

"LIFE IN RECOVERY"

Report on the Survey Findings

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for **Faces & Voices of Recovery**



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EXECUTIVE SUMMARY

“Recovery” from addiction to alcohol and other drugs is a human experience as old as the human race itself. However, it was not until the past decade that federal agencies, policy makers, service providers, and clinicians have begun considering recovery as a desirable outcome that is gradually supplanting mere reductions in drug and alcohol use as the goal of addiction treatment services. This shift in emphasis was in no small part spearheaded by a growing grassroots movement of persons in recovery, a [community recently estimated at over 23.5 million adults in the United States](#) i.e., 10% of U.S. adults, their families, friends, and allies. In spite of this number, little is known about the recovery experience as research on this population, often hidden in plain sight, remains in its infancy. With full implementation of the Affordable Care Act in sight, and given its emphasis on health and wellness, services and supports that make it possible for people to sustain their recovery for the long term are of growing importance.

As a first step to documenting the benefits of recovery to the individual and to the nation, Faces & Voices of Recovery (Faces & Voices) conducted the first nationwide survey of persons in recovery from alcohol and other drug problems. The survey was developed, conducted, and analyzed in collaboration with Alexandre Laudet, Ph.D., Director of the Center for the Study of Addictions and Recovery at the National Development and Research Institutes, Inc.

The online survey, conducted in English and Spanish between November 1 and December 31, 2012, collected information on participants’ sociodemographics, physical/mental health, substance use, and recovery history, and 44 items representing experiences and indices of functioning in work, finances, legal, family, social, and citizenship domains; the items were asked for both “in active addiction” and “since you entered recovery.” A total of 3,228 surveys were completed¹. Respondents represented a broad range of individual characteristics and recovery durations.

KEY FINDINGS

- On average, participants had been in active addiction for 18 years and entered recovery at age 36. Over half had been in recovery for 10 years or longer at the time of the survey.
- **Survey findings document the many heavy costs of addiction to the individual and to the nation** in terms of finances, physical and mental health, family functioning, employment, and legal involvement. For example, two thirds of respondents reported having experienced untreated mental health problems, half had been fired or suspended once or more from jobs, half had been arrested at least once, and a third had been incarcerated at least once.
- **Recovery from alcohol and drug problems is associated with dramatic improvements in all areas of life:** healthier/better financial and family life, higher civic engagement, dramatic decreases in public health and safety risks, and significant increases in employment and work. Following are specific findings comparing recovery experiences with active addiction:
 - Paying bills on time and paying back personal debt doubled
 - Fifty percent more people pay taxes in recovery than when they are in active addiction
 - Planning for the future (e.g., saving for retirement) increases nearly threefold
 - Involvement in domestic violence (as victim or perpetrator) decreases dramatically
 - Participation in family activities increases by 50%
 - Volunteering in the community increases nearly threefold
 - Voting increases significantly
 - Frequent utilization of costly emergency room departments decreases tenfold
 - The percentage of uninsured decreases by half
 - Reports of untreated emotional/mental health problems decrease over fourfold
 - Involvement in illegal acts and involvement with the criminal justice system (e.g., arrests, incarceration, DWIs) decreases about tenfold

- Steady employment increases by over 50%
- Twice as many people further their education or training
- Twice as many people start their own businesses

When looking at life experiences as a function of how long people have been in recovery, the overall conclusion is: ***Life keeps getting better as recovery progresses***. Reports of negative life experiences, a proxy for the costs of active addiction, generally decline as recovery gets longer, and conversely, the percentage of respondents reporting behaviors/circumstances reflecting healthy functioning (i.e., the benefits of recovery) increases as the duration of recovery increases.

Following are examples:

- The percentage of people owing back taxes decreases as recovery gets longer, while a greater number of people in longer recovery report paying taxes, having good credit, making financial plans for the future, and paying back debts.
- As recovery progresses, civic involvement increases dramatically in such areas as voting and volunteering in the community.
- People increasingly engage in healthy behaviors such as taking care of their health, having a healthy diet, getting regular exercise, and having dental checkups, as recovery progresses.
- As recovery duration increases, a greater number of people go back to school or get additional job training.
- Rates of steady employment increase gradually as recovery duration increases.
- More people start their own businesses as recovery duration increases.

There were several marked ***differences between men and women*** in their reported experiences, especially during active addiction—notably, the following:

- More men than women have financial and employment problems and involvement in illegal activities and with the criminal justice system while in active addiction.
- More women than men experience disruptions in family life, frequent use of costly emergency room services and other health care services, and untreated emotional problems while in active addiction.

In summary, Faces & Voices of Recovery conducted the first nationwide survey of persons in recovery from drug and alcohol problems about their experiences in active addiction and in recovery. Survey findings document the many costs of active addiction to the individual and to society in terms of health, finances, work, family life, and criminal justice involvement. Most notably, the survey is the first to document the dramatic improvements people experience in all areas of life once they are in addiction recovery, and that improvements continue over time as recovery is maintained. Contrary to the stigmatizing stereotype society has of the individual in active addiction or recovery, survey findings show that people in recovery are employed, pay bills and taxes, vote, volunteer in their communities, and take care of their health and their families. ***These findings underline the fact that recovery is good not only for the individual, but also for families, communities, and the nation's health and economy.*** The findings emphasize the call for policies, services, and funding to help more people initiate and sustain recovery, and for additional research to identify effective and cost-effective recovery-promoting policies and services.

SURVEY OBJECTIVES

The many costs of active addiction, over \$350 billion annually, are well documented. *Virtually nothing is known about the changes occurring in key life areas as a function of entering and sustaining recovery, or when they occur.* Documenting the experiences and benefits of recovery to individuals and to the nation is critical to disseminating the message that recovery is attainable and desirable, to informing policy makers about the benefits of policies that promote rather than hinder recovery, to advancing research on how people get well, and to reducing stigma and discrimination.

METHODS

SURVEY ITEMS DEVELOPMENT

Based on the experiences of persons in recovery and on the extant scientific literature, items were developed that reflect events and experiences in key life domains typically affected by active addiction: finances, family, social and civic functioning, physical and mental health, legal status and involvement, and employment/school. A large pool of items representing both positive and negative experiences in each domain was developed; a set of 44 items was retained at the end of an iterative process of review by the Faces & Voices' board of directors and other stakeholders. To minimize reporting bias, positive and negative items were presented in mixed order. Participants first answered about their experiences in active addiction, using a dichotomous (yes/no) format; then they answered items on a parallel list for "in recovery." In addition to these two sets of items, the survey included basic sociodemographic questions for classification purposes, a short series of questions about substance use and treatment history, and questions about participants' recovery (e.g., duration and self-labels such as "in recovery" and "recovered"). These sections used standard items typically used in National Institutes of Health-funded studies where feasible. A copy of the survey can be found in the appendix.

To maximize the representation of Spanish-speaking individuals, who are typically underrepresented in research, the Life in Recovery Survey was translated into Spanish and administered in Spanish through a separate web link.

SURVEY ADMINISTRATION

The survey was administered online through SurveyMonkey® and took between 10 and 15 minutes to complete. Individuals completing the survey were offered a 10% discount at the Faces & Voices' online store. Survey data were collected between November 1 and December 31, 2012. The survey link was disseminated via Faces & Voices' website and social media sites, with postings "shared" (e.g., retweeted) by individuals and organizations with an interest in addiction recovery. A total of 3,208 surveys were completed in English and 10 in Spanish.¹ Survey data were imported into a statistical software package for analysis.

RESULTS

DESCRIPTION OF SURVEY PARTICIPANTS

► Sociodemographics

The sample is described in detail in Table 1; participants were 57% female and mostly middle aged: 15% under 35, 32% aged 36 to 50, and 54% over 50. Eight percent were African American, 82% were Caucasian, and 10% selected a different racial category including Native American (9%) and Asian and Native (under 1% each); 5% reported being Hispanic (Latino/Latina). Thirty-three percent live in urban settings, 39% in a suburb, and 26% in a rural town or area. The sample reported a high level of education with only 9% having a high school education level or less; 56% have a bachelor's or postgraduate degree. Half (50%) are married and two thirds (66%) have children. Consistent with a high level of education and participants' age groups, 71% are employed, 7% are students, 2% selected "homemaker," 8% are retired, and 5% reported another employment status. Fifteen percent have served in the military.

► **Physical and Mental Health, and Quality of Life**

Almost half of survey participants (48%) are under a doctor's care for a chronic medical condition (e.g., diabetes, hypertension, asthma). Yet, the majority of respondents considered themselves in good health: 40% rated their physical health as good, 31% very good, and 12% excellent; 15% reported being in fair health, and 2%, in poor health. Notably, 33% of participants reported using tobacco products, nearly twice the rate of the general U.S. adult population (19%) according to the Centers for Disease Control and Prevention (CDC)³. Note that the survey did not ask specifically about cigarette smoking, but the bulk of tobacco products use is cigarette smoking.

Nearly two thirds of the survey participants (62%) have been treated for an emotional or mental health problem at some point in their lives (e.g., therapy, counseling, medication). Yet, as with physical health, survey participants generally consider themselves in good mental health: 22% rating it as good, 43% very good, and 28% excellent; 12% reported being in fair health, and 2%, in poor health. Respondents also reported a very good quality of life, with few rating it as poor or fair (1% and 6%, respectively). Almost one quarter (22%) reported having a good quality of life, 43% very good, and 28% excellent.

► **Substance Use History**

Participants were in active addiction for an average (mean) of 18 years; the duration of active addiction across respondents ranged from 1 to 55 years. With respect to the primary problem class of substances, 29% reported alcohol only, 13% drugs only, and the majority (57%) drugs *and* alcohol.

► **Addiction Recovery**

On average, the sample initiated recovery at age 36 (mean); and the age at recovery initiation ranged from 12 to 73. Because we were interested in how participants would describe their status in relationship to their former use of alcohol and/or other drugs, the survey provided four standard options that have been used in previous federally funded studies.⁴ The majority (75%) selected "in recovery"; 14% chose "recovered," 8% "used to have a problem with substances and no longer do," and 3% chose "medication-assisted recovery." The vast majority of survey respondents were in what is considered "stable recovery" (i.e., over three years). Overall, reported recovery duration was as follows: 1 year (9%), 1 to 3 years (13%), 3 to 5 years (10%), 5 to under 10 years (16%), 10 to 20 years (19%), and over 20 years (32%).

► **Recovery Paths: Treatment, 12-Step, and Other Support Groups**

Most respondents (71%) had received professional addiction treatment at some time in their lives, and 18% had taken prescribed medications to deal with a substance use problem (e.g., buprenorphine or methadone). Most respondents also reported high rates of participation in addiction recovery mutual aid self-help groups: 95% had attended 12-step fellowship meetings (e.g., Alcoholics Anonymous), and 22% had participated in non-12-step recovery support groups (e.g., LifeRing, Secular Organizations for Sobriety (S.O.S.)).

