Turning The **MOAR** Vision into Reality

by Maryanne Frangules, **MOAR** Executive Director

In 1991, with leadership from a now recently deceased friend and leader, Leroy Kelly, we formed **MOAR** in response to a diminishing health care coverage for services and no insurance reimbursement for services delivered by clinicians with addiction expertise. Most of the people involved were “professionals” and in addiction recovery. Then came the realization – we wanted to really include **MOAR** of the everyday faces and voices of recovery.

We are getting closer to seeing this vision become a reality every day. **MOAR** and our partners work to eliminate societal stigma and discrimination by giving a voice to people in recovery. We are demonstrating to the public the value of recovery by empowering people in recovery to speak out and show the public that we do recover to become Visible, Vocal, and Valuable members of society.

**MOAR** has grown into a statewide organization with more than 3000 participating to spread the message of the power of recovery. With at least 4 people dying every day from an opioid overdose, we are building a peer-to-peer support network to provide supportive connections statewide. This means setting up peer led regional action for recovery teams, which are helping to speak up for quality services from prevention to recovery with an improved criminal justice system. We are grateful to Governor Baker, EOHHS Secretary Marylou Sudders, Attorney General Maura Healey, MA Bureau of Substance Addiction Services, Department of Public Health, legislators, health care providers, law enforcement, and you for moving from tragedy to strategy to action. **MOAR** could not exist without you.

**MOAR** envisions a society where addiction is treated as a significant public health issue and recovery is recognized as valuable to all our communities.

**MOAR**'s mission is to organize recovering individuals, families, and allies into a collective voice to educate the public about the value of recovery from addictions.

Dismantling Discrimination with Language and Recovery Stories

Addiction is a chronic illness. It has relapse rates those seen in other chronic disorders such as diabetes. So why do we still use judgmental language? Is addiction really a matter of being “clean” or “dirty”? Are people really substance “abusers”? Jobs Not Jails: From Recidivism to Recovery with Criminal Justice Reform

Shocking facts about a system and landmark legislation for Justice Reinvestment that you might want to support.
Road to Recovery Month 2017

National Recovery Month is a nationwide observance held every September to educate all Americans that it is possible to recover from a mental and/or substance use disorder to live a healthy and rewarding life.

Recovery month began in 1989 as Treatment Works! Month, which honored the work of substance use treatment professionals in the field and eventually became Recovery Month. The federal government, SAMHSA, Substance Abuse Mental Health Services Administration took the lead in the late 90’s. MOAR is a National Recovery Month Planning Partner. Thank you to the agency’s Consumer Affairs Director Ivette Torres for her leadership.

National Recovery Month has evolved over the years to highlight the achievements of individuals who have reclaimed their lives in long-term recovery and honors the treatment and recovery service providers who make recovery possible. In observance of National Recovery Month, MOAR has held our Annual Recovery Day March and Celebration every year since 1991.

Recovery Month celebrates the gains made by those in recovery, just as we celebrate health improvements made by those who are managing other health conditions such as diabetes, asthma, and heart disease. The observance reinforces the positive message to support for mental health and addiction is essential overall health, prevention works, treatment is effective, and people can and do recover.

There are millions of Americans whose lives have been improved through recovery. Since these successes often go unnoticed. Recovery Month promotes the message that recovery in all of its forms is possible and encourages people to take action to help expand and improve the availability of prevention, treatment, and recovery services. Let’s promote the fact that people in recovery are “visible, vocal, and valuable” The National Recovery Month 2017 theme is “Join The Voices for Recovery: Strengthen Families and Communities.” Thank you to the Massachusetts Bureau of Substance Addiction Services, Department of Public Health, City of Boston’s Office of Recovery Services for their partnership.

We would like to thank all of our Recovery Month sponsors especially High Point, NE ATTC, Association for Behavioral Healthcare and you for making in making September 20, 2017 the best Recovery Day ever. Like Recovery Day? See the page 6 in this newsletter for information on how to become a member and do MOAR

THANKING OUR SPONSORS

MOAR is funded by the MA Department of Public Health/Bureau of Substance Abuse Services, the Federal Substance Abuse and Mental Health Services Administration with support from the Boston Public Health Commission and a project with Parent Professional Advocacy League and through the generous donations of our members.

Art and Recovery

by Annie Parkinson

My name is Annie Parkinson, and I am a woman in Recovery. Most of you know me as the Regional Coordinator for central and Western Massachusetts for MOAR. But I have another passion—my artwork.

My first memories are of me drawing on a pad of paper at out dining room table. Color, design and drawing has always been a part of my life; a crucial part of me being able to express myself. Then addiction took over, and at the end I was unable to hold a pen, a pencil, or a paintbrush. Ultimately, I was unable to hold a thought or idea.

