

FROM THE ACADEMY AWARD® NOMINATED DIRECTOR OF HEROIN(E)



A NETFLIX ORIGINAL DOCUMENTARY

RECOVERY BOYS

DISCUSSION GUIDE





Table of Contents

- 5** About the Film
- 6** Tips for Leading a Community Screening Event
- 9** Topics to Explore
 - Learning About Substance Use Disorder*
 - Recovery is Individual*
 - Fighting Stigma is a Critical Part of Fighting Addiction*
 - There is Hope*
- 20** Ideas for Event Activities
 - Panel Discussion*
 - Storytelling to Fight Stigma*
 - Policy Review*
- 23** Resources for Further Learning
- 25** Acknowledgments

Synopsis

Documentary films offer a unique opportunity to look beyond the headlines and build empathy through the stories of human beings. *Recovery Boys*, a feature-length documentary by Academy Award-nominated filmmaker, Elaine McMillion Sheldon (*Heroin(e)*), presents a clear-eyed yet loving portrait of the lives of four men with substance use disorder as they seek treatment at Jacob's Ladder, an independent treatment center in Aurora, West Virginia.

This Community Screening Guide is a resource in support of a more holistic approach to recovery, intended to directly address the powerful stigma around drug and alcohol abuse and to better understand and work toward long-term treatment and recovery. Developed for individuals in recovery, their families and loved ones, care providers, first responders, law enforcement officials and faith communities, the guide contains background information to deepen understanding about substance use disorder and resources to support using the film as a tool to educate, spark dialogue, build empathy and elicit action.

Visit the website RecoveryBoysTheFilm.com, to learn more about screening the film, to download and print a FAQ, and to share the film with others in your community and social networks.



Letter from the Director



Recovery Boys is an intimate exploration of four men's journeys, from rehab to re-entry, as they attempt to get and stay clean in rural America. Rather than prescribing solutions or providing oversimplified answers to the complex opioid epidemic, I sought to provide a raw and verité experience that reveals the internal roots of pain, and shines light on the external hurdles of an unforgiving society. It's a depiction that is both honest and loving - something that as a native of West Virginia I believe we need right now. We must first sit and learn from those struggling before we can actually help them. For Appalachians, the struggle with opioids has been

a long one - starting in the 1990s - and my generation plays a central role. Each year, I learn of more of my former classmates who are battling addiction - some of them losing their lives to overdoses, others committing crimes that lead to prison sentences and the lucky ones seeking the help they need. Through conversations with experts, I've learned of residential inpatient treatment (rehab) waiting lists reaching 400 people, resulting in the premature deaths of those wanting help; of 9 million pain pills flooding into a single pharmacy in a coal town of 392 people over the course of two years; of eight detox beds in a city where the overdose rate is 10 times the national average; of entire family structures upended, with grandparents raising two to three generations beneath them; of social services overwhelmed by babies born addicted or abandoned. Opening a newspaper and seeing a familiar face in a mugshot or obituary is no longer shocking - it's expected. These are the reasons why I need hope. I make this work for those whom society has given up and those who are still fighting. I make this work to increase awareness and empathy, because the stigma and shame still remains present in society. I make this film not to victimize, pity or make excuses for individuals, but to uplift the stories of people who are actively trying to make change, no matter how big or small. *Recovery Boys* gives us an up-close look at the strength, brotherhood, and courage that it takes to overcome addiction and lays bare the internal conflict of recovery.



Elaine McMillion Sheldon
Director, *Recovery Boys*

About the Film

WHY WEST VIRGINIA?

West Virginia faces one of the highest rates of drug overdose deaths in the nation, largely due to opioid addiction.¹ Though *Recovery Boys* is not just about opioid addiction - all of the men in the story have abused various substances - all of them face challenges that have to do with the context of where they live. Social isolation, generational poverty, lack of opportunity and a changing economy are challenges many Appalachians are facing.

The United States is currently experiencing a shift in labor practices. Work that used to be done by people is accomplished by machines that have automated industries like mining, lumber, transportation and manufacturing. In West Virginia, that transition has taken a large toll.² According to Susie Mullens, a West Virginia resident, “When industries like mining and manufacturing are gone and nothing replaces them, communities lose hope. Since those industries were the family financial lifeline for generations, it’s hard to imagine things can be different because we don’t have a point of reference, no diversified economies for comparison.”³

Additionally, federal investigations are revealing corporate malpractice in pharmaceutical wholesale and distribution over the last decade that they believe fueled the current opioid epidemic. For example, more than 20 million prescription opioid pills were sent to two pharmacies in one small West Virginia town with a population of less than 3,000.⁴ Opioid addiction costs the state of West Virginia \$8.8 billion annually, including the costs of health care and substance use treatment, criminal justice costs, lost productivity, and the societal cost of overdose fatalities.⁵

JACOB’S LADDER

[Jacob’s Ladder](#) was founded by Kevin Blankenship, MD, in response to the lack of options he and his family encountered as they navigated his son’s recovery from substance use disorder. Located in Aurora, West Virginia, Jacob’s Ladder is a residential recovery facility for men. According to their website, “At Jacob’s ladder, we believe that ... a healthy, life-long recovery is achieved through appropriate long-term treatment - to practice and live a meaningful existence.⁶ In addition to therapy and group work based on the 12-step model of recovery, residents work on the farm, where They also practice mindfulness and meditation techniques, learn music, art and other ways to express themselves, all with an eye towards reducing their sense of isolation and preparing them for a new life upon completion of the program.