LIFE EXPERIENCES IN ACTIVE ADDICTION

Survey findings document the heavy costs of active addiction in all areas of life. Data bearing on life experiences in active addiction for the total sample are presented in Table 2. In the finance area, while the majority of participants had a bank account (83%) and a place to live (75%), 70% experienced financial problems (e.g., debts or bad credit), only a quarter (28%) planned for the future, and 40% had no health insurance (Table 1 health section). Only half of respondents (52%) had a primary care provider, and a third or fewer took care of their health or reported healthy habits (nutrition and exercise). Notably, two thirds (67%) experienced untreated mental health problems. The nefarious consequences of addiction on survey participants were especially notable in the legal area, with 53% reporting one or more arrest, and a third, one or more episode of incarceration. In addition, 35% had their driver's licenses suspended or revoked and 29% had one or more driving while intoxicated (DWI) charge. Employment was negatively affected as well: while half were steadily employed and received good job performance evaluations, half (51%) had been fired or suspended once or more, and 61% frequently missed work (or school); in addition, 33% dropped out of school.

► Subgroup Analyses: Gender Differences in Life Experiences in Active Addiction

There were several significant differences ($p \leq .05$) between men's and women's life experiences during active addiction (see Table 3 for detailed results). In terms of finances, men were nearly twice as likely as women to have owed back taxes (29% vs. 17%). Gender differences were especially pronounced in the areas of family, health, and legal functioning. As may be expected given women's role as primary child caregivers, twice as many women as men lost custody of a child to Child Protective Services (16% vs. 9%) while in active addiction. Women were also twice as likely as men to report having been a "victim or perpetrator of domestic violence" (53% vs. 25%). The item regrettably did not separate victimization from perpetrating domestic violence, although it is likely that women are more often the victims of domestic violence rather than the perpetrators.

In terms of health, a greater percentage of women than men reported frequent emergency room visits other than for treatment of a chronic condition (24% vs. 19%) and frequent use of health care services (29% vs. 25%). There are, of course, several possible reasons for these findings that do not necessarily reflect the consequences of addiction. Health care utilization among women may be related to pregnancy and related occurrences; this hypothesis is supported by the finding that significantly more women than men had primary care providers (56% vs. 50%). Especially notable in the area of health is the finding that significantly more women reported experiencing untreated mental health problems relative to men (72% vs. 63%).

As can be expected based on general U.S. population figures, men reported significantly greater involvement with the criminal justice system and with illegal behaviors than did women; this includes arrests (64% men vs. 44% women), incarceration (41% vs. 28%), and DWI charges (38% vs. 22%). Conversely, more women than men had had no legal involvement while in active addiction (43% vs. 33%). Finally, more men than women reported frequently missing work or school while in active addiction (63% vs. 59%).

LIFE EXPERIENCES IN RECOVERY

Life experiences in recovery for the total sample are presented in Table 2 (second column) and document, for the first time, *the significant benefits that people in recovery experience when they get their lives back on track*. In terms of finances, although 4 out of 10 participants had experienced financial problems (e.g., debts or bankruptcy) since being in recovery,⁵ almost all participants reported strong signs of financial stability including having their own place to live (92%), paying taxes (including back taxes: 83%), paying bills on time (91%), and paying back personal debts (82%), as well as having a bank account and good credit (93% and 76%, respectively). Notably, 88% plan for the future (e.g., saving for retirement and vacations). Most participants reported taking part in family activities (95%) and engaging in acts of "good citizenship" in recovery including voting (87%) and volunteering in the community (84%). Turning to health, most participants take care of their health (e.g., getting regular medical and dental checkups—91%, and 73%, respectively) and have a healthy lifestyle including healthy eating habits and regular exercise (83% and 62%, respectively). Few reported untreated emotional/mental health problems (15%) while in recovery, and almost all (88%) reported having a primary care provider. The fact that one out of five survey participants in recovery (20%) have no health insurance is regrettable but not atypical of the general population under the current (i.e., pre-Affordable Care Act) system. Six percent or fewer reported any involvement in criminal behavior, and almost two thirds (62%) have had no involvement with the criminal justice system. Similarly, 10% or fewer reported employment problems (e.g., getting fired or suspended, attrition from work or school), and most (83%) have been steadily employed while in recovery. Notably, over three quarters of participants (78%) have furthered their education or training while in recovery, and over one quarter (28%) have started their own businesses.

► Subgroup Analyses: Gender Differences in Life Experiences in Recovery

Life experiences in recovery reported by men and women were compared (Table 4). Fewer gender differences emerged than in active addiction, and many of these differences are likely related to gender differences during active addiction (see the preceding section and Table 3) or reflect gender differences prevalent in the general population. For example, significantly ($p < .05$) more men than women reported paying taxes or back taxes

(84% vs. 78%), which is likely due to the fact that more men than women owed back taxes while in active addiction. In terms of family functioning, three times as many women as men were victims/perpetrators of domestic violence while in recovery (12% vs. 4%), a difference observed in the active addiction section as well. Twice as many women as men regained custody of a child while in recovery (12% vs. 6%), a difference that likely results from more women having lost custody of a child while in active addiction.

Numerous gender differences emerged in the legal area that are likely due to strong gender differences reported in that domain in active addiction, reflecting the fact that more men than women have criminal/legal involvement. For example, twice as many men as women got arrested (8% vs. 3%), more men than women expunged their criminal records (13% vs. 8%), got their driver's licenses back (56% vs. 38%), and got off probation or parole (31% vs. 21%). In terms of work and school, more men than women started their own businesses (32% vs. 24%). No gender differences were found in the area of health.

LIFE EXPERIENCES IN RECOVERY AS A FUNCTION OF RECOVERY DURATION

Recovery experiences were examined as a function of how long respondents had been in recovery (or the label they used to self-describe in an earlier question, as described in Table 5). Overall findings from this subgroup analysis can be summarized as: *Life keeps getting better as recovery progresses*. In the aggregate, the percentage of respondents reporting negative experiences (which can be regarded as the costs of active addiction) decreases from the shortest (<3 years) to the longest recovery subgroup (>10 years) across domains. Conversely, the percentage of respondents reporting behaviors/circumstances reflecting positive/healthy functioning (i.e., the benefits of recovery) increases from the shortest to the longest recovery subgroup. In this report, the three recovery duration subgroups shall be referred to as Group 1 (<3 years), Group 2 (3 to >10 years), and Group 3 (>10 years).

Specifically, significant differences were observed in the financial domain: fewer respondents in longer recovery (Group 3) reported owing back taxes (from 18% in Group 1 to 14% in Group 3), and healthier finances were increasingly reported as recovery progressed (67% of Group 1 paid taxes or back taxes vs. 84% of Group 3; 58% of Group 1 had good credit or restored credit vs. 84% of Group 3; 72% of Group 1 paid back personal debt vs. 86% of Group 3). Almost all of Group 3 (92%) plan for their financial future vs. 77% of Group 1.

Social/family life and civic involvement similarly improves as recovery progresses: 71% of Group 1 volunteered in the community vs. 89% of Group 3; 71% of Group 1 voted vs. 94% of Group 3. Differences in health behaviors as a function of recovery duration were also noted. For example, while 85% of Group 1 reported taking care of their health and 56% got regular dental checkups, 93% and 81% of Group 3 did, respectively. More people have a primary care provider as the time in recovery gets longer (from 81% in Group 1 to 93% in Group 3), and more have healthy habits: 78% of Group 1 had healthy eating habits and 56% exercised, compared to 86% of Group 3 who reported healthy eating habits and 64% who exercised. Note that the percentage of uninsured decreased from 27% in Group 1 to 16% in Group 3, which is likely associated with the employment rate across subgroups (see later discussion).

Legal problems that were highly prevalent in active addiction in this sample decreased as a function of recovery duration: 59% of Group 1 reports no legal involvement, compared to 64% of Group 3. Note, however, that while legal status improves for some in recovery, these findings mean that over 40% of Group 1 and 35% of Group 3 continue to face legal problems as recovery endures. Employment also generally improves as recovery becomes longer. Functioning on the job improves and job difficulties decrease as recovery progresses: 76% of Group 1 reported getting good job performance evaluations, compared to 94% of Group 3; and fewer people in Group 3 frequently miss work or school than do people in Group 1 (4% vs. 7%). Of note is the percentage of respondents reporting furthering their education or training and starting their own businesses in Group 3 (88% and 39%, respectively) relative to Group 1 respondents (55% and 10%, respectively).

► Comparison of Experiences in Addiction and in Recovery

Table 2 presents data for life experiences in active addiction and in recovery side by side. Table 6 compares experiences in active addiction with experiences at various stages of recovery. *These data represent the first empirical demonstration of the improvements that occurs in individuals' lives as a function of being in recovery, and of the benefits of supporting recovery to the nation's health and economy.* All of the findings are statistically significant and span all life areas included in this survey. What follows are highlights of the changes and life improvements experienced by those in recovery, as illustrated by the data in Table 2.

GREATER FINANCIAL, FAMILY, AND CIVIC FUNCTIONING IN ADDICTION RECOVERY. The percentage of participants reporting having financial problems (e.g., debt, bankruptcy) in active addiction is almost twice that of their report in recovery (70% vs. 38%). Conversely, over twice as many people reported paying bills on time in recovery relative to while in active addiction (91% vs. 41%), as well as paying back personal debt (82% vs. 40%). In recovery, 83% pay taxes (vs. 55% in active addiction), and nearly twice as many have good credit compared to when in active addiction (76% vs. 41%). Notably, nearly three times as many people in recovery plan for the future (e.g., saving for retirement) as those in active addiction (28% vs. 88%).

Involvement in domestic violence (as victim or perpetrator) decreases dramatically, from 41% in addiction to 9% in recovery. Family life also benefits greatly from individuals being in recovery: for instance, twice as many participants regained custody of a child while in recovery relative to when they were in active addiction (9% vs. 4%), and participation in family activities increases from 68% to 95%. Life in recovery for survey participants also includes being "good citizens": volunteering in the community more than doubles, from 31% for those in active addiction to 84% for those in recovery, and voting increases significantly as well (from 61% to 87%).

DRAMATIC DECREASE IN PUBLIC HEALTH AND SAFETY RISK IN ADDICTION RECOVERY. Turning to health, recovery clearly benefits individuals, families, communities, and the nation. Frequent utilization of costly emergency room departments (other than for a different chronic condition) declines by a factor of nearly 10, from 22% in active addiction to 3% in recovery. Being in recovery is also associated with dramatically lower rates of contracting infectious diseases such as Hepatitis C and HIV/AIDS (from 17% in addiction to 4% in recovery).

