THE RECOVERY EPIDEMIC!

Neil Campbell, Executive Director
OACBHA ROSC Conference
Columbus, Ohio
December 4, 2018
Objectives

- Learn the essential elements of a ROSC

- Recognize the vital role of peer-based recovery support in a ROSC

- Learn the tangible steps taken in Georgia to develop recovery supports for diverse populations, including prison reentry and young people

- Identify concrete things that your community can do to support recovery
Who We Are

Mission
To increase the impact of recovery in Georgia’s communities through education, advocacy and training

What We Do

• We educate, advocate and create safe and empowering environments that support the dignity and value of what’s right and what’s working with individuals, communities and systems.

• We are guided by the belief, value and principle that through many pathways of self-directed care, recovery is possible for everyone. We nurture hope by supporting others with empathy, compassion and integrity.

• As a result, we facilitate connections and conversations among people combatting the discrimination faced by individuals & families confronted with substance use challenges and disorders. We do this to save lives and bring hope, joy and happiness and to create a world where recovery is promoted, valued and sustained!

• We promote evidence-based, culturally competent, person-centered treatment services and peer recovery supports that assist in achieving progressive and long-term recovery that includes being productive, contributing members of the community and eliminating the substantial public health, public safety, and economic consequences of alcohol and other drug use.
CARES (Peer Recovery Coaches)

"Somebody Finally Asked Me"

Emergency Dept. & NICU

Technical Assistance: Connecting to Recovery

CARES for Young People

Recovery Community Development

Social Media

Recovery Month Mini-Grant Program

Motivational Interviewing & PCOMS

Criminal Justice Reform

ADVOCACY
The problem

- The number of opioid overdose deaths in the United States were five times higher in 2016 than 1999 (CDC).
- In Georgia between 2010 and 2016 alone, the overdose death rate rose from 10.7 to 13.3 deaths per 100,000 (CDC).
- In 2017, 1,534 people died from such overdoses in Georgia, up from 1,206 in 2014 before, a 21% increase in 3 years (CDC).
- Georgia ranks 11th in the number of overdose deaths in the nation.
Trajectory of overdose deaths in US since 1980

Figure 1. Drug Overdose Deaths per 100,000 in the United States

Source: 1980-2008: CDC Data Brief available at https://www.cdc.gov/nchs/data/databriefs/db81_tables.pdf#1
Overdose deaths since 1999:
Hispanic/Black Non-Hispanic/White Non-Hispanic

Overdose deaths among Non-Hispanic Whites have risen dramatically since 2001.
Number of Injury Deaths by Drug Poisoning, Suicide, Homicide, Firearms, and Motor Vehicle Crashes in the United States
1999-2014
People of color and whites use alcohol and other drugs at essentially the same rates
Substance Use Among US Adults

- Very Serious Use
  - Treatment
    - In Treatment: ~ 2,300,000
  - Addiction: 23,000,000
- “Harmful Use”: 65,000,000
- Little or No Use
  - Prevention
  - Little/No Use
Substance Use Cost in Healthcare

Very Serious Use

In Treatment ~ 2,300,000

Addiction 23,000,000

“Harmful Use” 65,000,000

Little or No Use

$80 B Yr

$40 B Yr
Long Reach of American Corrections...

<table>
<thead>
<tr>
<th>Georgia</th>
<th>Correctional Population</th>
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<tbody>
<tr>
<td></td>
<td>State/Federal</td>
<td>Combined</td>
<td>Share of Adults</td>
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<tr>
<td>Probation</td>
<td>435,361</td>
<td>7653</td>
<td>461,823</td>
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<tr>
<td>Parole</td>
<td>23,111</td>
<td>2,5863</td>
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<td>49,337</td>
<td>5,8714</td>
<td>45,7325</td>
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<tr>
<td>Jail</td>
<td></td>
<td>45,7325</td>
<td></td>
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<tr>
<td>Total</td>
<td>562,763</td>
<td>1 in 13</td>
<td>1</td>
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</tbody>
</table>
How are we responding differently?

• Health inequities and structural racism have fed the situation we’re facing today.

