Youth in Recovery

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As a nation we have been focused on alcohol and drug problems among youth[1] for a very long time. Our approach has focused on drug use and the deficits associated with young people who experiment or become problematic users. National youth drug policy and funding has been largely limited to criminalization strategies, prevention programs with limited evidence to support their effectiveness, and messaging aimed at exhorting youth to not use drugs and refrain from drinking until the age of 21. At times our concerns border on the melodramatic and catastrophic and serve to camouflage the fact that alcohol and drug experimentation is normative.

The 1934 release of the movie *Reefer Madness* (originally titled *Tell Your Children*) captured society's concern with newspaper headlines of "dope peddlers caught in high school" and characterizations of marijuana as "destroying the youth of America in alarmingly-increasing numbers." This kind of dramatic characterization of drug dangers and youth is still evident today in a recent exhortation opposing the California citizen's ballot proposition to legalize marijuana.

> *…marijuana is harmful to a young person's brain development, affecting their motivation, memory, learning, judgment, and behavior control. It can also hurt their ability to succeed academically, is linked to violence and gang activity, and is the most prevalent illegal drug detected in fatally injured drivers, and motor vehicle crash victims.*
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> Community Anti-drug Coalitions of America, 2010

The overwhelming majority of what is written about alcohol, drugs, and youth focuses on the developmental danger to, drug use epidemiology of, and professional treatment for young people. Our national preoccupation with the negative aspects of drugs and youth obscures a lesser-known but very positive development that young people are entering long-term recovery[2] probably in greater numbers than ever before. A key word here is "probably" because we know precious little about the phenomenon of young people who recover from alcohol and drug addiction. This article is intended as a preliminary exploration of the subject, and a call for a redirection of policy and resources to underwrite more funding for adolescent addiction treatment and recovery support services.

RECOVERY SUPPORT

12-Step Programs

Although Alcoholics Anonymous is generally regarded as oriented towards adults, and in particular adults in middle age, the 2007 general membership survey of more than 8,000 randomly-selected members of Alcoholics Anonymous revealed that 2.3% are below that age of 21 and 11.3% are age 21 to 30 (Alcoholics Anonymous, 2008). With approximately 1.3 million members in the United States, this translates to 30,000 members under the age of 21 and 150,000 who are 21 to 30 (Alcoholics Anonymous, 2010). A similar survey conducted by Narcotics Anonymous in 2009 of 11,723 members produced similar results. Two percent of members surveyed were under 21 and 14% were 21 to 30 years old (Narcotics Anonymous, 2010).

There are several 12-step methodologies targeting youth. The oldest, young people's groups within Alcoholics Anonymous (AA) began appearing in the mid-1940s and an International Conference of Young People in AA has been meeting annually since 1958. This annual event now draws more than 3,000 young AA members from all over the United States (Special Composition Groups in A.A., 2002, as cited by Passetti & White, 2008). Currently there are 66 different annual localized young people's AA conferences taking place in nearly every state and area across the country (www.ypaa.info). A few 12-step-related organizations and programs are also available online, including Teen Addiction Anonymous (www.teenaddictionanonymous.com) and Teen Anon (www.teen-anon.com), however the majority of websites and resources devoted to youth and addictions are oriented to marketing and outreach for adolescent treatment programs. Two-thirds (66%) of adolescent treatment programs have adopted a 12-step model and philosophy as key parts of their treatment process, making it the most widely used model for young people (Drug Strategies, 2003).

Recovery Schools

Another youth recovery trend is the growth of recovery high schools and collegiate recovery communities. "Recovery schools exist at both the high school and collegiate level. They provide academic services and assistance for students in recovery from drug and alcohol addiction. With embedded recovery supports, recovery schools provide students in recovery the opportunity to receive credit towards a high school diploma or a college degree" (Bourgeois, 2010, pg. 3).

