

# Journey

making recovery from addiction visible

April/May 2022 • Issue 20



**Sarah  
Langevin**

*Recovery in  
a small  
rural town*

**Seabreeze  
Property  
Services**

**Growing Jobs  
for People  
in Recovery**

**8 Dimensions  
of Wellness**

**Maine Voices  
of Recovery**



# SUBSTANCE USE DISORDER CAN HAPPEN TO ANYONE WE ARE HERE TO HELP

After close to a decade of taking substances, Nicole knew it was up to her to take her situation seriously for the sake of her children. Like many who live with substance use disorder, Nicole lost sight of herself and even thought about suicide.

“There were years when I was homeless and sleeping out of my car.”

Through Maine Behavioral Healthcare, Nicole receives Suboxone treatment to control cravings, sees a Psychiatrist, attends therapy groups and receives counseling, case management and peer support. With the help of her care team, Nicole is now preparing for a career in nursing and looks forward to providing a better life for her children.

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# Journey

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April/May 2022 • Issue 20

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Our mission is to amplify hope by making inspiring personal recovery stories, recovery programs and resources more visible.

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## Cover

*Sarah Langevin photo*  
by Brian Delaney



## Forever Thanked

People recover in communities and while recovery is an individual's responsibility, entire communities benefit when recovery from addiction is visible.

Thanks to advertisers, subscribers, sponsors and private gifts, many people help us keep the magazine free and play a part in amplifying hope!

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# From the publisher

This 20th issue of the magazine centers around Mental Wellbeing.

According to Google: “Mental wellbeing, in general, is **the state of thriving in various areas of life, such as in relationships, at work, play, and more, despite ups and downs.** It’s the knowledge that we are separate from our problems and the belief that we can handle those problems.”



I understood this morning, probably for the very first time, the meaning of negativity as it relates to how I approach “problems” in my life.

I had just finished reading all the articles and personal stories and was having a conversation with a friend about Niki’ Curtis’ article, *That’s All I Had To Do?* In it she shares her experience with H.A.L.T. **Hungry, Angry, Lonely, and Tired.**

My friend said focusing on thriving is really hard to do when starting from a negative space—mentally immersed in one of these basic need categories: hungry, angry, lonely, or tired.

I realized just how right she is; when I’m experiencing a deficit in any of these four, it’s impossible for me to think about growing in any other area of my life.

Once the basic needs are taken care of, my footing is more solid for the day, and I’m able to stretch a bit into other areas that may help my mental wellbeing.

In *Adding to the Wellbeing Toolbox*, Rich Jones mentions the Free Three—activities that are directly connected to improved mood and higher levels of life satisfaction.

They are free and accessible to most.

Check out the article and see if there’s an opportunity to add the Free Three into your daily routine.

With immense gratitude, *Carolynn*



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# ry saves lives

# Taking Care of Your Wellness in Recovery

by Jacqueline Brown

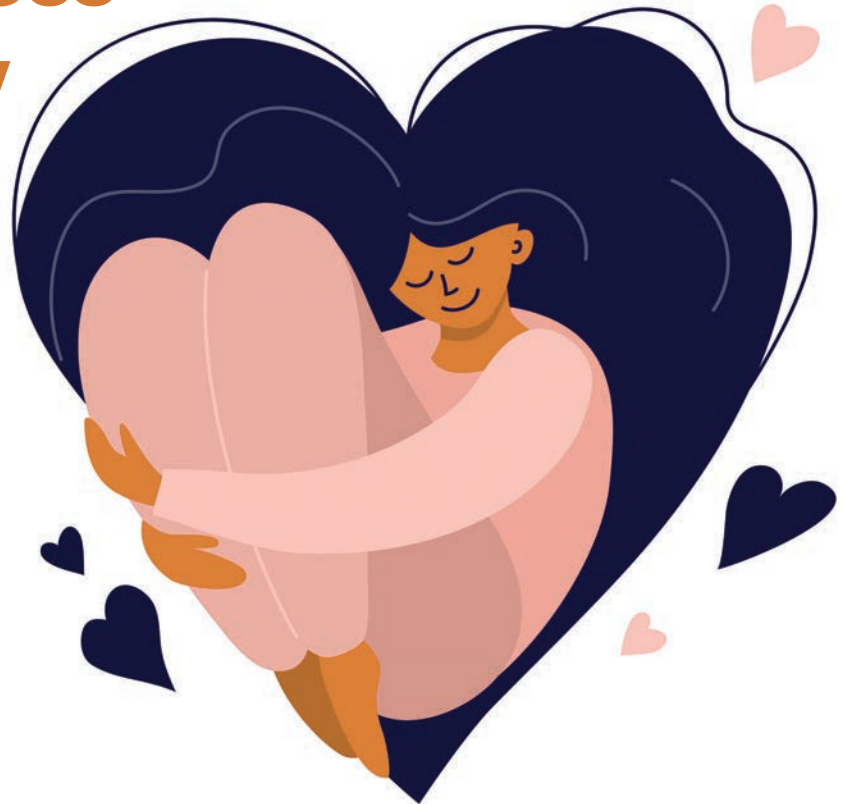
**W**hen it comes to mental wellness for people in recovery, many of us still believe in the mistaken cause and effect that recovery must happen first before mental wellbeing can improve.

The truth is, wellness is at the very center of the recovery process. As defined by the Substance Abuse and Mental Health Services Association (SAMHSA), “Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

For people with substance use issues, especially where wellness may have taken a back seat for a very long time, knowing how to make personal wellbeing a priority again can feel difficult or confusing.

According to River Martin, community support manager at NAMI Maine, improved wellness starts with an understanding of the different forms of wellbeing that are woven into our lives.

“There are eight different types of wellness,” Martin explains. These interdependent “dimensions” of wellness build off each other to provide people with a safety net of good habits throughout recovery.



## Caring for the eight dimensions of wellness

### 1 Physical wellness:

This form of wellbeing is all about good physical health habits, which include such mission critical components as healthy nutrition and eating habits, exercise, regular health care, and a treatment plan for substance use.

### 2 Emotional wellness:

According to SAMHSA, “emotional wellness involves the ability to express feelings, adjust to emotional challenges, cope with life’s stressors, and enjoy life.”

It also includes knowing your strengths as well as recognizing the facets of your life that you want to improve.

### 3 Occupational wellness:

Do you have work or other outside activities that provide meaning and purpose and reflect values that align with your recovery?

This can include employment or self-employment, participating in a job skills program, or volunteering.

### 4 Social wellness:

Recovery is intensely personal, yet having a “social network” around you is a valuable source for support.

Social wellness includes your ability to foster healthy relationships with friends, family, and colleagues, as well as knowing how to ask and accept help from others.

Participating in the recovery community through attending support meetings and meeting with your recovery treatment team are essential for this dimension of wellness.

### **5 Spiritual wellness:**

This is a broad concept that represents your personal beliefs and values and how you find meaning, purpose, and a sense of balance and peace in your life.

Aspects of spiritual wellness include an appreciation for life and recognition that the search for meaning is a higher purpose of human existence.

There is no prescribed religion or dogma associated with spiritual wellness.

### **6 Intellectual wellness:**

When you have things that keep your brain active and your intellect expanding, your mind is being fed key ingredients for better decision making.

Broaden your horizons by reading more newspapers, magazines, and books, taking an adult learning class, or starting a simple habit that stretches your brain power, like completing a daily Sudoku puzzle or playing Wordle.

### **7 Environmental wellness:**

Feeling safe in your surroundings helps reduce stress, a known trigger for relapse.

Take a good look at the places where you spend most of your time.

At minimum, you want to ensure that you have access to clear air, food, and water.

As a person in recovery, it's important that your environment supports your journey.

Is your environment free of substances? Is your environment as clean, comfortable and calming as it could be?

### **8 Financial wellness:**

Addiction issues often wreak havoc with personal and family finances, including income loss, draining of savings accounts, and increased debts.

Improving financial wellness involves taking accountability for financial harm and taking steps to restore and rebuild.

This can start with something as basic as making a budget.

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### **Start with self-care**

Supporting all these different facets of wellness starts with one thing: self-care, or simple habits that improve wellbeing and help people better cope with daily stressors.

"It's really important for folks to build self-care routines," Martin says.

"The more self-care you incorporate, the more dimensions of wellness these self-care activities can touch on."

Self-care doesn't have to be complex. "It can be taking a short walk, making art, or having a cup of coffee. Even 15 minutes can make a huge difference," Martin says.

On a walk, for example, you are prioritizing your physical health, but you can also use the time to reflect on emotions you're experiencing around recovery or a relationship you would like to improve, or the walk gives you the headspace to finally weigh your options for consolidating old debts.

To understand which self-care habits best serve your wellbeing, be prepared to take a trial and error approach, Martin adds.

