Financial wellness in addiction and recovery: hard truths and real consequences

The addiction epidemic, its financial impact, and how those in recovery get trapped in between

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Addiction is not only the most daunting health crisis facing Americans today;\(^1\) it’s a financial nightmare.
"Recovery is not just tough physically, mentally, and spiritually. There are financial barriers in place that make it harder to build yourself a new life. People in recovery are incredibly resilient, and financial tools should match."

- Kai Stinchcombe, CEO of True Link
Executive Summary

Last year, the Department of Health and Human Services declared the opioid epidemic a public health emergency. Like the opioid crisis, the addiction epidemic not only affects people’s health, but it also leaves a lasting impact on their finances. Yet little attention is given to the many financial aspects of recovery. This white paper explores the financial costs and consequences of addiction, as well as the financial challenges that persist into recovery. True Link surveyed 149 friends and family members of people with a substance use disorder (SUD) about the financial challenges and experiences associated with recovery and also conducted interviews, including three case studies with affected individuals.2

» 82% said their loved one experienced adverse financial effects due to their SUD.

» 48% reported their loved one drained their savings or retirement accounts; 43% reported additional medical or legal expenses; 42% said their loved one sold assets to gain access to cash; and 11% said their loved one filed for bankruptcy.

During recovery, financial challenges continue. In fact, eight in ten adults with a loved one who has an SUD agree that regaining control of one’s finances is among the biggest obstacles for those in recovery. According to Dr. Daniel Bober, Medical Director of Lifeskills South Florida, “Being in control over money is an essential part of recovery.” Being able to make typical day-to-day purchases, like buying a transit pass or gas for a car, is necessary for people recovering from an SUD in order to re-enter the workforce and rebuild many other aspects of their life. Paradoxically, people with a loved one who has an SUD also worry about them having access to cash, which in some cases can jeopardize recovery.

» 77% felt that their loved one having access to cash could result in relapse.

» 72% said that no matter how well someone manages money during their addiction, managing money during recovery is even harder.

» 87% said that banks or credit card companies do not offer much help to people with SUDs as they try to regain control of their financial lives.

Despite the risk of relapse, there are few tools or products to help people in recovery safely and easily conduct financial transactions.
Introduction

It’s no secret that substance abuse and addiction are having a profound effect on our families, our communities, and our country. While the opioid crisis is making media headlines, drug overdose overall is the leading cause of death among Americans under the age of 50. The number of Americans killed each year in drug-related deaths exceeds the number that die as a result of either car crashes or firearms (Figure 1).

» Nearly half of all Americans (44%) have a loved one who is dealing with a substance use disorder now or who has dealt with one in the past.

» Nine in ten Americans say that addiction is a problem in their community.

» In 2017, 72,000 Americans died as a result of substance use, and the majority of those deaths were opioid-related.

» While 20.1 million Americans aged 12 or older meet diagnostic criteria for a substance use disorder, only 3.8 million received treatment for one in the last year.

The current epidemic of addiction is also changing – for the worse – one of the longest-standing measures of improved living conditions: life expectancy. For the first time in more than 50 years, life expectancy in America has fallen for three years in a row – the result of people dying from SUDs and related causes.

The average baby born in 2017 can expect to live to age 78.6, down from a life expectancy high of 78.9 years for a baby born in 2014. While that 0.3 of a year may sound insignificant, data released in November 2018 points to the life expectancy trend falling again for 2017. The only other time there’s been a three-year trend decline in life expectancy was between 1916-1918, when the worst flu pandemic in modern history, which killed an estimated 50 million people worldwide (including 675,000 Americans) coincided with the height of World War I.
Experts agree that recovery should treat more than just physical well-being\textsuperscript{12-16} – treatment should include financial well-being

While professionals in the field increasingly emphasize treatment outcomes for the whole person, people encounter significant financial challenges during recovery that often aren’t addressed: from repaying debt and rebuilding credit, to regaining a normal financial life. In our work with recovery programs across America, we often hear about truly difficult financial situations that clients face before, during, as well as after their stay at treatment facilities, and how those circumstances jeopardize sobriety and create obstacles to recovery.