There are currently 30–35 recovery high schools and 15–18 collegiate recovery communities across the United States. This innovation first occurred in 1977 in dormitories at Brown University and a few years later at Rutgers University (White & Finch, 2006). As the concept grew it was recognized that there was a need for "sober schooling" for high school age students as well. The high school programs were formed mainly for adolescents who had been through formal substance use disorder treatment, in an attempt to avoid discharging youth from residential treatment back into the same school and social environment they left. Returning back

Young people are entering long-term recovery probably in greater numbers than ever before.

[1] For the purposes of this discussion both adolescents (12–19) and transitional age youth (up to and including age 24) are included.

[2] As noted by White and Godley (2007), "There is general agreement among adolescents who have resolved [alcohol and other drug] problems and those who have assisted in that process that recovery is more than the removal or radical deceleration of alcohol and drug use from an otherwise unchanged life. Adolescent alcohol and other drug problems are often closely bundled with other personal or family problems. Recovery connotes the broader resolution of these problems and the movement toward greater physical, emotional, and relational health" (pg. 20).

to these same environments can produce academic challenges, continued connections to negative peer networks, and the availability of substances which are all significant relapse-risk factors for youth after drug treatment (Clark & Winters, 2002). The specialized services and supports in a recovery school can be the critical difference in sustaining long-term recovery.

A 2008 study of 17 recovery high schools demonstrated a significant reduction in substance use as well as in mental health symptoms among participating students (Moberg & Finch, 2008). A specialized school setting for students in recovery provides a positive social and educational environment for young people conducive to their recovery. As one student said (Travis, 2010, pg. 14):

> *"I am a junior and I have been at Hope Academy High School since I was a freshman. When I try to explain it to people at my former school, most people do not understand it. Hope Academy is a normal high school that is just based off of recovery. I think it's the best thing that has ever happened to me when it comes to school…I was able to manage my sobriety and school in one building. I love Hope Academy and I love going to school today. I think that is so amazing that I am around a group of people that understand my everyday life."*

Prior to 2002, recovery schools were developed in isolation (White & Finch, 2006), but in 2002 the Association of Recovery Schools (www.recoveryschools.org) was formed with the intention of advocating, promoting, and strengthening schools across the country (Bourgeois, 2010). The organization works to expand the number of schools across the country, because only 12 states currently have a recovery high school or collegiate recovery community (White & Finch, 2006).

The expansion of public recovery schools into new locations faces funding and legislative barriers that vary from state to state despite their effectiveness and positive success rates.

Recovery-Focused School Programs

In addition to formal peer-based recovery schools, there are also various forms of recovery-focused programming in high schools across the country. One of the most promising is a peer-to-peer prevention and recovery support model called "The Leadership Group," taking place at Central High School in Bridgeport, Connecticut. "The Leadership Group" was established not for the mainstream successful students, but rather for those at-risk students who were struggling with alcohol or drugs and other related issues like attendance, discipline, and academic performance trouble. The program, which was witnessed and documented on film by one of the authors, started in 2005 with just three students, and mainly through peer-to-peer outreach, at the end of the school year in June of 2010 the group had over 500 participating students helping one another live drug and alcohol free. The faculty also reports that in May 2010 they celebrated reaching 100 students who had been abstinent from drugs and alcohol continuously for over a year, only a handful of these students received formal substance use disorder treatment (Williams, 2008, 2009).

"The Leadership Group" model is voluntary and consists of re-occurring weekly group meetings (facilitated by trained counselors) for students with a history of drug and alcohol problems. There is a positive and open culture where students share their lived experience to their groups and are given an opportunity to discuss, relate, and support one another. The group meetings take place during the school day during study hall periods for most of the students and focus on an abstinence-encouraged model. A recent, albeit, preliminary study of the program demonstrates significant improvements in attendance and grades, while discipline infractions have been significantly reduced (Whitson & Kaufman, 2009). Other high schools in Bridgeport have begun to consider "The Leadership Group" model. Two more distant efforts, in Rochester, New York and New Bedford, Massachusetts have now begun the process to replicate this model in their local high schools as well. This is an example of a school and peer-based recovery support service for adolescents that works across the prevention, treatment, and recovery spectrum.

