

White, W. & Galanter, M. (2021). InTheRooms.com: Profile of an innovative digital addiction recovery support network. Posted at www.williamwhitepapers.com

InTheRooms.com:

Profile of an Innovative Digital Addiction Recovery Support Network

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Abstract

A surging recovery advocacy movement, the rise of new recovery support institutions, and advancements in digital technologies set the stage for the birth of online digital recovery support platforms that have experienced explosive growth during the coronavirus pandemic. This paper profiles InTheRooms.com (ITR), the largest of the digital recovery support platforms. The review includes ITR's history, service and support menu, methods of operation, and the membership profile of its more than 840,000 members.

Introduction

Specialized resources to support the resolution of severe alcohol and other drug (AOD) problems have existed in the United States for more than 200 years.³ Until recently, these resources consisted primarily of information and referral centers, addiction treatment organizations, and secular, spiritual, or religious recovery mutual aid organizations.⁴ Several seminal events set the stage for the emergence and dramatic growth of new recovery support institutions.

The 2001 recovery summit in St. Paul, Minnesota marked the formal launch of a "new recovery advocacy movement" aimed at culturally and politically mobilizing people in addiction recovery and their families and allies. Organizational leadership of this movement rested with national recovery advocacy organizations (e.g., Faces and Voices of Recovery, Young People in Recovery, the Recovery Advocacy Project, the African American Federation of Recovery Organizations, etc.) and local recovery community organizations (RCOs). These national and local recovery organizations are historically distinct from earlier AOD-missioned organizations.⁵

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³ White, W. L. (1998, 2014). *Slaying the dragon: The history of addiction treatment and recovery in America*. Bloomington, IL: Chestnut Health Systems

⁴ White, W. L. (2000a). The history of recovered people as wounded healers: I. From Native America to the rise of the modern alcoholism movement. *Alcoholism Treatment Quarterly*, 18(1), 1-23; White, W. L. (2000b). The history of recovered people as wounded healers: II. The era of professionalization and specialization. *Alcoholism Treatment Quarterly*, 18(2), 1-25.

⁵ Valentine, P., White, W. & Taylor, P. (2007) The recovery community organization: Toward a definition. Accessed August 23, 2021 at http://www.williamwhitepapers.com/pr/dlm_uploads/2007-Defining-Recovery-Community-Organization.pdf

The goals of the new recovery advocacy movement included:

- shifting the central focus of the AOD arena from a problems focus (addiction pathology and clinical intervention) to a solution focus (the lived experience of long-term personal and family recovery),
- creating new grassroots recovery support institutions focused on recovery advocacy and peer recovery support,
- creating the physical, psychological, and social space in local communities in which recovery can flourish,
- reducing the social stigma and related discrimination attached to addiction and addiction recovery, and
- increasing scientific research on the prevalence, pathways, styles, and stages of long-term addiction recovery and the relative effectiveness of recovery support resources.⁶

The new recovery advocacy movement helped fuel numerous parallel developments, including:

- 1) the national and international growth and philosophical diversification of recovery mutual aid organizations (RMAO),⁷
- 2) RMAO development for people experiencing “process addictions”, e.g., compulsive destructive behaviors related to gambling, food, work, money, relationships, or sex,
- 3) extension of addiction treatment from ever-briefer models of acute care to models of sustained recovery management nested within larger recovery-oriented systems of care,
- 4) emergence of an ecumenical culture of recovery and recovery cultural production in the arenas of language, music, art, theatre, film, photography, fitness, sport, adventure, and entertainment,⁸
- 5) a collective sense of mutual identification and “peoplehood” of individuals and families traveling quite different pathways of recovery, and
- 6) the rise of new recovery support institutions⁹ (recovery community centers, recovery residences, recovery high schools and collegiate recovery programs, recovery-friendly businesses, recovery ministries, recovery

⁶ White, W. L. (2006). *Let's go make some history: Chronicles of the new addiction recovery advocacy movement*. Washington, D.C.: Johnson Institute and Faces and Voices of Recovery.

White, W. L. (2007). The new recovery advocacy movement in America. *Addiction*, 102(5), 696-703.