Though, at this time, Jacob’s Ladder only serves men in need of treatment, women struggle with addiction and substance use disorder in equal numbers. And, women have special considerations in recovery, including the increased likelihood of sexual trauma and abuse, and complications that may arise around pregnancy and childcare.⁷ There are treatment facilities and resources designed specifically for women in recovery and it is important to consider the unique challenges women face.



“On the farm, we are remapping pathways in the brain. Plant a seed today and benefit from it months down the road, rather than living moment by moment and seeking instant gratification (a fix).”

—Dr. Kevin Blankenship, Jacob’s Ladder Founder



Tips for Leading a Community Screening Event

As you plan to bring people together to watch *Recovery Boys* it is helpful to be clear about the purpose of your screening, get a sense of who will be there, and intentionally create an open space for discussing what is often a difficult topic. Sharing your reason for screening the film is always a good introduction, as your passion for the topic and your intention will inform the tone of the event.

PREPARE YOURSELF

Watching the full film and reading through the information in this guide will help you plan for a successful screening that is tailored for your audience, anticipate questions that may arise and acknowledge your own responses. Resources at the end of this guide and on RecoveryBoysTheFilm.com will help you gather data and resources available in your area.

LANGUAGE AND LABELS

Language is an important part of breaking down misconceptions and stigma about addiction that can impede understanding. Words have enormous power to influence how we see people who struggle with addiction and how they see themselves.

In the field of substance use, as with mental health and disability, there is a strong push to use “person-centered language,” that is, using language that acknowledges the person before their condition, behavior or illness.⁸ For example, “addict” minimizes a person to that one aspect of their self, disregarding their roles as parent, sibling, musician, spiritual person, etc, and in doing so contributes to stigma.

“Person struggling with addiction” is an example of person-centered language.

Additionally, the word “addiction,” while an accepted diagnosis in the medical community, can reduce the discussion to one person and one substance, while the broader “substance use disorder” makes room for more than one substance (as is commonly the case), and for the social, economic and illicit activities and behaviors that often accompany addiction.

Including a representative from the recovery community in your screening will help to establish agreed-upon terms and definitions in advance of the screening or discussion.



“Clinicians and hospitals today are using person centered language, they are not going to refer to a patient as the ‘cancer guy’ but a ‘person with cancer.’ Someone struggling with addiction doesn’t want to be called names no matter what.”

—Ryan

GET TO KNOW THE PEOPLE IN THE FILM

In the same spirit of fighting stigma, it is useful to review the names and stories of the individuals who are in the film to keep them feeling familiar, and to help you connect to the stories and examples that have particular relevance to your community.



Kevin Blankenship, MD is a committed father and retired emergency room physician who founded Jacob's Ladder after his own failed attempts to find long-term recovery in his home region of Appalachia for his son. His care and compassion for the residents at Jacob's Ladder leads Dr. Blankenship to go to great lengths to keep helping the men in need.



Craig Cohen is one of the counselors at Jacob's Ladder with two decades of sobriety. He serves as mentor, guide and peer to the men in recovery. The residents of Jacob's Ladder respect him because they know that he has been where they are now - struggling with addiction and trying to find a way to a better life.



Jeff has a deep love for his two young girls, but he struggles with addiction as he navigates his legal challenges and the pain of trying to maintain custody and visitation rights of his daughters. Though his family has experienced generational addiction and poverty, Jeff becomes the de-facto leader of Jacob's Ladder residents before returning to his hometown.



Adam, the youngest of the group, began struggling with addiction at a very young age. A welder by trade, Adam seeks meaning and purpose through work but struggles to find a balance. In rehab he works to rebuild his relationship with his mother who has seen the best and worst of her son.



Ryan, the oldest of the group, is the longest user of the four men and comes to Jacob's Ladder rehab in a state of painful detox. Ryan becomes the heart of the program and works to reinvent himself in a new town after rehab.



Rush, a Florida native, arrives to Jacob's Ladder after nine unsuccessful attempts at other rehabilitation facilities. Rush, who has struggled with depression and addiction since he was 16, attempts to break the cycle of self-medicating by tapping into a supportive community.



Joey entered treatment for his own addiction at age 21 and is now seven years clean. As a peer mentor, he is compassionate and energetic in his guidance. Joey is usually the first call when someone is in need of help.

