

# RECOVERY TALKS: COMMUNITY LISTENING FORUMS

## RECOMMENDATIONS FROM 19 RECOVERY TALKS BETWEEN 2015 AND 2017 IN NYS



FRIENDS OF RECOVERY NEW YORK (FOR-NY)  
1529 Western Avenue, Albany, NY 12203  
Phone: 518-487-4395  
Web: [www.for-ny.org](http://www.for-ny.org)  
Email: [FamilyRecovery@for-ny.org](mailto:FamilyRecovery@for-ny.org)  
Twitter: @Recovery\_NY  
FB: Recovery\_NY  
LinkedIn: FOR-NY



## **Our Mission and Vision**

### **WHO?**

“Friends of Recovery - NY is comprised of NYS residents who are in recovery from addiction, their families, friends and allies. We represent all sectors of the community, all regions of the state, and the numerous and diverse paths to recovery. We actively organize and mobilize the recovery community so as to speak effectively with one voice.”

### **WHAT?**

“Our mission is to demonstrate the power and proof of recovery from addictions and its value to individuals, families and communities throughout NYS and the nation. We actively seek to advance public policies and practices that promote and support recovery.”

### **WHY?**

“We envision a world in which recovery from addiction is both a commonplace and a celebrated reality, a world in which the entire spectrum of effective prevention, treatment and recovery support services are available and accessible to all who might benefit from them.

### **FOR-NY Believes:**

- Recovery is possible for everyone
- Everyone achieves recovery in his or her own way
- Adequate resources and support are necessary for sustained recovery
- Recovery is about reclaiming a meaningful life and role in society

### **FOR-NY Stands For:**

- Addressing addiction as a public health issue
- Responding to illicit drug use as a health issue rather than a crime
- Eliminating barriers to getting help
- Developing non-punitive, non-judgmental recovery service models
- Creating a system that engages and supports people to reclaim a meaningful life
- Including recovering individuals and our families at all levels of budget and policy development in the system



## Board of Directors:

**Joseph Turner**  
President  
*New York City*

**Debra Rhoades**  
Vice President  
*Albany County*

**Dona Pagan**  
Secretary  
*New York City*

**Chacku Mathai**  
Treasurer  
*Rochester*

**Laurie Lieberman**  
*New York City*

**Jackson Davis**  
*Rochester*

**Eric Dyer**  
*Albany*

**Edward L. Olsen**  
*Long Island*

## Staff:

**Stephanie Campbell, MA, MS, MSW**  
Executive Director

**Allison Weingarten, LMSW**  
Director of Policy

**Theresa Knorr**  
Director of Education and Training Services

**Shana Kaplanov**  
Development and Communications Manager

**Debora Brosen**  
Office Manager

## **Table of Contents:**

<b>1. Introduction.....</b>	<b>5</b>
<b>2. Recovery Talks Community Listening Forums To Date.....</b>	<b>6</b>
<b>3. Data Collected.....</b>	<b>7</b>
<b>a. Treatment, Insurance and Health Care.....</b>	<b>7-17</b>
<b>b. Recovery Support Services (RSS) and Pathways to         Recovery.....</b>	<b>17-27</b>
<b>c. Families.....</b>	<b>27-29</b>
<b>d. Criminal Justice.....</b>	<b>29-30</b>
<b>e. Changing Culture.....</b>	<b>30-32</b>
<b>f. Special Populations.....</b>	<b>32-33</b>
<b>4. Analysis.....</b>	<b>33-34</b>
<b>5. Conclusion and Outcomes.....</b>	<b>34-35</b>
<b>6. Citations.....</b>	<b>36</b>
<b>7. Appendix.....</b>	<b>37</b>

## **Part 1: Introduction**

### **Recovery Talks: Community Listening Forums**

Friends of Recovery –New York hosts Recovery Talks: Community Listening Forums throughout New York State to provide community members the opportunity to share about their personal experiences with alcohol or drug addiction, the loss of a family member or friend to addiction, and/or their (or a family member's) recovery from addiction. The forums provide an opportunity to raise awareness about addiction in the community and educate local residents, law enforcement, elected officials, and other stakeholders about the various barriers to achieving (and challenges of sustaining) addiction recovery.

They also help to:

- ❖ Inspire positive dialogue about Recovery in the community
- ❖ Advance Recovery advocacy efforts
- ❖ Erase the shame and stigma often attached to addiction

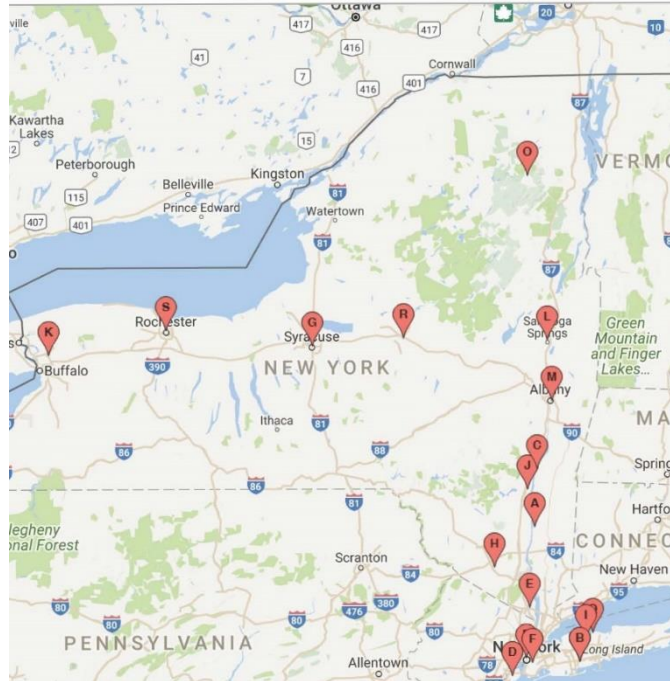
The FOR-NY series of Recovery Talks: Community Listening Forums, which kicked off in late 2015, was developed upon a review of Faces & Voices of Recovery's experiences hosting four statewide Community Listening Forums with Recovery Community Organizations (RCOs) in 2010 and 2011.

Community-based organizations and grassroots activists organize community meetings as a means to engage citizens in discussions about important issues, build support for causes, and identify potential solutions to problems facing their communities. FOR-NY's Recovery Talks: Community Listening Forums build on this format by engaging local individuals to share their experiences with a listening panel comprised of elected officials and other community leaders, as well as an audience of fellow residents.



## Part 2:

# 2015-2017 Recovery Talks Community Listening Forums to Date



- |                                      |                               |  |
|--------------------------------------|-------------------------------|--|
| 1. Saratoga Springs, Saratoga County | 7. Utica, Oneida County       | 13. Huntington Station, Suffolk County |
| 2. Troy, Rensselaer County           | 8. Rochester, Monroe County   | 14. Lake Katrine, Ulster County        |
| 3. Massapequa, Nassau County         | 9. Brooklyn, Kings County     | 15. Buffalo, Erie County               |
| 4. Lake Placid, Essex County         | 10. Nanuet, Rockland County   | 16. Massapequa, Suffolk                |
| 5. New York City, New York County    | 11. Syracuse, Onondaga County | 17. Poughkeepsie, Dutchess County      |
| 6. Northport, Suffolk County         | 12. Goshen, Orange County     | 18. Germantown, Columbia County        |
|                                      |                               | 19. Staten Island, Richmond County     |

## Part 3: Data Collected:

### Recommendations from 19 Recovery Talks between 2015 and 2017 in NYS

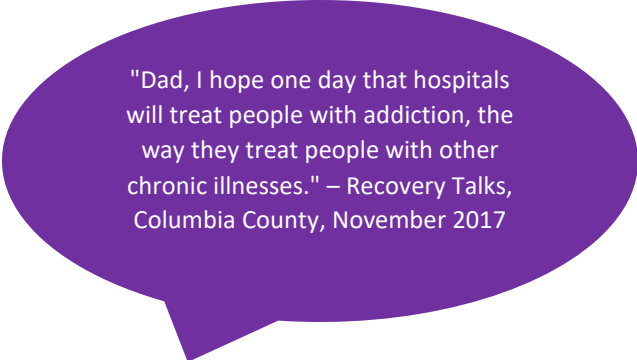
In this section of the report, FOR-NY details the different recommendations made in each of the 19 Recovery Talks /Community Listening forums held between 2015 and 2017. The recommendations are broken into six categories:

1. Treatment, Insurance and Health Care
2. Recovery Support Services (RSS) and Pathways to Recovery
3. Families
4. Criminal Justice
5. Changing Culture
6. Special Populations

Within each category, FOR-NY incorporates the following information:

1. **Recovery Talk Recommendation:** This is information taken directly from recovery talks over the past three years. These recommendations are not necessarily backed by scientific data, but they come from the voices of the Recovery Talks speakers—people with lived experiences.
2. **The number/location and year (s) in which this recommendation was made:** Each recommendation was made in one or more talks in the years 2015, 2016 and/or 2017.
3. **What the research says:** FOR-NY includes research that is related to or if possible, in defense of the recommendation by Recovery Talks speakers.
4. **FOR-NY Policy Statement:** FOR-NY developed a policy statement for 2018. The full statement can be found in the index of this report. If a recommendation is directly related or similar to a part of FOR-NY's policy statement then that excerpt from the policy statement is included in this part of the report.
5. **Any other FOR-NY campaigns in relation to this recommendation:** FOR-NY takes part in national and state-wide campaigns which are related to some of the recommendations made by Recovery Talks speakers.

