

# 2005 LifeRing Participant Survey: Results\*

## Q. 1. How long have you been participating in LifeRing?

Today is my first contact	59	15%
Less than 90 days	76	19%
Three months to a year	93	23%
More than a year	137	34%
More than five years	35	9%
No Answer	1	0%
Total	401	100%

Well over half of the sample (57%) were relative newcomers to LifeRing, having participated less than one year. About one out of six participants (15%) were experiencing their first contact with LifeRing on the day of the survey. More than four out of ten (43%) had been participating in LifeRing longer than one year. Nine per cent had been participating for more than five years.

## Q. 2. Which of the following describes you? Choose all that apply.

Person in recovery myself	373	93%
In a relationship with someone in recovery	32	8%
Treatment professional	17	4%
Observer	17	4%
No answer	5	1%

LifeRing is overwhelmingly an organization of people who are themselves in recovery.

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\* The LifeRing Board of Directors approved a survey in the summer of 2004. A pilot study was conducted in a single meeting in September 2004, yielding 30 responses. After minor modifications, the survey was launched publicly during January 2005. A total of 371 additional usable responses were received, for a total of 401. Of these, 195 were paper questionnaires and 206 were received online on [www.unhooked.com](http://www.unhooked.com) using software by Perseus Survey Solutions. Lee N. of Hayward CA performed extensive primary data management and statistical analysis, which form the foundation for the present report. Craig O. and Robert D. of Hayward CA, performed the pilot survey. Katie F. of Berkeley and Carola Z. of Walnut Creek CA entered the bulk of the paper questionnaire responses into the computer. LifeRing convenors Jack P. of New York, Jack McNeil of Vancouver Island, Jason Kelly of Guelph, Mark C. of San Francisco, Mark L. of Walnut Creek, Katie F. of Berkeley, Wendy W. and Larry R. of San Rafael, Carola Z. of Walnut Creek, and others made copies of the questionnaire, administered it in their meetings, and forwarded the results to the LifeRing Service Center. LifeRing convenors Gary B., Chet G., Henry S., Andree G., Ernie C., Matt M., Dennis T., Meg H. and others cooperated with the survey takers by setting aside time in their meetings for members to fill out the questionnaire. The author of this report is Marty N.

**Q. 3. How did you hear about LifeRing? Choose all that apply.**

A counselor told me about it	150	37%
A friend in recovery told me about it	50	12%
I found it on the Internet	137	34%
I read about it in a newspaper or magazine	18	4%
I heard a LifeRing speaker presentation	26	6%
I heard about it on the radio	1	0%
I picked up a LifeRing handout	41	10%
I saw a LifeRing flyer posted	34	8%
Other:	22	5%
No Answer	3	1%

People hear about LifeRing at this time from two main sources: a counselor or other treatment professional (37%), and via the Internet (34%). Our other efforts to spread the word – through LifeRing handouts, flyers, speakers, and media coverage – together reached about 28 per cent of these respondents. Fewer than five per cent heard about LifeRing through media coverage. Word of mouth via a friend or family member reached about 12 per cent.

The “Other” consisted of people who heard about LifeRing while participating in other organizations, namely Secular Organizations for Sobriety (14), Alcoholics Anonymous (2) and Moderation Management (1).

**Q. 4. What parts of your LifeRing experience give you the most satisfaction? Choose all that apply.**

Ranked in descending order of frequency, the survey participants said:

Absence of religious content	224	56%
The atmosphere is positive, empowering	223	56%
Encouragement to build a personal recovery program	214	53%
Crosstalk is encouraged	210	52%
Small group setting	203	51%
Everyone participates	194	48%
Strong support for abstinence	179	45%
Current events topic ("How was your week?")	116	29%
Absence of war stories ("drunkalogues")	110	27%
Other	34	8%
No Answer	26	6%

The “Other” category included the following, in no particular order: “Relaxed setting ... Many members are liberal/intellectual ... no superstition ... intelligent friends/folks, people willing to take responsibility for their health/recovery, no 'shoulds' ... No shame from the group over relapses, just encouragement ... I am only in an online group but the daily conversation is helpful ... sometimes the war stories are useful too. I hear them now and again, and it TODAY reminds me of the bad-old days. It's something I must never forget, or relapse is certain. I find the war stories tend to be mostly stories about how messed up we WERE... Lots of laughter while being serious about sobriety ... The strong bond that forms between the people within a group, because of the small setting ... it's like a family,

a group of people who care ... Lack of judgment towards others' decisions (leave spouse, stay with spouse, etc.) ... I am responsible for my own recovery ... Not AA ... Laughter ... Admirable people ... Ongoing group support ... Freedom to discuss psychological issues ... Light hearted, fun setting ... LifeRing offers more practical advice for staying sober, not the religious, self-flagellating mumbo jumbo that was interfering with my recovery. I like the lack of slogans and group-speak... Free to build a recovery however you want it to be... Great alternative to AA ... Friendships ... It's great!"