ACKNOWLEDGE EMOTION IN YOUR DISCUSSION

The raw and intimate nature of *Recovery Boys* will likely evoke emotional responses from the audience. As a facilitator, it may be tempting to move past feelings quickly in favor of the more comfortable space of discussing facts, figures and solutions. Yet, creating space for emotions to surface will help people think more clearly and ground the discussion in the lived experience of everyone in the room, whether they are struggling with addiction themselves, supporting a loved one in recovery, or directing a community program or agency.

One strategy for enabling that emotion is to ask for it. An opening question after the film like, “What is coming up for you?” will bring some of those feelings forward. Another strategy is to offer paper and pen and allow time to write down the viewer’s response to the film before you start discussion, and invite anyone who feels comfortable to share out loud.

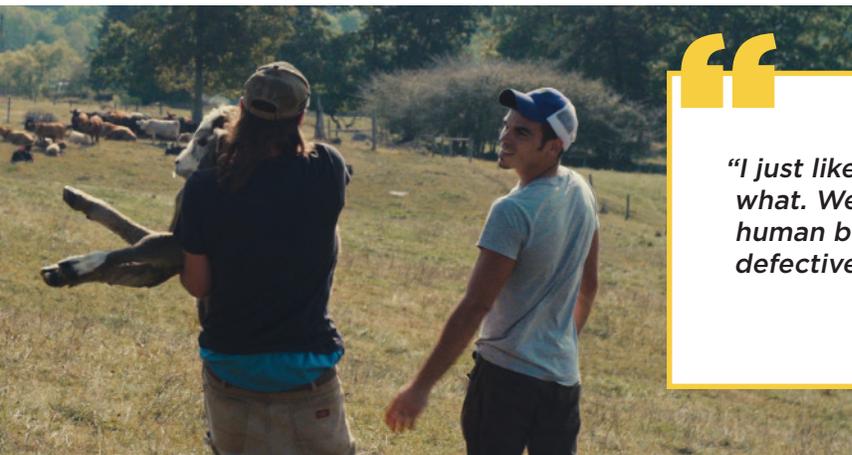
If there is a person in need of immediate or emergency help, refer them to a local treatment facility, or the National Crisis Helpline: www.samhsa.gov/find-help/national-helpline

PRE-SCREENING QUESTIONS

- What brought you here to see the film?
- What are words you would use to describe a healthy community?

POST-SCREENING DISCUSSION QUESTIONS

- What thoughts and emotions came up for you while you watched the film?
- What does it mean to belong? What are the consequences of not belonging?
- What societal pressures and factors did you notice in the film that might facilitate addiction, and make recovery difficult?
- What do you imagine is the power of Jacob’s Ladder model as a working farm?
- Discuss what factors you noticed helped characters stay sober after their stay at Jacob’s Ladder.
- What do you think “success” means with regards to recovery from substance use disorder?
- Talk about the examples in the film where stigma about addiction made recovery challenging.
- What do you think it will take to overcome substance use disorder in your area?



“

“I just like to think of us as human beings, no matter what. We’re born human beings, we’re gonna die human beings. We’re not perfect, and we’re not defective.”

”

Topics to Explore

This section explores some of the major themes of the film, including common myths, facts and information, and suggested discussion questions.

LEARNING ABOUT SUBSTANCE USE DISORDER

MYTH

Addiction is a moral failing.

FACT

Substance use disorder is a chronic illness that requires physical, mental and social supports for recovery.

Substance Use Disorder from a Medical Perspective

The National Institute on Drug Abuse defines addiction as, “a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences.”⁹

Drug and/or alcohol use introduces chemicals into the brain that stimulate the brain’s pleasure center, the part of the brain that provides feelings of happiness, love, fulfillment and satisfaction. When the pleasure center is stimulated by substances in large quantities and/or over long periods of time, the brain can lose the ability to feel pleasure without the substance, cause feelings of distress and unhappiness when the substance is not present, and produce overwhelming cravings and urges to get the substance.¹⁰ Those re-wired brain signals are at the heart of substance use disorder, and the brain may require months or years to return to health after a person stops taking the substance.¹¹

The American Psychiatric Association deepened and broadened the definition of addiction in 2013 to “Substance Use Disorder” (SUD) because doing so expands the diagnosis to include multiple substances. Addiction to one substance greatly increases the risk for addiction to others, especially alcohol. Many people struggle with addiction to multiple substances, making diagnosis and treatment more difficult.¹² Furthermore, substance use disorder encompasses biological dependence as well as lack of control over the impulse to use, the resulting social consequences with family, friends and other communities, and risky, dangerous and/or illegal behavior that is undertaken in order to acquire and use the substance. Substance use disorder is diagnosed on a continuum from mild to severe.¹³

Substance use disorder is not a moral or ethical failing. Rather it is a chronic illness to which anyone is susceptible dependent on biological, environmental and developmental factors, and that requires evidence-based treatment, social and psychological support, housing, economic opportunities and more.