#### **A. Treatment, Insurance and Health Care**



"Dad, I hope one day that hospitals will treat people with addiction, the way they treat people with other chronic illnesses." – Recovery Talks, Columbia County, November 2017

## **Category: Insurance**

**Recovery Talk Recommendation:** More must be done to ensure that insurance companies are held accountable and enforce insurance parity.

### **Recovery Talks: 9**

- 2015: Rensselaer County; Essex County; Oneida County
- 2016: Rockland County; Onondaga County; Suffolk County; Ulster County
- 2017: Columbia County; Richmond County
- 

### **What the Research Says:**

According to the 2015 National Survey of Drug Use and Health (NSDUH): Of those in need of treatment for their addiction, but not accessing it, 30.6% could not afford it or did not have health care coverage.<sup>1</sup>

According to the Surgeon General's report, "a way to reduce health disparities is to increase the number of people who have health insurance. However, even if an individual is insured, the payor may not cover some types or components of substance use disorder treatments, particularly medications. These challenges are magnified further for those who live in rural areas, where substance use disorder treatment services can be distant and thus difficult to reach, as well as expensive because of travel time and cost."<sup>2</sup>

### **FOR-NY 2018 Policy Statement**

**We urge the Governor and the NYS Legislature to work together to enforce insurance and parity laws in New York, and hold insurance companies accountable-** Insurers must allow unfettered access to a minimum 14 days of inpatient treatment. In addition, our members see an immediate need for increased funding for addiction treatment and recovery support services so that individuals receive care that is accessible, accountable, efficient, equitable, sustained, and of the highest quality. FOR-NY encourages law makers to consider S.1156/A.3694, legislation that would require insurers and health plans to submit data and key metrics on compliance with parity laws.

**Parity Education Campaign -** The sad reality is only a fraction of the public understands what parity is. Education is needed, so that the public knows they have been treated unfairly under the current system.

### **Parity@10 campaign**

<sup>1</sup> Office of the Surgeon General (2016). *Facing Addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Washington, DC: U.S. Department of Health and Human Services (HHS), page 4-9. Retrieved on December 31, 2017 at <https://addiction.surgeongeneral.gov/chapter-5-recovery.pdf>

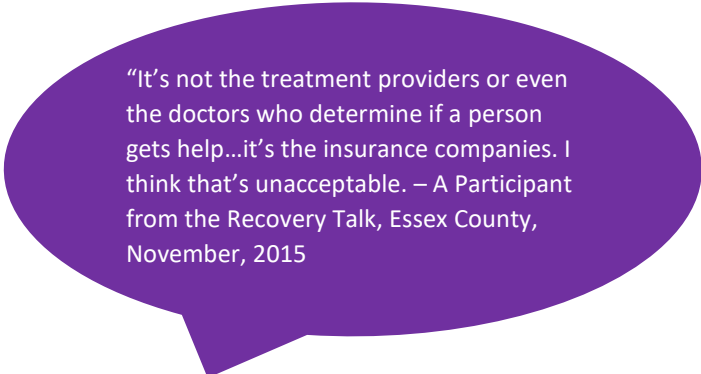
<sup>2</sup> Office of the Surgeon General, p. 4-9



Friends of Recovery -- NY is in support of the NYS Parity@10 campaign. The campaign is a three year effort that will unite local and national advocates in 10 states to pursue full enforcement of the Mental Health Parity and Addiction Equity Act from 2008 - with the ultimate goal of ensuring that the law lives up to its promise nationwide.

### **Enacted Fiscal Year 2019 New York State Budget**

FOR-NY is pleased to report that in late March 2018, the Enacted Fiscal Year 2019 Budget included Article VII Part FF establishing the **Office of the Independent Substance Use Disorder and Mental Health Ombudsman**. The role of the ombudsman will be to help Substance Use Disorder consumers “ensure that they receive appropriate health insurance coverage.” This is integral to FOR-NY’s top priority of Insurance Parity.



“It’s not the treatment providers or even the doctors who determine if a person gets help...it’s the insurance companies. I think that’s unacceptable. – A Participant from the Recovery Talk, Essex County, November, 2015

### **Category: Health Care**

**Recovery Talk Recommendation:** Physicians need better education around prescription drugs and treatment of addiction.

#### **Recovery Talks: 6**

- 2015: Saratoga and New York Counties
- 2016: Kings, Rockland, Ulster Counties
- 2017: Richmond County
- 

#### **What the Research Says:**

##### ***Educating Physicians on the Dangers of Addictive Drugs***

Deaths from drug overdoses have increased exponentially since 1999- from 4,030 to 63,600 in 2016 and that number is still on the rise. Patients’ predisposition to overdose could not have changed substantially in that time; what has changed

substantially is their exposure to opioids. During the period of 1999 to 2013, the amount of opioids prescribed quadrupled.<sup>3</sup>

This shift in practice norms created a risk for diversion, use disorder, and overdose deaths. It was fueled by acceptance of low-quality evidence that opioids are an effective, relatively benign remedy for managing chronic pain.<sup>4</sup>

Regrettably, both national and medical policies consigned lower priority status to universal prevention, screening, and intervention for all substances and for mental health status, as polypharmacy and psychiatric comorbidity are common.<sup>5</sup>

Physicians have a professional and ethical responsibility to understand the expected benefits and risks of medications and to balance these appropriately. When benefits of opioids are likely to outweigh risks, such as in severe acute pain unlikely to respond to other therapies, it is appropriate to use opioids, prescribing the lowest effective dose and with a duration limited to the likely duration of the acute pain. However, when risks outweigh benefits, as will often be the case for chronic pain, opioid use should be avoided in favor of other treatments.<sup>6</sup>

The medical community can prevent opioid misuse by altering prescribing practices to limit the supply of prescription opioids. The US Centers for Disease Control and Prevention issued a landmark set of evidence-based recommendations to guide primary care centers on management of chronic pain outside of active cancer, palliative, and end-of-life care outlining categories of sequential clinical decisions: when to initiate or continue opioids for chronic pain, selection and precautions in prescribing of opioids, and addressing harms of opioid use. Unfortunately, national scaling of medical education and training in opioid prescribing practices and in screening for problematic substance use or disorders remains a goal, not a reality.<sup>7</sup>

### ***Educating Physicians on Treating Addiction:***

Many in the medical community fail to diagnose and treat substance use disorders, in part because of the failure to educate physicians about addiction medicine.<sup>8</sup>

---

<sup>3</sup> Dowell, D., Kunins, H. V., & Farley, T. A. (2013). Opioid analgesics—risky drugs, not risky patients. *JAMA*, 309(21), 2219-2220. Full text: <http://cpsa.ca/wp-content/uploads/2015/07/opioid-analgesics.pdf>

<sup>4</sup> Madras, B. K. (2017). The surge of opioid use, addiction, and overdoses: responsibility and response of the US health care system. *JAMA Psychiatry*, 74(5), 441-442.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2612443>

<sup>5</sup> Dowell (2013)

<sup>6</sup> Madras (2017)

<sup>7</sup> Madras (2017)

<sup>8</sup> Wood, E., Samet, J. H., & Volkow, N. D. (2013). Physician Education in Addiction Medicine. *JAMA*, 310(16), 1673–1674. <http://doi.org/10.1001/jama.2013.280377>

New therapies have the potential to shift the treatment of people with alcoholism or substance use disorder, but without such advances being implemented in the medical setting, this shift is impossible.<sup>9</sup>

Collectively, the underutilization of proven interventions contributes to major human and social costs that manifest in the form of disease, lost productivity, and crime, as well as substantial healthcare expenditures resulting directly from the health effects of substance use (eg, lung cancer) or indirectly from behaviors associated with substance use (eg, syringe sharing with subsequent HIV or hepatitis infections). Despite the evidence, methadone is underused by some treatment programs in the United States, thus contributing to major missed opportunities to reduce heroin use and HIV epidemics.<sup>10</sup>

Health care professionals who help link patients with members of a mutual aid group can significantly increase the likelihood that the patients will attend the group. Also, the more time health care professionals spend introducing, explaining, discussing, and encouraging mutual aid group participation during treatment sessions, the more likely the patients will engage, stay involved, and benefit.<sup>11</sup>

### **Enacted Fiscal Year 2019 New York State Budget**

FOR-NY is pleased to report that in late March 2018, the Enacted Fiscal Year 2019 Budget included Article VII part D establishes that patients may not be prescribed opioids for longer than three months without a written treatment plan. This provision excludes patients with cancer or patients seeking hospice or palliative care.