### **Q. 5. How could LifeRing improve so as to create a better experience for you?**

More than 100 people wrote responses to this item. The largest group of responses by far asked for LifeRing to become bigger. People said: "I wish you had meetings in my area. Charlotte, NC ... Get the word out more ... Open a branch on Oahu, HI, USA ... More meetings ... More meetings ... More meetings ... Needs to become more mainstream in the UK... Perhaps more than twice a week meetings in Guelph ... There could be more meetings ... more meetings ... more chat times ... More Chat Room Meetings ...An early morning meeting on a weekday M-F?...More meetings in San Francisco... Wish there were f2f meetings in my area ... Local f2f group ... F2F meetings in UK ... More groups in Houston TX ... more hosted chats online ... I would like to find a local meeting ... Face2face meetings in my area ... Needs more F2F meetings outside major metro areas ... f2f meetings in my area ... More f2f meetings. Southern Ca. ... more meetings in San Leandro ... More meetings available ... More frequent weekend meetings ... Have more meetings ... Activities, working meeting, BBQ ... More locations and times ... More meetings in Livermore/Pleasanton area ... more frequent meetings at Kaiser ... More day meetings ... More weekly meetings ... more daytime meetings in Berkeley/Oakland ... More locations ... more regular meetings ... More evening meetings ... more meetings ... Become stronger, offer retreats ... meetings every day at one place ... more meetings ... Locating a meeting in Livermore ... more meetings available ... Workbook study ... More meeting times and locations ... Have a closer LifeRing group in our area... workbook studies ... More people ... more Oakland meetings."

The next largest group of responses wouldn't change anything. They said: "Doing ok as it is for me... It's great just the way it is... Keep doing what you're doing ... continue as it has ... This is perfect ... Good as is ... I really can't think of anything ... Keep up the good work ... The program runs well ... No improvement needed ... It's doing OK ... No improvement necessary! ... I like it the way it is... O.K. as is... Perfect so far... not necessary ... continue what they are doing in program ... you're doing great so far ... positive atmosphere ... It's been great ... If it ain't broke, don't fix it."

There was a handful of criticisms and suggestions. "Better moderation in f-2-f meetings," wrote one person. "More structure to follow at each meeting," was another suggestion. "More time for bigger group." -- "Maybe have a time to time people's shares." -- "No talk on exact drug they use." -- "More recovery focus, less laming lists of problems." -- "Passing topics around suggested by group members."

One person suggested "Structured recovery seminars on a regular basis." Another would like to see "Educational Topics/announcements etc." And "I would like to see an adult children chat room." -- "More outside activities like a weekend barbeque."

Three people wanted LifeRing to be more like AA: "Have a spiritual component... I don't like 'crosstalk'. It's rude & unhelpful... Have sponsorship."

Two of the suggestions were lighthearted: "Have reclining chairs." -- "More women more sex."

**Q. 6. Will you recommend LifeRing to your friends?**

Yes	323
Undecided	58
No	5
No Answer	15

Most of the “undecideds” were too new to LifeRing to have an opinion. Omitting the undecideds and the no-answers, 98 per cent said “yes,” they would recommend LifeRing to their friends.

**Q. 7. Which of the following LifeRing activities have you participated in? Choose all that apply.**

Face-to-face meeting	251	63%
Internet chat room	122	30%
Email list	156	39%
Internet forum (online bulletin board)	66	16%
Attended a LifeRing social event	50	12%
Attended a LifeRing Congress	57	14%
Other:	18	4%
No Answer	26	6%

A little over 60 per cent (63%) of this sample had attended a LifeRing face-to-face (f2f) meeting. Nearly 40 per cent (39%) had participated in a LifeRing email list. Chat rooms were in third place with nearly a third (30%) of this sample participating.

A substantial proportion of participants in f2f meetings also participated online. One third of f2f participants also participated in an email list, and about a quarter (24%) were in chat rooms.

Proportion of F2F Participants Who Also Participated in		
Chat room	59	24%
Email list	82	33%
Online forum	30	12%

**Q. 8. What LifeRing publications have you read? Choose all that apply.**

The responses, ranked in descending order, were:

Handouts	217	54%
Website	213	53%
Workbook	135	34%
Nothing or no answer	84	21%
Newsletter	82	20%
Handbook	76	19%
Keepers book	76	19%
Presenting book	49	12%
Bylaws booklet	48	12%
Other	10	3%

LifeRing handouts – the eight available brochures, the printed meeting schedule for the San Francisco Bay Area, the occasional Bulletin flyers – are the most widely known LifeRing outreach tools among this sample, with 54 per cent mentioning this category. The unhooked.com website runs a close second, with 53 per cent. No other LifeRing publication reached as many as half of this sample. The next most widely known LifeRing product is the workbook, with one third of the respondents stating that they had read it. More than one fifth of the respondents (21%) left this question blank, suggesting they had not read any LifeRing publication at all. Most of these were early in their recovery and/or contact with LifeRing.