⁷ Kelly, J. F., & White, W. L. (2012) Broadening the base of addiction mutual help organizations. *Journal of Groups in Addiction & Recovery*, 7, 82–101.

⁸ White, W. L. (2008). The culture of recovery in America: Recent developments and their significance. *Counselor*, 9(4), 44-51.

⁹ White, W., Kelly, J., & Roth, J. (2012). New addiction recovery support institutions: Mobilizing support beyond professional addiction treatment and recovery mutual aid. *Journal of Groups in Addiction & Recovery*, 7(2-4), 297-317.

cafes, recovery book clubs, and recovery-focused sports and adventure venues) and new recovery support roles (e.g., recovery coaches).¹⁰

The exponential growth of new recovery support institutions included the growth of online recovery support platforms and the exponential acceleration of participation in these platforms during the coronavirus pandemic.¹¹ Scientific studies affirming the value of peer recovery support services and online resources in enhancing long-term recovery outcomes elevated the professional and public credibility of these new mechanisms of recovery initiation and maintenance.¹²

A significant milestone in the emergence of online recovery support platforms was the founding of InTheRooms.com (ITR) on October 6, 2008. ITR is a free digital recovery community hosting more than 160 live online recovery support meetings per week along with the provision of other recovery support information and services. The purpose of this brief paper is to outline the history of InTheRooms.com, review its scope of services, and describe the profile of its online participants. The review includes information obtained through interviews with ITR cofounders and internal ITR data shared with the authors.

InTheRooms.com

History ITR was co-founded by Ronald Tannebaum and Ken Pomerance. Both in long-term addiction recovery, Tannebaum's professional background was in sales, marketing, and sports promotion, and Pomerance brought decades of entrepreneurial experience in marketing, sales, and business development.

At the time of ITR's founding, few online social networking platforms existed where people seeking recovery support could meet and have access to timely information and mutual recovery support. Tannebaum and Pomerance's founding vision for ITR was to "give recovering addicts a place to meet and socialize when they're not in face-to-face meetings." ITR was initially conceived as a "Myspace or Facebook for

¹⁰ Cicchetti, A. (2010). Review of Peer-based addiction recovery support: history, theory, practice, and scientific evaluation. *Journal of Groups in Addiction and Recovery*, 5, 330–332. doi: 10.1080/1556035X.2010.523380; White, W. L. (2009). *Peer-based addiction recovery support: History, theory, practice, and scientific evaluation*. Chicago, IL: Great Lakes Addiction Technology Transfer Center and Philadelphia Department of Behavioral Health and Mental Retardation Services.

¹¹ Galanter, M., White, W., & Hunter, B. (2021). Virtual twelve step meeting attendance during the COVID-19 period: A study of members of Narcotics Anonymous. *Journal of Addiction Medicine*. DOI: 10.1097/adm.0000000000000852 PMID: 33870953; Krentzman, A. R. (2021). Helping clients engage with remote mutual aid for addiction recovery during COVID-19 and beyond. *Alcoholism Treatment Quarterly*, 39(3), 348-365.

¹² Bergman, B. G. & Kelly, J. F. (2020). Online digital recovery support services: An overview of the science and their potential to help individuals with substance use disorder during COVID-19 and beyond. *Journal of Substance Abuse Treatment*, 108152, 120:108152. doi: 10.1016/j.jsat.2020.108152. Bassuk, E. L., Hanson, J., Greene, R. N., Molly, R., & Laudet, A. (2016). Peer-delivered recovery support services for addictions in the United States: A systematic review. *Journal of Substance Abuse Treatment*, 63, 1-9. Reif, S., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A. S., Ghose, S. S., . . . Delphin-Rittmon, M. E. (2014). Peer recovery support for individuals with substance use disorders: Assessing the evidence. *Psychiatric Services*, 65(7), 853-861; Ashford, R. Bergman, B. G., Kelly, J. F., & Curtis, B. (2019). Systematic review: Digital recovery support services used to support substance use disorder recovery. *Human Behavior & Emerging Technology*, April, DOI: 10.1002/hbe2.148

recovery” for people from diverse pathways of recovery—a safe and secure location where one’s personal anonymity could be protected. The vision was one of respecting but transcending fellowship “brand loyalty” (e.g., AA, NA, CA, WFS, SMART Recovery, LifeRing, etc.) by creating a broader identity and social support medium for “people in recovery.”