“I never expected to live to be 25. I can’t not use, if I don’t use, I’m going to be sick.”
—Rush, describing the

MYTH

Addiction is weakness.

FACT

Substance use disorder is complicated by social and economic factors.

Social, Economic and Other Factors Related to Substance Use Disorder

While substance use disorder is an illness, the decision to use substances is made for many different reasons. The initial decision to use can be determined by many factors, like wanting to feel good, social use at parties, use to try to escape stress or pressure, or many other reasons. Most Americans try substances at some point in their lives without developing substance use disorder. According to national data, 53% of the US population actively drinks alcohol, and nearly 10% of the population reports using illicit drugs in the last 30 days. Between 8-10% of the population meets the criteria to be described as struggling with drug and/or alcohol addiction.¹⁴



Researchers agree that genetics play as much as 50% in determining whether a person who uses substances will develop substance use disorder.¹⁵ Additionally, the following conditions and stressors are major risk factors for developing substance use disorder:

1 Early Use

“I was probably in high school the first time I used crack. I did heroin not too long after that.” — Ryan

Adolescent brains are wired to take risks, so many people try substances for the first time during their teenage years. Yet, exposure to substances of any kind during adolescence makes a person more likely to become addicted because a brain in development is more susceptible to addiction. Additionally, recovery becomes more challenging when addiction starts at an early age because a person loses the opportunity to develop healthy behaviors for coping with stress and setbacks.

2 Generational Use

"I thought drugs and alcohol...that's what I grew up around. I thought that was just the way everybody lived. I didn't know people lived life sober." — Jeff

Substance use disorder has a clear genetic component, and it also has a social component where children exposed to substance use in their home environment. Generational use also presents a particular challenge in recovery, as it may be difficult to establish a sober life if family culture does not support sobriety, or family members are not willing to get sober themselves.

3 Trauma, Especially Childhood Trauma

"It sucks because I've been there too, and I've gone out of recovery over it, and, luckily, I came back." — Rush, on coping with his childhood trauma in recovery

The relationship of trauma to substance use is dramatic and well-described by researchers and scientists both with regard to the likelihood of initiating drug use and susceptibility developing substance use disorder over time. Adverse Childhood Experiences (ACES) put people at particularly high risk for substance use disorder.¹⁶

4 Mental Health Conditions / Co-Occurring Disorders

I was diagnosed with clinical depression when I was really young, but I've never really took medication. I always self medicated instead. So now I'm like, 'well, what do I do? I can't self-medicate,' so, I was like, 'sign me up for something and see how it works.'" — Rush

Many people who have mental illness that is unrecognized or untreated use substances as a form of self-medication. It is particularly important during recovery to recognize and treat co-occurring mental health conditions alongside substance use disorder in order to support a person's ability to stay sober.



Social factors like poverty, unemployment, lack of access to health care, social isolation and loneliness, among others also fuel substance abuse, and all are critical factors to address to support recovery.¹⁷ Though *Recovery Boys* focuses on the stories of four white men, substance use disorder does not discriminate with regard to gender, race and class.

DISCUSSION QUESTIONS:

- What surprises you, or is new about understanding of substance abuse as a disorder rather than a lack of willpower?
- In what ways does understanding substance use disorder in these terms fight stigma?
- What are major social factors that influence substance use and addiction in your community?

The Opioid Epidemic

Opioids are drugs derived from the main chemicals in poppy flowers, and include heroin as well as painkillers like morphine, codeine and other more powerful synthetic opioids like fentanyl that have developed in the last few decades.

Jacob's Ladder was founded in response to the opioid use epidemic, which has grown precipitously over the last decade. In 2017, over 150 Americans died from opioid overdose every day, spurring a national state of emergency and an April, 2018 Advisory from the Surgeon General stating that more Americans should carry naloxone, a drug that can revive a person from overdose.¹⁸

While *Recovery Boys* provides a personal look into the journey of recovery, Elaine McMillion Sheldon's Academy Award nominated film *Heroin(e)* (streaming on Netflix) examines the opioid epidemic more specifically and chronicles the work of three women in Huntington, West Virginia fighting against it on the front lines. For more information about that film and the factors involved with the opioid epidemic, refer to the Community Screening [Field Guide](#) on the HeroineTheFilm.com website.

RECOVERY IS INDIVIDUAL

There are many different approaches to recovery from substance use disorder. Research suggests that a combination of different evidence-based treatment approaches that are holistic in addressing the physical, psycho-social, social and economic influences in an individual's life will be the most effective.

MYTH

There is a "right" and a "wrong" way to recover.

