuse and National Institute on Alcohol Abuse and Alcoholism. NIH Publication No. 98-4327. Rockville, MD: National Institutes of Health, 1998, *The Economic Costs of Drug Abuse in the United States: 1992-2002*, p. vi.

[3].Grant, B. F. (January 2000). Estimates of U.S. children exposed to alcohol abuse and dependence in the family. *American Journal of Public Health. Vol. 90, No. 1*, 114.

[4] McLellan, A.T., Lewis, D.C., O'Brien, C.P. & Kleber, H.D. (2000). Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. *Journal of the American Medical Association 284(3),* 1689-1695.

[5] National Institute on Drug Abuse. (1999) Frequently Asked Questions in *Principles of Drug Addiction Treatment: A Research Based Guide*. Retrieved March 25, 2008, from http://www.nida.nih.gov/PODAT/PODAT6.html#FAQ11

[6] White, W., Boyle, M. & Loveland, D. (2002). Alcoholism/addiction as a chronic disease: From rhetoric to clinical application. *Alcoholism Treatment Quarterly, 20(3/4),* 107-130.