**Q. 9. How often do you usually attend LifeRing face-to-face meetings? Select one.**

Five times a week or more	2	0%	1%
Two, three, or four times a week	68	17%	29%
About once a week	126	31%	54%
Every once in a while	39	10%	17%
I could go but I never do	21	5%	
There are no LifeRing meetings in my area	108	27%	
No Answer	37	9%	

Nearly 60 per cent of this sample reported attending a face-to-face meeting. Of those who attend f2f meetings, the most frequent pattern by far (54%) is once a week. Thirty per cent say they attend a LifeRing f2f meeting more than once a week. Hardly any (two people out of 401 responding) go to five meetings a week.

**10. How much time do you usually spend in LifeRing activity online on the Internet?**

Five hours a week or more	34	8%	16%
Two, three, or four hours a week	54	13%	25%
About an hour a week	39	10%	18%
Every once in a while	92	23%	42%
Never	147	37%	
No Answer	35	9%	

More than 50 per cent of this sample reported spending time in LifeRing activity on the Internet. Of those who did use the Internet, 41 per cent spent more than one hour a week. About one out of six (16%) spent five hours a week or more on the Net.

**Q. 11. If you participate in LifeRing online only, please answer this question. Why do you not participate in face-to-face LifeRing meetings?**

There are no face-to-face meetings available to me	89	22%	67%
Online participation is more convenient for me	17	4%	13%
I feel safer in online meetings	10	2%	8%
Other: _____	16	4%	12%
Not applicable	126	31%	
No Answer	143	36%	

One third of the respondents answered this question. Of those who answered, the biggest reason given for participating online only (67%) is the absence of available face-to-face meetings. The remainder cited greater convenience (13%) and greater feeling of safety (8%).

The "other" responses were: "No f2f meetings available, more convenient and I feel safer in online meetings ... f2f meetings are very difficult because of the wetness and the inexperience of the facilitators and attendees ... The only meeting offering childcare (SF Sat. am) is too far away.... Health -- the drive is a little long, and my health is down a bit... Just found one in Houston - plan to go soon! ... I went to one f2f and others were in far worse shape than me. That was all the motivation I needed to get my act together. ... physical problems limit mobility ... haven't had the chance to attend a mtg but I do go to Alanon mtgs ... Lurker on line --Reading helps me in my recovery ... in recovery maintenance, no longer feel the need for f2f ... It's over 50 miles to my nearest meeting ... I'm in a 12 step program and content with it and my progress. I do however enjoy meeting other people in recovery and warmly embrace any facet that works. So I drop by the chat and visit. : ) ... I find chat more supportive than face meetings. I can get to know people over time. ... I don't know of any meetings in the East Bay ... haven't felt the need."

**Q. 12. If you participate in LifeRing face-to-face only, please answer this question: Why do you not participate in LifeRing on the Internet?**

<input type="radio"/> I don't have Internet access available to me	25	6%	15%
<input type="radio"/> I don't use computers	10	2%	6%
<input type="radio"/> I prefer face-to-face contact	104	26%	64%
<input type="radio"/> Other: _____	23	6%	14%
<input type="radio"/> Not applicable	80	20%	
No Answer	159	40%	

Forty per cent of the respondents answered this question. Of those who provided an answer, 64 per cent said that their reason for not participating on the Internet was "I prefer face-to-face contact." Twenty-one per cent cited lack of Internet access or "I don't use computers."

The "other" responses included: "I find the online meetings are too cliquish and rarely have a topic or any type of turn taking... Haven't tried it yet ... I don't like live chat format (in any context, not just recovery) ... I just got my computer and intend to spend a lot of time on line... Who cares ... no more time ... never tried it ... I don't have time ... Have not tried yet ... need more meetings ... didn't know ... Haven't gotten around to it ... Have not tried it ... I didn't know it existed ... not online that much. I'll have to check it out ... haven't considered it ... terrible typist ... Don't have one ... I don't like to meet people I don't know ... Unable to relate to contacts ... I didn't know it was there."

**Q. 13. In the past, have you participated in other recovery organizations? Choose all that apply.**

LifeRing only	54	14%
12-Step	314	83%
Non-Step groups	37	10%
Treatment aftercare	23	6%

Only 14 per cent of the people who answered this question had attended LifeRing exclusively since the beginning of their recovery. More than 80 per cent (83%) had participated in 12-step groups in the past. About 10 per cent named other recovery groups (Women for Sobriety = 10 people, SMART Recovery = 8, Secular Organizations for Sobriety = 7, Rational Recovery = 6), or meditation groups, church groups, and groups abroad (Croix d'Or). Six per cent mentioned treatment aftercare groups. The percentages add up to more than 100 because some people mentioned more than one group.

**Q. 14. Currently, do you participate in other recovery organizations in addition to LifeRing?**

LifeRing only	171	45%
12-Step	137	36%
Non-Step groups	22	6%
Treatment aftercare	39	10%

Close to one half of the sample (45%) currently uses LifeRing exclusively. Just over one third (36%) also participate in one or another 12-step group. Ten per cent also participate in aftercare groups organized by treatment programs. Six per cent also participate in other kinds of support groups, namely SMART Recovery (13 people), Secular Organizations for Sobriety (3), Women for Sobriety (2), and one each for Rational Recovery, Catholic Family Counseling, a personal meditation group, and a Native American/Buddhist group.