Notably, the percentage of uninsured decreases by half from active addiction to recovery (from 39% to 20%). One of the key findings of this survey in the health domain is the *decrease by a factor of over four of reports of untreated emotional/mental health problems: from 68% in active addiction, to 15% in recovery.*

Another benefit of recovery to the nation is the *dramatic decrease in involvement in illegal acts and with the criminal justice system:* Overall, twice as many participants reported no involvement with the legal system in recovery as they had in active addiction (62% vs. 38%). Specifically, rates of arrests decrease by a factor of more than ten (from 53% to 5%) as does damaging property (from 59% to 6%). Incarceration declines sevenfold, from 34% to 5%.

INCREASE IN EMPLOYMENT AND WORK PERFORMANCE IN ADDICTION RECOVERY. The survey also documents very significant improvements in employment and work performance as a function of being in recovery. Overall, the rate of steady employment in recovery is over 50% greater than in active addiction (83% vs. 51%). All indices of poor job performance decrease dramatically in recovery (e.g., getting fired or suspended drops from 51% to 10%), and frequently missing work or school shows even greater improvement, from 61% to 4%. Conversely, nearly twice as many people reported good job performance evaluations in recovery than they did while in active addiction (89% vs. 49%). While over twice as many survey participants furthered their education or training (e.g., by going back to school) in recovery than in active addiction (78% vs. 37%), the rate of dropping out of school decreased by a factor of ten: from 33% in addiction to 4% in recovery. Finally, almost twice as many respondents in recovery started their own businesses than did those in active addiction (26% vs. 15%).

SURVEY LIMITATIONS

This is the first large-scale nationwide survey of individuals in recovery from addiction to alcohol and other drugs. The survey sought not only to document the numerous costs of active addiction but also to take a first step in examining the many benefits of recovery to individuals, families, communities, and the nation. As such, this is a landmark study. The findings provide clear empirical documentation of the heavy costs of active addiction in all areas of life and to society. More important, they provide a rigorous first look at the dramatic improvements in people's lives when they are in recovery, representing the saving of lives and taxpayer dollars.

As is always the case, a few cautionary notes are warranted when interpreting survey results. The survey was conducted exclusively online over a relatively short period (two months); racial minorities are underrepresented as are individuals without a college education or who are unemployed. At this writing, we regrettably lack the empirical knowledge base to characterize people in recovery in the United States, so we cannot definitively assess the representativeness of our sample relative to the recovery community at large. As an indication, according to U.S. Census data, the U.S. population consists of 65% non-Hispanic Whites (vs. 82% in this sample), and 43% of adults have no college education (vs. 9% in the current sample). Note that the survey was translated into Spanish, and a link to the survey in Spanish was maintained and disseminated in the Spanish-speaking media on the Internet and through organizations working with Spanish-speaking persons in recovery; yet only 10 surveys were completed in Spanish.

Another potential limitation of this survey centers on reporting bias—namely, the possibility that respondents overreported negative experiences in active addiction and/or positive ones in recovery. We were very mindful of this and took several steps to minimize this potential bias while designing and disseminating the survey. First, we used a parallel list of 44 life experiences in active addiction and in recovery and, within each, randomly ordered the positive and negative items. Second, in describing the purpose of the survey when disseminating the web link, we did not state that we sought to document the benefits of recovery but rather, “key aspects in the lives of people in recovery from addiction to alcohol and other drugs.”⁶ Findings are consistent with the few scientific studies that examined broad changes in functioning as a result of ceasing drug and/or alcohol use,⁷ affording us a strong level of confidence that the results reported here are minimally subject to reporting bias, if at all. Finally, this is a cross-sectional survey—that is, a “still shot” of participants’ lives, whereas the self-reported experiences that bear on active addiction are retrospective. Therefore, we cannot infer causation between participants going from active addiction to recovery and the dramatic improvements observed in every functioning domain we examined. Again, however, current survey findings are consistent with smaller, geographically constrained scientific studies, lending a high degree of confidence that findings can be interpreted with a fair degree of confidence.

1 Only 10 surveys in Spanish were completed and are excluded from this report.

2 Total percentages reported here may sometimes sum to slightly over or under 100 as the number were rounded for ease of interpretation

3 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6144a2.htm>

4 E.g., Laudet, A. (2007). What does recovery mean to you? Lessons from the recovery experience for research and practice. *Journal of Substance Abuse Treatment*, 33(3), 243-256.

5 Data were collected in late 2012, a few years after the most severe recession in modern U.S. history, and many U.S. adults, regardless of recovery status, have recently experienced credit problems and/or declared bankruptcy.

6 “Faces & Voices is excited to conduct the first nationwide survey designed to document key aspects in the lives of people in recovery from addiction to alcohol and other drugs. While much is known about the many costs of addiction, we know very little about what happens in a person's life in recovery. We are gathering this information to inform the public, policy makers, service planners and providers, and the recovery community about the milestones that people achieve in recovery. The information will contribute to educating the public about recovery and to address discriminatory barriers facing people in or seeking recovery from addiction to alcohol and other drugs

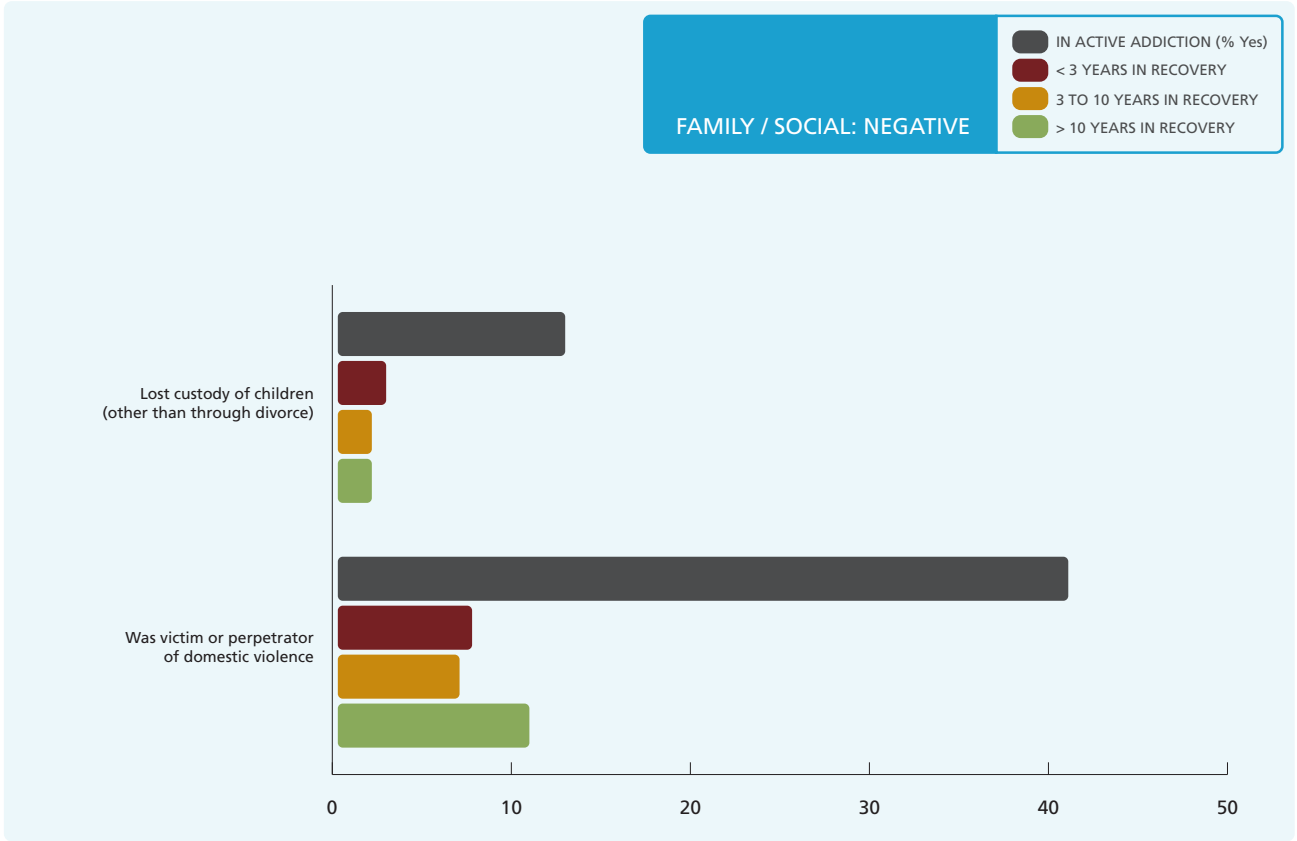
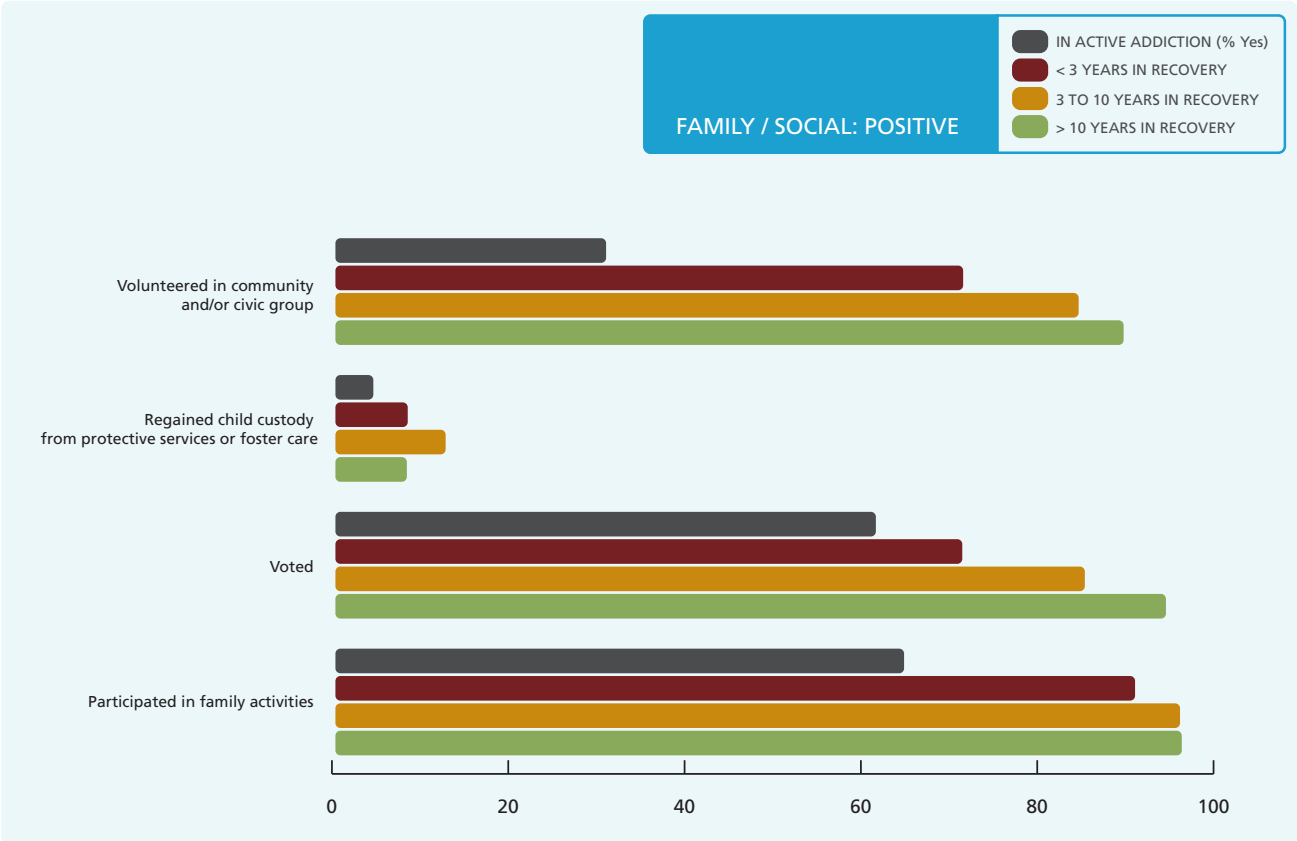
7 Laudet, A. B., & White, W. L. (2008). Recovery capital as prospective predictor of sustained recovery, life satisfaction, and stress among former poly-substance users. *Subst Use Misuse*, 43(1), 27-54; Dennis, M. L., Foss, M. A., & Scott, C. K. (2007). An eight-year perspective on the relationship between the duration of abstinence and other aspects of recovery. *Eval Rev*, 31(6), 585-612.