RECOVERY SUPPORT SERVICES FOR YOUTH

In recent years, recovery support services (RSSs) have become increasingly important as an adjunct to formal treatment, as well as to create "recovery friendly" communities for those in recovery who do not participate in a treatment program. RSSs are often delivered by peers both paid and volunteer, and consist of a variety of non-clinical activities designed to support the maintenance of an alcohol- and drug-free lifestyle. Pre-recovery services such as sober cyber-cafes and homework clubs can help to engage young people in recovery. Sober leisure activities such as dances and picnics can provide safe alternatives to keg parties and raves for those in early recovery.

The federal Center for Substance Abuse Treatment's Recovery Community Support Program has identified four types of RSSs (Center for Substance Abuse Treatment, 2009):

Emotional support—demonstrations of empathy, love, caring, and concern in such activities as peer mentoring and recovery coaching, as well as in recovery support groups.

Informational support—provision of health and wellness information; educational assistance; and help in acquiring new skills, ranging from life skills to skills in employment readiness and citizenship restoration (voting rights).

Instrumental support—concrete assistance in task accomplishment, especially with stressful or unpleasant tasks such as filling out applications and obtaining entitlements, providing child care, or providing transportation to support-group meetings and clothing assistance outlets (clothing closets).

Companionship—helping people in early recovery feel connected and enjoy being with others, especially in recreational activities in alcohol- and drug-free environments. This assistance is particularly crucial in early recovery, when little about abstaining from alcohol or drugs is reinforcing.

RSSs are often delivered by recovery community organizations and recovery networks that are established expressly for this purpose. One of the few such programs for adolescents in recovery is *FreeMind* based at the Pima Prevention Partnership in Tucson, Arizona. *FreeMind's* mission is to create safe meeting places and attendant support for youth in substance use disorder recovery. It is a voluntary, peer-led recovery support network for youth that regularly involves peers in program planning and providing feedback. Youth educate each other about substance use and participate in recovery events throughout Southern Arizona. *FreeMind* provides a variety of services including: group sessions that follow a flexible life skills curriculum, harm reduction training, after school hours / Cyber Café, and movie nights, games, occasional weekend events and outings (Pima Prevention Partnership, 2009).

Evaluation findings from a federal Recovery Community Services Program grant demonstrate that the program produces significant outcomes. During a 21-month period, 197 predominantly minority participants completed both intake and 6-month follow-up evaluations. Overall, 82% of participating youth sustained or initiated the recovery process after starting *FreeMind.* Similarly, illegal activity decreased by 57%. Respondent data also demonstrates a significant increase in social connection improvements between intake and 6-month follow-up (Substance Abuse and Mental Health Services Administration, 2008).

RESEARCH

There has been very little empirical study of any of the methodologies cited above. One of the few peer-reviewed studies of adolescent 12-step involvement was conducted at two privately-funded, adolescent inpatient substance use disorder treatment centers in metropolitan San Diego (Kelly et al., 2008). An intriguing suggestion of the study focuses on the issue of 12-step dosage. "Our investigation of thresholds of AA/NA attendance in relation to outcomes suggests that youth may benefit from even limited exposure to treatment" (p. 8). The study reports that "highly intensive adult-derived clinical recommendations [of 12-step participation] may not be critical for this age group," and that "adolescents may not need to attend as frequently as their more chronically dependent older adult counterparts so as to obtain similar outcomes" (pp. 8–9).

CASE STUDIES

Michael

The possibility of significant impact gained through limited treatment engagement is illustrated in the recovery path of a young man known to one of the authors. Michael was a 16-year-old high school junior when his alcohol and drug use started to create problems. A mediocre student at a private school, Michael was experimenting with any drugs he could get his hands on. As a child of divorced parents he was in constant struggle with his mother and stepfather about his frequent intoxication, poor grades, and lack of direction. What he cared about was competitive snowboarding, and he was able to gain admission to a university in the Rocky Mountain region that would allow him to pursue this sport as well as his party lifestyle.