**Q. 15. If you also participate in another recovery organization currently, which one do you consider your main support group?**

<input type="radio"/> LifeRing	108	27%	43%	62%
<input type="radio"/> The other group	67	17%	27%	38%
<input type="radio"/> Can't decide, or both are equally important	74	18%	30%	
No Answer	152	38%		

Sixty-two per cent of the respondents answered this question. Of those who answered the question, 43 per cent considered LifeRing their main support group, 30 per cent were undecided, and 27 per cent considered the other group their main group. Of those who had a clear preference, 62 per cent considered LifeRing their main group and 38 per cent said the other group was their main group.

**Q. 16. (If you also go to other groups:) What do you get out of your LifeRing participation that you don't get from your other support group(s)?**

More than 150 people wrote responses to this question. The responses amplified on the multiple-choice responses to Question 4 ("What parts of your LifeRing experience give you the most satisfaction?").

More than 60 people mentioned positive qualities having to do with support, warmth, friendship, family feeling, and the like. The responses included: "I get a feeling of friendship and closeness to others. It is a happy group. ... I'm pretty well educated--and it seems most of the folks here are too. Also, I like the fact that there are drug addicts and alcoholics and whatever, and nobody puts up a premise that one is better or worse than the other. ... LifeRing is my home group, and my first group. ... smaller groups ... Some down to earth thinking and sanity ... Support contacts ... Familiar and rational companionship. This was very rewarding in my early years of abstinence. Someone to say its ok to believe what you choose, and finding many who believed similarly. ... the LifeRing



group is specifically designed for significant others the other meetings aren't ... They support each other quite well. ... A practical perspective to recovery. ... Small Online Gatherings ... Focus more on day to day living issues--in active use and in recovery ... stay in the present. ... More people talking about their problems .... No bitch sessions in LifeRing ... Positive support. I don't get rudely confronted at LifeRing either. At AA there was too much focus on labeling and powerlessness. ... I get to see different people in different stages of recovery. This helps me remember what it was like and where I have been. ... positive support ... My beliefs about addiction and recovery are those of LSR ... I utilize as many support groups as I can.... LSR is more interpersonal and there is a spirited camaraderie ... i like LifeRing more but have old friends in the other program that never worked for me ... empowerment without a guilt trip ... Chat room support ... Intelligent people (sometimes) ... Feeling of belonging to the group ... Tools I find helpful to me. ... mixed gender, more rigor, very intelligent conversation about addiction as a process. ... smaller group setting and more personal ... casual socializing, personal friendships ... different approach ... meet more people ... Positive input ... Friendship ... Better format ... Friendly ... I've made a lot more friends ... More encouragement in self-help ... small group meeting, can know and talk each other better ... More interaction ... empowerment ... participate every time .... Meet more diverse people ... Feeling involved, more advice, feeling casual ... Comfort ... Good information from LifeRing ... current events ... More focused ... easy going ... new people ... more opportunity for participation ... a more comfortable feeling ... More family feeling ... You get to help others and others help you without the pressures of counselors etc. ... Hearing adults talk ... It is my home meeting and the one I have consistently attended. Other groups have supplemented my outpatient recovery. ... I get to share at all the meetings ... The people here are more real."

More than 40 people mentioned openness, freedom, independence, diversity, and similar qualities. Responses included: "More camaraderie, more freewheeling conversation, more fun-spirited ... able to speak more honestly with regards to my own personal recovery plan as opposed to one that is dictated for me... actual support, lack of hostility and narrow-mindedness ... support for individual recovery program; no politics ... Encouragement to decide what my personal recovery program consists of ... Less structured. I go to AA only because it's the only f2f in my area. I would much rather go to LifeRing, SOS, or SMART f2f, but none are available in my area (Ventura Co. Ca.) ... honesty .... I get to speak freely .... A more open arena of topics related to sobriety. No pigeon holed one way to do things. ... Definitely more acceptance of the whatever works idea. ... More reasonable solutions ... more than one viewpoint on how to maintain sobriety ... LSR is less structured and more social. Smart is more structured, but designed to be less social.... support for my own recovery program ... Much less interference in my personal life. Too much gossip in AA.... possibility for honest questions about what keeps people sober . I don't have to pretend to believe things I don't believe... The independence I gain by 'doing' sobriety my own way that LSR provides. It has worked for me.... Relaxed, less rigid, lack of dogma, less fear based.... Diversity, more minds to help and to be helped by nurture, community ... less formal ... Much higher comfort level -- I choose my topic ... you can talk about what you want ... sincerity ... feel more free ... a chance to speak and be listened to with logical intelligent applicable input ... many experiences from other different participants, relaxed atmosphere ... I only attend AA because I am a health professional and have to attend AA to keep my license active. ... No dogma. ... I can express what I really believe about recovery ... Empowerment, friendship. When I speak in the group, I don't feel pressure to say things the AA way. ... I don't have to listen to people who talk the talk but don't walk the walk. ... less formal, more free-thinking, warmer, less cult-like ... Personal contact, freedom ... A more relaxed atmosphere in group. ... I enjoy getting away from the rigidity (i.e. must have a sponsor, no crosstalk, etc.) ... It more real life ... Self-reliance, lack of negativity ... down to earth."