### **Category: Treatment on Demand**

**Recovery Talks Recommendation:** Treatment on Demand must be available to all who need it.

#### **Recovery Talks: 5**

- 2015: Monroe County
- 2016: Rockland, Onondaga and Suffolk Counties
- 2017: Columbia County

#### **What the Research Says:**

---

<sup>9</sup> Wood (2013).

<sup>10</sup> Wood (2013).

<sup>11</sup> Office of the Surgeon General, p. 5-10

The National Institute on Drug Abuse (NIDA) has detailed the evidence-based principles of effective Treatment including that treatment must be “readily available.”<sup>12</sup>

Treatment on demand refers to the policy that is used to treat alcohol and drug addiction that supports immediate entry into treatment from the person who requests it. This policy as it stands is opposed to policies that focus on punitive measures, including incarceration. Treatment on demand policies have been adopted by major metropolitan areas, including Baltimore MD, and Sacramento, CA. Studies have shown that access to treatment improved with access to the implementation of treatment on demand policies.<sup>13</sup>

### **FOR-NY Policy Statement:**

**Treatment on demand** - It is unconscionable that individuals must wait days and even weeks on average before they can access sorely needed treatment. Insurers, providers, state and county government units must all work together with recovery community organizations to ensure that immediate access to treatment becomes the norm rather than the exception. Anyone in need, must have 24/7 access to treatment on par with access for all other medical conditions. We also support implementing a permanent heroin/opioid addiction wraparound services demonstration program.

### **Category: Continuum of Care; Criminal Justice; Aftercare**

**Recommendation:** Insist that there is sufficient follow-up for individuals and families after treatment (also after leaving criminal justice, and following narcan injection).

### **Recovery Talks: 11**

- 2015: Saratoga; Rensselaer; Nassau; Suffolk Counties
- 2016: Rockland, Onondaga; Orange; Suffolk; Erie
- 2017: Dutchess; Columbia

### **What the Research Says:**

**Follow up after treatment:** “The RMC model for substance use disorders draws heavily from monitoring and early re-intervention protocols used for other chronic diseases, such as diabetes and hypertension. With the core components of tracking, assessment, linkage, engagement, and retention, patients are monitored quarterly for several years following an initial treatment. If a relapse occurs, the patient is connected with the necessary services and encouraged to remain in treatment. The

<sup>12</sup> Office of the Surgeon General, p. 4-13, 14

<sup>13</sup> Sears, C., Davis, T., Guydish, J., & Gleghorn, A. (2009). INVESTIGATING THE EFFECTS OF SAN FRANCISCO'S TREATMENT ON DEMAND INITIATIVE ON A PUBLICLY-FUNDED SUBSTANCE ABUSE TREATMENT SYSTEM: A TIME SERIES ANALYSIS. *Journal of Psychoactive Drugs*, 41(3), 297–304.

main assumption is that early detection and treatment of relapse will improve long-term outcomes.”<sup>14</sup>

To address the spectrum of substance use problems and disorders, a continuum of care provides individuals an array of service options based on need, including prevention, early intervention, treatment, and recovery support.<sup>15</sup>

Recovery-oriented Systems of Care (ROSC) embrace the idea that severe substance use disorders are most effectively addressed through a chronic care management model that includes longer term, outpatient care; recovery housing; and recovery coaching and management checkups.<sup>16</sup>

### ***Criminal Justice and Treatment:***

“It has been estimated that half of the United States prison population has an active substance use disorder. Many incarcerated individuals will experience a lower tolerance for substances due to abstinence while in prison; upon release, many will return to dangerous use levels, not realizing their tolerance is diminished. This is particularly important as it raises the risk of opioid overdose deaths after release from incarceration; one study found that 14.8 percent of all former prisoner deaths from 1999 to 2009 were related to opioids. There is typically insufficient pre-release counseling and post release follow-up provided to this population to reduce these risks.”<sup>17</sup>

“Recovery management check-ups have been shown to be effective for women with substance use disorders who have been released from jail.”<sup>18</sup>

### **FOR-NY Policy Statement:**

**Evaluation, Assessment and Referral after Overdose Reversal** - We support the creation of proactive interventions to assist those in crisis after receiving emergency Naloxone to reverse an opiate overdose. In most instances, no treatment intervention occurs (or any referral at all) and there are numerous reports of additional overdoses and in some cases, even death. Mechanisms for evaluation, in depth assessment, treatment referrals and warm handoffs to recovery coaches or peer advocates with access to other supports must be offered, implemented and made immediately available to help save lives. Critical intervention points must include but not be limited to emergency rooms, emergency medical services response points and law enforcement contacts.

---

<sup>14</sup> Office of the Surgeon General, p. 4-13

<sup>15</sup> Office of the Surgeon General, p. 4-3

<sup>16</sup> Office of the Surgeon General, p. 5-6

<sup>17</sup> Office of the Surgeon General, p. 4-38,39

<sup>18</sup> Office of the Surgeon General, p. 5-14

## **Category: Naloxone (Narcan)**

**Recovery Talks Recommendation:** Awareness and availability of Narcan must be improved (2016). Narcan saves lives. Yes, there were 130 overdose deaths in Staten Island in one year, but there were also 400 lives saved with Narcan! (Richmond 2017)

### **Recovery Talks: 3**

- 2016: Suffolk and Ulster Counties
- 2017: Richmond County

### **What the Research Says:**

Naloxone is an opioid antagonist that is used to temporarily reverse the effects of an opioid overdose, namely slowed or stopped breathing. Expanding the awareness and availability of this medication is a key part of the public health response to the opioid epidemic. Naloxone is a safe antidote to a suspected overdose and, when given in time, can save a life. Research shows that when naloxone and overdose education are available to community members, overdose deaths decrease in those communities.<sup>19</sup>

Despite concern that access to naloxone might increase the prevalence or frequency of opioid use, research demonstrates that neither of these problems has occurred.<sup>20</sup>

In April 2018, the United States Surgeon General issued an advisory that encouraged more people to routinely carry naloxone.

The advisory includes that increasing the availability and targeted distribution of naloxone is a critical component of our efforts to reduce opioid-related overdose deaths and, when combined with the availability of effective treatment, to ending the opioid epidemic.<sup>21</sup>

### **FOR-NY Policy Statement:**

**Medication Assisted Treatment (MAT) and Harm Reduction (HR) as Chosen Pathways to Recovery** - We support multiple pathways to recovery including MAT where therapeutic support is recommended but not mandated. Expand access for individuals seeking MAT or Recovery without penalty for "non-compliance with treatment protocols." While supportive counseling is recommended as an adjunct, research does not indicate a requirement should be mandated. Evidence suggests individuals can be successful with and without additional therapeutic interventions.

---

<sup>19</sup> Surgeon General's Advisory on Naloxone and Opioid Overdose Surgeon General – April 2018  
<https://www.surgeongeneral.gov/priorities/opioid-overdose-prevention/naloxone-advisory.html>

<sup>20</sup> Office of the Surgeon General, p. 4-12

<sup>21</sup> Surgeon General Advisory (April 2018)

Rapid MAT access and linkage to peers should be the goal. Additionally, FOR-NY supports the notion that every individual is empowered to choose their own pathway to recovery. There is overwhelming evidence that abstinence based recovery is not for everyone and in light of the lethality in our current substance use crises, any effort to reduce harm should be supported.

### **Category: Emergency Rooms; Health Care; Peer Professionals**

**Recovery Talks Recommendation:** Emergency Room Protocol must improve. More adequate health care must be provided for people with addiction. Hospitals need to be cooperative with the community and Family. Emergency rooms must continue to engage peers and hospitals need the voice of peers to facilitate that process.

#### **Recovery Talks: 5**

- 2015: Essex
- 2016: Orange
- 2017: Dutchess; Columbia and Richmond Counties

#### **What the Research Says:**

Unfortunately, many individuals who receive withdrawal management do not become engaged in treatment. Studies have found that half to three quarters of individuals with substance use disorders who receive withdrawal management services do not enter treatment. One common result of not engaging in continuing care is rapid readmission to a detoxification center, an emergency department, or a hospital. For example, in a study in which a sample was drawn from an integrated database that includes Medicaid and state mental health and substance abuse agency data from three states (Delaware, Oklahoma, and Washington) for 1996-1998, 27 percent of people who received detoxification services not followed by continuing care were readmitted to public detoxification services. Clients who received two or more substance-abuse-related services within 30 days of their index detoxification were less likely to be readmitted and had a longer time until their second detoxification admission.<sup>22</sup>

Beginning substance use disorder treatment within 14 days of discharge from withdrawal management, however, has been shown to reduce readmission rates.