• Our response in the 1980’s as a society was one of shaming and criminalization.

• Social and political reactions we see in the current opioid crisis differ dramatically from the criminalized approaches of the “War on Drugs” now that Non-Hispanic Whites today make up more than 80% of overdose deaths.

• Today there are calls for a more compassionate response, greater public investment in overdoes prevention, and risk reduction in legislatures, among law-enforcement officials, in the medical profession, and in society at large.
We Are Ready!

Recovering.....
Please Wait
Dyads

Person A – What helped you come back from something difficult?

2 minutes

Person B – LISTEN!
What Helps?

- Family
- Support
- Friends
- Forgiveness
- *Faith
- Compassion
- Resiliency
- *Helping others

- Meaningful work/career
- Time
- Education
- Hope
- New beginnings
- Taking action
The Likelihood of Sustaining Abstinence Another Year Grows Over Time

After 1 to 3 years of abstinence, 2/3rds will make it another year.

After 4 years of abstinence, about 86% will make it another year.

Only a third of people with 1 to 12 months of abstinence will sustain it another year.

But even after 7 years of abstinence, about 14% relapse each year.

Source: Dennis, Foss & Scott (2007)
What does recovery look like on average?

**Duration of Abstinence**

1-12 Months

✓ More clean and sober friends
✓ Less illegal activity and incarceration
✓ Less homelessness, violence and victimization
✓ Less use by others at home, work and by social peers

1-3 Years

✓ Virtual elimination of illegal activity and illegal income
✓ Better housing and living situations
✓ Increasing employment and income

4-7 Years

✓ More social and spiritual support
✓ Better mental health
✓ Housing and living situations continue to improve
✓ Dramatic rise in employment and income
✓ Dramatic drop in people living below the poverty line

1970: Hughes Act created NIAAA & an advocacy vision

Treatment and Recovery

1970

Recovery

Treatment

Today

Recovery

Treatment
One System’s Activities to Create and Sustain a Recovery-Oriented System of Care

- **2001** – MH Consumer Network – solidifies peer-based recovery support – 1st in the country to be Medicaid billable
- **2005** – SSA asked for certified peer specialists for addiction – was turned down
- **2007** - Developed peer-run service community organizations – “Peer Support, Wellness & Respite Centers”
- **2009** – ROSC Symposium – Bill White, Ijeoma Achara – 200+ participants
- **2010** – Certified Recovery Empowerment Specialists. 348 trained addiction peer specialists to date
- **2011** – gathering of MH, AD PIR, providers, advocates – create the Georgia Recovery Initiative
One System’s Activities to Create and Sustain a Recovery-Oriented System of Care

2012 – 18 community-based Recovery Month events
  • 6 Statewide Listening Sessions – What Helps?
  • Establishment of Office of Recovery Transformation

2013 – *Voice of Recovery* at every state BH new employee orientation – takes place at regional psychiatric hospitals
  • 25 Recovery Transformation Forums
  • GRI continues it’s work, creates strategic vision, receives funding through statewide non-profit organizations
  • Pre-screening of “The Anonymous People” for 450 ppl

2014 – Strengthen partnerships with Georgia Mental Consumer Network, Georgia Parent Support Network
  • Collaborations with local recovery leaders

2015 – Continued technical assistance to 9 sites and facilitated 9 recovery symposiums
MANY PATHWAYS to RECOVERY
Peer-Based Recovery Support

CARES
CERTIFIED ADDICTION RECOVERY EMPOWERMENT SPECIALIST
Certified Addiction Recovery Empowerment Specialist (CARES)

- Focus Groups around the state

- Meetings with key stakeholders

- Who’s with us?

- Workforce development initiative from DBHDD/Office of Addictive Diseases (SSA)
CARES Founders – Me & George Braucht
CARES – Georgia’s Peer-Based Recovery Support for Addiction

MISSION
The mission of Georgia CARES is to promote long-term recovery from substance use disorders by providing experienced peer support and advocating for self-directed care.