The early challenges faced in launching ITR were numerous. First was accessing the technology that could make the founding vision possible. The original ITR platform included only chat rooms and discussion boards. ITR added formal recovery support meetings to the platform in 2012-2013 when technical advancements made such a meeting platform possible.

A further challenge involved communicating the availability of ITR. Growth was slow at first with most site promotion through word-of-mouth and face-to-face marketing. Encouraging ITR participation also required establishing ITR credibility as a legitimate, secure, and safe recovery support site. It took some time for people to realize that the mission of ITR was one of recovery support and not making money from people seeking such support.

An unexpected challenge for ITR was working out language that would encompass all pathways of recovery while facilitating brand identification within the website. Universal recovery language (e.g., “recovery”) was used to describe the overall site, but once a person expressed preference for a particular mutual aid fellowship, then communications with that person reflected the language preferences of particular recovery communities (e.g., “sober” for AA, “clean” for NA, etc.).

Throughout this process, efforts were required to assure the long-term financial viability of ITR. The co-founders and a small circle of investors, many of whom were people in recovery or family members affected by addiction, provided the initial financial resources to launch ITR. ITR income streams eventually came to include rent for the meeting rooms paid by each group, income from advertising, and fees for assistance with research studies and surveys. These income sources support continued site maintenance, site development, and the four part-time contractual staff who oversee tech management of ITR.

Present Scope of Services The ITR website currently provides access to more than 160 online recovery mutual aid meetings per week; access to recovery-focused blogs, articles, podcasts, and speaker tapes; information on health, exercise, nutrition, mental health, and relationships; a Recovery in the News update; and linkage to local face-to-face recovery support meetings, addiction treatment, and recovery coach resources.

ITR hosts meetings of more than 40 different recovery mutual aid groups. The most frequent online meetings are AA (69 meetings per week) and NA (30 meetings per week) and other Twelve-Step groups (e.g., Cocaine Anonymous, Marijuana Anonymous), but ITR also hosts:

- family-centered support meetings (e.g. Adult Children of Alcoholics, Al-Anon, Nar-Anon, Co-Dependents Anonymous),
- faith-based meetings (Life Recovery, Recovery Dharma),

- secular recovery support meetings (e.g., Atheists & Agnostics AA & NA, LifeRing Secular Recovery),
- meetings for women (She Recovers, Women in Recovery, Women Warriors),
- LGBTQ meetings (e.g., NA Pride, Pride in AA),
- occupational meetings (e.g., Nurses Helping Nurses),
- meetings focused on recovery from related problems (e.g., Gamblers Anonymous, Sex Addicts Anonymous, Sex and Love Addicts Anonymous, Dual Diagnosis Anonymous, Overeaters Anonymous, Chronic Pain Anonymous, Trauma & Recovery, Coronavirus Support Group),
- culturally-grounded meetings (e.g., Wellbriety),
- Men’s Meetings / Spiritual Gangster
- Yoga in Recovery
- Healthy Love, and
- NAMI / Mental Health / National Alliance for Mental Illness.

ITR hosts marathon meetings during holidays and during significant weather events in which people have limited access outside their homes.

When members register, they may express preference for one or more recovery mutual aid meetings. At present, 346,000+ members have expressed a preference for AA, 223,000+ for NA, with other groups garnering between 27,000 and 1,600 expressed preferences.

In The Rooms experienced dramatic increases in membership beginning in March, 2020—from a pre-pandemic average of 200 new member registrations per day to more than 2,500 per day. There was also exponential growth in the number of people participating in each online meeting, with some meetings reaching as many as 500 members in attendance. In response, ITR extended meeting times to give more participants time to share, added new meetings, and created marathon AA and NA meetings that run from 9 am to 10 pm on weekends. In a recent week (September 2021), the number of participants per meeting ranged from 49 to 421.

Membership Profile As of October 2021, ITR has a membership of more than 840,000 from more than 135 countries. The present (October 2021) membership growth rate is 8-10,000 new members per month. ITR members attend an average of 3.1 online meetings per week on the ITR platform.