**One of the most serious consequences when individuals do not begin continuing care after withdrawal management is overdose.** Because withdrawal management reduces much of an individual's acquired tolerance, those who attempt to re-use their former substance in the same amount or frequency can experience physical problems.<sup>23</sup>

---

<sup>22</sup> Office of the Surgeon General, p. 4-13

<sup>23</sup> Office of the Surgeon General, p. 4-13

Individuals with opioid use disorders may be left particularly vulnerable to overdose and even death. It is critically important for health care providers to be prepared to properly assess the nature and severity of their patients' clinical problems following withdrawal so that they can facilitate engagement into the appropriate intensity of treatment.<sup>24</sup>

### **Yale Study**

In a 2015 Yale School of Medicine study, three interventions for opioid-dependent patients were tested on those who came to the emergency department for medical care.<sup>25</sup>

The first group was given a handout with contact information for addiction services. The second group got a 10- to 15-minute interview session with a research associate who provided information about treatment options and helped the patient connect with a treatment provider, even arranging transportation. The third group got the same interview, plus a first dose of buprenorphine, additional doses to take home and a scheduled appointment with a primary care provider who could continue the buprenorphine treatment within 72 hours.

The study found that 78 percent of patients in the third group — the group that got a dose of buprenorphine in the hospital — were still in treatment 30 days later, compared with 45 percent in the group that only got the interview and 37 percent who only got the handout.

### ***CCAR Emergency Department Recovery Coach Program***

The Connecticut Community for Addiction Recovery (CCAR), one of the first national RCOs, began piloting an Emergency Department Recovery Coach (EDRC) Program in March of 2017. Through this program, CCAR-trained recovery coaches are on-call for hospital emergency rooms to offer assistance to patients and their families during an emergency room visit resulting from an adverse drug reaction or other alcohol- or other drug-related medical crisis. An evaluation of EDRC services provided between March and November 2017 within four collaborating hospitals revealed the following. CCAR-trained recovery coaches provided recovery support services to 534 patients/families during the 8-month evaluation period with a relatively even distribution of services provided across the four hospitals. Of those served by the EDRC, the majority were in the ER due to an alcohol- or opioid-related condition; 70% were male; and 5% were seen more than once during the evaluation period. Most importantly, of the 534 people interviewed, 528 were assertively linked to a

---

<sup>24</sup> Office of the Surgeon General, p. 4-13

<sup>25</sup> D'Onofrio G, O'Connor PG, Pantalon MV, et al. Emergency Department–Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence A Randomized Clinical Trial. JAMA. 2015;313(16):1636–1644. doi:10.1001/jama.2015.3474



detoxification program, inpatient or outpatient treatment, or community-based recovery support resources.<sup>26</sup>

**FOR-NY Policy Statement:**

**Expand the Role of Peers for Individuals and Families** - We support increased education and training to help peers access needed certifications and the expansion of employment opportunities for recovery coaches, peer advocates and family support navigators in all phases of the addiction to recovery continuum including: crisis centers, detox units, inpatient rehabilitation, outpatient treatment, community residences, recovery centers as well as in supportive housing, Hospitals/Emergency Departments; Probation; Parole; Emergency Housing (Homeless Shelters); Diversion Courts, and at other recovery access points. Peers should be in sustained recovery in order to become certified.

FOR-NY calls for the employment of at least two Certified Recovery Peer Advocates and two Certified Addiction Recovery Coaches for every county in NYS.

***FOR-NY Emergency Room Protocol Improvement Campaign:***

FOR-NY is embarking on a campaign to address Emergency Room Protocol inadequacy. The New York State Department of Health (DOH) says they have not received any complaints about problems with patients receiving unacceptable service. DOH claims this is not an issue because no one has complained. FOR-NY is letting its members know that it is important to file complaints if they have been mistreated. Accurate reporting will bring the DOH's attention to places in New York where care deficient.

**Advocacy in Action**

In March 2018, following an advocacy campaign of members of FOR-NY throughout New York State, the NYS Office of Alcohol and Substance Abuse Services (OASAS) and the NYS Department of Health (DOH) delivered a letter to hospitals around New York State aiming to “expand hospital based detoxification services, in conjunction with use of Certified Peers, and referral to an appropriate OASAS certified provider for comprehensive addiction treatment.” The letter addresses some of the reasons hospitals may currently be turning patients away for treatment for their addiction and explains how this practice can and should be ended. The letter also calls for the use of Medication Assisted Treatment in hospital emergency departments.

**Category: Treatment**

<sup>26</sup> Recovery Support Following Overdose or other Medical Emergencies (Bill White, Rebecca Allen, and Phil Valentine) <http://www.williamwhitepapers.com/blog/2018/01/recovery-support-following-overdose-or-other-medical-emergencies-bill-white-rebecca-allen-and-phil-valentine.html>

**Recovery Talks Recommendation:** Recognize the Need to treat each case individually, not using an archaic, one-size fits all model.

**Recovery Talks: 2**

- 2015: Rensselaer County
- 2016: Onondaga County


**What the Research Says:**

The National Institute on Drug Abuse (NIDA) has detailed the evidence-based principles of effective treatment for adults and adolescents with substance use disorders that apply regardless of the particular setting of care or type of substance use disorder treatment program: No single treatment is appropriate for everyone.<sup>27</sup>

**Category: Treatment**

**Recovery Talks Recommendation:**

End the practice of insisting that people seeking inpatient treatment must first fail at outpatient treatment.



My daughter desperately needed inpatient treatment and was hospitalized twice after she failed outpatient. I didn't know what to do or who to call..."- Recovery Talk, Suffolk County, December 2015

**Recovery Talks: 3**

- 2015: Nassau; New York Counties
- 2017: Dutchess County

**Enacted Fiscal Year 2019 New York State Budget**

FOR-NY is pleased to report that in late March 2018, the Enacted Fiscal Year 2019 Budget included Article VII Part MM establishing that SUD outpatient, intensive, outpatient, outpatient rehabilitation and opioid treatment shall not be subject to preauthorization. This is an issue that often is discussed in our recovery talks, that people seeking help cannot access the help they need because they needed to "fail first." This is another step forward in accessing Treatment on Demand.

**Category: Treatment**

<sup>27</sup> Office of the Surgeon General, p. 4-13, 14

**Recovery Talks Recommendation:** Extend providing on-going and recovery supports for individuals and families

**Recovery Talks: 3**

- 2015: New York; Rensselaer and Oneida Counties

**What the Research Says:**

Even after a year or 2 of remission is achieved—through treatment or some other route—it can take 4 to 5 more years before the risk of relapse drops below 15 percent, the level of risk that people in the general population have of developing a substance use disorder in their lifetime. As a result, similar to other chronic conditions, a person with a serious substance use disorder often requires ongoing monitoring and management to maintain remission and to provide early re-intervention should the person relapse.<sup>28</sup>

Telephone case monitoring is another long-term recovery management and monitoring method for maintaining contact with patients without requiring an in-person appointment.<sup>29</sup>

**Category: Trauma Informed Care and Evidence Based Services**

**Recovery Talks Recommendation:** People with Substance Use Disorder often have suffered some sort of trauma in their lives. Treatment should incorporate treating people for their addiction in conjunction with treating them for trauma they have experienced. People diagnosed with Substance Use Disorder also need high quality treatment. Quality treatment is evidence based—meaning that researchers have analyzed the treatment method and it is proven to help people enter and sustain their recovery. Treatment should be trauma informed and evidence based.

**Recovery Talks: 2**

- 2017: Nassau and Columbia Counties

**What the Research Says:**

*On Trauma*

It is possible that both substance use disorders and mental health disorders are caused by shared, overlapping factors, such as particular genes, neurobiological deficits, and exposure to traumatic or stressful life experiences.<sup>30</sup>

<sup>28</sup> Office of the Surgeon General, p. 5-7

<sup>29</sup> Office of the Surgeon General, p. 5-14

<sup>30</sup> Office of the Surgeon General, p.2-22

### *On Evidence Based Treatment*

Well-supported scientific evidence shows that behavioral therapies can be effective in treating substance use disorders, but most evidence-based behavioral therapies are often implemented with limited fidelity and are under-used. Treatments using these evidence-based practices have shown better results than non-evidence-based treatments and services.<sup>31</sup>

#### **FOR-NY Policy Statement:**

**Trauma Informed Recovery Services and Evidence Based Treatment** - Recovery studies and programs should continue to look at trauma as an indicator for risk of addiction and the care of people suffering from addiction and those in recovery should be trauma informed. We must insist that treatment is Evidence Based to ensure that all those seeking and accessing treatment are able to maximize their chances of effecting positive change and finding long term recovery.