"Rehab, support groups, Alcoholics Anonymous (AA), and Narcotics Anonymous (NA) meetings showed me ways to deal with spiritual, emotional, and even physical aspects of recovery. Yet, what I wasn’t prepared for was the financial side of things."

- Andy Macia, eight years sober, as reported on The Mighty\textsuperscript{16}

*Data for mortality due to firearms have not been released for 2017*\textsuperscript{3}
Financial costs and consequences

While addiction gets significant attention in the media and from the government, there is nonetheless a lack of public discussion about the financial toll that addiction and recovery take on the lives of people with SUDs and their families.

True Link conducted a national survey of Americans aged 18 and older to gain insight into the financial costs and consequences facing people in recovery from SUDs (see Methodology for details). Eighty-two percent of respondents said their loved one experienced adverse financial effects.

Substance use disorders come with a variety of financial issues, as shown in Figure 2. According to those respondents whose loved ones had experienced financial repercussions as a result of their SUD, there is a wide range of consequences, including:

» 48% who reported their loved one drained savings or retirement accounts
» 43% who reported additional medical or legal expenses
» 42% who said their loved one sold assets to gain access to cash
» 11% who said their loved one filed for bankruptcy
More than one-third (34%) have overdrawn a bank account, and nearly one-quarter (23%) have turned to pay advances, quick-cash loans, high-interest loans, or other financial products.

**FIGURE 2: Adverse financial effects of substance use, as reported by friends or family members of person with an SUD**

- **A.** Borrowed and/or asked for money from me or others (65%)
- **B.** Neglected necessary bills/had bills go into collection (e.g. utilities, rent, student loan, taxes, etc.) (50%)
- **C.** Depleted their savings (e.g. spent money from savings accounts or retirement accounts, etc.) (48%)
- **D.** Had additional medical or legal expenses (e.g. treatment or hospital bills; lawyers’ fees, bail/bond payments, etc.) (43%)
- **E.** Sold their assets to gain access to cash (e.g. took items to a pawn shop, sold online, etc.) (42%)
- **F.** Negatively impacted their credit score (39%)
- **G.** Overdrew their bank accounts (34%)
- **H.** Took out a pay advance, quick-cash loan, high-interest loan, credit card advance, etc. (23%)
- **I.** Filed for bankruptcy (11%)
Regaining a normal financial life: An essential part of recovery

Data from our survey highlights how addictions can create serious financial strains that often persist into recovery. People in recovery face numerous financial challenges: depleted savings, outstanding debts to family, friends, or businesses, difficulty accessing credit, and more. These financial challenges can be daunting. Recall that eight in ten adults with a loved one who has an SUD believe that regaining control of one’s finances is one of the biggest obstacles for those recovering from an SUD. One particular problem area: conducting simple financial transactions.

People in recovery must be able to safely purchase what they need when they need it. Being able to make typical day-to-day purchases, like buying a transit pass or gas for a car, is necessary for people recovering from an SUD in order to re-enter the workforce and rebuild many other aspects of their life after addiction. Though important, making these purchases safely isn’t necessarily easy.

In addition to worrying about a loved one’s ability to conduct essential financial transactions, people who have a loved one with an SUD worry about that person’s access to cash, which in some cases can jeopardize recovery. Seventy-seven percent of respondents say they feel that their loved one having access to cash could result in relapse. Additionally, people in recovery having access to cash can be as much a challenge to sobriety as not being able to purchase everyday items.

“Certainly addiction affects someone’s finances. Being in control over money is an essential part of recovery.”

- Dr. Daniel Bober, Medical Director, Lifeskills South Florida

These financial difficulties profoundly affect the individual in recovery but often also extend to their family members, who have frequently provided financial support in the hope of helping their loved one get healthy, (e.g. through paying for the cost of treatment or providing them with money intended to cover rent or living expenses). Sadly, people in recovery, and their families, often feel left alone to address these serious financial challenges without adequate access to or support from financial services providers.
The financial challenge for people in recovery extends beyond the difficulty of making simple purchases. Many people with a loved one who has an SUD worry about that person’s ability to conduct essential financial transactions like filling up the gas tank in a car to attend a 12-step meeting. While carrying cash solves the problem of buying everyday items like toothpaste or a transit pass, access to cash can actually endanger someone’s recovery. Respondents overwhelmingly agree (77%) that access to cash could result in a relapse and 64% believe that keeping cash from someone with an SUD could help reduce the chance of a relapse.