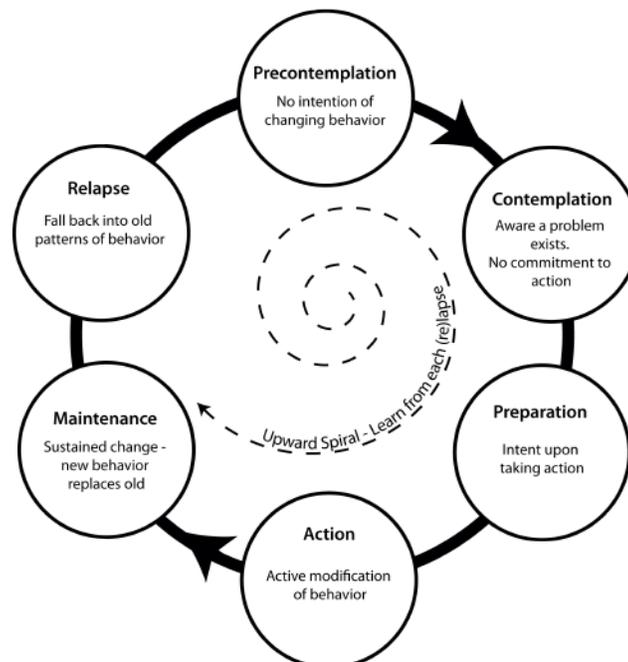
FACT

Recovery will look different ways according to an individual's particular needs.

Recovery

"Recovery" describes a period of transition in a person's life as they overcome the physical aspect of addiction and relearn behaviors, develop new social habits and build a life free from substance use. For many, recovery may include several periods of relapse, and learning about what supports need to be in place.¹⁹

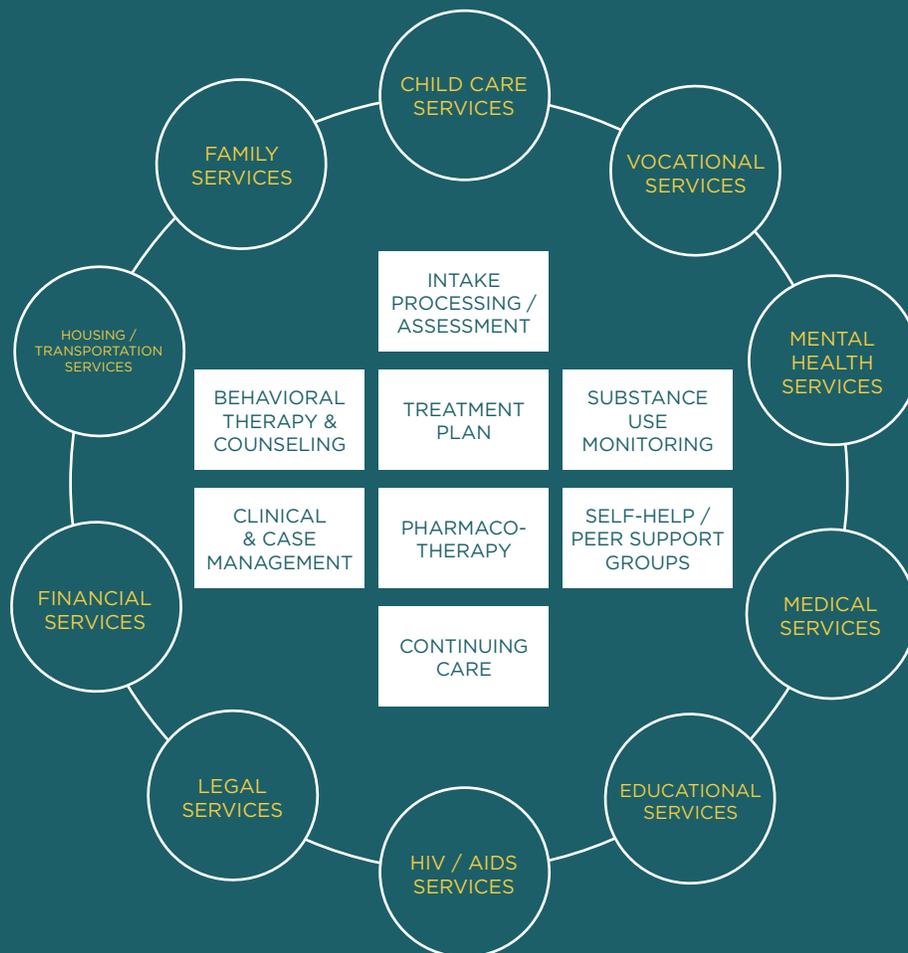
This figure represents the "stages of change" theory of behavior change.²⁰ Applied to recovery, the stages of change describe the different states a person may pass through on their journey. The process is not linear and includes relapse as a likely stage. This model helps conceptualize behavior change not as a simple using or not-using binary, but a complex path to navigate over time.



