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**Office of National  
Drug Control Policy**

<http://www.whitehouse.gov/ondcp>

Note: The ONDCP website was recently revised and moved to the above address.

*ONDCP seeks to foster healthy individuals and safe communities by effectively leading the Nation’s effort to reduce drug use and its consequences.*

**Recovery Month 2011**

**Celebrating the Promise of Addiction Recovery**

The Office of National Drug Control Policy is pleased to join the millions of Americans in recovery, their families and friends, and leaders in the addiction, treatment, and recovery field to celebrate September 2011 as the 22<sup>nd</sup> annual National Alcohol and Drug Addiction Recovery Month (Recovery Month). The purpose is to recognize the transformative power of recovery and raise awareness of addiction as a chronic brain disease that is both preventable and treatable.

In celebrating recovery, we highlight the reality that millions of people can, and do, recover from addiction. Their stories help dispel the myths, fears, stigma, and discrimination that people in recovery often must confront. They

also demonstrate the human potential for change and the need for policies that create opportunities for positive change.

In addition, Recovery Month provides an opportunity to recognize the contributions of the countless recovery coaches, mentors, and counselors who assist others in achieving and maintaining recovery. Many are themselves persons in recovery. Their commitment to service is to be commended.

Started in 1989 as *Treatment Works! Month* to honor the work of the addiction treatment and recovery professionals, the annual observance was renamed National Alcohol and Drug Addiction

See *RECOVERY*, page 2

**From the Director**

On behalf of President Obama, I’d like to extend our best wishes for a successful and inspirational Recovery Month. A key goal of the President’s drug policy is to facilitate long-term recovery from addiction through policy coordination, program support, and research, and to increase awareness and reduce the stigma of recovery.

We understand drug addiction is a disease, and I am proud to say that with the historic passage of healthcare reform, insurers who cover substance abuse will now be required to cover the disease of addiction at the same level of benefit they do for other medical conditions.

This change is a noble step in improving public health in our Nation. Together, we can work to remove barriers to recovery and replace them with opportunities to aid Americans who need help recovering from drug or alcohol addiction.

– Gil Kerlikowske

# September 2011 Proclaimed As National Alcohol and Drug Addiction Recovery Month

*On August 31, President Obama released a proclamation officially establishing September 2011 as National Alcohol and Drug Addiction Recovery Month.*

*The text of the proclamation is reprinted below:*

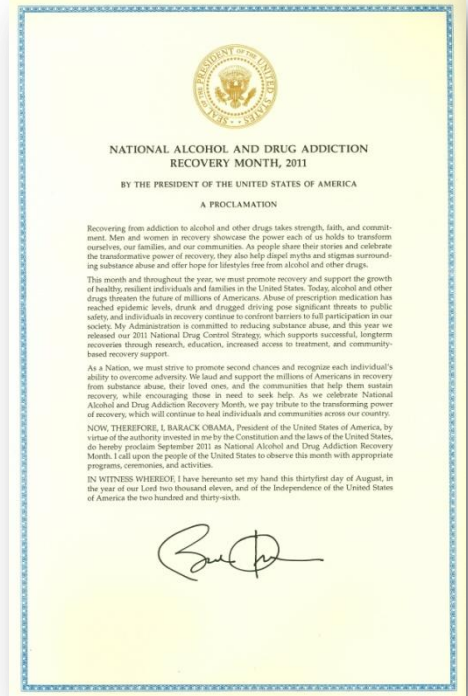
Recovering from addiction to alcohol and other drugs takes strength, faith, and commitment. Men and women in recovery showcase the power each of us holds to transform ourselves, our families, and our communities. As people share their stories and celebrate the transformative power of recovery, they also help dispel myths and stigmas surrounding substance abuse and offer hope for lifestyles free from alcohol and other drugs.

This month and throughout the year, we must promote recovery and support the growth of healthy, resilient individuals and families in the United States. Today, alcohol and other drugs threaten the future of millions of Americans. Abuse of prescription medication has reached epidemic levels, drunk and drugged driving pose significant threats to public safety, and individuals in recovery continue to confront barriers to full participation in our society. My Administration is committed to reducing substance abuse, and this year we

released our 2011 National Drug Control Strategy, which supports successful, longterm recoveries through research, education, increased access to treatment, and community-based recovery support.