While not everyone who has a loved one with an SUD provides them with financial support, cash was nonetheless the most popular method for doing so. In our sample, 100% of respondents who did choose to financially support a loved one with an SUD gave them cash.

“I know cash can be most dangerous because it’s the most obvious and primary way people buy drugs ‘on the streets’; but at the same time, giving him $20 here and there somehow felt ‘safer’ than giving him a jointly-issued credit card. In hindsight, I wish I would have considered prepaid credit cards or gift cards. Then, I would’ve had full control over how much money I load onto the card.”

-True Link survey respondent
**Banks fall short**

Although cash can be dangerous, there are few tools or products to help people in recovery safely and easily conduct financial transactions:

» 87% of respondents said that banks or credit card companies do not offer much to help people with an SUD as they try to regain control of their financial lives.

» 77% said they wish there were tools that offered financial guardrails to help their loved one regain independence in recovery.

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**FIGURE 3: Financial effects of substance use, as reported by friends and family members**

A. Have financially supported their loved one with an SUD by giving them cash

B. Worry that if their loved one has access to cash, it could result in relapse

C. Believe that removing cash from the home of someone with an SUD could help reduce the chance of relapse

*Among those who have financially supported their loved one with an SUD*
“From my own experience and working with people in recovery, it’s so overwhelming. As people go through addiction, they accumulate all these disadvantages: They end up with worse interest rates; they have credit card debt; some have a criminal record. All this makes it harder to get employment or receive employee benefits. Then, if they have to go to the ER, they end up having to pay out of pocket. There are constant economic barriers everywhere people [in recovery] turn.”

- Alex Elswick, Senior Extension Associate for Substance Use Prevention and Recovery, University of Kentucky / Co-founder, Voices of Hope

Three case studies

While data points on the financial toll of SUD are helpful, the stories told by people on the front lines – those in recovery and those working in the industry to support them – are among the most powerful tools for understanding the multifaceted and complex financial challenges facing people in recovery. Here are three of them:

» Billy, who shares the challenges he faced trying to access funds and purchase incidentals while in a treatment program

» Virgil, who shares his struggle accessing basic banking services

» Addison House, a transitional living facility in South Florida, whose CEO discusses the value of providing residents with financial tools that safely offer independence and accountability

Told by the people who experienced them, these journeys – like those of many others – reflect the wide range of financial pitfalls that can compound during addiction and in recovery.
Case Study One
Rebuilding a life requires easy but safe access to funds

Working in the entertainment industry, Billy was immersed in a world where parties were part of the job: “Partying carried into my professional career, shoulder-to-shoulder with celebrities. I used ‘cool’ party drugs and gambled. At first, I had some success with gambling. I built up a pile of money. I had credibility, and my friends would ask me for loans when they needed money.”

“I was in a good industry,” Billy notes, “making good money, and building my life. I worked my way up in the industry quickly. I never leaned on my parents for financial support.”

But winning streaks don’t last and Billy began to lose. He says, “I started borrowing money from friends and managing the timelines of many transactions and debts: I started shuffling money around. I’d ask someone, ‘Can you give me $2,000 today, and on Friday I’ll give you back $4,000?’ That worked for a while.”

Once he had cashed in all the favors he could among friends, he began asking his parents for money. Eventually, they, too, refused him. His parents lost trust in him because, as Billy admitted, “I’d spend any money I got on gambling or putting it
up my nose. Paying debt to people I owed and getting money for gambling were top of the priority list.”

Trying to hold his life together, Billy admits he started “pulling mad loans, refinancing and selling my assets, my cars, and refinancing my home.” He even lost the business he had built.

Finally, Billy hit rock bottom. “At the end, I was sick of lying, sick of doing drugs, and sick of being dead broke. Then, I came back to life. Literally.” He woke up in a hospital after being revived from a suicide attempt, found the will to live, and started treatment.