#### **Category: Mental Health**

**Recommendation:** Treatment providers need to treat dually-diagnosed addiction and mental health in addiction treatment.

By treating the addiction, other issues that may have been left untreated—including depression and bi-polar disorder may finally be dealt with and lead to a healthier life.

#### **Recovery Talks: 5**

- 2015: Rensselaer County
- 2016: Onondaga and Uster Counties
- 2017: Dutchess and Columbia Counties

#### **What the Research Says:**

The 2015 National Survey of Drug Use and Health (NSDUH) found over 8 million individuals, or about 40 percent of those with a substance use disorder, also had a mental disorder diagnosed in the year before the survey.<sup>32</sup>

A number of barriers have limited the widespread adoption treatment services, including lack of resources, insufficient training, and workforce shortages. This is particularly true for the treatment of those with co-occurring substance use and physical or mental disorders.<sup>33</sup>

---

<sup>31</sup> Office of the Surgeon General, p.4-2


<sup>32</sup> Office of the Surgeon General, p.4-9

<sup>33</sup> Office of the Surgeon General, p.4-1

Participants in collegiate recovery programs often have significant accompanying mental health problems, such as depression or an eating disorder, in addition to their substance use disorder, which can complicate recovery.<sup>34</sup>

Recovery management check-ups have been shown to be effective for people who have co-occurring substance use disorders and mental illnesses.<sup>35</sup>

## B.Recovery Support Services (RSS) and Pathways to Recovery



"Policy makers need to address gaps in services that include community supports once a person leaves treatment." – Recovery Talks, Saratoga, April 2015

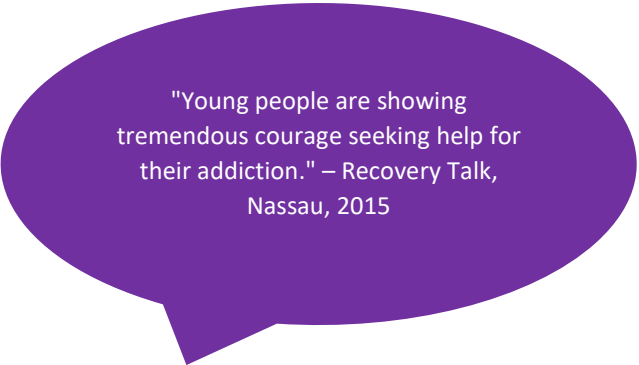
### Category: Young People; Recovery Support Services

**Recovery Talks Recommendations:** Local communities need recovery high schools and recovery oriented programs in high school and college.

The curriculum for school education must include updated addiction information and must begin in elementary schools. School officials must also assess for addiction-related causes for behavioral and learning issues.

There is a need for ongoing treatment and recovery support services for children and adolescents in the educational system.

Youth and young adults need educators who recognize substance use disorders, and who will listen and provide appropriate guidance.



"Young people are showing tremendous courage seeking help for their addiction." – Recovery Talk, Nassau, 2015

<sup>34</sup> Office of the Surgeon General, p.5-15

<sup>35</sup> Office of the Surgeon General, p.5-14

## **Recovery Talks: 8**

- 2015: Nassau, Suffolk and New York Counties
- 2016: Onondaga; Suffolk and Erie Counties
- 2017: Nassau and Dutchess Counties

## **What the Research Says:**

Substance use disorders typically emerge during adolescence and often (but not always) progress in severity and complexity with continued substance misuse.<sup>36</sup>

The 2015 NSDUH found that among individuals who needed treatment but did not receive it, more than 1 million were adolescents aged 12 to 17.<sup>37</sup>

Early intervention should be provided to both adolescents and adults who are at risk of or show signs of substance misuse or a mild substance use disorder.<sup>38</sup>

Evidence for the effectiveness of other recovery supports in educational settings is promising.<sup>39</sup>

High school and college environments can be difficult for students in recovery because of perceived and actual high levels of substance use among other students, peer pressure to engage in substance use, and widespread availability of alcohol and drugs. The emergence of high school and collegiate recovery support programs is an important response to this challenge in that they provide recovery-supportive environments, recovery norms, and peer engagement with other students in recovery.<sup>40</sup>

## **FOR-NY Policy Statement:**

Fund at least one Youth Clubhouse in each county; Establish Recovery High Schools and Collegiate Recovery Programs throughout New York State.

**Hope in Recovery Campaign** - Invest money in an awareness campaign to educate the public about the promise of recovery. Education is the key to ending negative public perception. Feature and highlight lived experience and the reality of long term recovery.

---

<sup>36</sup> Office of the Surgeon General, p.4-3

<sup>37</sup> Office of the Surgeon General, p.4-8

<sup>38</sup> Office of the Surgeon General, p.4-5

<sup>39</sup> Office of the Surgeon General, p.5-2

<sup>40</sup> Office of the Surgeon General, p.5-15

**Category: Recovery Support Services; Sharing of Information; Communication**

**Recovery Talks Recommendation:** What works in terms of recovery is a loving community support system. Decision makers must look to community organizations for solutions to the addiction crisis; Allies are needed in the recovery community; service providers must communicate—Counties and states need to share resources; Peers must be engaged in a community oriented approach.

The recovery community must engage with people who are not "in the room" including the media and those in the community who are not well versed in the disease of addiction and the promise of recovery.

One person mentioned the analogy of a hurricane—the preparedness and response that the community comes together in order to help support those impacted by a hurricane should be applied to the disease of addiction. There is no stigma involved in getting help after a hurricane, there should be no stigma involved in asking for help for an addiction. (Dutchess 2017)

**Recovery Talks: 7**

- 2015: New York and Nassau Counties
- 2016: Suffolk and Onondaga Counties
- 2017: Dutchess, Columbia and Richmond County

**What the Research Says:**

In Recovery Oriented Systems of Care: “Treatment professionals act in a partnership/consultation role, drawing upon each person’s goals and strengths, family supports, and community resources.”<sup>41</sup>

**FOR-NY Policy Statement:**

**Hope in Recovery Campaign** - Invest money in an awareness campaign to educate the public about the promise of recovery. Education is the key to ending negative public perception. Feature and highlight lived experience and the reality of long term recovery.

**Category: Prevention, Treatment and Recovery Support Services**

**Recovery Talks Recommendation:** Increase resources for prevention, detox, (local) treatment and recovery. For example, in Dutchess County there are huge wait lists

<sup>41</sup> Office of the Surgeon General, p.5-6

for needed treatment programs. One mentioned was a program serving 435 people, with a waiting list of 150.

**Recovery Talks: 7**

- 2015: Saratoga; Rensselaer; New York; Suffolk; Oneida and Monroe Counties
- 2017: Dutchess County

**What the Research Says:**

Only about 1 in 10 people with a substance use disorder receive any type of specialty treatment.<sup>42</sup>

Well-supported scientific evidence shows that treatment for substance use disorders—including inpatient, residential, and outpatient—are cost-effective compared with no treatment.<sup>43</sup>

Studies show that every dollar spent on substance use disorder treatment saves \$4 in health care costs and \$7 in criminal justice costs.<sup>44</sup>

**FOR-NY Policy Statement:**

**Support Lawsuits Holding Opioid Companies who conducted misconduct Accountable** - Demand that revenue generated by lawsuits is earmarked as resources to support prevention, treatment and recovery.

**Category: Recovery Support Services (RSS)**

**Recovery Talks Recommendation:** Support Recovery Community Organizations and Recovery Community Outreach Centers. People in recovery need space to be with other people in recovery.

**Recovery Talks: 8**

- 2015: Saratoga; Nassau; Suffolk and Monroe Counties
- 2016: Rockland; Onondaga and Kings Counties
- 2017: Columbia

**What the Research Says:**

Recovery Community Organizations (RCOs) have proliferated across the country, creating cultures of recovery and advancing recovery positive attitudes, programs, and prevention strategies.<sup>45</sup>

<sup>42</sup> Office of the Surgeon General, p.4-2

<sup>43</sup> Office of the Surgeon General, p.4-2

<sup>44</sup> Office of the Surgeon General, p.4-3

<sup>45</sup> Office of the Surgeon General, p.5-1



Recovery Community and Outreach Centers may host mutual aid group meetings and offer recovery coaching, recovery-focused educational and social events; access to resources, including housing, education, and employment; telephone-based recovery services; and additional recovery community education, advocacy, and service events. Some recovery community centers are sites in which community members can engage in advocacy to combat negative public attitudes, educate the community, and improve supports for recovery in the community. Many recovery community centers are typically operated by recovery community organizations.<sup>46</sup>

**FOR-NY Policy Statement:** Fund at least one Recovery Community Organization and one Recovery Community and Outreach Center in every county

### **Category: RSS; Multiple Pathways to Recovery: Fitness**

**Recovery Talks Recommendation:** Fitness is an effective and inexpensive way to help people build and sustain recovery. Providing hobbies and group activities to people in recovery brings joy, connection and purpose.