It was well into my first year of recovery when I began sketching again. I took several classes at the Worcester Art Museum, and I studied privately with an artist in my town. I became what is known as a sharpie artist as I use permanent markers in all my work. Eventually I decided to combine my artwork with my recovery. I started Miz Annie’s Creations, and I have a line or recovery greeting cards, buttons, and bookmarks. My dream is to draw a recovery calendar, perhaps for 2019. Stay tuned!
I am a man in Recovery. I am also a former prison inmate and a convicted felon. Like many people in the grips of addiction, at some point I lost track of my morals, values, and common sense. I committed robberies to get drugs, and I got caught. During my 18 months inside a county House of Correction and Department of Corrections run prison psychiatric facility, I learned a lot. I witnessed first-hand, a criminal just system that needs improvement. Most of my fellow inmates were not bad people. They did not enjoy hurting others. They were sick people. They were people with rough backgrounds and most had addictions and/or mental illnesses. I was fortunate to have family resources and a private attorney. I was released to the treatment that saved my life after 18 months inside, and I have now been in recovery for nearly 4 years. Many of my brothers and sisters suffering from substance use disorders with criminal justice involvement are not as fortunate as me. They are losing years of life and chances at recovery to long sentences without getting rehabilitation or they are being released back into communities without any follow-up services.

The current opioid epidemic represents an unprecedented public health crisis. If we are going to get a handle on the problem, we must change how our society treats those struggling with drug use. This includes recognizing that addiction is a healthcare issue rather than a criminal justice issue.

Where do we stand?
In 2015, an average of 21,416 individuals were incarcerated in MA on any given day. If Massachusetts were an independent nation, we would represent the seventh highest rate of incarceration per capita in the world. Our incarceration rate has increased 236% since 1980 even though crime is down 26%. And while this rate is below national averages, Massachusetts citizens are still paying an enormous bill for incarceration both in financial terms (about $1.2 billion per year) as well in the human terms devastated lives, separated families, and disproportionately affected communities. In 2014, it cost an average of $53,040.87 to keep one person incarcerated in MA state prison. This was more than the cost of tuition at Harvard University that year ($43,280), over ten times the cost of supervised probation, parole, or community mental health services, or about double the cost of a full year of residential addiction treatment. Recidivism rates are high. Two-thirds of those coming out of county jails and half of those coming out of state prisons go back to prison for another crime.

Sherriff Peter Koutoujian of Middlesex County states that 85% of the inmates of the Middlesex House of Correction suffer from addiction and/or mental illness. Inmates (especially pretrial detainees) are often released back into the community without follow-up treatment or supervision. People recently released from prison without treatment are 56 times more likely have a fatal overdose than the general population. Our current system is often not working to address the often complex behavioral health and social factors that lead to criminal behavior. In order to reduce incarceration rates and to curb the opioid overdose epidemic, we must improve our criminal justice system to provide better support for diversion, treatment, supervision, and re-entry services. While many sheriffs have instituted new treatment and re-entry initiatives, we believe it is time for
comprehensive statewide criminal justice reform.

**Justice Re-investment**

**MOAR** is a proud member of the Jobs Not Jails Coalition, a group of community, labor, religious, legal organization, and individuals with a keen interest in review of the state’s criminal justice system. With our partners in the Jobs Not Jails coalition believe in a Justice Re-Investment strategy that would introduce simple common-sense reforms. The money saved in reducing incarceration rates is then put towards programs to meaningfully improve the lives of individuals and communities that have been affected by mass incarceration. Facts are clear, states that have enacted similar legislation have seen continued drops in crime rates, reduced costs, and less recidivism.

The Criminal Justice Re-Investment Act being reviewed by the state legislature would:

- End long mandatory minimum sentences on drug convictions of non-violent persons;
- Raise the threshold for what’s a felony theft from $250 (the third lowest in the nation) up to $1500;
- Lower or eliminate probation and parole fees such as the $65 a month ex-prisoners have to pay in parole fees when ex-prisoners are already working at low wage jobs;
- Lessen the CORI “sealing time” (Criminal Offender Record Information) The current times leads people not to be able to be hired when they are released from prison;
- Increase funding for in-prison treatment, education and job training, and increase funding for reentry services especially for job training and job placement;
- Divert people that have committed crimes because of addiction to treatment rather than jail.

Experts agree that this year presents the best chance for comprehensive reforms in decades. So if you are interested now is the time to educate your legislators about Justice Re-investment.