If healthy eating is an area of physical wellness that needs added support, self-care may involve visiting the farmers' market for fresh local ingredients and taking the time to prepare and savor a healthy meal, or it could mean visiting a dietitian to start learning the ground rules for good nutrition, or joining a support group like Overeaters Anonymous.



# Are you ready to re-enter the workforce?

## Connecting With Opportunities - can help!

**GOAL:** To create opportunities for individuals impacted directly or indirectly, by the opioid crisis to receive the support, training and guidance they need to access and maintain sustainable employment.

**CRITERIA:**

- impacted by the opioid epidemic or
- would like to work in the fields related to SUD treatment or recovery

**AND**

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**Eastern Maine Development Corporation (EMDC):**

Doug Dunbar 207-299-5626  
OpportunityGrant@emdc.org

## Social media – good or bad for wellness?

Social media is a mixed bag for people in recovery.

Making comparisons with the “perfect life” other people portray on their social media accounts may result in feelings of low self-esteem and contribute to depression.



Social media is also a source of news and current events for many. In today’s world, this can be overwhelming.

“People need to know that it’s okay to take a break from social media or keeping up with the news...it’s okay to not connect there if that’s not supporting your wellness,” says Martin.

If you do decide to stay on social media, Martin suggests following pages and accounts that are uplifting and bring you joy.

These might be recovery-centered accounts or pages related to other interests you may have, from gardening to funny animal memes.

You can also put your tech devices to work supporting your recovery by downloading meditation apps for stress relief. “I really like the meditation app Insight Timer because it’s completely free to use,” Martin says.

## Resources for Wellness

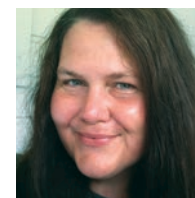
Sometimes supporting your wellbeing in recovery requires outside support, and this is where Maine’s constellation of recovery centers and support groups becomes a pivotal part of the journey. There are over 30 centers in Maine. “People can get connected with help through a location near them,” Martin says.

NAMI Maine is also a resource for people in recovery, and their friends and loved ones who often need support in their own wellness journey. “NAMI Maine offers our Connection Recovery support group for mental health recovery that meets online. There are also family and friends groups for those with lived experience supporting a loved one in recovery. You can learn more about how to join these groups on the NAMIMaine.org website,” Martin notes.

NAMI Maine also offers a free Family-to-Family mental health recovery educational course.

The NAMI Maine helpline 800-464-5767 (press 1) is a free service to help people in need to problem solve and get connected to resources.

“Maine has many options for people in recovery trying to support their wellness,” Martin says. “If you reach out, there is a lot of support waiting.”



*Jacqueline Brown is a freelance writer from Southern Maine who regularly contributes to national and regional publications. A former public school teacher in the Boston*

*area, Jacqueline is the published author of several books for children, one of which won the Maine Literary Award for Children’s Literature in 2018. When she’s not at her computer, Jacqueline can be found looking for seaglass at her favorite beach.*



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# Come As You Are

## *Sarah Langevin's story*

by **G. Gilbert**

**A** bathroom door closes in Auburn, Maine, but it does not lock.

On one side, four children run about the house. The television is on; there is unfinished homework and pacifiers, half-eaten food and a mess to clean. On the other side of the bathroom door is Sarah Langevin, taking a breath. This side of the door is small but sacred. Four little toothbrushes sit next to her own and a soft bath mat cushions her feet.

With each breath, Sarah feels her shoulders relax and her head quiet.

She thanks the frustration that bubbles up inside her.

She thanks the anger that may flare.

She thanks the exhaustion her body feels.

She thanks each difficult emotion for visiting her and keeping her alive, and then she lets them go.



Sarah looks up into the mirror and she smiles at her reflection. She is young and strong and beautiful. She is a mother and a wife and a supportive community member. Sarah is a recovering addict.

Sarah Heald grew up in Mattawamkeag, a small, rural town in Maine where the Mattawamkeag River bleeds into the Penobscot. Her childhood memories have a golden aura around them, with her parents together and taking her on adventures, supporting her, loving her. From early on, Sarah wanted to become a mother. What Sarah didn't

know, as she grew older, was why there was a void inside of her she needed to fill.

Outgoing and a little wild, Sarah experimented with opioids in high school. The people around her in that small town had plenty and were friendly, until they weren't.

### ***New habits hide their true identity.***

It started simply—as it often does. One type of drug at one party, a different one at another, whatever they had. But when the parties ended and the abuse within her

Sponsored by



relationships started, drugs became habitual. The void wasn't getting any smaller, and nothing compared to that first high.

### ***The fairy tale only grew dark.***

Her parents split, and Sarah found a new companion to share with—her father. They used together and leaned on each other, neither of them knowing how to cope with the hardships that ripped the rug out from underneath them. It wasn't long before Sarah devastatingly lost her father as he succumbed to the void.

She always told herself, “when I become a mom, I'll stop all this.”

She came close a few times, and encountered even more tragedy without knowing how to cope. Then she made a different choice for herself. She wanted to get better, and she meant it. So the struggle to find resources began. She longed for a community, and remained in the same quiet town where everyone knew her, where she couldn't escape her past, but it didn't stop her.

God sent her someone to love, a man who made the choice for himself to love her back. That man became her husband, and they soon became parents and Sarah became a recovering addict. They learned together how to live with a recovering addict.

True to her word, when Sarah became pregnant, she started getting Medication-Assisted Treatment (MAT), and was put on Suboxone to help her off the opioids.

In Auburn, where she was living and seeking help, they had a no-wait policy for pregnant women so she got started right away. From that first step of deciding that her life was worth it, that her child's life was worth it, she gained a whole

community. That, she says, is what gets any addict through.

### ***There is not one type of addict.***

There is not one way that an addict can look. How addiction manifests and is managed is individual. Many times, Sarah endured nurses and other addicts looking at her only to say, “you don't look like an addict.”

Many times, Sarah would walk into the local church for a meeting and meet eyes with former classmates, people who knew her, people who knew people who knew her.

But across that threshold, in the church, was a circle of people who reached out and held her close. She was building a community. “Recovery,” she says, “doesn't discriminate.” She was meeting people who wanted her help and wanted to help her. They were all learning how to cope and discovering tools they had to support their recovery as well as hers.

### ***No one can do it alone.***

Within a community, each hand can support you in difficulty and celebrate you in happiness.

Today, Sarah lives in Lincoln Maine and is a Recovery Coach Coordinator at Save A Life Correctional Recovery Resource Center, the only non-profit in the Lincoln Lakes Region. SAL, Inc was approved in 2018 as a domestic Maine non-profit corporation and received a grant from the Maine Department of Health and Human services in December of 2020 as the pandemic took hold and more and more people turned to drugs.

Krystina Murray, a writer for Addiction Center, called 2020 “the Deadliest Year in Drug History.” This is when Sarah Heald found SAL, Inc and began volunteering. She also runs a twelve-step program out of that local church,

successfully guiding others through the difficult process of recovery through the familiar twelve steps and abundant community. “I've never had somebody come to a meeting and not come back,” she says. This is a massive achievement and a testament to her compassion-based practices.

There are so many paths toward recovery, what works for Sarah may not work for everyone. It's something that she stresses when speaking about it.

She spent so much time resisting recovery because of lack of resources and while there are more and more resources nowadays, the trick is to want to get better. You have to seek it out yourself, try different things.

Maybe God doesn't work for you, but spirituality and mindfulness may.

Maybe MAT isn't right for you and you need more therapy-based treatment, like CBT or REBT. Some people need to quit cold turkey, hard and fast, while some people need the time the twelves step program offers.

Regardless of what the road looks like, we all need someone beside us, to pick us up when we slip and cheer us on as we progress, to have room in their hearts for us. That is what Sarah is dedicating herself to, and who better than a woman who knows the power of it?

Through her personal journey, Sarah has learned to recognize the humanity in recovery, through those she helps as well as in herself. Drugs dominated her formative years and now, she's learning who she is without them.

### ***Not just learning, but loving. That's a practice, as well.***

She is embracing all that she is without the drugs trying to fill something impossible.

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Sarah has seen addiction as what it is—a trait of hers that can't be exercised. So, she works it—it's ceaseless work, and thankless, at times, in such a busy house. Raising four children without struggling with recovery is difficult enough, but each little life depends on her and she does not let them down. In the mornings, she pulls an affirmation card to keep her focused on gratitude and abundance. Often, her children's hands are the ones pulling the card. They practice together.

Sarah turns to God to surrender, to help guide her when she doesn't always trust herself to do so.

For a while, Sarah ate ice cream. Every night. A sweet, harmless ritual though addiction made manifest.

She often turns to physical activity, running and running until she can't, lifting weights in the living room, and putting her body to work.

She puts herself at service to community members and strangers alike, helping them through the most difficult times of their lives.