The presence of cross-talk, feedback, and the conversational atmosphere were mentioned by 27 people. Comments included: "24 hour availability, a secular perspective, cross talk

... Positive supportive feedback. A positive weekly reminder that I am an alcoholic. ... cross talk, positive reinforcement ... Crosstalk is allowed and non-religious ... Positive feedback from my peers during the meeting. ... I like the idea of cross talk ... crosstalk, face to face ... Informality, spontaneity, crosstalk ... Ability to speak with others through crosstalk. ... Like the crosstalk a lot ... discussion and input or feedback ... cross talk, current events, convenience of meetings ... socialization/ cross talk ... crosstalk, no religion ... cross talk, direct feedback ... cross talk ... feedback/interaction, more gut level conversation ... cross talk and is more open ... Feedback... Always get to say how I'm doing, and crosstalk ... Enjoy crosstalk and positive feedback."

Secularity was cited by 26 people as a quality they appreciated in LifeRing and found lacking in their other groups. Respondents' remarks included: "A secular environment. AA is fine in some respects, but I don't care for the religious overtones. God didn't make me drink, and he's not going to get me sober, either. ... I cannot stand the religious approach they miscall spirituality; it is offensive to me ... I love the secular DDNMW approach and the people at LSR ... support for individual recovery program; non-religious based philosophy ... anonymity; freedom from Christian dogma ... non-religious people! More of a feeling of personal choice, personal strength, rather than the surrender to god helplessness and god-babble from AA ... more current how's your week type info ... less religion ... non-religious based, intelligent conversations ... Lack of God, HP stuff ... AA is getting way out there in the god thing, and I need a non-god place to play ... I like the lack of religious content ... I am an atheist and that's the main theme of interest for me ... The secular approach is what I like ... Lack of religious hypocrisy ... No bottom necessary and no religious doctrine. Most important the need for self-actuation. ... I like the non-religious, secular. I can relate in LifeRing, not so many rules and regs ... freedom from religion. ... less rigid structure, and secular."

**Q. 17. (If you also go to other groups:) What do you get out of your other support groups that you don't get out of LifeRing?**

More than 125 people wrote responses to this question.

About 70 of the responses pointed to positive qualities of other groups such as greater size, wider availability, more frequent meeting times, professionalism, structure, and the like. Comments of this type included: "A certain structure that I feel I still need at this point in my recovery as well as professional advice, since my other support group is run by a counselor. ... A large group of attendees ... AA is everywhere, and I simply enjoy the company of other sober people. I have no axe to grind with religious people, even though I'm not one of them. Most of them seem to have no axe to grind with me, either. ... Advantage of time clean and sober ... As a volunteer, the structure at SMART gives a level of focus to the meeting that is a bit more elusive here. Hosting a SMART meeting, while requiring a little more knowledge of the x's & o's of how they work, is actually easier to do. ... Availability ... convenience: 5:30 am meeting close to home ... deep testimonies ... Good lectures, meet others like myself ... different people ... Different topic is addressed (Sex and Love Addiction) ... drunkalogues ... Far more meetings available to me ... Forgive my spelling but a holistic program of recovery from a disease that has altered my development, every aspect of my development ... Gay men's abstinence group - smaller community, and remainder 3x group therapy ... I get a perspective that for me, is sort of like the other side of the coin. ... In CDRP I get actual professional medical treatment ... Larger groups = more opinions ... live bodies ... Many more meetings. ... many more people to connect with. I also like hearing where u came from and where u are today ... Medical help ... more availability of meetings ... More availability of meetings and to work with sponsor. ... more experience being clean and sober ... more intense discussion ...

More intense discussion of personal issues ... more intensity of direction ... more meetings and times are available ... More meetings at early hours and late hours ... more people at some AA meetings ... More people in attendance so you get more differing views ... More people, more contacts ... more structure ... more structure (ie 12 step programs) ... more structured conversation when that's what I'm looking for ... more time spent participating ... Mostly social interaction with different people... their different perspectives as influenced by the SMART program ... other point of view ... Primarily a matter of more access for some. I participate or dabble in about anything that may benefit my sobriety. ... Professional communication ... professional counselor leads discussion and has great insight ... Professional counselor ... Professional facilitation ... professional opinion ... Right time of day, Sat/Sun 7:00 a.m ... Rigidity, which can be good ... SMART has more professionals involved. I like the techniques such as those of from the Ellis Institute. ... speaker engagements ... speakers experiences ... speakers, more people with experience using narcotics ... Stronger (larger) organization ... Structure ... support & care ... the f2f interaction ... The positive atmosphere more as a family ... The Speakers ... There are no LSR groups active here. I enjoy the fellowship of AA people and being able to help others. I also enjoy pointing out that no particular religious beliefs are necessary to get sober. ... There is not a lot of traffic day to day ... They have face-to-face in my area. ... Topics and speakers. ... Very supportive emails. ... videos ... wide availability and recognition."