**GETTING MOAR INVOLVED**

- Check out JobsNOTJails.org
- Visit our website (moar-recovery.org) and check out the Policy Corner.
- Join MOAR to receive regular updates, event invites, chances to educate policymakers, and calls-to-action

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**MOAR Education to Build Recovery Capital**

*by Jared Owen*

With support from the Bureau of Substance Addiction Services, **MOAR** is building the way to unify the recovery community across Massachusetts. With 3 regional coordinators, we are working to build the means for communicating and collaborating in a collective voice for recovery. **MOAR** holds monthly Action for Recovery meetings across the commonwealth. At these meetings, we share information about policy, recovery services, recovery messaging, and advocacy training. Along with our statewide policy forums, these regional meetings offer an opportunity to connect with **MOAR** and to tell us what we can do for the recovery community. We work with community partners, policymakers, and coalitions to develop solutions to minimize gaps in services. We are the faces and voices of recovery, and we want to hear your voice! To find a **MOAR** meeting near you visit www.moar-recovery.org

**MOAR** on Education

Visible, Vocal, Valuable!

We believe that the most powerful way to combat stigma is for people to Speak Up.

Our diverse and supportive recovery communities have been hidden from public vision for too long. Being introduced to visible, valuable, vocal people in recovery goes a long way towards changing the public perception of people with addictions. To help people in recovery to find their voice, **MOAR** is expanding our educational programs designed for people in recovery and allies. Our Recovery Messaging Curriculum covers non-stigmatizing language, story-telling, positive messaging, and public speaking tools. As a follow-up, our one-hour Advocacy 101 program gives people an insight into how government works, how they can use their voice, and encourages them to get involved with advocacy efforts.

We offer a curriculum under our peer-facilitated Addiction Recovery Education Access Service (AREAS). These groups are designed to empower people in early recovery. With topics such as “Values Building”, “Healthy Relationships”, “Dealing with a CORI” (criminal record),”Employment,” and ”Housing” we teach crucial life skills and skills to navigate barriers which often seem insurmountable for people newly in recovery. Finally, by introducing them to **MOAR** and the “Telling your story” curriculum, we encourage people in early recovery to find their voice, tell their story, and become involved in improving policy.

This year, we are working to greatly expand out AREAS program. We will be offering AREAS groups in Recovery Centers and treatment facilities across the state. In addition, a goal is to offer Spanish language AREAS groups with fully translated curricula. If you are interested in getting involved in AREAS, becoming a facilitator, or just want to learn more, please contact Maryanne@moar-recovery.org
Cathy’s Story

My name is Cathy Connell and I am a person in long term recovery. For me this means that I have not had a drink or a drug since May 10, 2011. My recovery has allowed me to work as a Recovery Coach with MOAR (Massachusetts Organization for Addiction Recovery) in downtown Boston for the past five years. My path to recovery involved a 12 Step process, along with meditation, exercise, therapy and riding her Harley. In my work, I approach peers with encouragement and hope, and guide them along their path to a new life.
27th Annual MOAR and Friends
Recovery Day March and Celebration with

Martin Walsh
Boston Mayor
"Scheduled"

Marylou Sudders
Secretary EDDHHS

James O'Day
State Representative

Michael Botticelli
Director Grayken Center

Elizabeth Malia
State Representative

Plus Inspiring Recovery Speakers, and Possible Appearances by Mayor Walsh, Senator Keenan, House Speaker DeLeo, Representative Sanchez, Senate President Rosenberg, and MOAR!

Special Afternoon Program Featuring

At Faneuil Hall in Boston
Dismantling Discrimination with Language and Storytelling

by Jared Owen

What is stigma?

stigma noun /ˈstɪg-mə/ - a strong lack of respect for a person or a group of people or a bad opinion of them because they have done something society does not approve of.

Specifically, the stigma associated with addiction is a deep and sometimes hidden belief that addiction is something shameful and that people with addictions are somehow weak willed or morally inferior. We “learn” the stigma of addiction early in life. We hear it in our families, our schools, our communities, the language we use when we talk about people with addictions, our public policy, and the media. Many of us continue to hold it in some belief systems long after we encounter undeniable scientific proof and flesh-and-blood human evidence that addiction is a medical condition, and that people with addictions have the full range of human qualities. A recent study by the Coldwater Corporation found that 67% of Americans believe that there is stigma against people with addiction, and 74% of Americans believe that attitudes and policies regarding addiction must change.

As an object of shame, stigma feeds into the forces of isolation and denial that push people deeper into the addictive process and farther away from the hope of recovery. As a social justification for giving up on people, stigma pushes public policy away from a medical response to addiction and toward what might seem like an easy answer: simply punishing its symptoms. All this adds up to one thing: Many people who need help are not getting it, even though we have both the technology to treat addiction and a full range of mutual-help networks to support ongoing recovery.

Stigma versus Discrimination

discrimination noun /dəˈskrɪmənæʃən/ - the unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex.