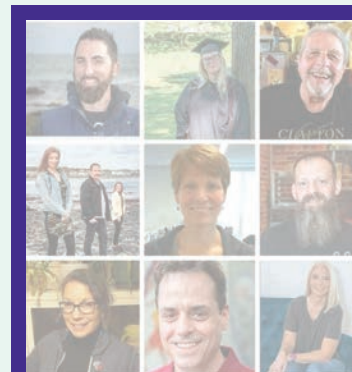
She pays attention to what she watches on television and how she feels while watching.

She pays attention to the needs and identities of the people around her with the utmost care and recognizes that, hey, everyone is different, but we all need love.

When she turns to that bathroom mirror, a quiet dimension of her own creation, she says, "You are smart and capable, you are beautiful, you are worthy of everything you want. I love you." She says, "I love this life I have created."



*G. Gilbert is an endlessly curious freelance writer, poet, and visual artist waking up in Southern Maine.*



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Believing recovery is possible, our mission is to strengthen and support families affected by addiction

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The Family Restored Support Group is an educational support group for families having difficulty navigating a loved one's addiction. Our meetings are facilitated by individuals in long-term recovery that offer a unique perspective from first-hand experience. Families have the opportunity to discuss their concerns and build community with other families.

### NEW MEETING ANNOUNCEMENT

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**Tuesdays, 6:00-7:30pm**

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#### Ongoing Meetings

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# Growing Job Opportunities for People in Recovery

*Good soil provides solid ground*

by Jacqueline Brown

If you have ever admired a local business's tidy landscaping or a neighbor's immaculate lawn, there is a good chance that what caught your eye was the work of Seabreeze Property Services, Maine's largest landscaping and property management company.

Seabreeze also ranks as one of Maine's growing number of recovery-friendly workplaces, making it likely that the neatly trimmed greenery that made you stop was the handiwork of someone in active recovery.

The recovery-friendly workplace movement is picking up steam in Maine, but at Seabreeze, extending employment opportunities to people in recovery is a practice that has long been in place.

"When I joined the company over five years ago, people in recovery were already being hired," says Seabreeze CEO Josh Flynn. Most were referred by temp agencies, and when many of these team members became successful, they started referring more people to us who were coming from a recovery background."

However, following the drug overdose death of a team member who had relapsed without anyone knowing about it, the company started to view its role in

supporting the recovery efforts of team members in a different light.

"We had that moment where we knew ... we needed to make the commitment to find resources for our team members struggling with substance use," says Flynn.



What that means now is that if anyone needs treatment, they can go get it, and when they come back in active recovery, they can come back to their previous position. We've had several people take this journey, and it's really worked out well."

So well that Flynn estimates 30 to 40 percent of people in management roles at Seabreeze today are also people in recovery.

According to Flynn, a key to Seabreeze's recovery-friendly workplace success has been accountability. "It's been an eye-

opening experience to finally recognize how prevalent this issue is, but also how much people respond when they get the support they need to hold themselves accountable for their recovery," he says.

During the hiring process, Flynn is open to explanations of spotty past work history or prior arrests. "You can't ask, 'are you in recovery?'" he explains. "But we're one of those industries, like construction and hospitality, that give people more of a chance. If this is someone who was arrested on a drug charge five years ago, but they explain how they've been solidly in recovery since then, we can work with that."

Flynn has also found the power of people in recovery referring others to Seabreeze who are on a similar path. "This pipeline provides a sense of community. It's folks supporting each other," he says. "We have employees in recovery sponsoring others on the team. It's amazing support."

Sometimes, it doesn't work out. When job performance issues develop, such as not showing up for work, it can negatively impact employment, just like it would for any other employee, Flynn says.

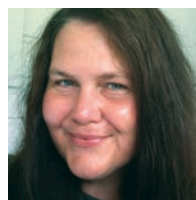
“We always ask the question—how can we help you? If the person won’t get help and problems continue to develop, we’re open and upfront about what this means for their employment. It doesn’t mean they’re bad people. We’ve even had people come back to us after getting back into recovery. As much as we can, we try to make it work out,” he says.

As for tips for other employers thinking about hiring people in recovery, Flynn recommends being transparent about expectations, while realizing that people in recovery need different forms of support. This might include taking time off for treatment-related appointments or support meetings.

“Employers can’t be naive to how prevalent substance use issues are,” he says. “You have to be ready to ask, ‘Is something going on? Do you need support?’”

Flynn also thinks it’s important for employers to recognize that while they can empathize with people in recovery, they shouldn’t say they understand what this person is going through if they haven’t walked in these same shoes.

“You will have wonderful experiences hiring people in recovery, but there will also be ups and downs with all of this,” he says. “It’s not on us to judge someone’s journey.”



*Jacqueline Brown is a freelance writer from Southern Maine who regularly contributes to national and regional publications. A former public school teacher in the Boston*

*area, Jacqueline is the published author of several books for children, one of which won the Maine Literary Award for Children’s Literature in 2018. When she’s not at her computer, Jacqueline can be found looking for seaglass at her favorite beach.*



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# That's All I Had to Do?

by Niki Curtis

**E**arly in my recovery, my emotions were a volatile rollercoaster of extreme highs and sudden lows. The deregulation of my system coming from a place of never eating and only feeding my body sugar and living off of the drugs that ruled my life, to eating three regular meals a day and maintaining complete abstinence from all other substances, might have had something to do with that.

In reality, during my use, I was always hungry, angry, lonely and tired. I was in a state of perpetual existence of what I now know to be called HALT. My rational thoughts are the things that HALT when I'm not paying attention to Hungry, Angry, Lonely, Tired. This is a term used in recovery by rehabs and many twelve step programs. They are a culmination of what a lack of self care truly looks like whether you are in recovery or not.

One day, I called a woman who was important in my recovery, and was ranting and raving about someone that had really irritated me, and I didn't understand why they just couldn't act the way I wanted. I

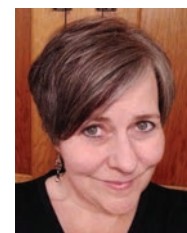
was irrational in my anger and internally knew that something was off, but I couldn't stop the freight train of my angry, abusive litany; I broke down crying in fear and frustration and asked her what was wrong with me. I felt ashamed at the way I was acting and fear that I couldn't stop. She calmly asked if I was experiencing HALT. After some discovery questions, we figured out, together, that I hadn't eaten all day. She suggested that I eat something and call her back.

At that moment, I didn't see how eating would really make THAT much of a difference but sure enough, 15 or 20 minutes after I had eaten, I felt like a normal human being, and realized just how irrational I had been. I was still shocked that it worked. Was that all I really had to do? Was managing my feelings as simple as making sure that I wasn't hungry? That calling a friend to combat loneliness was a useful and effective tool to regulate my emotions? Was taking a nap the "adult" thing to do? These are simple tools to reduce stress, which otherwise could inevitably cause a relapse.

There are many such scenarios since that first phone call where I have found myself in a tizzy about something or other, and now my first go-to is checking if I'm in HALT. I now have something to focus on to alleviate the negative path that my mind is barreling down.

I even learned that adding an S to HALT made a lot more sense. S as in sickness. The stress of being sick has been a factor in many relapses, and deserves a place in the system of self-care.

If you find yourself stressed out and angry for no reason, overwhelmed with emotions that you can't control, HALT and ask yourself: am I hungry, angry, lonely, tired or sick? Then, if you answer yes to any of them, take care of those things. Sometimes that is really all you have to do.



*Niki Curtis of Portland is a woman in long-term recovery whose passion is to help others and spread positivity. She loves to find creative ways to do that, including writing for Journey.*

# McAuley Residence

**W**e had an error in our contact information for McAuley Residence in Issue 18 and are reprinting it here for clarification.

Contact information  
**(207) 747-4121**

A little about McAuley:

Founded by the Sisters of Mercy over three decades ago, McAuley's mission is to provide comprehensive support to women with and without children through programming focused on recovery from drug and alcohol dependency.

"At McAuley we do powerful work to help women and their families transform their lives based on best practices for

addiction recovery. Our two-generational model provides a sacred space for these women and their children to become whole," said Melissa Skahan, Vice President of Mission Integration, Northern Light Mercy Hospital and former Executive Director at McAuley.

McAuley has residences in Portland and Bangor, and it takes a village to hold these women in safety and to help them thrive!

### Here are ways the Maine village can rally for these residents

- **Gift Card Donations.** For women to buy essentials that SNAP benefits don't cover. Renny's, Walmart and Hannaford gift cards (ones that specify no cigarettes or alcohol purchases) are preferred.

- **Direct Assistance.** We are trying to keep the internet going for all residents which is a huge expense of over \$1000 a month. To make a monetary donation to support McAuley, contact Northern Light Mercy Hospital and give to the McAuley Residence's Greatest Need Fund.