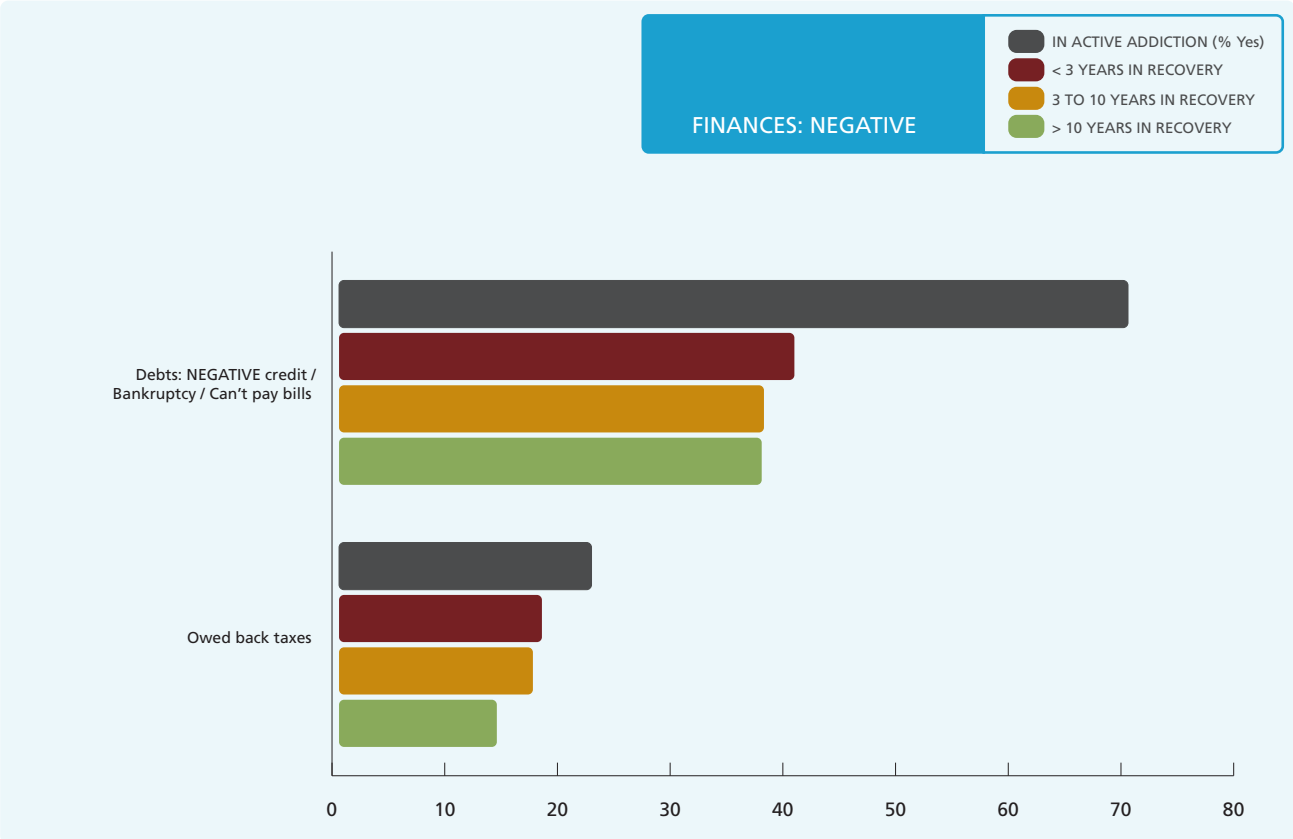
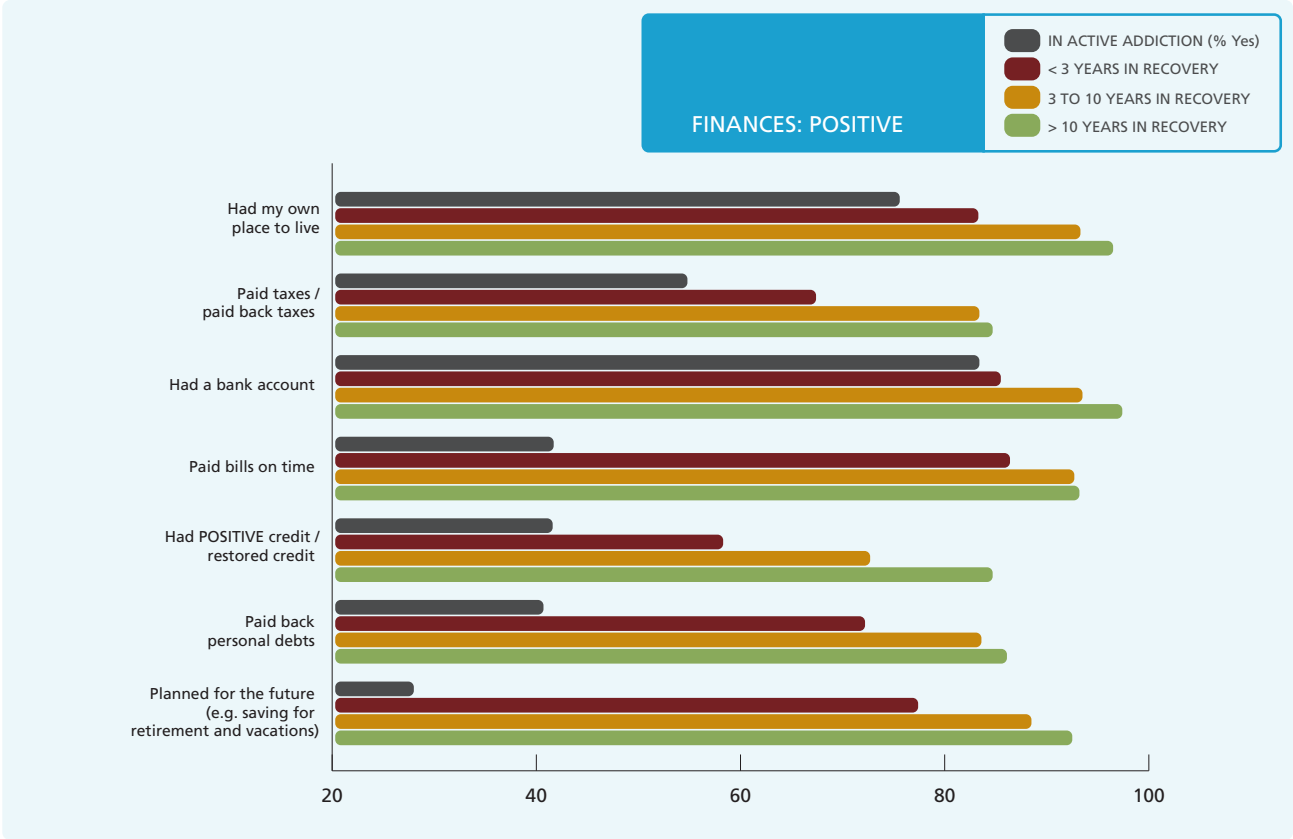
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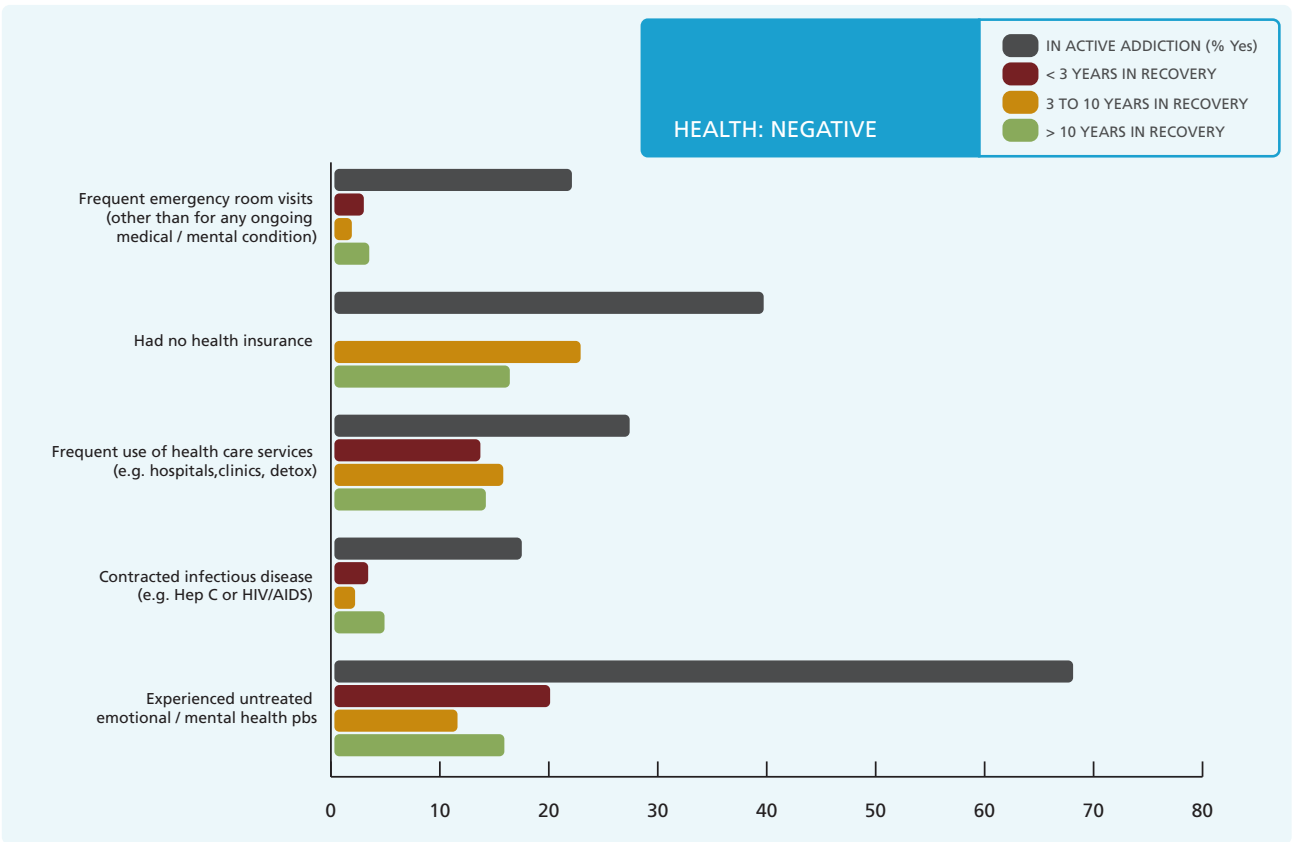
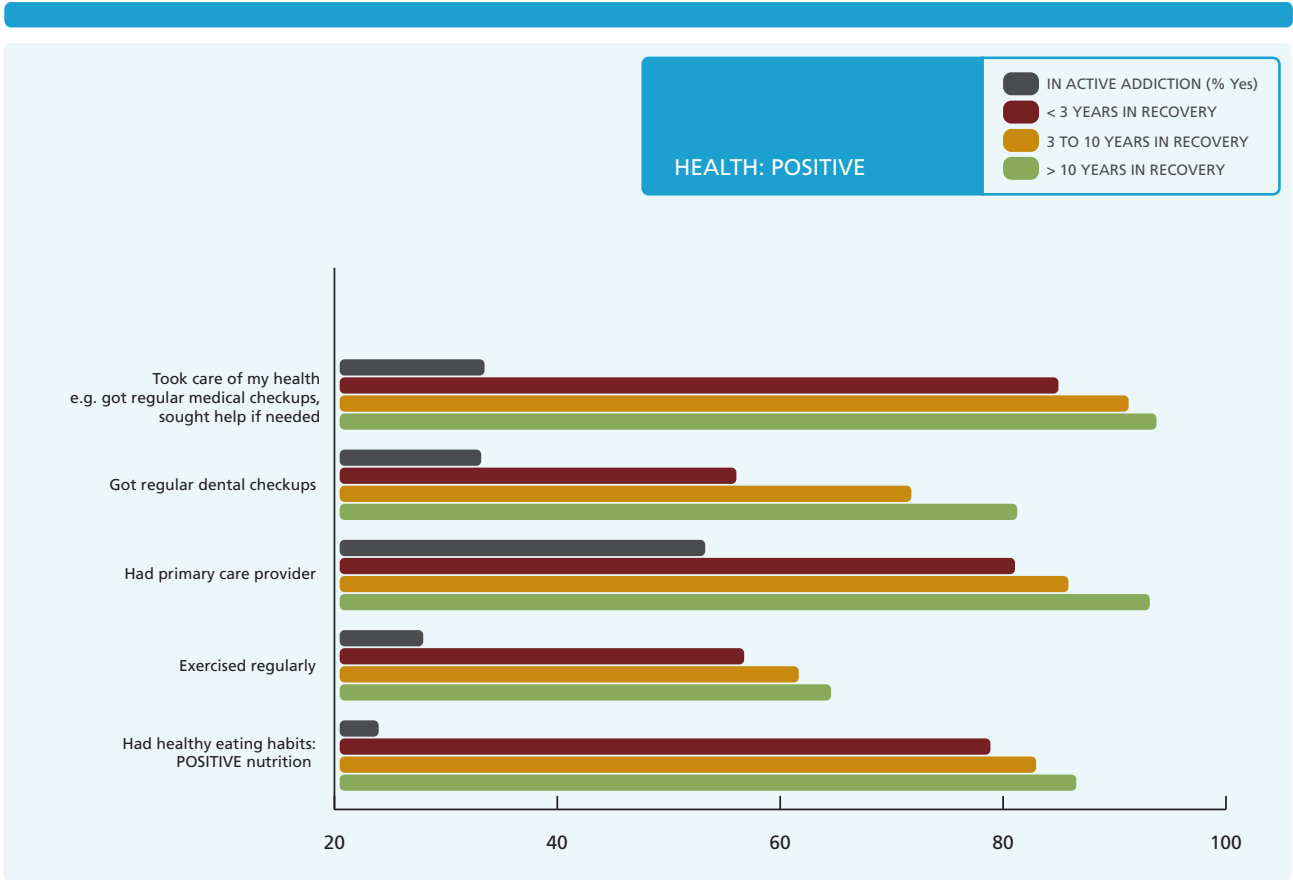
Faces & Voices of Recovery conducted the first nationwide survey of persons in recovery from drug and alcohol problems about their experiences in active addiction and in recovery. The survey findings document the many costs of active addiction to the individual and to society in terms of health, finances, work, family life, and criminal justice involvement. Most notably, the survey is the first to document the dramatic improvements people experience in all areas of life once they are in recovery, and that improvements continue over time as recovery is maintained. Importantly, survey findings are a clear empirical demonstration that ***recovery is not only possible for the over 23 million Americans still struggling with addiction, but also that in recovery, people lead full, productive, and healthy lives.*** This is counter to many of the stereotypes of persons in addiction recovery prevalent in the media, and shows that people in recovery are employed, pay taxes and bills, vote, volunteer in their communities, and take care of their health and their families. Survey findings also underline the fact that recovery is good not only for the individual but also for families, communities, and the nation's health and economy. These findings emphasize the need for policies, services, and funding to help more people initiate and sustain recovery, and for additional research to identify effective and cost-effective recovery-promoting policies and services. The findings are consistent with and provide empirical support for the broad policy agenda of Faces & Voices of Recovery, including the following key points:

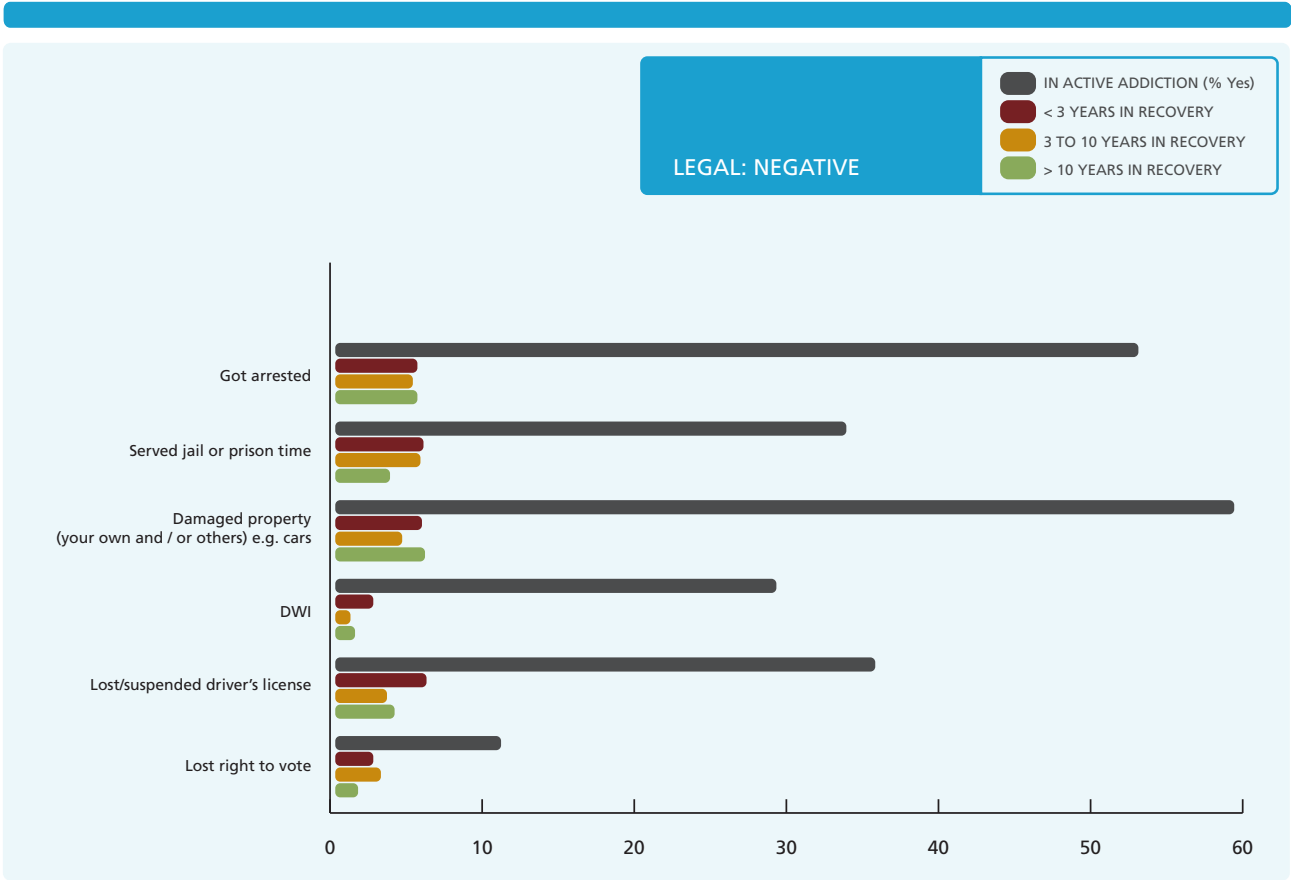
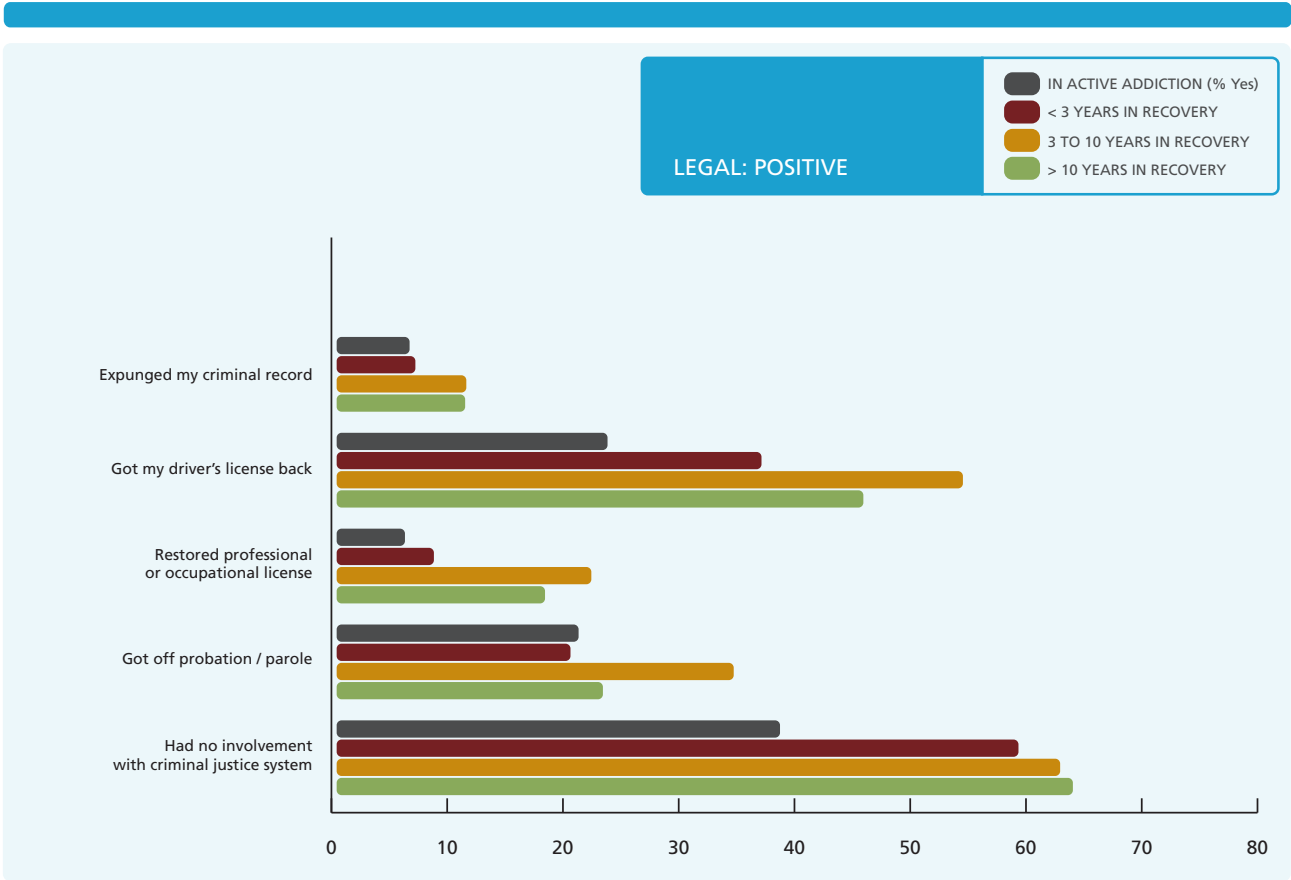
- Address and remove discriminatory policy and regulatory barriers in the areas of jobs, housing, health care, education, civic participation, and transportation at the state and federal levels. Many people in recovery who have been formerly incarcerated face legal barriers and discrimination when seeking services and employment. Employers are increasingly dependent on conducting criminal background checks and exclude from consideration individuals who have been arrested and/or convicted of misdemeanor and felony crimes.
- Ensure access to and financing for a full range of health care and other services to support individuals in managing their recovery under the Affordable Care Act, Medicaid, the Substance Abuse and Prevention Treatment Block Grant, and other financing streams. Total health care costs are actually reduced, in the near and long term, when appropriate physical and addiction recovery support services are available.
- Incorporate the principles of recovery-oriented care into the missions and activities of local, state, and federal addiction-related departments and agencies.
- Implement a national public health awareness campaign on addiction recovery, including the ways that people are getting well, and encourage people to enroll in, participate in, and stay connected to the health system, thereby staying out of the criminal justice system.
- Invest in a robust recovery research portfolio at the National Institutes of Health. As National Institute on Drug Abuse (NIDA) director Dr. Nora Volkow recently noted, "Most of the research that has been done up to now has focused on that immediate intervention that would allow a person to stop taking drugs. Much less is known about recovery." NIDA and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) should set aside funds specifically for this underserved area of research to signal to researchers and reviewers the importance of understanding the whole person, addressing the full range of peer and other services and supports that allow people to get their lives back on track, and determining outcomes and measurements for long-term recovery.