At Jacob’s Ladder, recovery begins with support through the physical period of withdrawal from the substance, and then a six-month residential program where residents undertake individual therapy, group therapy and learn skills to process stress without the use of substances. Family members visit and are invited to participate in the therapeutic process to repair broken trust and learn new ways to relate. Jacob’s Ladder model of long-term inpatient and holistic treatment is rare, a resource that is not available to everyone. As of May, 2018, Jacob’s Ladder is mostly privately funded, though it does accept insurance and Medicaid and has some scholarship beds available, made possible by [charitable donations](#). Most private insurance companies and Medicaid provide some coverage for substance use treatment, most commonly for 30-day inpatient programs, and outpatient counseling, but the coverage varies widely from plan to plan. Fewer than 10% of adults in need of substance use treatment receive that kind of care.²¹

According to the National Institute on Drug Abuse, treatment for substance use disorder that is comprehensive will include the following components:²²

COMPONENTS OF SUBSTANCE USE DISORDER TREATMENT



The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

Read these quotes from *Recovery Boys* that describe the complexity of factors that an individual trying to recover needs to address:

Concept of Self:

“My grandma is where I got all my money. If I needed something I ran there, and either she gave it to me, or I just conned it out of her. She wrote me this letter and said, ‘I forgive you. I couldn’t be mad at you. I love you.’ I took a significant amount of money from this woman. I ruined her life, in my eyes. She’s 86 and working at the Goodwill so that she is not homeless right now. Myself, I couldn’t just forgive someone like that, I don’t care who they are. I don’t deserve the forgiveness that I got that quickly and outta nowhere.” - Adam

Family:

“I don’t really know what I’m doing right now, cause it’s all brand new again. I feel like I’m right back where I was a year and a half ago. What do you do? Do you throw him out on the street? I did that. It didn’t work. It made me worry even more, if I was going to get that phone call that he was found under the bridge, or that he was arrested. So I don’t think I’m going to go that route unless I’m forced to by whatever actions Adam takes. If I have to buy this damn television for a fourth time, I’m gonna be really pissed, because I’ve already bought my own television three times.” —Leslie, Adam’s Mom on his relapse after returning home

“If I wouldn’t have used, if I wouldn’t have got caught, like (my daughters) would never have got taken. She would never have got molested, you know what I mean? I feel like my actions like led to that. I failed big time.” —Jeff, on his daughter getting abused in foster care

Health:

“I got tested for chlamydia, gonorrhea, HPV, Hepatitis A, B, and C, and HIV. It’s kinda strenuous. I’m kinda scared. I remember very distinctly, I went to a buddy’s house, and I was sitting there, it was like the first time I ever went over to shoot up with him, and he was like, ‘oh yeah, by the way, me and my wife have Hep C’ and I was like, ‘cool’ (injects). I didn’t even care.” —Rush

People who inject intravenous drugs are at a much higher risk of blood borne-diseases like HIV and Hepatitis C, a virus that causes liver disease and can be fatal. Exact statistics are difficult to track because so many people who use IV drugs are not in social systems that report on infectious diseases. In 2013, the World Health Organization estimated 70% of people who inject drugs globally may be infected with Hepatitis C. The rate in the US may be lower.²³

Economics:

“I’m a three-time felon. Do you know how hard it is to get a job, man? I’ve put in to every fast food restaurant from Sabraton to Star City last time. No one would take me.” —Jeff on struggling to find employment

Geography:

“They’re setting me up for failure. I can’t be in this town. Can’t do it (speaking into the phone) It’s your brother, Jeff, I just got out today. I thought I was supposed to get out tomorrow, but it’s today. Yeah, I don’t know what to do.” —Jeff, on having nowhere to go when he is released from jail

DISCUSSION QUESTIONS:

- Talk about a challenge that stands out to you from one of these quotes.
- What influence or factor is new or surprising to you?
- Taken together, what does a community need to do to better support the chances for a person to recover?

Recovery Approaches:

The National Institute of Drug Abuse recommends several kinds of treatment approaches to substance use disorder, including medication assisted therapy as well as counseling and self-help programs.²⁴ Here are some of the common approaches, most often used in combination:

Abstinence - Established and popularized by Alcoholics Anonymous, the 12-step program, abstinence is the most well-known model of recovery. The program relies on peer and group support and a commitment to living completely sober.²⁵

Professional Therapy - Individual counseling from a professional offers individuals an opportunity to explore and address any social, family, traumatic or mental health contributors to their substance use disorder.

Medication-Assisted Therapy (MAT) - Medical professionals prescribe medication for recovery that may keep a person at a steady state to support withdrawal, meet the brain's need for a substance but block the sensations of getting high, or prevent a drug from working in a person's system. For people addicted to opioids, common medications used to assist recovery are suboxone, buprenorphine and methadone. Research supports the use of MAT in combination with other types of supportive therapy for long-term recovery and to protect against overdose in case of a relapse.

There is some controversy around MAT for opioid addiction, however, because the medication may include or mimic the effect of opioids, some people don't see using them as full recovery. And, there are no agreed-upon methods for coming off of MAT.²⁶

Harm Reduction - For individuals who use drugs, harm reduction efforts like medical care, recovery coaching, supervised injection sites, needle exchange, and distribution of naloxone can help prevent deaths, overdoses and encourage people to get into treatment. Research shows that these and other harm reduction strategies do not encourage drug use, they decrease rates of HIV and Hepatitis C infection and fight stigma which can encourage people to get into care.²⁷

DISCUSSION QUESTIONS:

- Which of these kinds of approaches have you heard about, or are you aware of in your community?
- What is attractive and/or concerning to you about these approaches?