### Attend AA Meetings on Zoom.

Women needed to share their experience, strength and hope with the women in the houses. Contact the McAuley Residence for information on its open Zoom meetings.

*To read more, check out Journey Issue 18!*

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# Adding to the "Wellbeing" Toolbox

*A little less stress,  
a little more happiness*

by Rich Jones



**T**hese are stressful times and that may be the understatement of the decade. It's the one thing that we all can agree on. The world is under pressure. It has been especially challenging for those of us dealing with, or in recovery from, a substance use disorder (SUD) and/or a mental health (MH) issue.

***Everyone acknowledges this reality.***

However, it is equally important to recognize the family. Family members of people with SUD or MH challenges are pushed to their limits under normal circumstances. The added stress of the pandemic and the associated issues has pushed people beyond their limits. The pandemic stifled access to treatment and closed meetings, leaving families on their own. Family members had to "figure it out" with limited options and resources.

Family members must focus on their own recovery. This is a lesson typically learned over time. The natural tendency for the family member to protect their loved

one can morph into enabling and rescuing. It is difficult for the family member to focus on anything other than the welfare of the person they love. It takes time to break these habits. The good news is millions of family members have broken the chain.

***Millions are recovering.***

Family members and individuals in recovery are to be celebrated. It takes courage to change. It's a lifetime process. We never stop growing. We must focus on our mental wellbeing the same way we focus on our physical wellbeing.

This is a **constant** and **intentional** process oriented toward improved health and wellness.

There are tools specifically focused on stress reduction and we know that intentional activities, repeated consistently, will increase happiness and decrease stress.

Right now, we could all use a little less stress. And a little more happiness.

## Introducing Positive Psychology

Positive psychology was developed in 1993 by Martin Seligman and colleagues. Via his own personal experience, Seligman became interested in the concept of subjective wellbeing or what is more commonly known as happiness.

There have always been a multitude of interventions to help the clinically depressed get better. However, there were few interventions to help someone who was "okay" live a fuller and more robust life. We could help people survive. But few things existed to help people thrive. Positive psychology developed as a discipline to fill this void. Since its inception in 1993, Positive Psychology (PP) has developed, tested and validated countless interventions that have been proven to improve quality of life, increase happiness, and decrease stress.

## Proven Ways To Increase Happiness and Decrease Stress

There are countless PP interventions, and what follows

are two of the more common PP interventions. The key is consistent application of these principles. As the saying goes: It works if you work it.

### Three Good Things

Everyday, at the same time each day, write down three good things that happened to you that day. Commit to doing this for 30 days and commit to not repeating yourself. At the end of the 30 day period, you will have a list of 90 different “good things.” This is key. It forces you to notice the little things.

The first couple days you will say the standard stuff. Such as: I got a job, my kids are healthy, I’m healthy.

But as the days progress, you get past the obvious and you need to dig deeper. You are forced to notice not so obvious things. For example: I had a meeting on the other side of town and thought I was going to be late. But there was no traffic, and somehow I made it on time.

Positive psychology trades on many different scientific disciplines to guide the development of these interventions. One such area is neuroscience. This following intervention capitalizes on knowledge surrounding neural pathways and neuroplasticity.

You are wired to notice the negative. Human beings evolved to be hyper-vigilant and notice the danger. In the past, this was physical danger. The world was a dangerous place. Modern times have proven to be less threatening physically (overall) but more threatening psychologically.

**Three Good Things** forces you to pay attention to good things and notice the positive. If done consistently, this will permanently rewire a new neural pathway. Noticing the “good things” will become habitual.

### The Free Three

Research is clear. The following activities are directly connected to improved mood and higher levels of life satisfaction.

**1 Go outside** for at least 15 minutes. Preferably in nature. But even a walk around the office building will help. GET OUTSIDE.

**2 Laugh.** Be intentional and take time to laugh. Watch funny videos of YouTube. Watch a funny movie. Spend time with people who make you laugh. LAUGH.

**3 Listen to music.** Preferably up-beat, high tempo music that pumps you up. But any music will do. LISTEN TO MUSIC.

This is called the **FREE THREE** to make a point.

These are easily accessible activities that are 100-percent free of charge. Therefore, we should be able to consistently engage in them. It may sound too simple, but the little things make a big difference.

The list of positive psychology interventions grows daily. These are just a couple simple examples of the action-oriented nature of positive psychology programming. Integrate these into your daily routine and watch the stress fade away. Money back guarantee.

For more information on Positive Psychology see: <https://www.authentic happiness.sas.upenn.edu/>



*Rich Jones, MA, MBA, LCAS, CCS, CEAP, SAP, c-EMDR, is an experienced therapist, clinician, and health care entrepreneur operating primarily in the behavioral health*

*space. He is in long-term recovery from an opioid use/alcohol use disorder and a certified peer support specialist. He is passionate about providing quality care and supporting people in need. Rich is the EVP and Executive Director of Heritage CARES, a division of Heritage Health Solutions.*

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Tara, counselor at MaineGeneral  
Addiction Medicine

— Kristina B., patient

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*This will provide us with a cornerstone in our mural and can be dedicated to your organization, family, or person.*

**\$100 Provide a brick.**

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*ARRC is a 501 (c) (3) charitable organization under the Maine Prisoner Reentry Network.*



# Maine Voices of Recovery

## Stories Restoring Hope

by Jamie Lovley



Liz Jenkins

This past September Liz Jenkins stepped back from her role as board president for Area Interfaith Outreach Food and Energy Assistance (AIO) in Rockland, Maine.

AIO provides crucial support to residents of Knox County by addressing food insecurity and energy costs. Liz pioneered fundraising and operations management that allowed AIO to flourish.

She now works for a management consulting firm with a focus on social responsibility and runs an LLC helping nonprofits manage donations. While it's clear Liz is devoted to giving back to her community, she is insistent that this service giving back to her is the cornerstone of her 24 years of sobriety.

Before settling in Maine, Liz grew up in New Hampshire, and lived in Florida, Virginia, and Massachusetts. Liz's rocky relationship with alcohol began when she was 13, when she started drinking and smoking with her friends. "By 14, I was drinking Wild

Turkey and orange juice at the bus stop. I was a full-blown alcoholic."

At 16 she was in a nearly fatal drunk driving accident. Her parents kept her name out of the paper and she faced minimal consequences, but the emotional and physical scars weren't enough to stop her from drinking and driving again. "When alcoholics don't have consequences, it's a deathwish," Liz says.

Liz went on to receive her bachelor's degree in advertising from Simmons University and her master's degree in management from Lesley University. She had success and opportunity, but all the while a growing emptiness that drinking could not fill consumed her.

"Inside you know who you are and have this sense of your authentic self, but your external behaviors are going to a bar every night or drinking in the morning. You show up half yourself, even though you know that's not how you want to be," Liz says, adding that before sobriety her life was filled with confusion, low self-esteem, and chaotic decision-making. "When you're a drunk you show up as a fake person. Your disease enters the room before you do."

In 1997 she realized her lifestyle was not sustainable. She found herself reading obituaries and wondering how she would write her own, the sense of her own alcohol-driven end impending. "It doesn't take a big tragedy to change someone's course, sometimes it is just a moment of realization. My soul was so worn down," she says. It was a discussion with her therapist

*Maine Voices of Recovery is a series written by Jamie Lovley and created by Knox County Community Health Coalition in partnership with the community. The goal of the series is to teach the community about recovery, dispel misunderstanding about substance use disorder in the state of Maine, and record stories of how long-term recovery does work. All names have been used with permission.*

that finally made Liz realize that sobriety was the only path to healing.

For the first time Liz began working recovery programs. "When I was drinking my life was gray. When you get into recovery you see colors again," she says "You notice falling snow, the little squirrels on a wire, everything you didn't see when you were drinking. Now I want to live more than ever. There's not enough hours when you have a zeal for life."

Recovery wasn't easy, however. In 1998, Liz fell in love with and married a man in her recovery group. After a car accident he began taking oxycontin, starting a spiral into addiction that tore their marriage apart. Liz was able to remain on the path of sobriety, but her partner was not. After a harrowing journey together, Liz spoke up for herself and her wellbeing, and they divorced.

"Everyone I know has been touched by alcoholism and addiction in their lives," Liz says. "We should just be honest with each other and talk

about it. It is a disease. We don't judge cancer, diabetes, or mental health disorders. We have to stop judging people with addiction. Their behavior is not excusable, but they need treatment."

At AIO, Liz focused on creating an environment of giving from a place of abundance and bringing issues like food insecurity out of the darkness. She feels the same about recovery. "Bring everything to light so we can talk about it and heal," she says. "Judgment of others reflects unresolved pain within yourself. The less "us and them" in the world that we create the better."

Society's harmful stigma about addiction leads to people not asking for help. As Liz puts it, "Not asking for help kills more alcoholics and addicts than the drug itself. We all need each other. If you are ready, the resources you need are there."