Two dozen people cited personal friendship ties with other groups, or the availability of personal contact with people in locations where no LifeRing face-to-face meetings are available. For example: "Face-to-face contact. If LifeRing had face-to-face meetings here, I would go to them ... Being with sober friends that I've had for over 20 years ... interact with people outside LifeRing ... people I know, history and not many f2 groups close to me ... face to face - also go to one group meeting composed of only professionals in my field, which gives a unique perspective upon our recovery ... face time ... f2f interaction with other alcoholics ... Actually, I get much more from LifeRing but I began my recovery in 12 step programs and had already established friendships that tend to aid me in my recovery ... community ... Long term friendships. The F2F meetings I attend are in rehabs and the attendees are usually only there at most a month. ... Face to face conversation. and medications for depression and insomnia ... face to face support; camaraderie; more horror stories; free coffee; second hand smoke (ick) ... Face to face contact. I also like SMART. ... Real face to face contact with people who actually are seeking help. ... camaraderie when no one is at LifeRing chat ... face to face, people, WE need a face to face here in my town ... Meeting members in person. ... Face-to-face contact ... familiarity ... intimacy ... been going to AA for a long time, feel comfortable ... personal contact ... fellowship ... Fellowship and a greater respect for my higher power."

About 20 of the respondents mentioned religious topics, such as: "Talk about God, somewhere to spend the whole day, more meetings ... My higher power ... Strong fellowship, with old time sobriety and 12 step structure--spirituality is strong for me--active and inspiring ... Spirituality ... Open to spirituality/God as part of recovery/face-to-face mtgs in my area (NC) ... religious discussions ... Structure and professional counselors. ... 12 steps. Sponsor. ... Spirituality ... GOD ...personal sponsor ... Spiritual support from some few sincere members. ... easy to find spirituality ... spiritual foundation ... more religion and real ... my steps and my spirituality ... 12 traditions, 12 steps."

Sixteen respondents gave negative answers to this question, such as: "a feeling of powerlessness/mindlessness ... Coffee ... I do the selfish thing and go pick up a chip at those other meetings, that's all they are good for for me, so I can't say I 'go' to them really. ... I don't get much out of AA but am forced to go. ... I get more out of LifeRing ... LifeRing better ... nothing (9x) ... War stories suck. Religion pushed on me."

**Q. 18. At this time, how long do you think you will continue to participate in LifeRing?**

<input type="radio"/> Indefinitely — probably the rest of my life	188	47%
<input type="radio"/> At least another year	38	9%
<input type="radio"/> A year or less	10	2%
<input type="radio"/> Not sure at this time	147	37%
No Answer	18	4%

Nearly half (47%) said they thought they would continue to participate in LifeRing indefinitely – probably the rest of their lives. Only two per cent thought their participation would last less than one year. A large minority (37%) were unsure.

**Q. 19. Which of the following applies to you? Choose one.**

<input type="radio"/> My treatment program requires me to attend support group meetings	68	17%
<input type="radio"/> A court order requires me to attend support group meetings	7	2%
<input type="radio"/> I am attending support group meetings of my own free will	266	66%
<input type="radio"/> Not applicable -- I don't participate in support groups	38	9%
No Answer	22	5%

Two thirds of the respondents said they were attending support group meetings of their own free will. Only two per cent said they were court-ordered. Fewer than one out of five (17%) were required to attend by their treatment program. Generally, most of those whose treatment program required their attendance were in the first three months of recovery.

**Q. 20. Length of sobriety. How long has it been since your last drink or use of drugs?**

Of the 401 total responses received, 355 gave an answer to this question. The average length of sobriety for all 355 responses was 2.74 years (approximately two years and nine months). The distribution was as follows:

<30 days	78	22%
30 - 90 days	40	11%
91 - 180 days	29	8%
6 mos to <1 yr	46	13%
1 yr to <2 yrs	45	13%
2 yrs to <5 yrs	65	18%
5 yrs to <10 yrs	28	8%
10 yrs +	27	8%

The sample was spread fairly evenly across the time scale. The largest single category was those new in sobriety, defined as less than 30 days, who made up 22 per cent of the sample. Sixteen per cent had five years or more.

**Q. 21. Gender. Are you**

Female	162	40%	42%
Male	225	56%	58%
No Answer	14	3%	

The sample consisted of 58 per cent men, 42 per cent women.

**Q. 22. In what year were you born?**

All but 21 of the respondents answered this question. The average age at the time of the survey in January 2005 was 47.8 years. The distribution shows a distinct middle-age bulge. More than 80 per cent of the respondents (83%) were between 30 and 65 years old. Younger people were in very short supply in this sample. Only 5 per cent were under 30 years of age, and only two respondents (out of 401) were less than 20 years old.