Within a few months of admission, Michael's excessive alcohol use landed him in the criminal justice system with serious felony charges that also resulted in his suspension from the university. He was able to avoid state prison by agreeing to attend a residential treatment program for adolescents and remain clean and sober for the duration of his probation (18 months post treatment). Included in the terms of his probation was active involvement in 12-step mutual aid groups. Michael remained alcohol- and drug- free and was able to complete his probation successfully. During this period he regularly attended AA meetings, self-identified as a person in recovery, but was not able to assemble a peer group of other young people in recovery. When his probation ended, he discontinued his 12-step involvement, but continued to rely on friends for support and to remind him that he remains at risk for serious problems.

Although Michael has not matriculated at a university, he has been steadily employed, attending vocational classes, and pursuing sponsored, competitive snowboarding during the winter months. He maintains some of his former friends and lifestyle, and has not internalized a clean and sober identity. Now at the age of 22, it is hoped that Michael will exemplify the conventional wisdom that young males often "mature out" of high risk behaviors. Full, long-term recovery is an ongoing life journey that continues long after a young person enters the initial phase. Generally it is not a linear path.

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Vinnie

A more straight line and complete recovery is exemplified by the story of Vinnie, also known to one of the authors, whose 12-minute video interview can be seen on the Connecticut Turning to Youth and Families website (www.ctyouthandfamilies.org).

A product of the foster care system at an early age, Vinnie began his alcohol and drug use in middle school, and enjoyed the psychological relief afforded by psychoactive substances. "Drinking made me instantly feel good. When I drank I was finally relaxed for the first time in my life, and I knew that I was going to chase this."

Vinnie's drug involvement progressed to dealing, and within a relatively short time at the age of 16 he was suicidal. He refers to that as a time in his life when he "didn't know how to be anything but a scumbag." He entered a 30-day adolescent treatment program when his biological mother, who was herself in long-term recovery, asked him to move out.

Vinnie said, "I thought you had to be older to have a 'problem.' When I decided to give in is when my life started to change. Now that my obsession with drugs has been relieved, I can be there for other people, which is the biggest high and for an adrenaline junkie like me, is the best buzz in the world. I feel like I have a purpose in life today, to carry a message of hope."

FUTURE AREAS FOR EXPLORATION

Our investigation of the phenomenon of youth in recovery from alcohol and drug addiction raises more questions than answers.

- How can we further study this population to better understand what works for youth in long-term recovery?
- What are the engagement factors that begin the recovery process (peer support, mutual aid groups, treatment, counseling, community services, school programs)?
- How can current healthcare resources and recovery support services geared toward adults be modified so that they appropriately address the youth demographic?
- How can our communities, treatment, and greater healthcare system access the informal mutual peer support networks aimed at young people?
- Outside of mutual peer support, what other supportive factors are most important for young people to sustain their recovery (e.g., family involvement, housing, financial support, education, employment, etc.)?
- Should our current prevention paradigm include youth in recovery?
- Is the recovery experience similar for adolescents and young adults? Should recovery support and treatment resources be defined simply by age?

Recovery support services have become increasingly important as an adjunct to formal treatment.

Answers to some of these questions were recently explored on December 13, 2010 when the Substance Abuse and Mental Health Services Administration (SAMHSA), along with many other partners, sponsored 38 young people in long-term recovery from around the country to be part of "The Young People's Networking Dialogue on Recovery." This meeting was an opportunity for youth in recovery to share creative ideas about developing community-based, recovery-oriented systems of care that support young people in or seeking recovery. The average length of sustained recovery for the participants was 2.4 years, while the average age of participants was just 22. From 15 different states and diverse backgrounds, this group provided first-hand, long-term recovery experience to inform positive system and policy change. The full meeting report has not been published to date, but the summary highlights included the following "needs" to be addressed:

- A need for training and technical assistance to support the growth and cross-fertilization of what is working in new localities
- A need to incorporate recovery as part of current prevention efforts
- A need to increase the availability of recovery supports in school environments, including the expansion of recovery schools
- A need to foster the development of alternative peer groups focused on staying clean and sober
- A need to use new technologies to foster positive peer-to-peer recovery support.

CONCLUSION

The pervasive use of alcohol and drugs among youth dictates that significant numbers of young people will become addicted. As our findings suggest, many of these young people are nevertheless finding their way into recovery through 12-step and other approaches.