Creating an environment of asking for help means that our community members and professionals need to be aware of local resources. Making these resources accessible and easy to find is also a crucial part of assisting Mainers with substance use disorders.

In 2008 Liz met her husband. Today they live together in Midcoast Maine, where they both enjoy the outdoors and support each other in their sobriety and life. The effects of the pandemic have changed recovery meetings for many, including Liz, but she finds that nurturing her spiritual life through yoga and meditation, and giving back to the community through her work, keeps her grounded and connected to others. "I'm proud of the work I've done but if I was not sober there's no way I could be a service to my community," she says.

Liz says her primary goal for humanity would be that people feel

able to ask for help. "To those who are still suffering, know you are not alone and there are people who will support you. And if you're not ready for help yet, we still support you."

No two recovery stories look the same. If you believe you have a problem with substance use, reach out for help.

Call 211 for resources in Maine. For a list of local recovery meetings, visit <https://csoaamaine.org/meetings/> <https://namaine.org/meetings-by-table/>



*Jamie Lovley is a graduate social work student living in Mid-Coast, Maine. She works in substance use recovery at a residential treatment facility and is the Substance Use Prevention Specialist*

*at Knox County Community Health Coalition. She is passionate about using her experience in journalism and in social work to write recovery stories that fight stigma and inspire hope.*



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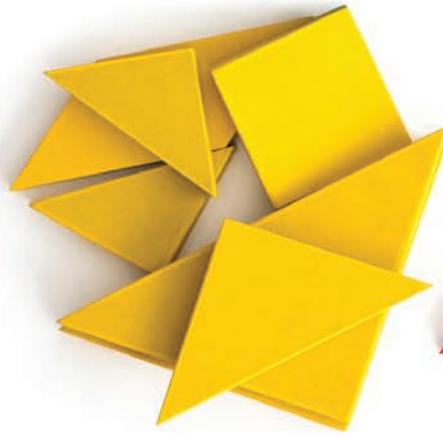
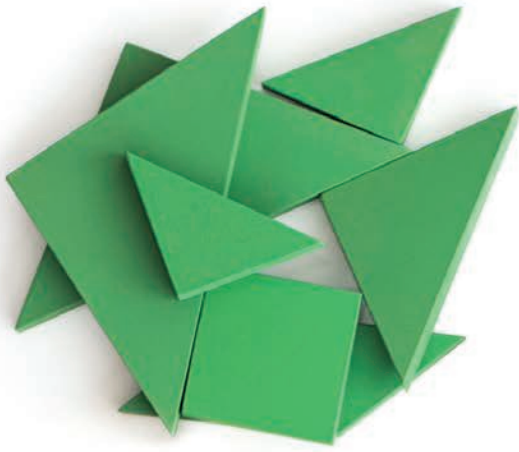
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# Recovery Capital

## *Building blocks for recovery*

by Alison Jones Webb

**T**he recovery road is smoother for some people than others, and one of the reasons is that some people start out with more recovery capital than others.

If you start your recovery journey living in a house, with supportive friends and family, you'll probably have an easier path than someone who starts out homeless and has alienated everyone who used to care.

### What is recovery capital?

It's all those assets you bring to your recovery, like your problem-solving skills, self-esteem, mental health, and hope. It includes safe housing, food, transportation, money and financial stability, and insurance. It also includes your personal beliefs, values, preferences and behaviors that come from your culture.

In short, **recovery capital is what people in recovery need to live healthy lives.** That means your physical life—a place to live, healthy food, a good job, financial stability, and also your social life—relationships, family ties, and

community connections—your love life, and your spiritual life.

Brittany Reichmann, a 30-something woman in recovery, has noticed how her recovery capital has changed as her recovery has matured and deepened.

At first, in her late 20s, she needed a safe place to live when she left treatment, so she moved to a recovery residence. There, she found more than just a roof over her head. She found the structure and support she needed to organize the chaos in her life. “That’s where I built a foundation that I could stand on the day that I left. I needed that. I had to have that. I couldn’t do it on my own, and I couldn’t do it at home. I had some semblance of order in my life at the recovery residence. In that first year, I had a job that gave me enough financial stability, but I had debts that I worked to pay back. I also had work to do on relationships with my family and friends to rebuild trust,” Brittany says.

Around a year after living in the house, she moved into her first apartment with some friends, and



she saw a huge increase in her recovery capital.

She paid nearly all her own bills and paid off her first debt. She began to realize that she had the skills and confidence she needed to live outside the structured living of a recovery residence.

She recognized another turning point, about six months later. She was able to navigate the difficult emotions and anxiety that arose when her roommate returned to active use—without starting to use herself.

These were emotions she had never experienced in sobriety, and she got through them with the support of family and friends.

At about two-and-a-half years in recovery, she applied for the Project Assistant position at the Maine Association of Recovery Residences. “I had tried so many times to get sober, and recovery housing was a big part of my journey,” Brittany says. Being in a recovery residence was like ‘going home’ for me, and I just decided to go for it, and I got the job. The day I started at MARR was the day my boyfriend proposed, so that was a big day!

And that’s when I started to think about the bigger things I actually wanted in life. I wanted to be married, and I wanted to be a mom.”

She tears up when she talks about her son, now eight months old.

“So together we continued to work on finances, got a mortgage, bought a house, and had a child,” she says. “All of this real-life stuff started happening.”

Now, five years in recovery, Brittany sees how her recovery capital has grown as her recovery has matured.

“Anything that I could have imagined that I wanted when I got sober, I have now,” she says. “I’m able to put into practice some of those ‘social capital ingredients’—persistence, open-mindedness, honesty, forgiveness, ability to admit when you’re wrong—all of those things you need to be in a healthy relationship. And then learning how to be selfless as a parent. That has allowed me to continue to reprioritize as my life has changed.”

What’s next on Brittany’s recovery journey?

She recently met with Bob MacKenzie, Kennebunk Chief of Police, about joining Rotary. He thought Brittany would be a “good fit” for Rotary, and she agrees.

“My job is recovery-based, my husband is in recovery, my friends are all in recovery, so much of my

life is about recovery, and I find it meaningful to do community work that isn’t recovery-related. So, this is perfect!”



*Alison Jones Webb is a public health professional who has worked in the field of substance use prevention, treatment and recovery in Maine for over 15 years.*

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# The Anonymous Path

## Fake It 'til You Make It

*On the other side of a decades-long struggle with alcoholism is a life worth living.*

by Emma Simard

Russ was good at faking it. So good, in fact, that in 2015 he was successfully hiding how severe his alcoholism was from his girlfriend. “I’m a classic high-functioning alcoholic,” he says. And he had been that way for decades.

Russ’ drinking started in the 1970s and 80s when he was just a high school kid who was experimenting with alcohol. When he went away to college in rural Vermont, his drinking got worse—but what else was there to do in rural Vermont? He didn’t think much of it. Russ always assumed it would go away or get better on its own.

In 1989 he moved back home to Maine where he fell in love, got married and started a family. For a while it seemed as if everything was going well and, as far as Russ could tell, his drinking wasn’t negatively impacting his life. But alcoholism is a progressive disease. “It keeps on rolling until it eventually takes on a life of its own,” he says. That’s the nature of the beast.

Russ’ drinking worsened again. His marriage started falling apart, and his struggle with Seasonal Affective Disorder led to a depression- and alcohol-fueled suicide attempt that landed him in a psychiatric hospital for a week. For the first time in his life, he seriously considered attending an Alcoholics Anonymous meeting.

His sister had regularly encouraged him to do something about his drinking. She had been in recovery for nearly 30 years and even gifted him ‘The Big Book’ (Alcoholics Anonymous’ basic textbook showing how the first 100 people in AA reached sobriety.) in an attempt to open his eyes. But despite her efforts and his stay at the hospital, Russ was still unable to fully wrap his head around the notion that he had a drinking problem.

On a few occasions he had quit drinking on his own. He’d spend three or four months sober until he’d convinced himself he was cured. Yet it came as no surprise that every time he poured himself

another drink, he was right back where he left off.

By the time 2017 rolled around, he couldn’t stand to look at himself in the mirror. He was drinking in the mornings, getting drunk on days he never intended to, and his health was in serious decline, he says. “I knew deep down inside that this was going to kill me if I kept up with it.”

Finally, he reached his breaking point. On the morning of January 28, 2017, Russ was completely intoxicated when he didn’t intend to drink at all. He went to an AA meeting the next day and never looked back. “That was the first time I walked into the halls of AA and I was serious,” he says. “I haven’t taken a drink since then, and it’s just been an unbelievable experience.”

The first few days he muddled through withdrawal symptoms, but he found his way through one week. One week turned into two weeks, and he slowly started feeling better. Before he knew



it, Russ was picking up his one-month sobriety chip.