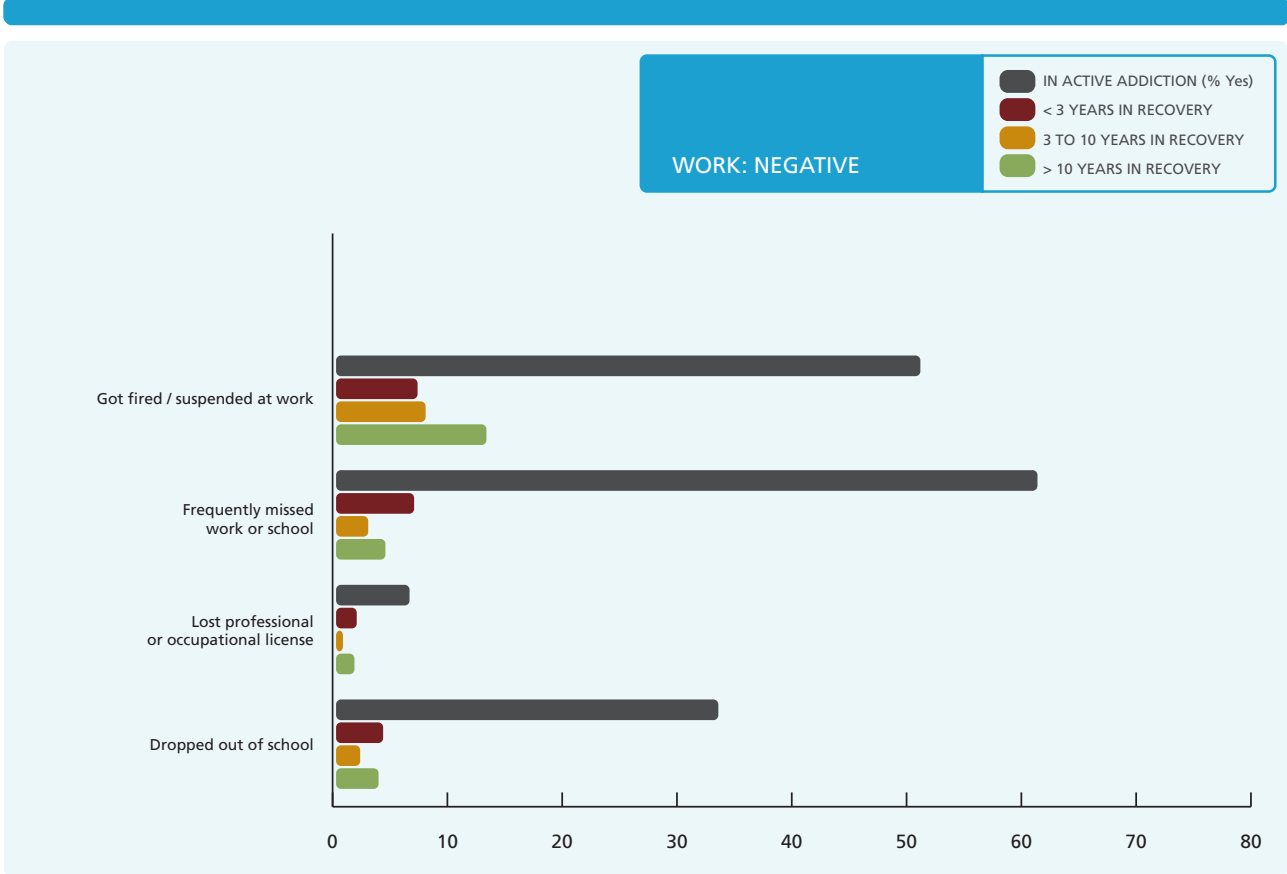
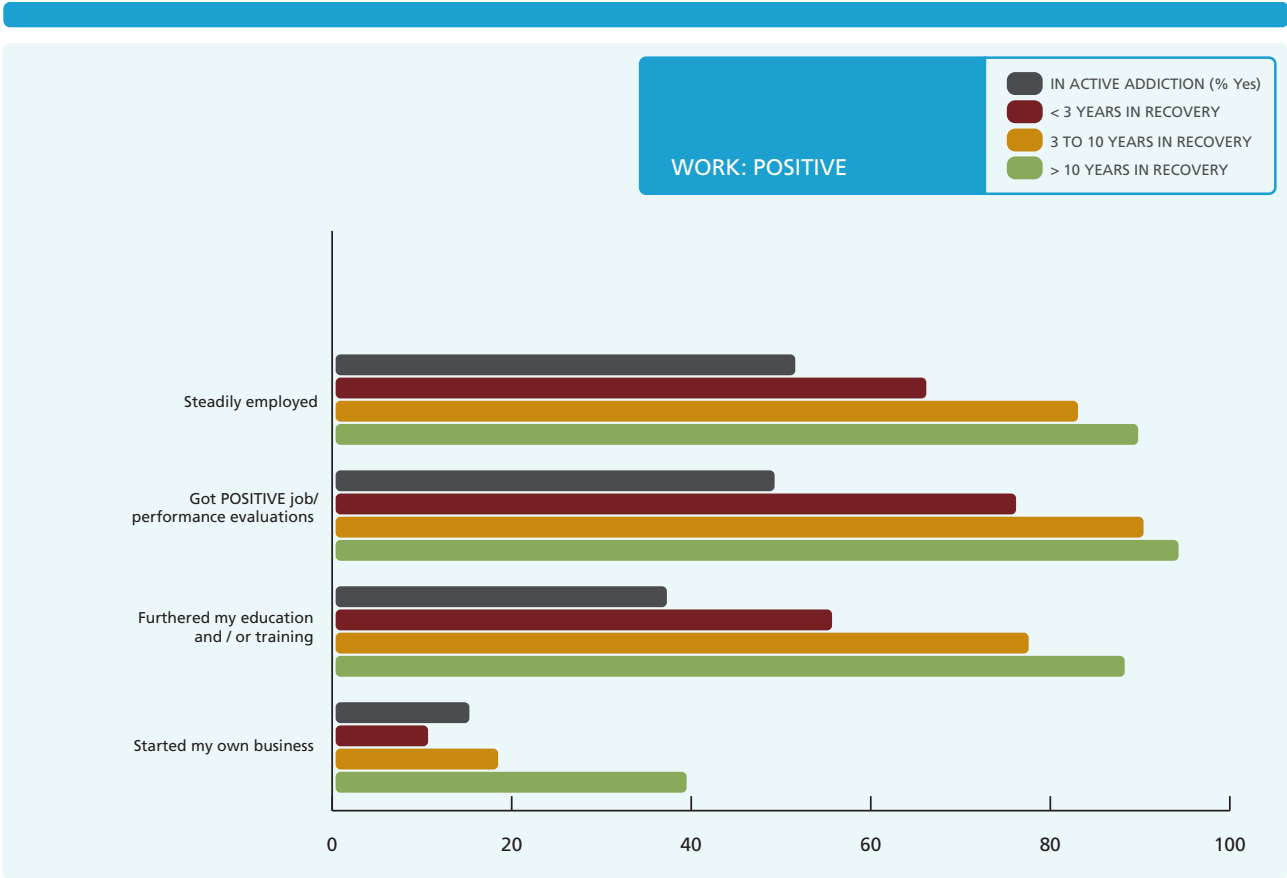
**Appendix I:
Life In Recovery Survey Results
as Graphic Charts**