Put simply, discrimination is often the unfortunate product of stigma. While stigma is a negative set of thoughts and beliefs, discrimination involves the action of unjust treatment due to a person’s identity. Both are dangerous. Stigma can prevent a person from seeking the help they need. Discrimination may impair a person’s ability to remain in recovery. Some examples of discrimination include improper medical treatment or denial of employment or housing due to a history of addiction. We believe that in order for the recovery movement to progress forward, we must let go of both stigma and discrimination.

MOAR envisions a society where addiction is treated as a significant public health issue. Try to use the terms “prejudice,” “bias,” “discrimination,” or “negative stereotyping” in place of “stigma.” Stigma refers to evidence of disgrace, shame, or reproach and is often used to justify discrimination. There is no disgrace in having an addiction or mental health condition.

The Importance of Language

The language that we use to describe addiction is crucially important. Inappropriate language can negatively impact the way society perceives addiction and the people who are affected by it. Language frames what the public thinks about addiction and recovery. Importantly, it can affect how individuals think about themselves and their own ability to change. Most importantly, language can create stigma.

As people in recovery we want to promote the use of language that (1) respects the worth and dignity of all persons; (2) focuses on the medical nature of addiction and treatment; (3) promotes the recovery process; and (4) avoids spreading negative labels and biases through the use of offensive terms.

Recovery Messaging

In order to combat stigma and increase awareness of addiction, we must share our powerful recovery stories. Rather than focus on the horrors of active addiction, it is important to show our communities the value of recovery. MOAR has developed a Recovery Messaging curriculum to combat stigma with sharing our recovery stories. Rather than focus on the horrors of active addiction, it is important to demonstrate our communities the value of recovery. MOAR has developed our Recovery Messaging curriculum to provide a simple guide to sharing our stories with purpose and passion. The curriculum is for both people in recovery and supporters. It covers language, messaging, and presentation.

Reference:

Writings of William White
http://www.williamwhitepapers.com

Addiction-ary from MGH Recovery Research Institute
https://www.recoveryanswers.org/addiction-ary/
SOAR-ing to New Heights with Peer-led Recovery Community Organizations

On August 11, SOAR brought together more than 15 recovery community organizations (RCOs) for a free one-day Summit in Worcester. Nearly 50 peer representatives attended the Summit from organizations from the Berkshires to Boston to Cape Cod. As a project of MOAR, SOAR (Speaking Out for Addiction Recovery) is a network to connect and unify community-based peer to peer recovery organizations. The goal is to unite recovery organizations into a single voice and mobilize those in recovery around regional, statewide and federal issues.

The Summit’s purpose was to educate the RCOs and invite input about the development of the SOAR Network, provide opportunities for exchanging program ideas, share addiction and recovery resources, and to celebrate recovery. The day featured informative presentations, guided discussions, a dynamic keynote speaker, poster sessions, and even an entertaining “talk show!”

Julia Ojeda, Director of Recovery Support Services at the Massachusetts Department of Public Health Bureau of Substance Abuse Services, played the host of the The Recovery Talk Show with Julia Ojeda. The episode, entitled Communities waging battle against the Opioid Epidemic, included guests Deb Flynn-Gonzalez, Director of Hope for Holyoke; Andrew Ross, Peer Leader at Alyssa’s Place, Gardner; Chris Daggett, Boston Chapter Manager, Phoenix Multisport; Michael Earielo, Director of Everyday Miracles, Worcester; and Stella Stewart, Community Coordinator, STEPRox, Roxbury. They spoke about what led them to their organizations and highlighted ways in which their organizations are helping save lives and promote recovery.

Haner Hernandez, PhD, inspired the Summit attendees with his keynote citing key elements of a strong recovery movement including diversity and inclusion, accepting multiple pathways, the importance of community-based recovery supports, asset-based change, personal recovery growth, and a pro-recovery policy environment in Massachusetts.

The poster sessions promoted the unique initiatives of recovery community organizations such as Hope for Holyoke’s recovery dollars used in their shopping “boutique” and the RECOVER Project’s annual Recovery Jam in September.

MOAR displayed a poster on criminal justice reform and re-investment in Massachusetts. Attendees left the Summit with an enthusiastic wealth of new ideas for their own organizations.

The SOAR Summit demonstrated the strength of these organizations to support individuals and shape the future of recovery in Massachusetts. We thank the following RCOs that participated in the Summit:

- Alyssa’s Place/AED Foundation
- Devine Recovery Center
- Everyday Miracles
- George B. Crane Memorial Center
- Hope for Holyoke
- Learn to Cope
- Malden Overcoming Addiction
- Northampton Recovery Center
- Phoenix Multisport
- PIER Recovery Center of Cape Cod
- RECOVER Project
- Recovery Connection
- Safe & Sound Recovery Center
- Stairway to Recovery
- STEPRox
- WMSAPA

For photos of the Summit, please click here. Contact Kirsten Doherty, SOAR Project Director, at 978-888-1927 or kirsten@moar-recovery.org for more information.