“Early in my recovery, I realized that I have no money, and no one trusts me to give me money.”

Providing financial support to a loved one in recovery can be logistically challenging – not to mention emotionally fraught. Billy recounts what he and his family went through: “My parents didn’t trust me to give me money, but I still needed to get a haircut, to buy deodorant.”

His parents would go to the post office and buy a Visa gift card, mailing it to Billy in a treatment center at the other end of the state. It would often take a week to get to him, so it was hard to get money when he needed it.

“It was a great relief, but only sort of. This type of gift card was only good for certain things. I couldn’t buy gas. I couldn’t buy things online. I couldn’t use it at barbershops; they only take cash.”

“If I was at a restaurant with friends, I’d be sweating because I wouldn’t know if my card was going to work or not. I couldn’t do everyday things. Is this store going to accept it? What if they don’t? I was always in fear.”
Purchases with pre-authorization holds meant that a lot of the funds on the gift card were inaccessible, so Billy didn’t have much left over. These holds would take a long time to clear, and there’d be long delays to get funds back on the card. Billy also reported some stores declined to accept the card because it didn’t have his name on it. He felt frustrated:

“\(\text{It made me feel less. Less than.}\)"

To remedy the problem, Billy’s mom added him as a co-signer on her bank account, and the bank gave Billy a card in his name. He thought he’d no longer encounter merchants declining his card because now his name was on it. But, without warning, the bank canceled the card a few weeks later. They had found out about Billy’s credit and financial history.

With so many obstacles in the way of his recovery, Billy felt every time he needed money, he had to “find a 7-Eleven or a liquor store where they let me buy something and get cash. It was a huge financial inconvenience.”

Recovery is challenging enough on its own, but Billy and his family faced many hurdles figuring out how to get money to him. Like Billy, too many people in recovery lack safe and easy access to funds that are critical in helping them rebuild their lives.
Virgil admits that when he was using, “I’d do anything. I knew my finances were already bad. I didn’t care if it got worse…. I would do anything I could: take credit cards, overdraw my balance, take out a payday loan. I wrote checks to myself from an old checkbook and deposited [them] to my account so I could take out money at an ATM.”

During the thirteen years he was actively using, and the more than five years of sobriety since, he faced many barriers to rebuilding his life. He shares,

“When [I was] nine months sober, my mom told me she was so happy that I’m sober – but the rest of the world doesn’t give a shit.”

One major challenge was accessing financial services. When he had some steady income, Virgil tried to open a bank account where he could set up direct deposits. “I went bank to bank to bank to bank to find somewhere I could get my paycheck sent,” he remembers. “I couldn’t do direct deposit anywhere. I had to use a paper check.”
Without being able to directly deposit money, let alone own a bank account, Virgil explains, “I had to get new paychecks reissued any time there was a problem.” He would have to ask his employer (or others) to recut a check, or else risk potentially not be able to pay his bills on time, and sometimes he ended up having no access to cash on weekends or bank holidays.

When he went into a bank, he felt dismissed.

“They’d say, ‘You still owe thousands of dollars and your credit score is a 480.’ They said I’d have to pay it off in order to become a customer again,” he recalled.

In desperation, Virgil sought another option: a credit card. But, he clarifies, “I had to pay for a secured card to get my credit score up. I actually had to give Bank of America $100 for them to give me a credit card that had a $100 limit,” essentially providing the credit for himself.

Left without access to the financial services he needed, Virgil admits that he chose the safest place he had to store all of his financial life – his car:

“I locked all my money in my glove box. Everything was in the glove box of my car: money, stacks of paystubs, all my financials….My ‘bank’ was at risk of being stolen.”

Unable to pay in anything but cash, Virgil often ran into situations where this just
wasn’t an option, like making purchases online. Sometimes, he could ask others to help him out and buy things on his behalf. He shares:

“I had to get friends to help me get a cell phone; I couldn’t. I could never make rent payments. I couldn’t book tickets, like events or travel. I had to ask people.”

Virgil reflects on the disconnect for many people between reaching sobriety and getting back on one’s feet financially. Indeed, he describes his financial recovery as taking much longer. “I struggled with [my finances] for a long time,” he says, describing how hard he had worked to teach himself basic financial skills. “No one ever taught me when you have a credit card limit, that you’re not supposed to use that whole thing... I took the long route [to financial health] because I had to figure it all out on my own,” he says.