What does success look like?

“One week down. Five months and three weeks left. And then a whole lifetime.” - Ryan

MYTH

Relapse means a person has “failed” recovery.

FACT

Recovery is a long-term effort and relapse happens often as a part of that.

“I’d never really wanted to be in rehab. Too many of my friends and family members failed at it.” — Ryan

Relapse rates for substance use disorder are comparable to other complex chronic diseases with physical, behavioral and social components like asthma, diabetes or hypertension.²⁸ As substance use disorder is such a complex disease, defining what “success” means for recovery is, itself, complex. Ryan, now a certified peer specialist (recovery coach), explains his concept of success, “Success can be measured in a lot of ways. All of us (who are in the film) made some successes. None of us are dead or in jail. A seed planted sometimes takes a long time to grow.”²⁹

Despite the clear need for ongoing and personalized care for substance use disorder, only 60% of counties in the United States have at least one outpatient treatment center that accepts Medicaid, with fewer in the Southern and Midwestern states.³⁰ The kind of comprehensive support offered at Jacob’s Ladder is even more rare and difficult to access.



FIGHTING STIGMA IS A CRITICAL PART OF FIGHTING ADDICTION

“By 19 years old I was up to five percocets a day. I didn’t have a job, I was homeless. I felt like the world didn’t need me.” — Adam

MYTH

Shame is an effective way to prevent or treat addiction.

FACT

Stigma prevents people from getting treatment.

“I just like to think of us as human beings, no matter what. We’re born human beings, we’re gonna die human beings. We’re not perfect, and we’re not defective.” — Ryan

Myths and misunderstandings about substance use disorder prevent people from recognizing that they have a problem, prevent them from accessing treatment and prevent them from accessing care.³¹ Stigma also perpetuates the misguided notion that criminal justice measures alone are the solution to substance use disorder.

MYTH

Supporting people with addiction encourages drug use.

FACT

People in recovery need support to fight their addiction.

One of the major fears that fuels a criminal justice approach to substance use is that a softer approach will encourage further drug use. This belief is not borne out by research. In fact, studies from the 1980s tough-on-crime approach to the crack epidemic were ineffective at curbing drug use. And, harm reduction approaches like needle exchange have been shown to reduce overdose and encourage people to access treatment.³²

DISCUSSION QUESTIONS:

- Discuss the role you see stigma play in preventing recovery from substance use treatment.
- What do you think the role of the criminal justice system is in addressing the substance abuse disorder epidemic?
- What are ways to fight stigma against people who struggle with addiction?

THERE IS HOPE**MYTH**

Addiction is hopeless.

FACT

Substance use disorder is a treatable chronic illness.

“There came a point where I had no clue how to live my life. I was a ball of fear, self-centered, misery, and anxiety attacks. But if these are the things I’ve done, that have led me to misery, despair, hurt everyone I love, I’ve accomplished nothing...what if I do the opposite of what I used to do. How would I feel then?” — Program counselor Craig Cohen, who is also in long

“My addiction took over a good person, and turned me into a monster. I didn’t care who I hurt. I didn’t care what I had to do - tearing families apart, ruining lives. I want that new way of life.”
— Jeff

DISCUSSION QUESTIONS:

- What gives you hope when you think about treatment for substance use disorder?
- What do you think is the role of hope in treatment and recovery?
- Why does hope matter in our community and policy response to substance use disorder?



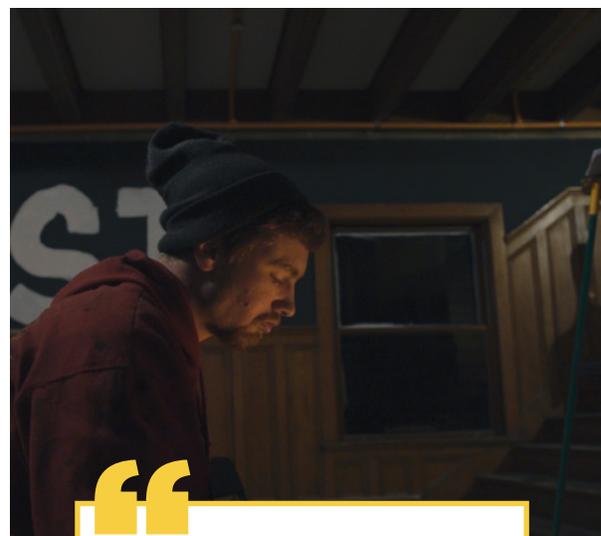
Ideas for Screening Event Activities

PANEL DISCUSSION

A panel discussion is a great way to respond to the film and educate viewers about their work and what's happening in your community. Consider inviting a diversity of voices into the discussion, including a person in recovery, a treatment counselor, a law enforcement officer or other first responder, a physician, a public health official, a person from a needle exchange program, or others. Here are some national resources for finding appropriate people in your area:

- The Substance Use and Addiction Mental Health Services Administration hosts a national registry of treatment facilities: <https://findtreatment.samhsa.gov/>
- The Association for Addiction Professionals lists counselors, coaches and other experts by location: <https://www.naadac.org/>
- The Harm Reduction Coalition lists syringe exchange programs nationally: <http://harmreduction.org/connect-locally/>
- Partnership for Drug Free Kids publishes resources for families, including for teens and parents: <https://drugfree.org/>
- The Addiction Policy Forum publishes information and data about addiction policy across the country: <http://www.addictionpolicy.org/>

Addiction studies, social work, and public health schools at nearby universities or colleges may also be excellent resources for local expertise.



“I hope this film inspires people in the community to see how much positive comes from people in recovery.”

—Ryan

STORYTELLING TO FIGHT STIGMA

Recovery Boys is a powerful film because it gives the audience the opportunity to get to know the men in recovery through their stories. The men in the film become human beings with homes, families and stories, and so they are easier to relate to than statistics on a page.

Consider projecting this five minute video by Ira Glass, creator of *This American Life* on creating a story:

https://www.youtube.com/watch?v=5pFI9UuC_fc

Or, choose one of these stories about addiction from the storytelling non-profit *The Moth*:

<https://themoth.org/search/results>

Challenge audience members to fight the stigma by creating their own story about how substance use disorder has touched their lives and share it with one another, friends or families to break down assumptions about substance use and start to change the national narrative.



POLICY REVIEW: RACE AND CRIMINAL JUSTICE IN THE CURRENT SUBSTANCE USE DISORDER EPIDEMIC

The opioid epidemic is distinct from previous drug epidemics in the strength of the public health response for prevention and treatment. Previous “drug wars” have been distinguished by racially charged criminal justice policies like the three strikes law that punishes and incarcerates drug sellers and users. For example, cocaine use is widespread across races in the U.S., though African Americans are more likely to use crack cocaine and white people are more likely to use cocaine powder. In the years 2009-2012, crack cocaine possession or sales convictions were much higher than those for cocaine powder possession or sales, resulting in the incarceration of 18 times more African Americans for cocaine use and possession than white people, despite nearly equal levels of abuse.³²

Read or distribute the short article, “[A Tale of Two Drug Wars](#),” about the differences in the national response to the 1980s crack epidemic and the current opioid epidemic.

A quote from the article: “I saw the war on drugs up close, and let me tell you, the war on drugs was an abject failure,” Senator Kamala Harris (D-California) said in response to Sessions’ mandatory minimum rallying cry in May. “It offered taxpayers a bad return on investment, it was bad for public safety, it was bad for budgets and our economy, and it was bad for people of color and those struggling to make ends meet.”

DISCUSSION QUESTIONS:

- What can we learn about effective responses to substance use disorder from looking at the past?
- How do you think race does or does not figure into the public health response to the opioid crisis?
- Why is it important to think about equity as we consider a community response to substance use disorder?



Resources for Further Learning

ABOUT TREATMENT:

- <https://findtreatment.samhsa.gov/>: A clearinghouse or treatment centers across the country
- <https://www.samhsa.gov/treatment>: Overview information about treatment approaches
- <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment>: In-depth information and research about different kinds of evidence-based treatment options.

ABOUT SUBSTANCE USE DISORDER:

- <https://video.nationalgeographic.com/video/magazine/focal-point/170822-ngm-focal-point-addiction>: A short video about the brain science of substance use disorder.
- <https://www.nationalgeographic.com/magazine/2017/09/science-of-addiction/>: An article summarizing ground breaking research about substance use disorder for broad audiences.

ABOUT THE OPIOID EPIDEMIC:

- <http://nymag.com/daily/intelligencer/2018/02/americas-opioid-epidemic.html>: Overview article about the history of the opioid epidemic and what is happening to address it.
- <https://fivethirtyeight.com/features/what-science-says-to-do-if-your-loved-one-has-an-opioid-addiction/>: Research summary for family members of people who are addicted to opioids.
- <https://www.centeronaddiction.org/addiction-research/reports/ending-opioid-crisis-practical-guide-state-policymakers>: Policy review of legislative and policy approaches to addressing the opioid crisis.
- <https://www.npr.org/2018/04/18/602826966/anguished-families-shoulder-the-biggest-burdens-of-opioid-addiction>: Reporting about the financial effects of opioid addiction on families.

ABOUT CHILDHOOD TRAUMA AND ADDICTION:

- <https://www.newyorker.com/magazine/2018/04/16/the-silence-the-legacy-of-childhood-trauma>: A first-person account from author Junot Diaz about how childhood trauma affected his relationship to substances and his life.
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3051362/>: Overview summary about the impact of childhood trauma on substance use disorder.

R E C O V E R Y B O Y S

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