

A Message of Hope

For two years, GUIDEPOSTS has told stories from the front lines of the addiction crisis. Here's the most important thing we've learned

BY JIM HINCH, Senior Editor

WHY COULDN'T DANA SMITH stay sober?

It was 1998. Dana was a 34-year-old methamphetamine and prescription pain medication addict. She'd been a nurse in Statesboro, Georgia, until she was fired for stealing medication from the hospital where she worked. She was divorced with two children, ages 12 and 13.

Getting fired was a wake-up call. Dana checked herself into a residential treatment center near Statesboro called John's Place, part of a state-funded network of drug treatment and mental health-care facilities in eastern Georgia. She emerged sober and determined to stay that way.

"My kids were the only good thing in my life, and I was trying hard to be a good mom to them," she says.

NATIONAL SORROW One of the many memorials across the country to loved ones who have died of drug overdoses



SIPA VIA
AP IMAGES

Dana kicked out the boyfriend who'd introduced her to drugs ("he was smoking crack in the bathroom"), got a job at Pizza Hut and attended outpatient support group meetings.

Five months after leaving John's Place, Dana began spending time with a man she met at a support group meeting. The two began using drugs together, including intravenous heroin. Dana lost her job, ran out of grocery money and stopped paying her power bill.

For a while, she and the kids were homeless. Eventually the kids went to live with her ex-husband's mother while Dana detoxed again.

A cycle began: sobriety, regaining custody, relapse, homelessness, kids landing at a relative's house.

Finally Dana stopped trying to stay sober. The kids ended up with her ex-husband. Dana drifted to Florida, where she engaged in sex work to buy heroin.

Dana Smith loved her children. She hated being an addict. "It was horrible," she says. "It ate me up inside."

So why couldn't she stay sober?

That question—about addiction's seemingly intractable power—lies at the heart of America's epidemic of substance abuse, which over the past two decades has claimed more than 700,000 lives.

Some 40 percent to 60 percent of people treated for substance abuse relapse within a year of treatment, notes a 2014 study published in the *Journal of the American Medical Association*. The reason, according to researchers: Drug dependence is a chronic illness, similar

to Type 2 diabetes in its propensity for relapse and its need for careful lifelong management.

For the past two years, GUIDEPOSTS has published stories from the front lines of this disease epidemic. Contributors to our *Overcoming Addiction* series have told of their own addictions, the struggles of loved ones and the damage done to families, communities, faith institutions and America's economy and public health.

The series began in January 2018 and now concludes as a regular feature, though we will continue to run addiction-related stories on an occasional basis.

I was the lead editor for most of those stories. Our narrators universally expressed bafflement at the power of addiction. Not a single one told of an instance when they or a loved one recovered from substance abuse on the first try.

For this final story in our series, I wanted to give readers the best currently available answer to the questions raised by Dana Smith's story and the stories of so many other people who have despaired in the face of addiction's power.

Why is sobriety so hard to maintain? What gives people the best chance of recovery?

In the two years I talked to treatment professionals, researchers, advocates, public health leaders and addicts and their families, no one explained the issue to me more clearly than Tony Kennedy, an addiction counselor at



ONE DAY AT A TIME "Sobriety is a lifelong endeavor," says Tony Kennedy, an addiction counselor in Vancouver.

the Harbour Light Salvation Army shelter and drug treatment center in the Downtown Eastside neighborhood of Vancouver, British Columbia, Canada. Vancouver is home to one of North America's worst drug problems. The city is also a living laboratory for experimental approaches to treatment.

The addicts who end up in one of Harbour Light's 60 beds are the "toughest of the toughest to treat," Tony says. "Some people go through detox up to 50 times. They go through treatment eight to 10 times."

Many of Downtown Eastside's roughly 18,000 residents are homeless or live in single-room-occupancy hotels. Their challenges—long-term unemployment and poverty, childhood abuse, addiction to multiple substances—might seem too extreme to serve as examples of barriers to recovery.

But research shows that trauma, both extreme and everyday, is key to understanding how addiction works and why it is best thought of as a chronic disease.

Repeated exposure to stress, especially before birth and in childhood, can cause structural imbalances in the brain that prompt people to seek a chemical shortcut to emotional equilibrium.

If the shortcut is alcohol or other drugs, the chemicals in those substances cause further brain changes that erode judgment, long-term thinking and impulse control. Alcohol and drugs start out feeling like a remedy for internal distress. They end up undermining the parts of the brain that enable someone to stop using. The seeming cure becomes a self-perpetuating cause of disease as physical addiction takes hold.