Russ was patient with the process and didn't try to rush through his healing. He started going to as many meetings as he could, he picked up on the little bits of insight he heard in AA, and he listened intently to the people who were 15 or 20 years sober. He found enough hope in every meeting that he believed he could do this too.

"A good friend said, 'Fake it 'til you make it,' and I did a lot of that in the first couple of months," Russ says. Eventually, he didn't have to fake it anymore.

Russ still suffers from Seasonal Affective Disorder, and he knows some days will always be harder than others, but he refuses to quit. He has a healthy routine and a set of tools he can lean heavily on.

He's emphasizing the importance of slowing down, taking time to meditate, and regularly exercising.

While starting the recovery journey was one of the hardest things Russ's ever done, it was also the best decision he's ever made.

He's mended his relationships with his ex-wife and daughters, he's built a successful business, and he's healthy again—all things he never could've accomplished as a high-functioning alcoholic.

Russ considers himself lucky now; he's survived an illness that claims thousands each year, and he no longer has to fake it or hide who he is.



*Emma Simard is a writer and editor living in Midcoast Maine with her cat, Frankenstein. When she isn't writing or proofreading, she's in her stained glass studio making suncatchers or on the hunt to find the best biscuits and gravy in the state.*

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from our friends



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# The 12 and 12

## *Twelve Steps and Twelve Traditions of Alcoholics Anonymous*

by Alison Jones Webb

**A**lcoholics Anonymous is the most common place people look for help for their alcohol and drug problems.

AA meetings are held around the country and around the clock, so that at any time (especially now with online meetings) people can be among like-minded people who are in recovery—maybe for just a day, maybe for decades—where they feel accepted and understood in a way that doesn't happen anywhere else.

AA meetings are independently run, so no two meetings are alike. Each meeting reflects the people who attend them, and while anyone with a desire to stop drinking may attend any meeting, specialized meetings have developed. These run the gamut from meetings for LGBTQ+ people, meetings for Buddhists, Christ-based meetings, and even “AA for Agnostics.”

For people unfamiliar with AA, it's important to understand that, while every meeting is run locally and according to a format of sharing openly, if you've been to one AA meeting, you've been to one AA meeting. They're not all the same, and people in recovery may feel like they're “coming home” when they show up at one meeting and may feel out of place at another.

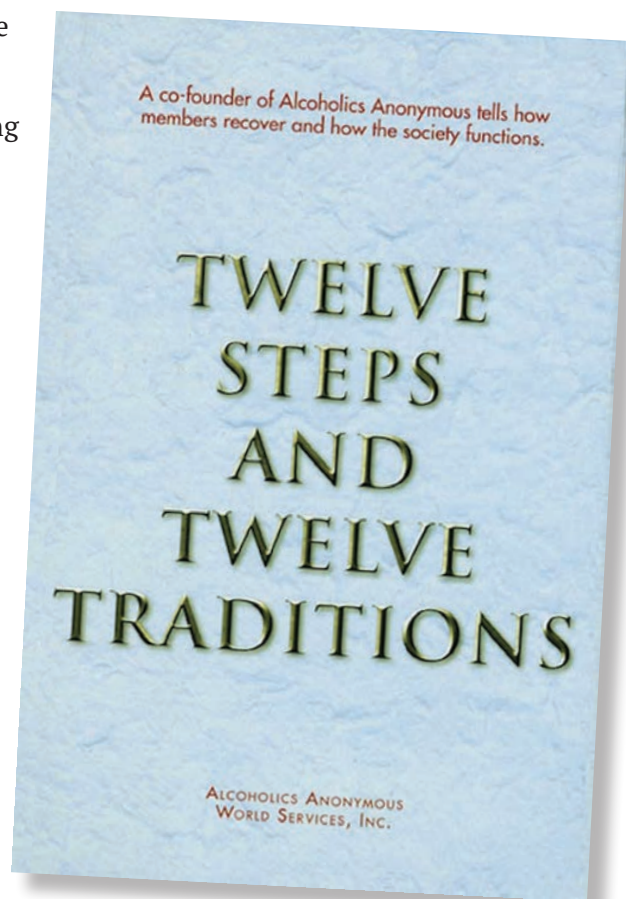
Early in AA's organizational development, AA co-founder Bill W recognized the need for

some guidelines for the organization so that the magic of spiritual growth through sharing with fellow travelers in recovery remained intact. In 1946 he published the “Twelve Points to Assure Our Future” in the AA Grapevine newspaper. In 1953, he published the book, “Twelve Steps and Twelve Traditions.”

While the Twelve Steps create a spiritual path for individuals, the Twelve Traditions are guidelines for AA as an organization, to make sure it stays focused on the health of people attending local meetings.

The Twelve Traditions also help make sure there is continuity across groups worldwide. Mostly, though, the Twelve Traditions make sure that each meeting is a place where peers share their experiences in confidence, with no one person having a higher position than another and with no outside influence, and where the wisdom of the group is honored.

**Personal recovery is always front and center**, and for this reason, AA as an organization doesn't get involved in larger policy issues related to treatment or recovery.



For an outsider, this can be confusing.

Wouldn't one of the nation's largest recovery support organizations be in favor of, for example, federal funding for recovery community centers? Or expanding evidence-based treatment?

But while individuals who attend AA meetings may be heavily involved in these policy matters, AA as an organization (and any local twelve-step meeting) does

not take a position and doesn't engage in the policy discussion.

**The focus remains on the individual in recovery** through messages from peers and, recognizing that isolation and "going it alone" can make recovery difficult or impossible.

The Twelve Traditions call for AA to remain "forever non-professional."

This, too, can be confusing to an outsider, because so many treatment agencies use "twelve-step based treatment" or Twelve Step Facilitation (also known as the Minnesota Model) as the backbone of their care, and because so many addiction treatment providers have themselves follow a twelve step path.

According to the Recovery Research Institute, in this model, "both clinical (doctors, psychiatrists, psychologists, etc.) and non-clinical staff

(most of, if not all of whom are, themselves, in recovery) provide care as part of a multi-disciplinary and comprehensive treatment program." The goal is to engage patients with AA (or other twelve step programs like Narcotics Anonymous) in their community.

While this approach has undoubtedly built exposure and knowledge about AA through professional treatment providers, that's not the same as the professionalization of AA or local AA meetings. The focus remains on individuals from all walks of life supporting each other, and no one ever gets paid to participate in an AA meeting.

The Twelve Traditions are where the tradition of anonymity is articulated: "Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles above personalities."

While some aspects of this requirement of anonymity can be attributed to acknowledging the damaging effects that disclosing recovery status can have on people attending AA—stigma—there's a broader intent at play.

The Twelve Steps form the spiritual path for AA members, and they create a pathway for any individual, regardless of education, experience, or station in life, to help another.

So, within the AA fellowship, who people are "in their day jobs" is less important than the support and caring they give to each other round the clock.



*Alison Jones Webb is a public health professional who has worked in the field of substance use prevention, treatment and recovery in Maine for over 15 years.*

## 12 TRADITIONS

**1** Our common welfare should come first; personal recovery depends upon AA unity.

**2** For our group purpose, there is but one ultimate authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.

**3** The only requirement for AA membership is a desire to stop drinking.

**4** Each group should be autonomous, except in matters affecting other groups or AA as a whole.

**5** Each group has but one primary purpose: to carry its

message to the alcoholic who still suffers.

**6** An AA group ought never endorse, finance, or lend the AA name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.

**7** Every AA group ought to be fully self-supporting, declining outside contributions.

**8** Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.

**9** AA, as such, ought never be organized; but we may create service boards or committees

directly responsible to those they serve.

**10** Alcoholics Anonymous has no opinion on outside issues; hence the AA name ought never be drawn into public controversy.

**11** Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.

**12** Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles above personalities.



# Life After the Pink Cloud

by Elaine Shamos, MPH & and Glenn J. Simpson, LMSW-cc, CADC

**F**or a couple in recovery, the journey across the many phases of growth can be surprising, challenging, and rewarding. We have found it's helpful to understand these phases and the issues that may come up.

Twenty-four hour victories over maladaptive behaviors in the first year is often marked by relief and lots of support.

When the couple begins regularly sharing at mutual aid groups and becomes part of a new community, it is the beginning of a new life.

People refer to this early stage as a “pink cloud”— the couple’s feeling of elation with their new successful life.

However, it can also be a time of unrealistic hope; a time when they expect their partner to be as happy as they are with their changes.

Partners can feel resentful and jealous during this stage, and hesitant to share their feelings, fearing their loved one will relapse.

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**When the couple begins regularly sharing at mutual aid groups and becomes part of a new community, it is the beginning of a new life.**

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Once the pink cloud disappears, people can feel discouraged and unsupported, bringing up more confusion in the relationship.

This is a crucial time to share in each other’s recovery, create lots of space to examine expectations and feelings, and perhaps seek couples’ counseling.