As a Nation, we must strive to promote second chances and recognize each individual's ability to overcome adversity. We laud and support the millions of Americans in recovery from substance abuse, their loved ones, and the communities that help them sustain recovery, while encouraging those in need to seek help. As we celebrate National Alcohol and Drug Addiction Recovery Month, we pay tribute to the transforming power of recovery, which will continue to heal individuals and communities across our country.

NOW, THEREFORE, I, BARACK OBAMA, President of the United States of America, by virtue of the authority invested in me by the Constitution and the laws of the United States, do hereby



proclaim September 2011 as National Alcohol and Drug Addiction Recovery Month. I call upon the people of the United States to observe this month with appropriate programs, ceremonies, and activities.

IN WITNESS WHEREOF, I have hereunto set my hand this thirty-first day of August, in the year of our Lord two thousand eleven, and of the Independence of the United States of America the two hundred and thirty-sixth.

**BARACK OBAMA**

## *RECOVERY, continued from page 1*

Recovery Month in 1998 and expanded to include the millions of individuals in addiction recovery.

A Recovery Month planning group convened regularly by the Substance Abuse and Mental Health Services Administration (SAMHSA) develops themes, assists in creating and disseminating materials, and plans events for September and throughout the year. The partnership includes more than 150 prevention, treatment, and recovery specialists representing a range of local, state, and national organizations and government agencies.

Materials produced for Recovery Month include print, Internet, television, radio, and social media tools. In addition to raising awareness about addiction and

recovery, these resources can be used to reach and encourage individuals who need treatment and recovery support.

The theme of this year's Recovery Month – "Join the Voices for Recovery: Recovery Benefits Everyone" – aligns well with Administration efforts to improve our Nation's healthcare system, strengthen our economy, and help citizens achieve self-sufficiency and prosperity. Effective support for recovery contributes to the achievement of all these goals.

Families are strengthened when a loved one in recovery is safe and healthy. Whole communities grow stronger when people in recovery help others. We embrace those in recovery and applaud the efforts of those working to help them achieve it.

## Recovery Month Events

Throughout September, millions of people in recovery, along with their families, friends, and colleagues, will participate in Recovery Month events around the country. For information about events in your area, visit [RecoveryMonth.gov](http://RecoveryMonth.gov).

Director Kerlikowske and ONDCP's Deputy Directors also are scheduled to participate in a variety of Recovery Month events, including:

- Director Kerlikowske and Deputy Director for Supply Reduction Marilyn Quagliotti will take part in the National Recovery Month kick-off press conference and luncheon in Washington, D.C.
- Deputy Director for Demand Reduction David Mineta will give the keynote address at the Oxford House World Convention in Washington, DC.
- Deputy Director for State, Local, and Tribal Affairs Benjamin Tucker will join Baltimore Mayor Stephanie Rawlings-Blake to address the graduating class of the Baltimore Recovery Corps.
- Deputy Director Mineta will participate in the State of Maryland's *Recovery Month* kick-off festival, sponsored by the Maryland Alcohol and Drug Abuse Administration.
- Deputy Director Mineta will walk in Baltimore's 5th Annual Recovery Walk and Rally, and in the D.C. Rally for Recovery Walk.
- Director Kerlikowske will participate in the annual McShin Foundation Recovery Fest/State BBQ Cook-off.
- Director Kerlikowske will participate in the National Recovery Month Rally: *Recovery Walks!* sponsored by Pennsylvania Recovery Organization—Achieving Community Together (PRO-ACT).
- Deputy Director Mineta will take part in the Annual Recovery Month Celebration Day, held by Massachusetts Organized for Addiction Recovery.

# Eliminating Barriers on the Road to Recovery

Too often, persons in recovery face challenges that impede their efforts to live healthy, safe, and free from addiction. These barriers, in many instances, are triggered by a person's past drug use or interaction with the criminal justice system.

Access to the basic necessities of self-sufficiency – a safe place to live, opportunities for employment, and a quality education, for example – can be denied to those in recovery. All of us pay the price when recovering persons are thwarted in their efforts to become full contributing members of society. Recovery Month provides an opportunity to educate policy makers and the general public about the disease of addiction and the transformative power of recovery. Greater awareness helps debunk the myths that sustain many of these barriers.