As a society we have overwhelmingly focused our attention on criminalization strategies and prevention programs of limited utility. Historically, national policy and funding efforts have ignored the need to create low cost addiction treatment services for adolescents, but the phenomenon of youth recovering from addiction is now deserving of our attention in terms of research, funding, and public policy shifts that reinforce this trend. It is likely that a small, critical mass of young people in recovery could have a more powerful impact on their community and their peers than public service announcements and police officers lecturing high school students about the dangers of drinking and driving.


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References

Alcoholics Anonymous. (2010) *A.A. Fact File: Prepared by General Service Office of Alcoholics Anonymous.* Retreived October 15, 2010 from http://www.aa.org/pdf/products/m-24_aafactfile.pdf.

Alcoholics Anonymous. (2008). *Alcoholics Anonymous: 2007 Membership Survey.* AA World Services Inc. Retrieved January 31, 2011 from http://www.aa.org/pdf/products/p-48_07survey.pdf

Bourgeois, M. (2010). In My Own Words: Celebrating Students' Stories of Recovery... A compilation of essays by high school and college students. *Addiction Technology Transfer Center Network.*

Center for Substance Abuse Treatment. (2009). *What are Peer Recovery Support Services?* HHS Publication No. (SMA) 09-4454. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Clark, D., & Winters. K.C. (2002). Measuring risks and outcomes in substance use disorders prevention research. *Journal of Consulting and Clinical Psychology, 70,* 1,207–1,223.

Community Anti-drug Coalitions of America (Sept. 13, 2010). *Proposition 19: A losing proposition for California's youth.* Press Release by author. Retrieved October 11, 2010 from http://www.cadca.org/pressreleases/detail/proposition-19-losing-proposition-californias-youth

Drug Strategies. (2003). *Treating Teens: A Guide to Adolescent Programs.* Washington, DC: Drug Strategies.

Kelly, J.F., Brown, S.A., Abrantes, A., Kahler, C.W., & Myers, M. (2008). Social recovery model: An 8-year investigation of adolescent 12-step group involvement following inpatient treatment. *Alcoholism: Clinical and Experimental Research, 32*(8), 1–11.

Moberg, D.P., & Finch, A.J. (2008). Recovery high schools: A descriptive study of school programs and students. *Journal of Groups in Addiction & Recovery, 2,* 128–161.

Narcotics Anonymous. (2010). *Information about NA.* Narcotic Anonymous World Services. Retrieved October 15, 2010 from http://www.na.org/admin/include/spaw2/uploads/pdf/PR/Information_about_NA.pdf

Pima Prevention Partnership. (2009). *FreeMind: A Youth Recovery Program.* Author.

Passetti, L., & White, W.L. (2008). Recovery support meetings for youths: Considerations when referring young people to 12-Step and alternative groups. *Journal of Groups in Addiction & Recovery, 2*(2-4), 97–121.

Substance Abuse and Mental Health Services Administration. (2008). Annual Grantee Report, Recovery Community Services Program (Pima Prevention Partnership).

Travis, T. (2010). In My Own Words: Celebrating Students' Stories of Recovery... A Compilation of essays by high school and college students. *Addiction Technology Transfer Center Network,* 14.

White, W., & Finch, A. (2006). The recovery school movement: Its history and future. *Counselor, 7*(2), 54–58.

White, W., & Godley, S. (2007). Adolescent recovery: What we need to know. *Student Assistance Journal, 19*(2), 20–25.

Williams, G. (filmmaker). (2008). Central Pride [documentary film]. Available from Connecticut Turning to Youth and Families, www.ctyouthandfamilies.org.

Williams, G. (filmmaker). (2009). Peer-To-Peer Results [documentary film]. Available from Connecticut Turning to Youth and Families, www.ctyouthandfamilies.org.

Whitson, M., & Kaufman, J. (2009). *Evaluation of Central High School's "Leadership Group."* Yale Consultation Center. Retrieved from http://www.ctyouthandfamilies.org/downloads/CHS_yale_report.doc