Through the next few years, much time is spent putting lives back together.

Finances, jobs, relationships, and family decisions become stressful if the couple is not aligned. This is a good time to talk about mutual goals and further explore the amends process.

This may also be a time that other “isms” of addiction pop up.

Likewise, the couple’s codependency has been disrupted and new behaviors need to be learned, tried out, discussed, and trusted.

The couple usually discovers deeper connection in practicing interdependence.

Finally, we know from research that long-term recovery from years five and up brings new challenges.

People often attend meetings less frequently or stop all together, personal growth may have been put on a back burner as “life on life’s terms” becomes real, and co-occurring mental health issues such as depression may take center stage.

This is more reason to come back to a formula for success which includes community, health, and a program for deeper self-growth.

The couple’s journey throughout life is about transforming suffering into joy.

As Bill W., co-founder of Alcoholics Anonymous wrote, recovery is not about quantity, it’s about quality.



*Elaine Shamos, MPH & Glenn J. Simpson, LCSW-cc, CADC, from Portland, can be reached at [facebook.com/CouplesInRecovery](https://www.facebook.com/CouplesInRecovery).*

# Spreading Recovery Throughout Maine



Portland Recovery Community Center

Portland Recovery Community Center (PRCC) is Maine's Recovery Hub. We build recovery community throughout the state of Maine. We are your people. We are people in recovery who know what it's like and are on the journey with you. Whether you're new or you've been on this path for a while, recovery community centers offer the home base you need in your recovery journey. Membership is free and multiple pathways are honored. Find a recovery community center near you by visiting [portlandrecovery.org](http://portlandrecovery.org) — and find your people.

102 Bishop Street Portland, ME 04103  
207-553-2575 • [portlandrecovery.org](http://portlandrecovery.org)

## Bangor Area Recovery Network Supporting life beyond addiction

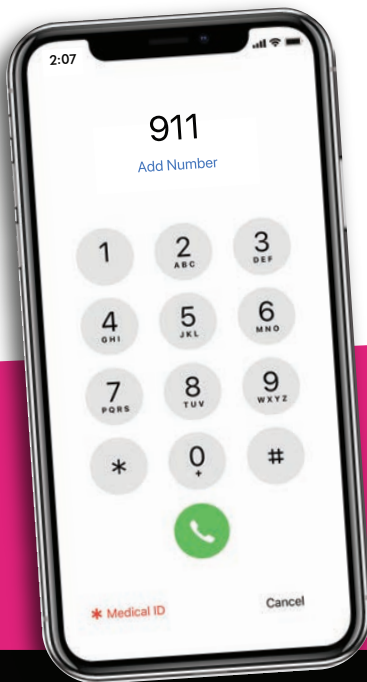


(207) 561-9444

[www.bangorrecovery.org](http://www.bangorrecovery.org)

Recovery is a process.  
There are many pathways to recovery.  
Recovery overcomes shame and stigma.  
Supporting recovery is a community responsibility.

### A MESSAGE FROM THE MAINE OFFICE OF BEHAVIORAL HEALTH



## GOOD CALL, GOOD SAMARITAN.

In a drug overdose emergency, 911 should always be an easy call. That’s why, in 2019, Maine passed a new Good Samaritan Law.

Its purpose is to ease any hesitation a person might have about calling 911 for medical assistance. Bottom line: first responders want to keep everyone alive and safe, so call them right away if you ever witness or suspect an overdose.

Even if you have Narcan on hand (another lifesaving choice), getting EMS/police there can make the difference between life and death.

### Maine’s Good Samaritan Law:

- ✓ Protects a person who calls 911 in a drug overdose emergency from arrest
- ✓ Protects the overdose victim from arrest

Learn More:

 [KNOWYOUOPTIONS.ME](http://KNOWYOUOPTIONS.ME)

# A Common Co-Existence

## *Mental illness and substance use disorder*

by Leslie M. Clark

**M**ental illness and substance use disorder often co-exist. It's not always easy to determine which came first, but both are the result of a combination of genes and environment.

For those of us with a genetic predisposition, stress, adverse childhood experiences and traumatic events are enough to set off a cascade of mental health problems and substance use. And let's face it, the odds of experiencing painful hardships while growing up are pretty high.

The recovery movement combines personal healing, community connection, and social action to bring about transformed lives.

Recovery community organizations embrace all of these elements to address not only individual healing, but to promote safe and just communities.

Many people have heard of Anna O., Freud's first patient about whom he wrote extensively in the 1880s as he developed psychoanalysis to treat mental illness. Freud and his colleagues claimed success in treating Anna's

"hysteria" and moved on, but the truth was that Anna O. was left institutionalized where she suffered tremendously.

Anna O.'s real name was Bertha Pappenheim, and she went on to get well and became a revered and well-known social activist in Germany. What "cured" Bertha, who also suffered from addiction to opiates that had been prescribed to her, began when her cousins introduced her to ideas about equal rights for women.

Bertha started working in a soup kitchen and helped at an orphanage, eventually becoming its director. She became an activist, combatting sex trafficking of women and children, and initiating many educational opportunities for women.

Bertha Pappenheim's story is an example of how service to others and working against oppression is healing in its own right.

Recovery from mental illness and substance use disorder depends on addressing the underlying conditions, including issues of

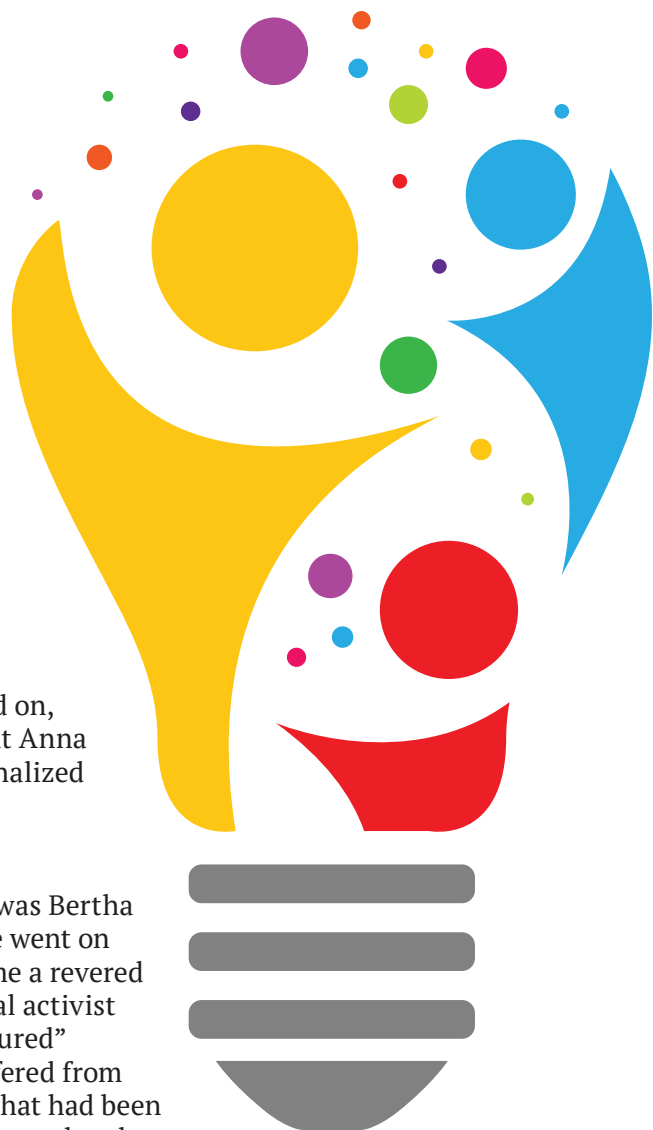
oppression, personal violence, and discrimination.

As recovery communities, we support one another in finding our way to wellness and by working to help others and build better communities.

We are all better for it.



Leslie M. Clark, MSW is executive director of Portland Recovery Community Center (PRCC) which serves as Maine's recovery hub, and a person in long-term recovery.



# Light a path for people in your community!

## Join Journey to reduce addiction stigma and amplify a message of hope!

For your employees, customers, patients, lobbies, waiting rooms, community centers, libraries, grocery stores, colleges, first responders, churches ....

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Journey normalizes the conversation by making recovery from addiction visible because we need everyone to know there's hope, help and support available!

**For more information call Carolyn (207) 671-9031**



community-based, mutual aid FREE programs are available  
programs, resources and inspiring recovery stories  
need to be visible to save lives

**Journey** making recovery from addiction visible

# Statewide Resources

## CRISIS HOTLINES

### Maine Crisis Hotline

Maine Behavioral Health  
888-568-1112  
24 hour hotline, mobile assessment & crisis intervention

### National Human Trafficking Resource Center/Polaris Project

888-373-7888  
National, toll-free hotline, available to answer calls and texts from anywhere in the country, 24 hours a day, 7 days a week, every day of the year.