#### **Recovery Talks: 2**

- 2015: Monroe
- 2017: Richmond

#### **What the Research Says:**

Recovery support services refer to the collection of community services that can provide emotional and practical support for continuing remission as well as daily structure and rewarding alternatives to substance use.<sup>47</sup>

Providing these positive alternatives is intended to support recovery as well as provide access to healthy, enjoyable activities.<sup>48</sup>

#### **FOR-NY Policy Statement:**

FOR-NY recommends funding for at least one Recovery Community and Outreach Center in every county.

### **Category: Medication Assisted Treatment**

<sup>46</sup> Office of the Surgeon General, p.5-14

<sup>47</sup> Office of the Surgeon General, p.5-7

<sup>48</sup> Office of the Surgeon General, p.5-16

**Recovery Talks Recommendation:** People seeking recovery need more access to Medication Assisted Treatment (MAT). Additional education, supports and services are needed for people who are receiving MAT.

**Recovery Talks: 5**

- 2015: New York County
- 2016: Kings and Orange County
- 2017: Columbia County

**What the Research Says:**

Well-supported scientific evidence shows that medications can be effective in treating serious substance use disorders, but they are under-used.<sup>49</sup>

Harm reduction programs work with populations who may not be ready to stop substance use – offering individuals strategies to reduce risks while still using substances. Strategies include outreach and education programs, needle/syringe exchange programs, overdose prevention education, and access to naloxone to reverse potentially lethal opioid overdose. These strategies are designed to reduce substance misuse and its negative consequences for the users and those around them, such as transmission of HIV and other infectious diseases. They also seek to help individuals engage in treatment to reduce, manage, and stop their substance use when appropriate.<sup>50</sup>

**FOR-NY Policy Statement:**

**Medication Assisted Treatment (MAT) and Harm Reduction (HR) as Chosen Pathways to Recovery** - We support multiple pathways to recovery including MAT where therapeutic support is recommended but not mandated. Expand access for individuals seeking MAT or Recovery without penalty for "non-compliance with treatment protocols." While supportive counseling is recommended as an adjunct, research does not indicate a requirement should be mandated. Evidence suggests individuals can be successful with and without additional therapeutic interventions. Rapid MAT access and linkage to peers should be the goal. Additionally, FOR-NY supports the notion that every individual is empowered to choose their own pathway to recovery. There is overwhelming evidence that abstinence based recovery is not for everyone and in light of the lethality in our current substance use crises, any effort to reduce harm should be supported.

**Category: Multiple Pathways to Recovery; RSS; 12 Step; AA; Faith Based**

<sup>49</sup> Office of the Surgeon General, p.4-2

<sup>50</sup> Office of the Surgeon General, p.4-10

**Recovery Talks Recommendation:** 12 Step Mutual Aid Programs, Faith Based Programs work for many, but not all

**Recovery Talks:**

- 2016: Onondaga; Suffolk; Kings County
- 2017: Dutchess and Columbia Counties

**What the Research Says:**

There are many paths to recovery. People will choose their pathway based on their cultural values, their socioeconomic status, their psychological and behavioral needs, and the nature of their substance use disorder.<sup>51</sup>

Well-supported scientific evidence demonstrates the effectiveness of 12-step mutual aid groups focused on alcohol and 12-step facilitation interventions.<sup>52</sup>

Most mutual aid group research has been conducted on AA, because AA is the most widely accessed and best known form of help for alcohol problems in the United States. Research suggests that professional treatment programs that facilitate involvement in AA and NA lower health care costs by reducing relapses and need for further treatment.<sup>53</sup>

Research studying 12-step mutual aid groups, specifically those focused on alcohol, has shown that participation in the groups promotes an individual's recovery by strengthening recovery-supportive social networks; increasing members' ability to cope with risky social contexts and negative emotions; augmenting motivation to recover; reducing depression, craving, and impulsivity; and enhancing psychological and spiritual well-being. Thus, with perhaps the exception of spirituality, many of the same mechanisms of behavior change thought to operate in professional treatments also appear to be important benefits of AA participation.<sup>54</sup>

Non-12-step mutual aid group meetings are far less available than are 12-step mutual aid group meetings. This points to a need for more groups aimed at those not comfortable with the 12-step approach, as well as studies assessing their effectiveness.<sup>55</sup>

**Category: Transportation**

Recovery Talks Recommendation: The government must provide funding for transportation for individuals who need treatment in rural areas

<sup>51</sup> Office of the Surgeon General, p.5-2

<sup>52</sup> Office of the Surgeon General, p.5-2

<sup>53</sup> Office of the Surgeon General, p.5-8

<sup>54</sup> Office of the Surgeon General, p.5-9

<sup>55</sup> Office of the Surgeon General, p.5-10

### **Recovery Talks: 1**

- 2015: Essex County

### **What the Research Says:**

According to the 2015 National Survey of Drug Use and Health (NSDUH), 11.8% of those in need of treatment but did not seek it did not have transportation, programs were too far away, or hours were inconvenient.<sup>56</sup>

### **Category: Employment**

**Recovery Talks Recommendation:** People in recovery need employment options. Employers should provide Employee Assistance Programs (EAPs).

### **Recovery Talks: 3**

- 2016: Onondaga and Orange Counties
- 2017: Richmond County

### **What the Research Says:**

#### *On Employment for People in Recovery*

Stable employment is likely to “strengthen a person’s resilience to prevent or overcome substance use difficulties,”<sup>57</sup> as well as contributing to the community.

#### *On EAPs in the Workplace*

According to the Recovery Research Institute, A systematic, rigorous review on workplace interventions to address alcohol problems suggests that individuals receiving these interventions report improved drinking, drinking-related (e.g., increased motivation to reduce drinking), and other health outcomes. Importantly, however, many of the studies had methodological problems (e.g., individuals randomized to the intervention condition did not necessarily receive it or, on the other hand, those randomized to the control condition may have been able to access the intervention). More research is needed to determine optimal strategies to help individuals with substance use disorder in the workplace.<sup>58</sup>

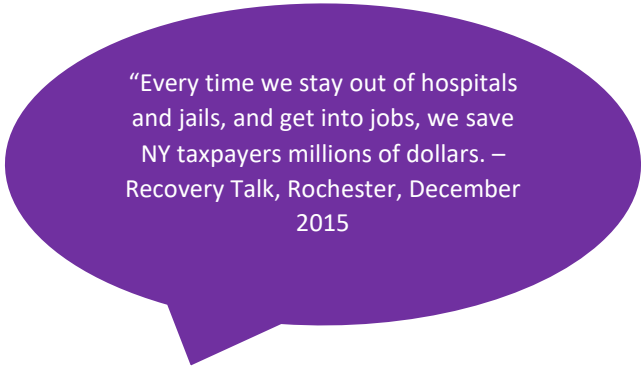
<sup>56</sup> Office of the Surgeon General, p.4-13

<sup>57</sup> Davies, G., Elison, S., Ward, J., & Laudet, A. (2015). The role of lifestyle in perpetuating substance use disorder: the Lifestyle Balance Model. *Substance abuse treatment, prevention, and policy*, 10(1), 2.

<sup>58</sup> Kelly, John (2017). *Employment –based Recovery Services*. Recovery Research Institute. Retrieved January 11, 2018 from <https://www.recoveryanswers.org/resource/employment-based-recovery-services/>

**FOR-NY Policy Statement:**

Ensure that at least two Certified Recovery Peer Advocates and two Certified Addiction Recovery Coaches exist in every county in NYS.



“Every time we stay out of hospitals and jails, and get into jobs, we save NY taxpayers millions of dollars. – Recovery Talk, Rochester, December 2015

**Category: Housing**

**Recovery Talks Recommendation:** The government must fund Sober/Recovery Housing.

**Recovery Talks: 3**

- 2016: Onondaga and Ulster Counties
- 2017: Richmond County

**What the Research Says:**

Recovery-supportive houses provide both a substance-free environment and mutual support from fellow recovering residents. Many residents stay in recovery housing during and/or after outpatient treatment, with self-determined residency lasting for several months to years. Residents often informally share resources with each other, giving advice borne of experience about how to access health care, find employment, manage legal problems, and interact with the social service system.<sup>59</sup>

Evidence for the effectiveness of recovery housing) is promising.<sup>60</sup>

A series of studies on Oxford Houses suggest they promote a host of positive outcomes at substantially lower costs compared to standard continuing care after residential treatment. These outcomes include not only substantially better abstinence rates, but also increased rates of employment and lower rates of criminal recidivism.<sup>61</sup>

<sup>59</sup> Office of the Surgeon General, p.5-11


<sup>60</sup> Office of the Surgeon General, p.5-2

<sup>61</sup> Kelly, John (2017). Employment –based Recovery Services.