The *National Drug Control Strategy* sets forth the Administration's commitment to address barriers to recovery. ONDCP is collaborating with its Federal and state partners, as well as non-governmental organizations, to eliminate these obstacles. In particular, ONDCP continues to work with the Departments of:

- **Housing and Urban Development** to encourage access to public housing resources for persons in recovery, including those with previous drug convictions;
- **Education** to promote recovery supports and ensure that all eligible persons can access Federal financial assistance; and
- **Veterans Affairs** to ensure rapid reinstatement of benefits that have been suspended while a Veteran is incarcerated.

## ONDCP Branch Works to Raise Awareness of Recovery Issues

ONDCP's Recovery Branch was established in 2010 to make recovery from drug and alcohol addiction a central topic in drug policy discussions, engage the recovery community on a range of policy issues, and press for greater consideration of recovery throughout government.

Successful support of recovery is key to achieving significant reductions in drug use and its consequences, such as overdose fatalities, drugged driving, transmission of infectious diseases, and crime.

Goals of the Recovery Branch:

- Goal 1.** Celebrate recovery and engage in activities that support individuals and families in recovery, permitting them to become successful, contributing members of our communities;
- Goal 2.** Engage the recovery community in the ongoing development of policies, systems, and services;
- Goal 3.** Identify and eliminate legal, regulatory, and policy barriers to recovery; and
- Goal 4.** Establish recovery as an organizing construct for demand reduction policy, with specific measures, benchmarks, and quantifiable goals.



## A Personal Journey

# From a Life Darkened by Drugs and Jail, Former Model Found New Hope in the Recovery Community

By *Ivana Grahovac*

My name is Ivana, and I am in long-term recovery. Only a few short years ago, I could not have imagined finding myself part of such an incredibly diverse and uplifting community. Indeed, the events of my life had been anything but uplifting. Between the ages of 19 and 28, my world was darkened by anorexia, bulimia, a jail sentence, and drug addiction.

But all of that is behind me now, and I have found hope and inspiration in the recovery community.

I was born in Michigan to parents who immigrated from Croatia. Our family made frequent trips across the Atlantic, and I felt equally at home in the U.S. and Croatia. Summers were spent swimming in the Adriatic Sea or showing my visiting Croatian cousins the massive candy aisles in American drugstores.

I grew up bilingual and felt very attached to my homeland. On a trip to Croatia at the end of the Yugoslav Wars in 1995, a cousin introduced me to Ecstasy. The drug numbed the pain of the eating disorder I had developed as a college student in Detroit. My cousin taught me the best way to come down off of "X" was to snort a line of heroin.

At this point, I had not crossed over to full-blown dependency. I took a year off from college and worked as a model in Milan, Italy. On returning to the United States, I came back home to Michigan and found myself compelled to seek out heroin every day.

I blew through all my modeling money and began injecting heroin and smoking crack. My family tried in vain to help. They took away my car keys, prevented me from leaving the house, and gave me drug tests at home. But they could not stop me. Nor could they silence the pain that raged inside me, screaming I was a failure and doomed to die this way.

I entered treatment, only to be kicked out for stealing medications from the nurses' station, being "noncompliant," and letting my boyfriend bring drugs



**Ivana Grahovac, a former model, became addicted to heroin, served jail time for car theft, and was kicked out of treatment. She has been in recovery for six years and now works as manager of the Center for Students in Recovery at the University of Texas at Austin.**

into the treatment center. I ran away to live on the streets of Detroit in the dead of winter. One day, rather comically, I tried to steal a car. But I made such a slow getaway that the owner caught up with me on foot. I went to jail, where I was stripped naked and put on suicide watch in a cement cell with no bed or blanket.

Jail was a turning point for me because it was there that I began to wake up. It took getting incarcerated for me to discover that somewhere inside of me, I was free – free to take hold of my life and steer it back on course.