That’s why he started asking people at his AA group about finances. “I’d ask them for tips. Someone told me about a credit union. I said, ‘What’s a credit union?’” When he went to one, it was a different experience. He recalls, “It was the first place that ever let me open a checking account. It felt awesome. I’m still banking with them. It was a really big thing for me to get approved at a bank, to know I was a member, and I wasn’t getting kicked out.”

Recovery isn’t easy, but it can be even more challenging when it’s impossible to access basic financial services, like a bank account or a credit card. It’s also more challenging if you don’t have a high degree of financial literacy and skills to draw upon.

Most people, he says, see those in recovery, especially those early in recovery, just one way: “We’re bad investments.”

But Virgil acknowledges he has the opportunity to rebuild. With time he feels that he “became more and more worth a shot,” and, in fact, he shares that he “just got [his] credit card limit raised.”
Addison House is a highly structured transitional living facility (aka sober living home) in Boynton Beach, FL, serving men early in their recovery from substance use disorders. Because Addison House is a cashless facility, a requirement for admission to the South Florida home is consenting to have your wallet locked away in the safe; instead, upon arrival all residents are issued a customized card that is designed to help people in recovery avoid relapse, which they use for the duration of their stay.

Founder Haynes Young appreciates the structure and accountability the cards provide – a system Addison House has been using since 2014.

“We’ve had four situations in the past few years, with four different guys, where, if not for the [card], a resident would have returned to use,” he says.

When they first opened, Addison House relied on cash to provide the residents with a weekly grocery budget of $125. After a few promising one-month trials with residents, the center made using the card a requirement.

Addison House balances structure with increasing opportunities for independent decision-making and activities. “Right from day one, one of the first things we
do is have a budget meeting. Our residents need to figure out how they’re going to spend that $125, and then later adjust it when they start having more employment income,” Haynes says.

Addison House staff think of the restricted card as a safety net.

Haynes explains, “[We] say to our residents, ‘I hear you, I trust you, and I’m also going to verify what you’re saying.’ Because I can see when and where they’re spending – or trying to spend – money, it provides another layer of accountability.”

“We look at the card as guardrails to help keep people focused on recovery.”

Haynes shared two situations when one of the card’s features, the ability to block purchases that would lead to relapse, provided vital support to clients during especially challenging and emotional days – days when someone’s past escapes, like getting high or drunk, are most tempting.

Meet Albert:

A resident of Addison House for two and a half months, Albert was having a rough time. He was feeling overwhelmed by his family, his bills, and his creditors. The staff talked with him about these stresses and expressed their concern for him. “He admitted he was having cravings but assured us, ‘I’m fine. It’s good.’” Two days later, he was walking home to Addison House after a rather intense therapy session when someone he passed on the street offered him the chance to buy drugs. Without cash in his pockets, Albert couldn’t make the purchase. Had the restricted card not been available, the cash he would have had to carry instead would have allowed him to return to use.
Meet Tom:

Tom had only been a resident of Addison House for about two weeks when he began feeling uneasy and frustrated. He left the house and headed to Walmart. “Soon after he left,” Haynes says, “I got notifications … about repeated declined charges and knew he was in relapse mode.” Even though there was a fee for each declined charge, those fees weren’t enough to stop Tom from trying to buy alcohol. Haynes continues, “From the alerts about the declined charges, we knew where he was, so one of the staff drove to Walmart to intervene. We de-escalated him and returned to Addison House for a more in-depth discussion.”

Addison House has learned an especially useful lesson about using the card: It’s important to help family members understand how the card works. Having someone use a restricted card – and banning the use of cash and gift cards – isn’t punitive. The card is one of several tools that help keep a loved one safe and en route to financial literacy and independence.

One of the major aims of Addison House staff is to provide structure, accountability, and life-skills coaching to residents during their first year of recovery, helping them chart the most effective path to success and sustained sobriety. Through their use of the card system, Addison House’s residents can develop some of those essential life skills, while also having the sense of autonomy they really yearn for.