Of ITR members who identified their gender at point of registration, 58.2% were female, 41.7% were male, and less than 1% were transgender. The years in recovery varied considerably, with ranges of recovery time displayed in Table 1.

Table 1: Years In Recovery of ITR Members

Less Than One Year	2.9%
1-5 Years	27.2%
6-10 Years	30.4%
11-50 years	39.5%

Connecting with or Referring Individuals to ITR Joining ITR is quite easy. All that is required is to establish an account and then click “Video Meetings” at the top of the page to select a meeting you wish to join. Members have the choice of receiving a daily email with a listing of all available meetings that day. ITR members can remain anonymous as they choose, including using a pseudonym, an avatar, or a silhouette for their name and image. For members needing confirmation of meeting attendance, there is also a mechanism on ITR that allows for such meeting verification related to potential court or workplace mandates. Further information on membership registration is available by clicking InTheRooms.com.

Discussion and Conclusion

A new recovery advocacy movement has fueled the growth of new recovery support institutions and the exponential growth of online recovery communities. The latter include online recovery support meetings sponsored by local recovery mutual aid fellowships, but it also includes a wide variety of websites that deliver recovery-focused information and recovery support services. InTheRooms.com is the largest online recovery platform measured by size, diversity, and geographical reach of its membership. ITR reflects a growing ecumenical culture of recovery that embraces multiple pathways and styles of recovery and that caters to the needs of individuals and families across the long-term stages of personal and family recovery.

Online recovery communities confirm the growth of recovery support options outside the arenas of addiction treatment and face-to-face recovery mutual aid meetings. Such forums serve as both an adjunct and alternative to traditional recovery support resources and are part of growing attempts to expand indigenous recovery spaces/landscapes, including virtual spaces, within local communities. Evaluation efforts to date suggest that these resources can enhance recovery initiation and stabilization, recovery maintenance, and enhanced quality of personal and family life in long-term recovery.¹³ Such resources may be particularly important for historically marginalized populations, individuals lacking access to face-to-face recovery support meetings, and individuals who experience social anxiety, safety, or stigma-related concerns when considering face-to-face recovery support options.¹⁴

¹³ Ashford, R. Bergman, B. G., Kelly, J. F., & Curtis, B. (2019). Systematic review: Digital recovery support services used to support substance use disorder recovery. *Human Behavior & Emerging Technology*, April, DOI: 10.1002/hbe2.148; Bergman, B.G., Kelly, N., Hoepfner, B.B., & Kelly, J.F. (2017). Digital recovery management: Characterizing recovery-specific social network site participation and perceived benefit. *Psychology of Addictive Behaviors*, 31(4). DOI: 10.1037.adb0000255; Bergman, B. G. & Kelly, J. F. (2020). Online digital recovery support services: An overview of the science and their potential to help individuals with substance use disorder during COVID-19 and beyond. *Journal of Substance Abuse Treatment*, 108152, October; Bliuc, A-M., Best, D., Iqbal, M. & Upton, K. (2017). Building recovery capital through online participation in a recovery community. *Social Science of Medicine*, 193, 110-117. doi: 10.1016/j.socscimed.2017.09.050. Epub 2017 Sep 30; D'Agostino, A. R., Optican, A. R., Sowles, S. J., Krauss, M. J., Escobar Lee, K., & Cavazos-Rehg, P. A. (2017). Social networking online to recover from opioid use disorder: A study of community interactions. *Drug and Alcohol Dependence*, 181, 5–10. <https://doi.org/10.1016/j.drugalcdep.2017.09.010>; Sinclair, J. M. A., Chambers, S. E., & Manson, C. C. (2016). Internet support for dealing with problematic alcohol use: A survey of the Sobristas online community. *Alcohol & Alcoholism*, 52(2), 220-226.

¹⁴ Curtis, B., Bergman, B., Brown, A., McDaniel, J. Harper, K., Eisenhart, E., Hufnagel, M., Heller, A.T., & Ashford, R. (2019) Inclusive digital recovery support services: characterizing participation and perceived

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