## **FOR-NY Policy Statement:**

**Certification of Recovery Homes** - We support a standardized certification of recovery homes. Individuals in early recovery must be protected and afforded a safe and supportive living environment. Regulations and supervision must be adopted within the parameters of the Federal Fair Housing Act in a manner that encompasses those using medication to support their treatment and recovery, promotes integrity, ensures continuous quality improvement, upholds residents' rights, are recovery-oriented, and conducive to optimum health and well-being. We also support the expansion of supportive recovery residences statewide which must include housing for those receiving MAT in support of their recovery to meet a rapidly increasing demand.

## **C.Families**



“What made the difference for me was a community that loved and supported me.” – Recovery Talk, Syracuse, September 2016

### **Category: Family**

**Recovery Talks Recommendation:** Increase treatment, counseling, education and referral services for family members.

Family support is so important to people in recovery (the families themselves need support as well). Recovery would not be possible without family and friends.

A 12 Step Naranon group can greatly help family members cope with their loved one's addiction. Family members advise other family members to not hide at home, but to connect with others. Parents must be empowered to become "Cheer Leaders" for their children and coaches for other family members in need of support.

Families need education around the legal system to help support their loved ones.

**Recovery Talks: 12**

- 2015: Rensselaer; Essex; New York; Suffolk; Oneida Counties
- 2016: Kings; Onondaga; Orange; Suffolk; Erie Counties
- 2017: Columbia and Richmond Counties

**What the Research Says:**

Mainstream health care has long acknowledged the benefits of engaging family and social supports to improve treatment adherence and to promote behavioral changes needed to effectively treat many chronic illnesses. This is also true for patients with substance use disorders.<sup>62</sup>

Friends and family members often suffer when a loved one has a substance use disorder. This may be due to worry about the loved one experiencing accidents, injuries, negative social and legal consequences, diseases, or death, as well as fear of the loved one engaging in destructive behavior, such as stealing, manipulating, or being verbally or physically aggressive.<sup>63</sup>

Al-Anon is a mutual aid group commonly sought by families dealing with substance use in a loved one.

The principal goal of Al-Anon is to foster emotional stability and “loving detachment” from the loved one rather than coaching members to “get their loved one into treatment or recovery.”

Clinical trials and other studies of Al-Anon show that participating family members experience reduced depression, anger, and relationship unhappiness, at rates and levels comparable to those of individuals receiving psychological therapies.<sup>64</sup>

**FOR-NY Policy Statement:**

Fund at least two Certified Family Support Navigators in every county in NYS.

**Category: Family Member Rights**

**Recovery Talks Recommendation:** Family members need stronger rights in terms of making decisions about their child’s addiction/recovery

**Recovery Talks: 2**

- 2016: Suffolk County
- 2017: Dutchess County

**What the Research Says:**

<sup>62</sup> Office of the Surgeon General, p.4-30

<sup>63</sup> Office of the Surgeon General, p.5-10

<sup>64</sup> Office of the Surgeon General, p.5-10

Although the Health Insurance Portability and Accountability Act, or HIPAA on patient privacy was written to protect patients' rights, a growing number of mental health advocates say the law has harmed the care of adults with serious mental illness, who often depend on their families for care, but don't always recognize that they're sick or that they need help.<sup>65</sup>

**FOR-NY Policy Statement:**

Fund at least two Certified Family Support Navigators in every county in NYS.

## D.Criminal Justice

**Category: Criminal Justice**

**Recovery Talks Recommendation:** Ensure that treatment programs are introduced into jails that do not currently have them; Expand drug courts and diversion programs as cost savings measures; Approach to addiction needs to move from punitive to compassionate.

**Recovery Talks: 5**

- 2015: Rensselear and Oneida Counties
- 2016: Erie County
- 2017: Columbia and Richmond Counties

**What the Research Says:**

There is typically insufficient pre-release counseling and postrelease follow-up provided to the criminal justice population leaving the criminal justice system to reduce overdose risks.<sup>66</sup>

Drug courts are a diverse group of specialized programs that focus on adult or juvenile offenders, as well as parents under child protective supervision who have substance use-related disorders. In drug courts, a judge commits defendants to

---

<sup>65</sup> Szabo, L. (2017). "Mental illness: Families cut out of care: Privacy law leaves loved ones on the sidelines – with tragic results." USA Today. Retrieved on January 10, 2018 from <https://www.usatoday.com/story/news/2016/02/26/privacy-law-harms-care-mentally-ill-families-say/80880880/>

<sup>66</sup> Office of the Surgeon General, p.4-39



treatment and other services, in lieu of being processed through the traditional justice system.<sup>67</sup>

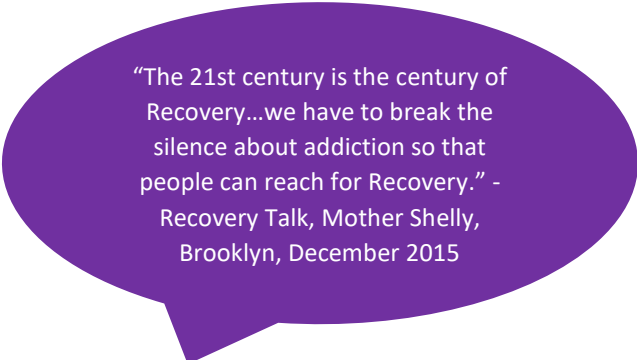
By 2015, more than 3,400 drug courts were in operation across the United States. An estimated 55,000 defendants per year participate in adult drug courts, 286,287 with each court serving a caseload of approximately 50 individuals each year. These interventions seek to utilize the criminal justice system to persuade drug-involved offenders to cease their problematic drug use. Existing research, including randomized controlled trials, have found positive effects of drug courts, including high rates of treatment completion and reduced rates of recidivism, incarceration, and subsequent drug use.<sup>68</sup>

Despite the rapid expansion of drug courts, the number of defendants who pass through such programs remains a small proportion of the more than 1 million offenders with substance use disorders who pass through the United States criminal justice system each year. Capacity constraints provide the most important limitation.<sup>69</sup>

#### **FOR-NY Policy Statement:**

**Improve Outcomes for Those in Treatment and Recovery with Current or Former Criminal Justice Involvement** - We support the removal of barriers that make it difficult for individuals with criminal records to access treatment, sustain recovery and have the same opportunity for housing, employment, healthcare, and education as other New Yorkers. Additionally, provide those leaving the Criminal Justice System or rehabilitation with Medication Assisted Treatment as needed in order to enhance recovery efforts and prevent overdose after release.

## **E. Changing Culture**

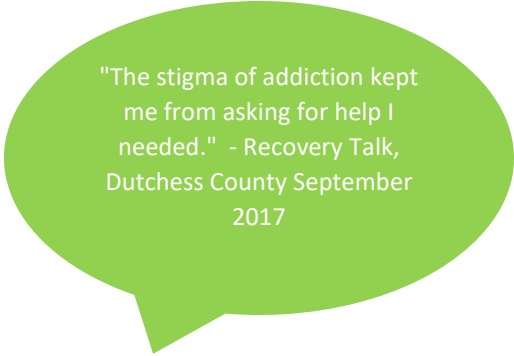


“The 21st century is the century of Recovery...we have to break the silence about addiction so that people can reach for Recovery.” -  
Recovery Talk, Mother Shelly,  
Brooklyn, December 2015

<sup>67</sup> Office of the Surgeon General, p.4-39

<sup>68</sup> Office of the Surgeon General, p.4-39

<sup>69</sup> Office of the Surgeon General, p.4-39



"The stigma of addiction kept me from asking for help I needed." - Recovery Talk, Dutchess County September 2017

### **Category: Negative Public Perception**

**Recovery Talks Recommendation:** Change negative perceptions of people with addiction and people in recovery. Remove barriers created by stigma or criminal justice involvement that block and interfere with recovery.

In Dutchess County, two speakers presented challenges with applying for a license in social work and having to document previous judicial convictions and experiences with addictions. These people in recovery asked—"I am not my addiction, that is in my past, why do I still need to be identified in this way?" Others mentioned problems with employment in their recovery process and asked that we advocate for "ban the box."