I re-entered treatment, where repeated exposure to the world of recovery finally provided the hope and inspiration I needed and gave me the gift of sobriety. Three years later, free from drugs, alcohol, and the eating disorder, I went to the University of Michigan to study for a master's degree in social work. Still, I realized that to stay in recovery, I could not go it alone. I needed to find or build a recovery community. At school, I brought some friends together to form "Students for Recovery," an organization that welcomed students in recovery and served as a bridge of hope for those still

struggling with alcohol or drug addiction.

Even though I found refuge and redemption in the recovery community, the stigma of my past continued to haunt me. When I applied to graduate school, I had to attend a "special" meeting with the dean as well as provide court documentation and verification I had completed my probation. Later, when pursuing a social work license in Texas, I was required to provide proof of treatment, court and jail records, and any newspaper articles about me that would help document my recovery.

Today, I am on the staff at the University of Texas at Austin, where I serve as manager of the Center for Students in Recovery. Working by my side is one of the friends who helped me start Students for Recovery years earlier in Michigan. The Center for Students in Recovery supports students who are strong in their sobriety and also provides care for those who are new to this way of living.

**“Being part of the recovery movement is more fulfilling and exciting than anything I had ever imagined.”**

Sober for six years now, I continue to get strength from the entire recovery community. It is always there for me, no matter where I go or what I do. Being part of the recovery movement is more fulfilling and exciting than anything I had ever imagined.

I don't want any student ever to feel the isolation and shame I suffered. My wish for this Recovery Month is for every college in America to welcome students in recovery and provide the support they need, because none of us should ever have to be alone.

## In Focus

# Youth and Young Adults in Recovery

Who among us does not recall tumultuous situations that occurred during adolescence? Impulsivity, a lack of perspective, and lapses in judgment are often hallmarks of adolescence.

Neuroscience has confirmed there is a biological basis for teen behavior: The brain is a work in progress throughout adolescence and most or all of young adulthood. The prefrontal cortex, the area of the brain responsible for judgment and the inhibition of impulses, is the last area to develop.

Youth and young adults are especially vulnerable to addiction. What makes substance use among adolescents and young adults particularly problematic is that drugs actually reduce activity in the prefrontal cortex, impairing its functioning while hijacking and supercharging the limbic system, the brain's pleasure and reward system. Using drugs as an adolescent is akin to pouring gas on a fire.

**By the time American youth reach 12<sup>th</sup> grade, 47.4 percent have used an illicit drug during their lifetime and 72 percent have abused alcohol.**

### Substance use rates among youth

Given the vulnerabilities of youth, it is not surprising that the prevalence of substance use disorders is higher among this age group than others.

A 2008 study showed that by the time American youth reach 12<sup>th</sup> grade, 47.4 percent have used an illicit drug during their lifetime and 72 percent have abused alcohol.

A recently released report by the Center on Addiction and Substance Abuse (CASA) found that 11.9 percent

of adolescents (ages 14 to 19) have a substance use disorder. This includes 15.6 percent of 17-year-olds and an alarming 20.2 percent of 18-year-olds.

### Supporting youth in early recovery

Youth tend to see the adults who help treat their addictions as authority figures, making it a challenge to establish a trusting therapeutic relationship. Relationships with and accountability to supportive recovering peers are important tools for sustaining recovery among adolescents and young adults.

However, creating stable adolescent recovery communities can be difficult, as recovering adolescents tend to be in the early stages of recovery, when the risk of relapse is high. As teens begin to achieve stable recovery, they often transition out of high school. Some experts have proposed engaging students in collegiate recovery programs as peer mentors for recovering high school students.

Family involvement is also critical. Recovery is a healing process that involves the whole family, but families are not always up to the task. Parents may themselves be addicted or otherwise unable to support an adolescent's recovery.

Mentors can be instrumental in supporting youth in recovery, especially in the absence of a supportive home environment. The story of Tiffeney, a daily methamphetamine user by age 16, illustrates this point:

*Abbey ... taught me how to properly interact with others. In the world I came from, we interacted by yelling and screaming. She taught me how to process, vent, and still be able to laugh about it ... It was also Abbey who led me to the program at the community college .... Since attending college, I have learned that I am really good at and enjoy math. I looked into different majors where I could use this gift and have decided to become an engineer. Abbey is very proud of me. I could not have made it without her.*

School-based recovery support services are of special value to adolescents but are extremely rare. Students returning from treatment to mainstream schools are frequently exposed to drugs and do not have recovering peers or supportive adults to whom they can turn. Recovery high

schools offer the structure and supports required by youth in recovery. Unfortunately, there are only 33 recovery high schools and approximately 20 collegiate recovery programs in the United States. Additional information on these programs is available from the Association of Recovery Schools ([www.recoveryschools.org](http://www.recoveryschools.org)).