“It’s a great tool when trying to change someone’s behavior. I can’t imagine doing my job without it.”
Conclusion

Millions of Americans face financial barriers to recovery

Millions of Americans are trying to recover, yet they face daunting financial challenges and have little support from banks or other traditional financial service providers to help them regain control of their finances. The dearth of supportive financial services can put someone in recovery at greater risk of relapse during inevitable moments of vulnerability. Seventy-two percent of survey respondents say that no matter how well someone manages money during their addiction, managing money during recovery is even harder.

True Link’s Commitment

The True Link Card was developed to help prevent setbacks while encouraging positive behaviors, to help enhance people’s independence and autonomy over their financial lives – because that’s an essential part of their recovery.

About True Link

The True Link Card for Recovery was created in 2012 by three co-founders who met in Delray Beach, Florida, while recovering from drug and opioid addiction. Their goal was to help people in early recovery avoid relapse by putting into place self-imposed spending restrictions, adding tools for families and sponsors to monitor the situation, and blocking access to cash, bars, liquor stores, and other problem transactions. In 2016, the company found a home within True Link Financial, a firm that provides investment services and financial tools for vulnerable populations, giving the team resources to further develop the life-saving product. The True Link Recovery team includes members on their own recovery journeys who truly understand how the product can transform lives. Since the merger, the business has increased the number of customers served by twentyfold and now partners with families and recovery centers in all 50 states.

True Link Advisors, LLC. is an investment advisor registered with the SEC and a wholly owned subsidiary of True Link Financial, Inc. The True Link Card is issued by Sunrise Banks N.A., St. Paul, MN 55103, Member FDIC, pursuant to a license from Visa U.S.A. Inc. The card may be used everywhere Visa debit cards are accepted. Use of this card constitutes acceptance of the terms and conditions stated in the Cardholder Agreement.
Methodology

A national survey on finances and substance use disorder

True Link conducted a national survey of 341 Americans aged 18 and older to gain insight into the financial costs and consequences facing people in recovery from a substance use disorder. In our nationally representative sample, 149 respondents (44%) reported having a loved one with any type of SUD and were then asked about the financial challenges and experiences in that person’s recovery, as well as a few demographic details. The survey was fielded online using SurveyMonkey Audience Panel, from August 26-27, 2018. If any respondents had greater than one loved one with an SUD, they were asked to answer the survey questions keeping only one person in mind.

In addition to the survey, we conducted more than a dozen interviews with people on the front lines – those either in recovery and/or who work in the industry, including clinicians, recovery center staff, policymakers, and advocates. The insights gleaned from different perspectives brought significant value to understanding how people navigate complex situations to address their financial needs during the course of their addiction and recovery.

As shown in Figure 4:

» Substance use: Seventy percent of survey respondents reported that their loved one’s SUD involves alcohol, 29% an opioid or prescription painkiller, and 38% said it’s another drug. Thirty-seven percent said their loved one’s SUD involves more than one substance.

» Relationship to their loved one with an SUD: Seventeen percent of respondents reported their loved one with an SUD is their parent, stepparent, or parent-in-law; for 14%, it’s a current or former spouse or partner; for 13%, it’s a child or stepchild; 11% a sibling; 4% a grandchild; 24% some other family member; 10% a friend; and 6% prefer not to specify the relationship.
**FIGURE 4: Survey respondents***

Relationship to person with SUD:  

This person is my...

A. Parent, stepparent, or parent-in-law (17%)
B. Current or former spouse/partner (14%)
C. Child or stepchild (13%)
D. Sibling (11%)
E. Grandchild (4%)
F. Some other family member (24%)
G. Friend (10%)
H. Prefer not to specify (6%)

Substance use:  

This person’s SUD involves...

- **70%** Alcohol
- **37%** Polysubstance use
- **29%** An opioid or prescription painkiller
- **38%** Other drug or substance

*If any respondents had greater than one loved one with an SUD, they were asked to answer the survey questions keeping only one person in mind.*
Endnotes


2. True Link national survey of 341 Americans aged 18+, conducted online using SurveyMonkey Audience panel and fielded August 26-27, 2018.


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