#### **Recovery Talks: 10**

- 2015: Saratoga, Rensselaer Counties
- 2016: Kings; Rockland; Orange; Ulster; Erie
- 2017: Nassau; Dutchess and Columbia

#### **What the Research Says:**

One national survey found that approximately 10 percent, or 1 in 10, of United States adults say, "Yes," when asked, "Did you once have a problem with drugs or alcohol but no longer do?" These percentages translate to roughly 25 million United States adults being in remission. Despite negative stereotypes of "hopeless addicts," rigorous follow-up studies of treated adult populations, who tend to have the most chronic and severe disorders, show more than 50 percent achieving sustained remission, defined as remission that lasted for at least 1 year.<sup>70</sup>

In the 2015 National Survey of Drug Use and Health (NSDUH): Of those in need of treatment but not receiving any: Might have a negative effect on job (16.4 percent) or cause neighbors/community to have a negative opinion (8.3 percent).<sup>71</sup>

#### **FOR-NY Policy Statement:**

<sup>70</sup> Office of the Surgeon General, p.5-6

<sup>71</sup> Office of the Surgeon General, p.4-8

**Hope in Recovery Campaign** - Invest money in an awareness campaign to educate the public about the promise of recovery. Education is the key to ending negative public perception. Feature and highlight lived experience and the reality of long term recovery.

**Category: Alcohol as a Drug**

**Recovery Talks Recommendation:** Alcohol must be included in discussion of addressing the current public health crisis of addiction

**Recovery Talks: 1**

- 2016: Kings 2016

**What the Research Says:**

According to the 2015 National Survey of Drug Use and Health (NSDUH): Among all individuals who met criteria for a substance use disorder, alcohol was by far the most prevalent substance reported.<sup>72</sup>

## F. Special Populations

**Category: Special Population: Veterans**

**Recovery Talks Recommendation:** Veterans have high alcohol and drug addiction rates; The Veterans Administration needs education and training on addiction

**Recovery Talks: 3**

- 2016: Kings, Orange and Ulster Counties

**What the Research Says:**

Military service members, veterans, and their families have needs unlike other individuals that require culturally competent approaches to treatment and services. Veterans report high rates of substance misuse; between 2004 and 2006, 7.1 percent of all veterans met the criteria for a substance use disorder.<sup>73</sup>

The findings suggested that intensive treatment combined with proper discharge planning for veterans with severe PTSD and a substance use disorder may result in better outcomes than traditional substance use disorder treatment.<sup>74</sup>

<sup>72</sup> Office of the Surgeon General, p.4-8

<sup>73</sup> Office of the Surgeon General, p.4-38

<sup>74</sup> Office of the Surgeon General, p.4-38

**Category: Special Populations: Women**

**Recovery Talks Recommendation:** Policy decisions about how to support women struggling with addiction must be thought of differently than the general population.

**Recovery Talks: 2**

- 2016: Onondaga and Orange Counties

**What the Research Says:**

In 2015, an estimated 214,000 women consumed alcohol while pregnant, and an estimated 109,000 pregnant women used illicit drugs.<sup>75</sup>

According to the National Institute on Drug Abuse (NIDA) of those who needed treatment but did not receive treatment, over 7 million were women.<sup>76</sup>

Other rigorous studies have found that providing recovery coaches for mothers with substance use disorder reduces subsequent births with prenatal substance exposure and also increases rates of family reunification.<sup>77</sup>

**Category: Special Population: People of Color**

**Recovery Talks Recommendation:** Decision makers should make policy decisions understanding that people of color are impacted by addiction.

**Recovery Talks: 1**

- 2015: Monroe

**What the Research Says:**

SAMHSA's Recovery Community Services Program made advancing recovery in diverse communities a central goal and helped support organizations serving a broad range of ethnic, racial, and sexual minority communities.<sup>78</sup>

According to the 2015 National Survey of Drug Use and Health (NSDUH): approximately 13 million of those who did not receive treatment were non-Hispanic or non-Latino Whites, about 3 million were Hispanics or Latinos, and about 3 million were non-Hispanic Blacks or African Americans.<sup>79</sup>

<sup>75</sup> Office of the Surgeon General, p. 5-5

<sup>76</sup> Office of the Surgeon General, p.4-8

<sup>77</sup> Office of the Surgeon General, p.5-11

<sup>78</sup> Office of the Surgeon General, p.5-16

<sup>79</sup> Office of the Surgeon General, p.4-8

## **Part 4: Analysis**


### **Recovery Talks Comparison Over Time**

Most issues that were addressed by Recovery Talks speakers in 2015 continued to be addressed in Recovery Talks in 2016 and 2017 as well. These issues include:

- The need to negate negative stereotypes about people in recovery which lead to discriminatory practices in terms of housing, employment, health care and other essential human services.
- The need to address insurance barriers to treatment and recovery services and to educate physicians about the dangers of addiction and the services available for people seeking recovery.
- The need for treatment on demand and to address Emergency Room inadequacy.
- The need to increase recovery supports and wraparound services in aftercare in order to prevent relapse and overdose.
- The need for peer professionals in multiple settings including Emergency Rooms and the Criminal Justice System.
- The absolute importance of family support services.
- The need for programs for young people—including recovery high schools and sober social programming and housing in colleges.
- The need for recovery housing, including sober housing.
- Employment programs for people in recovery.

#### **Hope in Recovery:**

The 2015-2017 reports also had in common the beauty and promise in recovery. Stories were shared in all three years about people once in recovery becoming parents again, finding gainful employment and staying employed, owning homes and regaining driver's licenses. All three years also showed the use of multiple pathways to find recovery. By telling their stories, negative perceptions of people in recovery were shattered and the hope and promise of people in recovery was brought to light.



"I wish I had a catcher's mitt  
to keep catching my  
blessings in recovery."  
Recovery Talk Staten Island,  
December 2017

On a positive note, between 2015 and 2017, the summaries of Community Listening Forums showed an advancement in the use and understanding of Naloxone (Narcan).

While in 2015 and 2016, there were many comments about inability to access Narcan, in 2017, community members spoke to the increasing presence and understanding of Narcan which saves lives.

In our community forums in 2015 and 2016, we also saw several instances of speaking to the special needs of the veteran's community, women and mothers in recovery and people of color. These issues were not brought up as much in 2017. This may speak to a need to better address these special populations in community forums moving forward into 2018.

## **Part 5: Conclusion/Outcomes**

We are determined to continue the conversations started at each of these Recovery Talks and use the data collected from these Talks to shape our policy agenda. As highlighted throughout the report, most of the recommendations made at the community forums are included in FOR-NY's policy statement or in other campaigns being waged by FOR-NY.

FOR-NY looks forward to bringing new talks to more counties of the state in 2018 and to continue to shape our policy statement based on the needs presented in these forums and through other means of understanding the needs of New York's Recovery Warriors.

### ***With Gratitude***

We would like to thank our funder, New York State Office of Alcohol and Substance Abuse Services for funding our endeavor to travel to all 19 counties and collecting imperative data to help fight the drug overdose public health emergency happening in New York State and throughout the United States. We would also like to thank the local Recovery Community Organizations for hosting us in each of the 19 counties. And we would especially like to thank the courageous Recovery Warriors for speaking out and sharing their message, helping to break negative stereotypes about people with addiction and spread the hope and promise of recovery.



## Citations

Davies, G., Elison, S., Ward, J., & Laudet, A. (2015). The role of lifestyle in perpetuating substance use disorder: the Lifestyle Balance Model. *Substance abuse treatment, prevention, and policy*, 10(1), 2.

Office of the Surgeon General (2016). *Facing Addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Washington, DC: U.S. Department of Health and Human Services (HHS), page 1-1. Retrieved on December 31, 2017 at <https://addiction.surgeongeneral.gov/chapter-5-recovery.pdf>

Kelly, John (2017). *Employment –based Recovery Services*. Recovery Research Institute. Retrieved January 11, 2018 from <https://www.recoveryanswers.org/resource/employment-based-recovery-services/>

Kelly, John (2017). *Recovery Residences*. Recovery Research Institute. Retrieved January 11, 2018 from <https://www.recoveryanswers.org/resource/employment-based-recovery-services/>

Szabo, L. (2017). "Mental illness: Families cut out of care: Privacy law leaves loved ones on the sidelines – with tragic results." *USA Today*. Retrieved on January 10, 2018 from <https://www.usatoday.com/story/news/2016/02/26/privacy-law-harms-care-mentally-ill-families-say/80880880/>

Wood, E., Samet, J. H., & Volkow, N. D. (2013). Physician Education in Addiction Medicine. *JAMA*, 310(16), 1673–1674. <http://doi.org/10.1001/jama.2013.280377>

Recovery Support Following Overdose or other Medical Emergencies (Bill White, Rebecca Allen, and Phil Valentine)  
<http://www.williamwhitepapers.com/blog/2018/01/recovery-support-following-overdose-or-other-medical-emergencies-bill-white-rebecca-allen-and-phil-valentine.html>