>65	22	5%
50 to 65	150	37%
40 to 50	119	30%
30 to 40	65	16%
20 to 30	21	5%
<20	2	0%
N/A	21	5%

**Q. 23. What is the highest grade of school you have completed?**

Some high school or less	12	3%
Graduated from high school or GED	57	14%
Attended some college, no degree	101	25%
Associate's degree (junior college)	35	9%
Graduated from college (bachelor's degree)	95	24%
Post-graduate degree (for example, M.A., Ph.D.)	81	20%
Professional license or certificate (for example, R.N., L.C.S.W., etc.)	37	9%
No Answer	17	4%

Of the 384 people who answered this question, 97 per cent were high school graduates. More than 80 per cent (83%) had attended some college or junior college. Forty-four per cent had graduated from college, and one out of five had completed graduate school. Nearly ten per cent had a professional license or certificate. (The percentages add to more than 100 because some people checked more than one box.)

**Q. 24. Occupation. What is your current or most recent occupation?**

Of the 342 people who provided answers to this question, the largest single category was the “professional-technical,” with about 40 per cent of the sample. These numbers have to be read loosely because many of the responses could be classified in different ways. With that proviso, here is an approximate picture:

Professional/technical	137	40%
Blue collar	51	15%
Administrative	47	14%
Sales/service	35	10%
Retired	19	6%
Self-employed	15	4%
Clerical	12	4%
Homemaker	7	2%
Disabled	7	2%
Student	6	2%
Unemployed	6	2%

The “professional/technical” heading here includes such self-descriptions as “Accountant, Accounting Assistant, Accounting/Finance, Addictions Counselor And Support Worker, Air Pollution Research Specialist, Alcohol/Drug Counselor, Analyst Programmer, Architect, Architect/Builder, Archivist, Art Director, Artist, Artist/ Jewelry Design/ Dancer, Attorney, Broker, Business Professional, Chemist, Civil Engineer, Clinical Social Worker, College Instructor, Computer Help Desk, Computer Professional, Computer Programmer, Computer Sales Representative, Computer Support, Computer Technician, Construction Design, Musician, Construction Estimator, Consultant, Data Collection, Database Administrator, Dental Hygienist, Director & Insurance, EMT, Engineer, Engineer, Escrow Officer, Fisheries Observer, Geologist, Graphic Designer, Health Educator, High School Teacher, Instructor Of English, Insurance Risk Management, IT Support, Land Survey Party Chief, Lawyer, Librarian, Marketing Communications Consultant, Master Scheduler, Medical Secretary, Mentor, Meteorologist, Music (Also Telemarketing), Musician, Musician/Educator, Nurse, Optician, Paralegal, Patient Care Tech, Pharmacist, Phlebotomist, Pipe Organ Builder, Professor, Proofreader, Psychologist, Real Estate Broker, Real Estate Developer, Registered Nurse Psychiatry And Chemical Dependency, Registered General Nurse /Midwife, Research Scientist, RN, Safety Engineer, Senior Dietary Consultant, Software Developer, Software Engineer, Software QA Analyst, Sports Copy Editor, System Technician, Teacher, Teacher Credentialed Adult, Teacher Of Mathematics, Teacher Trainer, Tech. Support, Technician, Therapist/Student, Treasurer, University Professor, Vet Technician/ Admin Assistant, Veterinary Technician, Violin Teacher And Performing Freelancer, Visual Arts, Writer, X-Ray Technician.”

Approximately 15 per cent of the sample are in the “blue collar” category, which here includes such self-descriptions as: “Auto Technician, Auto Body, Bus Driver, Cab Driver, Cable Network Technician, Cable Tech, Carpenter, Carpenter & Cabinetmaker, Chef, CNC Machinist, Driver, Electrician, Electronic, Electronics Assembly/Engineering, Equipment Operator, Factory Work, Factory Worker/Machine Operator, Firefighter, Full Time Caregiver, General Motors, Hairdresser, Home Day Care Provider, Laborer, Landscaping, Longshoreman, Machinist, Maintenance, Newspaper Carrier, Pastry Chef, Printer, Roofer, Seaman, Security Guard, Tile Setter, Transit Operator, and Warehouseman.”

About 14 per cent of the sample hold “administrative” occupations, which here includes responses such as “Administrative Assistant, Admin. Assistant/ Bookkeeper/ Caterer/ café Manager, Administrator Of Research Institute, Assistant Accountant/ Student, Assistant

Manager, Business Rental Investment Property Manager, Claims Assistant (Property Insurance), Credit Manager, Customer Service Manager, Executive, Executive Director, Financial Manager, Grants Manager Nonprofit, Health Care Administrator, Hospital Unit Coordinator, Hospitality Controller, HR Senior Rep., Human Services, Human Services Program Mgr., IT Administrator, IT Consultant, Live Music Venue Management, Manager (Behavioral Health Setting), Manager/ Administrator, Non-Profit Administrator, Office Manager, Operations Management, Project Management, Project Manager, Resident Manager At Senior Residence, Retail Manager, Service Manager, Social Detox Unit Manager, and Warehouse Foreman."