Appendix II: Tables

Table 1

Individual Characteristics of Survey Participants

Table 2

Life Experiences in Active Addiction and in Addiction Recovery

Table 3

Life Experiences in Active Addiction: Gender Comparison

Table 4

Life Experiences in Addiction Recovery: Gender Comparison

Table 5

Life Experiences in Addiction Recovery as a Function of Recovery Duration

Table 6

Life Experiences in Active Addiction and in Addiction Recovery: Change over Time

Table 1. Individual Characteristics of Survey Participants

Domain		PERCENTAGES	Domain		PERCENTAGES	
Gender	Female	56.8	Currently treated for chronic medical condition	Yes	47.6	
Age	18-20	0.6	Use of tobacco products	Yes	32.9	
	21-35	14.1		Mental Health [SR]	Poor	1.8
	36-50	31.7			Fair	11.7
	51-65	46.5			Good	31.7
	66 and over	7.0			Very good	36.4
		Excellent	18.5			
Race	American Indian	9.5	EVER treated for chronic mental health condition	yes	62.4	
	Asian	0.4	Currently treated for mental health condition	Yes	38.6	
	Pacific Islander/ native group	0.3	Quality of life [SR]	Poor	1.1	
	African American	8.0		Fair	5.8	
	White	81.8		Good	22.2	
Residential Setting	Urban	34.3		Very good	42.6	
	Suburban	39.3		Excellent	28.4	
	Rural	26.4	Primary substance problem	Alcohol only	29.4	
	Education	Some HS or less		1.5	Drugs only	13.4
HS or GED		7.6		Drugs AND alcohol	57.3	
Some college		27.7	Active substance use	Mean/range in years	18 (1-55)	
Vocational		7.5	Age initiated recovery	Mean and range	36 (12-73)	
Bachelors		25.6	Recovery [SR]	In recovery	75.2	
Graduate degree	30.0	Recovered		13.7		
Marital Status	Married/common law	50.3		Used to have problem, no longer do	8.0	
	Divorced, sep. or widowed	30.2		In medication assisted recovery	3.1	
	Never married	20.0	Recovery duration	under 1 yr	8.5	
Has Children	Yes	66.0		1-3 yrs	13.4	
	Employment	Employed		70.8	3-5 yrs	10.4
Unemployed		7.6		5-10 yrs	16.3	
Student		6.6		10-20 yrs	19.3	
Homemaker		1.9		20 + yrs	32.1	
Retired		8.1	Recieved addiction treatment (yes)	Yes	70.5	
Other	5.0	Yes		18.1		
Veteran Status	Military service	15.1	Attended 12-step	Yes	94.6	
	Health [SR]	Poor	2.3	Attended non-12-step	Yes	22.4
Fair		15.0				
Good		40.2				
Very good		30.7				
Excellent		11.9				

*[SR] : Self Rated

Table 2. Life Experiences in Active Addiction and In Addiction Recovery











	IN ACTIVE ADDICTION	IN RECOVERY
FINANCES: NEGATIVE  AND POSITIVE 		
Debts: NEGATIVE Credit / Bankruptcy / Can't pay bills	70.0%	38.0%
Owed back taxes	22.4	15.7
Had my own place to live	75.3	91.8
Paid taxes/paid back taxes	54.5	80.3
Had a bank account	83.1	93.4
Paid bills on time	41.4	91.2
Had: POSITIVE Credit / Restored credit	41.3	75.5
Paid back personal debts	40.4	82.0
Planned for the future (e.g. saving for retirement and vacations)	27.7	87.8
FAMILY/SOCIAL: NEGATIVE  AND POSITIVE 		
Lost custody of children (other than through divorce)	12.7	2.1
Was victim or perpetrator of domestic violence	40.8	8.9
Volunteered in community and/or civic group	30.7	84.0
Regained child custody from protective services or foster care	4.3	9.2
Voted	61.3	86.7
Participated in family activities	64.5	94.6
HEALTH: NEGATIVE  AND POSITIVE 		
Frequent Emergency Room visits (other than for any ongoing medical / mental condition)	21.8	2.6
Had no health insurance	39.4	19.8
Frequent use of health care services (e.g. hospitals, clinics, detox)	27.1	14.2
Contracted infectious disease (e.g. Hep C or HIV/AIDS)	17.2	3.5
Experienced untreated emotional / mental health pbs	67.8	15.2
Took care of my health e.g. got regular medical checkups, sought help if needed	33.0	90.6
Got regular dental checkups	32.7	72.8
Had primary care provider	52.8	88.0
Exercised regularly	27.5	61.8
Had healthy eating habits: POSITIVE nutrition	23.5	83.4
LEGAL: NEGATIVE  AND POSITIVE 		
Got arrested	52.8	5.3
Served jail or prison time	33.6	4.6
Damaged property (your own and / or others) e.g. cars	59.1	5.5
DWI	29.0	1.5
Lost / suspended driver's license	35.5	4.3
Lost right to vote	10.9	2.1
Expunged my criminal record	6.3	10.4
Got my driver's license back	23.4	45.9
Restored professional or occupational license	5.9	16.6
Got off probation/parole	20.9	25.4
Had no involvement with criminal justice system	38.3	62.1
WORK: NEGATIVE  AND POSITIVE 		
Got fired / suspended at work	50.9	10.3
Frequently missed work or school	61.1	4.4
Lost professional or occupational license	6.4	1.4
Dropped out of school	33.3	3.5
Steadily employed	51.2	82.5
Got: POSITIVE job / performance evaluations	48.9	88.9
Furthered my education and / or training	36.9	78.1
Started my own business	14.9	27.5

Table 3. Life Experiences in Active Addiction: Gender Comparison











	IN ACTIVE ADDICTION	MALES	FEMALES
FINANCES: NEGATIVE  AND POSITIVE 			
Debts: NEGATIVE Credit / Bankruptcy / Can't pay bills	70.0%	70.9%	69.3%
Owed back taxes	22.4	29.2	17.1
Had my own place to live	75.3	74.2	76.1
Paid taxes / paid back taxes	54.5	55.6	53.7
Had a bank account	83.1	83.0	83.2
Paid bills on time	41.4	42.9	40.1
Had: POSITIVE Credit / Restored credit	41.3	45.1	38.2
Paid back personal debts	40.4	44.1	37.4
Planned for the future (e.g. saving for retirement and vacations)	27.7	28.8	26.9
FAMILY/SOCIAL: NEGATIVE  AND POSITIVE 			
Lost custody of children (other than through divorce)	12.7	8.7	15.8
Was victim or perpetrator of domestic violence	40.8	24.8	53.2
Volunteered in community and / or civic group	30.7	31.7	29.8
Regained child custody from protective services or foster care	4.3	3.0	5.3
Voted	61.3	62.6	60.3
Participated in family activities	64.5	64.1	64.9
HEALTH: NEGATIVE  AND POSITIVE 			
Frequent Emergency Room visits (other than for any ongoing medical/mental condition)	21.8	19.1	23.9
Had no health insurance	39.4	40.5	38.6
Frequent use of health care services (e.g., hospitals, clinics, detox)	27.1	25.4	28.5
Contracted infectious disease (e.g., Hep C or HIV/AIDS)	17.2	17.2	17.2
Experienced untreated emotional / mental health pbs	67.8	63.0	71.6
Took care of my health (e.g. got regular medical checkups, sought help if needed)	33.0	30.7	34.8
Got regular dental checkups	32.7	31.8	33.3
Had primary care provider	52.8	49.5	55.2
Exercised regularly	27.5	28.6	26.7
Had healthy eating habits: POSITIVE nutrition	23.5	25.1	22.3
LEGAL: NEGATIVE  AND POSITIVE 			
Got arrested	52.8	64.0	44.1
Served jail or prison time	33.6	41.1	27.6
Damaged property (your own and/or others) e.g. cars	59.1	67.4	52.7
DWI	29.0	38.0	22.0
Lost / suspended driver's license	35.5	44.3	28.6
Lost right to vote	10.9	13.2	9.1
Expunged my criminal record	6.3	7.9	5.1
Got my driver's license back	23.4	30.2	18.0
Restored professional or occupational license	5.9	7.6	4.6
Got off probation / parole	20.9	26.6	16.4
Had no involvement with criminal justice system	38.3	32.8	42.6
WORK: NEGATIVE  AND POSITIVE 			
Got fired / suspended at work	50.9	56.0	47.0
Frequently missed work or school	61.1	63.3	59.4
Lost professional or occupational license	6.4	7.3	5.7
Dropped out of school	33.3	33.6	33.0
Steadily employed	51.2	55.4	47.8
Got: POSITIVE job / performance evaluations	48.9	49.5	48.5
Furthered my education and / or training	36.9	35.6	37.9
Started my own business	14.9	19.6	11.3