### ONDCP supports youth recovery

ONDCP has engaged in a range of activities supporting youth recovery. In December, 2010, ONDCP and the Substance Abuse and Mental Health Services Administration (SAMHSA), brought together young people in recovery from around the country to be part of The Young People's Networking Dialogue on Recovery. Participants identified a range of tasks that needed to be completed, including:

- Involving youth in recovery through culturally competent, developmentally appropriate services;
- Creating school-based recovery programs;
- Increasing family engagement;
- Changing the public perception of addiction; and
- Developing youth-oriented recovery community centers.

An independent National Youth Council recently emerged from the Dialogue.

ONDCP has also convened national summits on supporting recovery in high schools and institutions of higher education, and is otherwise working to promote recovery high schools and collegiate recovery programs.

Nationally, inadequate adolescent treatment capacity and lack of community supports after treatment remain critical challenges. Ongoing support in home, school, and community settings is often not available for adolescents who are fortunate enough to access treatment.

Effective models for supporting adolescents and young adults in recovery include the Adolescent Community Reinforcement approach, Assertive Continuing Care (<http://www.chestnut.org/li/acra-acc/>), *Celebrating Families!* (<http://www.nacoa.org>), and the six-step systems-level model developed under the Reclaiming Futures program (<http://www.reclaimingfutures.org>).

## Deputy Director Mineta Visits Hector E. Reyes Treatment Facility

On August 1, ONDCP's Deputy Director for Demand Reduction, David K. Mineta, delivered the keynote address at the annual conference for the Hector E. Reyes House, a treatment facility for Latino males in Worcester, Massachusetts.

In his speech at the University of Massachusetts Medical School, Deputy Director Mineta thanked those who had helped the Latino community in Worcester and, referring to the *White House Initiative on Education Excellence for Hispanics*, emphasized the Obama Administration's commitment to helping Hispanic populations in the United States.

Founded in October 2008 by the Latin American Health Alliance, the Hector E. Reyes House provides substance abuse disorder, psychiatric, and primary care services in a residential setting to the Worcester area's burgeoning Latino community. It also



**David K. Mineta, Deputy Director for Demand Reduction (center, in jacket), congratulates a recent graduate of the Hector E. Reyes House, a treatment facility for Latino males in Worcester, Massachusetts.**

offers training and employment services to promote recovery.

The facility was named for Hector E. Reyes, who was born in Puerto Rico and moved with his family to Worcester in 1960. Reyes was instrumental in the creation of several Latino organizations in the area. For decades, he actively helped Hispanic men with alcohol and substance use problems find treatment

and turn their lives around.

The Latin American Health Alliance is a coalition representing elected officials, residents, the faith community, neighborhood groups, businesses, non-profit organizations, and the education sector. It seeks to "identify and address the significant health disparities that exist for Latinos/Latinas living in the greater Worcester area."



## Celebrating the Contributions Of Hispanic Americans

Each year, Americans observe National Hispanic Heritage Month from mid-September to mid-October by celebrating the histories, cultures and contributions of Americans whose ancestors came from Spain, Mexico, the Caribbean, and Central and South America.

The observation started in 1968 as Hispanic Heritage Week under President Lyndon Johnson. It was expanded by President Ronald Reagan in 1988 to cover the 30-day period from September 15 to October 15.

The date September 15 is significant because it is the anniversary of independence for Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua. In addition, Mexico and Chile celebrate their independence days on September 16 and September 18, respectively. Columbus Day, or Día de la Raza, observed on October 12, also falls within this 30-day period.

For more information, visit <http://hispanicheritagemonth.gov/>

**This Year's Theme:** "Heritage, Diversity, Integrity and Honor: The Renewed Hope of America."