Vision
We envision a recovery-oriented system of care that supports self-directed pathways to recovery by building on the strengths and resilience of individuals, families and communities.

Our Values
Hope  Wellness  Diversity  Recovery  Integrity  Commitment
CARES Core Competencies

- Recovery Groups
- Individual Recovery Check-Ins
- Recovery Advocacy
  - Self
  - Peer
  - System
CARES Certification Program

➢ Four Academies a year
➢ For each Academy – 55 – 70 applicants
➢ Each application reviewed and evaluated by 2 CARES
➢ Group Interview – 10-13 per group, 3 groups in one day
➢ 16-20 Accepted – generally 20
➢ Over 585 CARES Completed Academy
➢ Workshops offered to help people be successful in the application process
➢ Individual Coaching offered to those interested
CARES

CARES Connect

Monthly webinars

Training opportunities

Motivational Interviewing

Intentional Peer Support
What are CARES doing?

• Starting and Staffing RCOs
• Services in the public BH Delivery system, VA, Private Providers
• Leadership – CEO, COO, Director of Office of Recovery Transformation, Managers and Directors
• Forensic Peer Specialists – working with Corrections and Community Supervision
• Program Development and Implementation across the spectrum
• Volunteers
Creating a Recovery-Oriented System of Care in Georgia
Recovery happens in the community.....
Dyads

Person A – Tell the story of how you came to be here today...

2 minutes

Person B – LISTEN!

SWITCH!
Building Collaboration: Symposiums in Georgia

GCSA/ GMHCN Role
➢ Coordinate and support a successful gathering celebrating recovery
➢ Build local awareness and support for Georgia’s ROSC
➢ Support and encourage the development of local collaboration and partnerships
➢ Explore the opportunity for emergence of an RCO

Key Messages
➢ Recovery is Real, inclusive of MH & AD
➢ People are Motivated/ Informed by Stories: Success Stories, Stories of Hope
➢ People want to be heard not fixed
➢ No expert: lived experience
➢ Sustainable change = being inclusive, invitational, working with strengths
Core Components of the Day

➢ Welcome and Networking
  ➢ Dyads
  ➢ Resource Fair

➢ Recovery Stories

➢ State/ National Perspective

➢ Community Perspectives

➢ Breaking Bread Together

➢ Panel of Recovery Champions

➢ Small Group Activities
  ➢ Café Conversations

➢ Wrap Up and Next Steps
Planning - We Keep Coming Back

- Keep it moving
- Who is not here?
- Coaching on being invitational
- At times, who wants to follow up/is able to follow up?
- Name and nurture collaboration
- Recovery Messaging Training
- Support and encourage peer leadership – steer the treatment providers form taking over
Lessons Learned

➢ Start somewhere – *just do something!*
➢ Nurture a strong voice of recovery in every aspect of development
➢ Stick with It
➢ Learn and grow
➢ Collaboration can be difficult
➢ Trust takes time
➢ Like with peer support, we can’t fix each other, each organization’s story is its own, each community is unique
➢ Keep coming back
➢ Remain invitational
Georgia’s Definition of Recovery

• Recovery is a deeply personal, unique and self-determined journey through which an individual strives to reach his/her full potential. Persons in recovery improve their health and wellness by taking responsibility in pursuing a fulfilling and contributing life while embracing the difficulties one has faced.

• Recovery is not a gift from any system. Recovery is nurtured by relationships and environments that provide hope, empowerment, choices and opportunities.

• Recovery belongs to the person. It is a right, and it is the responsibility of us all.
Recovery...