Table 4. Life Experiences in Addiction Recovery: Gender Comparison

	TOTAL	MALES	FEMALES
FINANCES: NEGATIVE AND POSITIVE			
Debts: NEGATIVE Credit / Bankruptcy / Can't pay bills	38.0%	37.1%	38.7%
Owed back taxes	15.7	18.3	13.6
Had my own place to live	91.8	90.4	92.9
Paid taxes / paid back taxes	80.3	83.6	77.8
Had a bank account	93.4	93.6	93.2
Paid bills on time	91.2	92.7	90.0
Had: POSITIVE Credit / Restored credit	75.5	77.2	74.3
Paid back personal debts	82.0	83.0	81.2
Planned for the future (e.g. saving for retirement and vacations)	87.8	87.1	88.3
FAMILY/SOCIAL: NEGATIVE AND POSITIVE			
Lost custody of children (other than through divorce)	2.1	1.7	2.3
Was victim or perpetrator of domestic violence	8.9	4.3	12.4
Volunteered in community and / or civic group	84.0	84.4	83.6
Regained child custody from protective services or foster care	9.2	6.4	11.5
Voted	86.7	86.3	87.1
Participated in family activities	94.6	93.9	95.2
HEALTH: NEGATIVE AND POSITIVE			
Frequent Emergency Room visits (other than for any ongoing medical/mental condition)	2.6	2.3	2.9
Had no health insurance	19.8	19.2	20.2
Frequent use of health care services (e.g. hospitals, clinics, detox)	14.2	13.9	14.3
Contracted infectious disease (e.g. Hep C or HIV/AIDS)	3.5	3.9	3.2
Experienced untreated emotional / mental health pbs	15.2	15.5	15.1
Took care of my health (e.g. got regular medical checkups, sought help if needed)	90.6	90.3	90.8
Got regular dental checkups	72.8	71.6	73.8
Had primary care provider	88.0	86.9	88.8
Exercised regularly	61.8	63.5	60.5
Had healthy eating habits: POSITIVE nutrition	83.4	83.8	83.1
LEGAL: NEGATIVE AND POSITIVE			
Got arrested	5.3	7.9	3.3
Served jail or prison time	4.6	5.8	3.7
Damaged property (your own and/or others) e.g. cars	5.5	6.3	4.8
DWI	1.5	2.0	1.0
Lost / Suspended driver's license	4.3	5.1	3.6
Lost right to vote	2.1	2.6	1.7
Expunged my criminal record	10.4	12.9	8.4
Got my driver's license back	45.9	55.9	38.0
Restored professional or occupational license	16.6	20.2	13.7
Got off probation / parole	25.4	30.6	21.3
Had no involvement with criminal justice system	62.1	62.4	61.9
WORK: NEGATIVE AND POSITIVE			
Got fired / Suspended at work	10.3	11.2	9.6
Frequently missed work or school	4.4	3.6	4.9
Lost professional or occupational license	1.4	1.5	1.3
Dropped out of school	3.5	3.2	3.8
Steadily employed	82.5	84.9	80.5
Got: POSITIVE Job / Performance evaluations	88.9	90.5	87.7
Furthered my education and / or training	78.1	78.6	77.7
Started my own business	27.5	31.9	24.0

Table 5. Life Experiences in Addiction Recovery as a Function of Recovery Duration











	TOTAL	< 3 YEARS in Recovery	3 - 10 YEARS in Recovery	> 10 YEARS in Recovery
FINANCES: NEGATIVE  AND POSITIVE 				
Debts: NEGATIVE Credit / Bankruptcy / Can't pay bills	38.0%	40.4%	37.7%	37.5%
Owed back taxes	15.7	18.0	17.2	14.0
Had my own place to live	91.8	83.0	93.0	96.2
Paid taxes / Paid back taxes	80.3	67.1	83.1	84.4
Had a bank account	93.4	85.2	93.2	97.1
Paid bills on time	91.2	86.1	92.4	92.9
Had: POSITIVE credit /restored credit	75.5	58.0	72.4	84.4
Paid back personal debts	82.0	71.9	83.3	85.8
Planned for the future (e.g. saving for retirement and vacations)	87.8	77.1	88.2	92.2
FAMILY/SOCIAL: NEGATIVE  AND POSITIVE 				
Lost custody of children (other than through divorce)	2.1	2.7	1.9	1.9
Was victim or perpetrator of domestic violence	8.9	7.5	6.8	10.7
Volunteered in community and / or civic group	84.0	71.2	84.3	89.4
Regained child custody from protective services or foster care	9.2	8.2	12.5T	8.1
Voted	86.7	71.1	85.0	94.2
Participated in family activities	94.6	90.7	95.8	96.0
HEALTH: NEGATIVE  AND POSITIVE 				
Frequent Emergency Room visits	2.6	2.7	1.6	3.2
Had no health insurance	19.8	25.6	22.6	16.1
Frequent use of health care services (e.g. hospitals,clinics, detox)	14.2	13.4	15.5	13.9
Contracted infectious disease (e.g. Hep C or HIV/AIDS)	3.5	3.1	1.9	4.6
Experienced untreated emotional / mental health pbs	15.2	19.8	11.3	15.6
Took care of my health	90.6	84.5	90.8	93.3
Got regular dental checkups	72.8	55.6	71.3	80.8
Had primary care provider	88.0	80.6	85.4	92.7
Exercised regularly	61.8	56.3	61.2	64.1
Had healthy eating habits: POSITIVE nutrition	83.4	78.4	82.5	86.1
LEGAL: NEGATIVE  AND POSITIVE 				
Got arrested	5.3	5.4	5.1	5.4
Served jail or prison time	4.6	5.8	5.6	3.6
Damaged property (your own and/or others) e.g. cars	5.5	5.7	4.4	5.9
DWI	1.5	2.5	1.0	1.3
Lost / Suspended driver's license	4.3	6.0	3.4	3.9
Lost right to vote	2.1	2.5	3.0	1.5
Expunged my criminal record	10.4	6.8	11.2	11.1
Got my driver's license back	45.9	36.7	54.1	45.5
Restored professional or occupational license	16.6	8.4	22.0	18.0
Got off probation / parole	25.4	20.2	34.3	23.0
Had no involvement with criminal justice system	62.1	58.9	62.5	63.6
WORK: NEGATIVE  AND POSITIVE 				
Got fired / Suspended at work	10.3	7.1	7.8	13.1
Frequently missed work or school	4.4	6.8	2.8	4.3
Lost professional or occupational license	1.4	1.8	0.6	1.6
Dropped out of school	3.5	4.1	2.1	3.7
Steadily employed	82.5	65.8	82.7	89.4
Got: POSITIVE job / performance evaluations	88.9	75.8	90.0	93.9
Furthered my education and / or training	78.1	55.3	77.2	87.9
Started my own business	27.5	10.3	18.1	39.1

Table 6. Life Experiences in Active Addiction and in Addiction Recovery: Change over Time

	IN ACTIVE ADDICTION	IN RECOVERY	< 3 YEARS in Recovery	3 - 10 YEARS in Recovery	> 10 YEARS in Recovery
FINANCES: NEGATIVE ▼ AND POSITIVE ▲					
Debts: NEGATIVE Credit / Bankruptcy / Can't pay bills	70%	38.0%	40.4%	37.7%	37.5%
Owed back taxes	22.4	15.7	18.0	17.2	14.0
Had my own place to live	75.3	91.8	83.0	93.0	96.2
Paid taxes / paid back taxes	54.5	80.3	67.1	83.1	84.4
Had a bank account	83.1	93.4	85.2	93.2	97.1
Paid bills on time	41.4	91.2	86.1	92.4	92.9
Had: POSITIVE credit / restored credit	41.3	75.5	58.0	72.4	84.4
Paid back personal debts	40.4	82.0	71.9	83.3	85.8
Planned for the future (e.g. saving for retirement and vacations)	27.7	87.8	77.1	88.2	92.2
FAMILY/SOCIAL: NEGATIVE ▼ AND POSITIVE ▲					
Lost custody of children (other than through divorce)	12.7	2.1	2.7	1.9	1.9
Was victim or perpetrator of domestic violence	40.8	8.9	7.5	6.8	10.7
Volunteered in community and/or civic group	30.7	84	71.2	84.3	89.4
Regained child custody from protective services or foster care	4.3	9.2	8.2	12.5	8.1
Voted	61.3	86.7	71.1	85	94.2
Participated in family activities	64.5	94.6	90.7	95.8	96.0
HEALTH: NEGATIVE ▼ AND POSITIVE ▲					
Frequent Emergency Room visits	21.8	2.6	2.7	1.6	3.2
Had no health insurance	39.4	19.8	25.6	22.6	16.1
Frequent use of health care services (e.g. hospitals,clinics, detox)	27.1	14.2	13.4	15.5	13.9
Contracted infectious disease (e.g. Hep C or HIV/AIDS)	17.2	3.5	3.1	1.9	4.6
Experienced untreated emotional / mental health pbs	67.8	15.2	19.8	11.3	15.6
Took care of my health	33.0	90.6	84.5	90.8	93.3
Got regular dental checkups	32.7	72.8	55.6	71.3	80.8
Had primary care provider	52.8	88.0	80.6	85.4	92.7
Exercised regularly	27.5	61.8	56.3	61.2	64.1
Had healthy eating habits: POSITIVE nutrition	23.5	83.4	78.4	82.5	86.1
LEGAL: NEGATIVE ▼ AND POSITIVE ▲					
Got arrested	52.8	5.3	5.4	5.1	5.4
Served jail or prison time	33.6	4.6	5.8	5.6	3.6
Damaged property (your own and/or others) e.g. cars	59.1	5.5	5.7	4.4	5.9
DWI	29.0	1.5	2.5	1.0	1.3
Lost / suspended driver's license	35.5	4.3	6.0	3.4	3.9
Lost right to vote	10.9	2.1	2.5	3.0	1.5
Expunged my criminal record	6.3	10.4	6.8	11.2	11.1
Got my driver's license back	23.4	45.9	36.7	54.1	45.5
Restored professional or occupational license	5.9	16.6	8.4	22.0	18.0
Got off probation / parole	20.9	25.4	20.2	34.3	23.0
Had no involvement with criminal justice system	38.3	62.1	58.9	62.5	63.6
WORK: NEGATIVE ▼ AND POSITIVE ▲					
Got fired/suspended at work	50.9	10.3	7.1	7.8	13.1
Frequently missed work or school	61.1	4.4	6.8	2.8	4.3
Lost professional or occupational license	6.4	1.4	1.8	0.6	1.6
Dropped out of school	33.3	3.5	4.1	2.1	3.7
Steadily employed	51.2	82.5	65.8	82.7	89.4
Got: POSITIVE job / performance evaluations	48.9	88.9	75.8	90.0	93.9
Furthered my education and / or training	36.9	78.1	55.3	77.2	87.9
Started my own business	14.9	27.5	10.3	18.1	39.1