Learning to cope with the everyday stresses of life without chemical support is one of the first goals of treatment. Counseling and 12-step programs teach people how to "be okay without having to avoid what's going on inside and having to numb yourself out," Tony says.

But maintaining emotional and spiritual equilibrium is not enough. People also need what Tony calls recovery capital: decent housing, job prospects, a community that supports recovery and practical life skills.

Without such capital, people can emerge from treatment with good in-

BRANDON HILL

tentions but relapse when confronted by all the problems they'd sought to escape with substances—now magnified by the destructive effects of addiction. "In a lot of ways, society doesn't want you and you don't know how to participate in that world," Tony says.

Regaining emotional balance and amassing recovery capital take far longer than the standard 28 days of rehab depicted on television. Treatment at Harbour Light lasts as long as three years, with patients gradually progressing to greater independence.

Tony says the "miracles" (his word) he has seen at Harbour Light—hard-core addicts achieving recovery after years of relapse on the streets—are the product of time, diligent work and research-backed treatment standards.

Tony counts himself as one of the miracles. His father was an alcoholic who drove drunk, lost his job and walked out on his family when Tony was 10. Seeking relief, Tony started smoking marijuana at age 12 and had his first drink a few years later. For nearly a decade, he was an alcoholic and drug addict in Vancouver.

Desperate to change, he tried a 12-step support group and spent the next two years cycling between relapse and vows to sober up. At last he entered residential treatment.

Tony had managed to stay employed and in contact with his family during his years of addiction. He emerged from treatment with some recovery capital. But he needed ongoing help coping with stress without chemical support.

Graduating from residential treatment, he was told to attend daily 12-step meetings for 90 days.

A foundation of 12-step programs is committing oneself to a higher power. "I was an atheist," Tony says. "I thought, This won't work, but I'll do what you say to show you it doesn't work."

It did work. "I started to get better and have a little bit of hope," Tony says. "When I started making amends to family and friends, I felt the obsession with alcohol just lift."

He trained as a counselor, worked for several years helping federal offenders reintegrate after they leave prison, then took a job at Harbour Light in 2010.

After 25 years of sobriety, Tony continues to attend 12-step meetings and practice the disciplines of prayer and service foundational to his recovery. He does not consider himself "cured." Sobriety, he says, is a lifelong endeavor.

"The best evidence for the effectiveness of treatment is someone like me," he says. "I was once in the darkness, and now I'm in the light."

Comprehensive programs such as Harbour Light's are far less common than they should be, especially in America, where a fragmented, privately run health-care system has not developed universal standards of treatment or ways to pay for vital care.

Advocates and public health professionals I spoke to say efforts are under way to strengthen treatment standards and broaden access to quality care. For now, a patchwork of state-by-state regulations and a lack of long-term fed-

eral initiatives have left addicts such as Dana Smith dependent on local resources that vary in quality and affordability.

Thankfully, Dana found the right resources and her story—which she told in our September 2019 issue—did not end on the streets of Florida.

Strung out and missing her kids, Dana made her way back to Georgia. Her good intentions were derailed by an abusive man she met in Statesboro, who supplied her with drugs in exchange for sex.

At last, in 2007, she was arrested while trying to buy drugs.

What broke her cycle of relapse? A

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comprehensive state-backed program, roughly equivalent to Tony Kennedy's Harbour Light. Dana was routed into a court-ordered, two-year drug treatment program. She underwent mandatory detox and residential treatment, followed by supportive housing and long-term attendance at 12-step support group meetings.

Dana witnessed substance abuse in her family growing up, was bullied at school, then endured physical and emotional abuse in multiple relationships with men. Treatment helped her cope with that trauma and the further trauma caused by her years of addiction.

She gained more recovery capital through counseling and by living in a supportive housing facility for homeless women struggling with substance abuse.

After nearly a year of treatment, she gathered enough courage to apply for a waitressing job at a local café. The café's lively crew of regulars welcomed her with open arms—more recovery capital. Several years later, Dana opened a café of her own, where she now hires people in recovery.

"Just wanted to say thank you again for doing my story in GUIDEPOSTS," Dana texted me after her story was published. "I've had several people contact me and say that it helped them."

I suspect Dana's story helped many more readers than just the ones who reached out to her.

Recovering from addiction, as she and other contributors to our series showed, is a monumental challenge. A lifetime's work.

Our series showed something else too. Despite the chronic nature of addiction, recovery is possible with the right treatment, support and resources.

"I wasn't a bad person. I was just a sick person," Dana told me. "I thought I was bad. I didn't think I had my heart anymore. But it came back."

The goal of our series, and our ongoing coverage, is to bring that message of hope everywhere it's needed. It's a lifetime's work. 