- Emerges from hope
- Is person-driven
- Strengths based
- Age Independent
- Recognizes the wisdom of “lived experiences”
- Occurs via many pathways
- Is holistic
- Is supported by peers, allies, advocates and families
- Is nurtured through relationships and social networks
- Is culturally based and influenced

- Is anchored in wellness - addressing a person’s emotional health, environmental well being, financial satisfaction, intellectual creativity, occupational pursuits, physical activities, social engagement and spiritual health
- Addresses trauma
- Supports self-responsibility
- Empowers communities
- Is based on respect
Recovery Community Organizations (RCOs) are independent, non-profit organizations led and governed by people in recovery. While each organization may have a mission that addresses the particular needs and concerns of its local community, all focus on the following core purpose:

1. **Public education** – Putting a face and a voice on recovery
2. **Advocacy** – Ending discrimination against people in or seeking recovery
3. **Services** - Peer-based and other supports for recovery
4. **Inclusion** – Embracing all people and all pathways to recovery

**GCSA/RCO Network Goals:**

- Listen to local recovery communities about how they want to continue to support recovery;
- Bring a national perspective on RCO development, operation and sustainability;
- Continue to develop local resources and leaders in a recovery-focused and supportive way;
- Promote programs and services deemed necessary by local communities;
- Keep a feedback loop open to support working together;
- Develop local awareness of the recovery movement and local behavioral health services.
Strategies

• Something is working here
• What you focus on you will find more of...
• Community recovery is a thing...

• Redefine Resources
• Build Trust
• Share Success Stories
• Lift up Lived Experience
• Don’t Give Up!
• Model Recovery
Communities Recover!

- Meet communities where they are
- Recognize strengths
- Ask what has worked in the past
- LISTEN!
- Treat everyone with dignity and respect
- Recognize that communities are the experts
- Setbacks are ok...
RECOVERY Shows Up!
Response to Opiate Overdoses

IF YOU WITNESS AN OVERDOSE
GEORGIA LAW PROTECTS YOU

Don’t Run—Call 911!

GeorgiaOverdosePrevention.org
Georgia Bans the Box!

The “Ban the Box” policy should establish practices that:

1. Prohibit the use of a criminal record as an automatic bar to employment.
2. Prevent the use of an application form that inappropriately excludes and discriminates against qualified job applicants.
3. Promote the accurate use and interpretation of a criminal record.
4. Provide qualified applicants with the opportunity to discuss any inaccuracies, contest the content and relevance of a criminal record, and provide information that demonstrates rehabilitation.
5. Shall not affect applications for sensitive governmental positions in which a criminal history would be an immediate disqualification and initial disclosure on such applications shall still be required.
Addiction Recovery Awareness Day
Thursday, January 17th, 2019!
The Power of Lived Experience
Words Are Important

If you want to care for something, you call it a “flower”; if you want to kill something, you call it a “weed”

~ Don Coyhis
Use Recovery-Focused Language!

• Addict ➔ Person seeking or in recovery
• Junkie ➔ Someone with addiction
• Enabler ➔ Ally for recovery
• Relapsing Disorder ➔ Preventable, treatable chronic health condition
• Hit Bottom ➔ Elevator gets off at every floor!
• Denial ➔ Ambivalence
What Can You Do, Say, See...?
Visioning

In every community there is work to be done.

In every heart there is the power to do it.

People will support what they help to create.
EXPECT RECOVERY!

• Rethinking the Characterization of addiction As A “Relapsing Condition” ~ Bill White & Paula Davies Scimeca – March 2016

• “Life in Recovery” ~ Faces and Voices of Recovery

• Include people seeking or in recovery in every conversation!

• Ask what helps?

• Hold hope for someone...
Peer Recovery Support

WE HEAR YOU
(because we listen)

If you or someone you know is in or seeking recovery from substance use disorder, we are here for you. We are individuals in long-term recovery with a message of hope. Freedom from addiction is real and available to all. We are here to listen with empathy and support. We promote wellness and self-directed care. Building on strengths, abilities, and resilience, we advocate and celebrate all pathways to recovery for you, your family, and your community. So call us:

- When you are struggling and need someone to talk to.
- When you want to talk to someone confidentially.
- When you want to share your triumphs as well as your challenges in recovery.
- When you feel lonely, depressed, or have suffered a loss or setback.
- When friends or family members don’t seem to understand.
- When you need someone to listen who has been right where you are.
- When you have questions about recovery.

CARES WARM LINE Call or Text 8:30am - 11 pm
1-844-326-5400 Every Day of the Year

Connection is the opposite of addiction
Connection is the opposite of addiction
THANK YOU!

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