The "sales/service" heading (10% of the sample) here includes such self-descriptions as "Bank Customer Service, Bartender, Bookseller, Burger King, Call Center Associate, Customer Service, Museum Aide, Retail, Retail Sa-s -- Photo, Sales, Sales Rep., Server, Service, Social Worker, Store Man In Hospital Supplies, and Travel Sales."

### Q. 25. Ethnicity

White	308	77%	81%
Black	21	5%	6%
Hispanic	15	4%	4%
Native American	4	1%	1%
Asian / Pacific Islander	5	1%	1%
Mixed	15	4%	4%
Other	13	3%	3%
No Answer	20	5%	

About 80 per cent of the sample are white. Black respondents at 6 per cent and Hispanic respondents at 4 per cent make up the largest minority groups in the sample. The "other" responses were "Vulcan, Creole, Dutch/Indonesian, White/Native American, Private, and 2-legged." Twenty people did not answer.

### Q. 26. Religious background. As a child, I was raised

Protestant	142	35%	38%
Catholic	95	24%	25%
Jewish	16	4%	4%
Other religion: _____	32	8%	8%
None	92	23%	24%
No Answer	24	6%	

Of the 377 people who answered this question, the largest single group was Protestant (38%), with Catholic second at 25 per cent. The "other" group consists of Unitarian-Universalist (5 persons), mixed Protestant/Catholic parents (5), Mormon (2), Buddhist (2), and one "Tiny religion from India – my parents were hippies." All together, more than three fourths of the respondents (76%) were raised in a religion.

**Q. 27. Religious participation. In the past year, I have attended church (synagogue, temple, etc.)**

Regularly, practically every week	37	9%	10%
About once a month	32	8%	9%
Once or twice during the year	83	21%	22%
Not at all	221	55%	59%
No Answer	28	7%	

Slightly more than forty per cent of the 373 persons who answered this question reported attending church (synagogue, temple, etc.) at least once or twice during the past year. Nearly one out of five (19%) attend about once a month or more frequently. Nearly sixty per cent (59%) did not attend church at all during the past year.

**Q. 28. What substances have you used more than once or twice? (Check all that apply.)**

Alcohol was the clear leader in this area. But the 380 people who wrote in an answer also named a wide range of other drugs. Ranked in descending order, the people in the sample used the following substances "more than once or twice:"

Alcohol	359	90%
Tobacco	265	66%
Marijuana	260	65%
Cocaine powder	157	39%
Rx pain killer	118	29%
Rx sedatives, tranquilizers	107	27%
Methedrine, methamphetamine	74	18%
Club Drugs	66	16%
Crack Cocaine	55	14%
Heroin (opium, methadone)	41	10%
Psychedelics	34	8%
Other	7	2%

The "other" category included butane, nitrous oxide, industrial solvents, and caffeine. Several people who wrote in remarks such as "You name it" were unclassified. The percentages add up to more than 100 because many people checked more than one box.



**Q. 29. In the past year, have you received some type of professional counseling or treatment for substance use issues?**

Yes. Please describe: _____	176	44%	47%
No	200	50%	53%
No Answer	25	6%	

Of the 376 people who answered this question, slightly fewer than half (47%) had received some type of professional counseling for substance abuse during the past year.

Nearly 100 respondents described the type of treatment they were receiving. More than 60 of these cited outpatient treatment at a variety of facilities (including Kaiser Chemical Dependency Recovery Program, Homewood, Henry Ohloff, and VA Hospital). Thirty-five people described various kinds of counseling or therapy, including alcohol/drug counseling, addictions counseling, PTSD counseling, grief counseling, psychotherapy generally, family counseling, and dual diagnosis therapy. This included both individual and group settings. Nearly 20 mentioned inpatient treatment, including New Leaf, Stonehenge, Richard C. Ward, Marwood, Baker Places, Merritt-Peralta Institute, and Father Martin's Ashley. Twelve people mentioned treatment from a medical doctor, including psychiatrists. Two people described being hospitalized, and one described treatment as "probation." Many respondents mentioned more than one type of treatment.

**Q. 30. In the past year, has a health care professional told you that you suffer from:**

Clinical depression	119	30%	33%
Anxiety disorder	60	15%	17%
Panic disorder	24	6%	7%
Bipolar disorder ("manic depressive")	25	6%	7%
Attention Deficit - Hyperactivity Disorder (ADHD)	17	4%	5%
Schizophrenia	2	0%	1%
Other: _____	6	1%	2%
No, none	197	49%	55%
No Answer	40	10%	

Of the 361 people who answered this question, close to one half (45%) had in the past year been told by a health care professional that they suffer from one or another mental disorder, with clinical depression by far the most frequent diagnosis (33% of all the respondents). Anxiety disorder was in second place with 17 per cent of the respondents. Among the "other" diagnoses was Post-Traumatic Stress Disorder, Anorexia Nervosa, and Obsessive-Compulsive Disorder. More than half (55%) had not received a diagnosis. The numbers add to more than 100 per cent because some people cited more than one disorder.

[End]