### Safe Voices (domestic violence)

800-559-2927

### Maine Coalition Against Sexual Assault

800-871-7741  
Confidential services, free of charge. Provides information, crisis counseling, and emotional support and advocacy.

### Maine Access Points

207-319-8823 (call or text)  
info@maineaccesspoints.org  
We provide state-wide naloxone distribution, overdose prevention education, support and aftercare.  
www.maineaccesspoints.org

## POISON CENTER

### Maine Medical Center

800-222-1222  
The NNEPC poison help line is available 24/7 by phone, chat and text to provide treatment advice for poisonings or to answer poison-related questions.

## HOTLINES

### Intentional Warm Line

50 Moody St Saco  
866-771-9276  
Confidential telephone support services for non-crisis situations, including, but not limited to: Peer-to-peer support, social connection, sharing personal victories, overcoming fear, grief or sadness, developing effective strategies for the future, assistance with referrals to community resources, talking to someone when feeling sad, lonely, or discouraged.

### Maine Tobacco Helpline

800-207-1230  
M-Th 10a-8p, F 10a-5p, S 10a-2p  
If you call after hours please leave a message. Staff will call you back.

### Domestic Violence Support

866-834-4357  
Information, crisis counseling, emotional support and advocacy.

## MISCELLANEOUS

### 211 Maine

Directory connecting people to variety of health and human services in Maine that can be accessed online or on the phone.

### Medical Professional's Health Program

20 Pelton Hill Rd Manchester 8a-4p  
207-623-9266 x5  
Assessment/screenings for medical professionals who might have substance use disorders/mental health disorders. Referrals. Monitoring.

### Wellness Mobile

207-520-1683  
Outreach vehicle and materials for recovery or prevention.



# Recovery Centers

### Aroostook Recovery Center of Hope

36 North Street #1, Houlton  
207-254-2213

### ARRC Augusta Recovery Reentry Center

2 Bangor St, Suite 2, Augusta  
(207) 226-3438

### Bangor Area Recovery Center

142 Center Street, Brewer  
207-561-9444

### Bath Recovery Community Center

97 Commercial Street, Bath  
207-389-4236

### Beacon House Peer and Recovery Center

3 Canal Street, Rumford  
207-418-0079 / 207-369-0868

### Beacon of Hope Recovery Center

19 VFW Street, Lincoln  
207-403-9100

### Biddeford Peer Support Center

15 York Street, Biddeford  
207-358-4414

### Boothbay Harbor Peer & Wellness Center

35 School Street, Boothbay Harbor  
207-315-6236

### Coastal Recovery Community Center

11 White Street, Rockland  
207-691-3697

### DownEast Recovery Support Center

311 Main Street, Calais  
207-952-9279

### Down East Recovery Support Center

11 Free Street, Machias  
207-259-6238

### Harvest Inn Peer Center

43 Hatch Drive, Caribou  
207-492-1386 / 207-498-0247

### INSPIRE Recovery Center

24 Church Street, Ellsworth  
207-412-2288

### Lakes Region Recovery Center

25 Hospital Drive, Suite E, Bridgton  
207-803-8707

### Larry Labonte Recovery Center

412 Waldo Street, Rumford  
207-418-4983

### LINC Center

38 Memorial Drive, Augusta  
207-530-0391 / 207-430-4001

### Perry Center (formerly Amistad)

835 Forest Avenue, Portland  
207-615-3691

### Pir2Peer Recovery Center

1009 Central Street, Millinocket  
207-723-1327

### Portland Recovery Community Center

102 Bishop Street, Portland  
207-553-2575

### REST Center

205 Main Street, Lewiston  
207-783-7378

### Rockland Peer Support Center

12 Union Street, Rockland  
207-317-3012

### Sanford Peer Support Center

19 Washington Street, Sanford  
207-956-2984

### Together Place Peer Run Recovery Center

2 Second Street, Bangor  
207-941-2897

### Valley Peer Run Recovery Center

272 Main Street, Suite 101, Madawaska  
207-728-4806 / 207-316-7375

### Wabanaki Health & Wellness Center

157 Park Street, Suite 5, Bangor  
207-951-7526

### Waterville Peer Recovery Center

32 Ticonic Street, Waterville  
207-859-2667

### Roads to Recovery Community Center

1 Water Street, Caribou  
207-493-1278

# FREE Mutual-Aid RECOVERY PROGRAMS

*We are fortunate to live during a time when there are many options for finding and sustaining lasting recovery from addiction. We are all individuals and while there are many aspects of our personal journeys that may be similar to those of others, we are each called to discover for ourselves what works and what doesn't work for us. Our goal is to provide options and shine a light on different approaches that people use to maintain lasting recovery without endorsing specific approaches or recovery programs. We ultimately leave it up to you, the reader, to decide what works best for you, while presenting you with multiple pathways to recovery.*

## **Alcoholics Anonymous (AA)**

207-774-4335 / 800-737-6237  
www.aa.org

## **Al-Anon / Alateen**

207-284-1844 / 800-498-1844  
www.maineafg.org

## **Adult Children of Alcoholics**

(ACOA or ACA)  
A 12-step, 12-tradition program for men and women who grew up in dysfunctional homes  
207-322-6284  
www.adultchildren.org

## **Cocaine Anonymous (CA)**

617-539-6090 / 800-347-8998  
(meeting info only)  
www.ca.org

## **Codependents Anonymous**

602-277-7991 / 888-444-2359  
www.coda.org

## **Debtors Anonymous (DA)**

Debtors Anonymous offers hope for people whose use of unsecured debt causes problems and suffering.  
800-421-2383 / 800-974-0062  
www.debtorsanonymous.org

## **Drug Addicts Anonymous (DAA)**

A fellowship of men and women who have recovered from addiction and are committed to helping those who still suffer, based on the 12 steps  
970-761-5189  
www.daausa.org

## **Food Addicts in Recovery**

**Anonymous (FA)** is a free 12-step recovery program for anyone suffering from food obsession, overeating, bulimia and under-eating.  
www.foodaddicts.org

## **Gambler's Anonymous (GA)**

718-352-1671 / 888-830-2271  
www.newenglandga.com

## **Heroin Anonymous (HA)**

A fellowship of heroin addicts who help each other practice complete abstinence from drugs and alcohol  
347-858-3601  
www.heroinanonymous.org

## **H.O.P.E. Group**

A safe place where people come together to find wellness by sharing their stories and listening with an open heart and mind to others  
727-420-2964 (Liz)  
www.hopehealing.org

## **Marijuana Anonymous (MA)**

A fellowship of people who share their experience, strength and hope to recover from marijuana addiction  
609-529-6332 / 800-766-6779  
www.marijuana-anonymous.org

## **Narcotics Anonymous (NA)**

A support program for people in recovery from drug addiction based on the 12 steps of AA  
818-773-9999 / 800-974-0062  
www.namaine.org

## **Nicotine Anonymous**

www.nicotine-anonymous.org  
469-737-9304

## **Overeaters Anonymous (OA)**

is a community of people who support each other in order to recover from compulsive eating and food behaviors. We welcome everyone who feels they have a problem with food.  
Dial 211 for meeting info.  
www.oamaine.org

## **Sex and Love Addicts Anonymous (SLAA)**

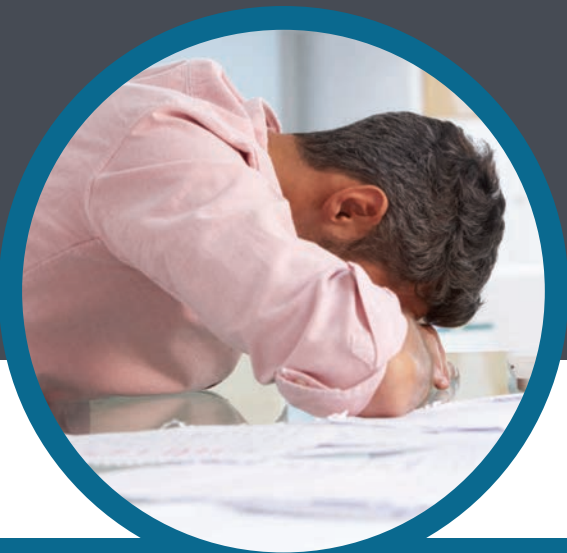
A program of recovery for people addicted to sex and love, based on the 12 steps of AA  
207-323-5143 / 800-204-2803  
www.slaafws.org

## **SMART Recovery**

Mutual-support meetings that are free and open to anyone seeking science-based, self-empowered addiction recovery  
440-951-5337  
www.smartrecovery.org

## **Wellbriety Movement**

(White Bison)  
A sustainable grassroots movement that provides culturally based healing for indigenous people  
207-992-0411 / 877-871-1495  
www.wellbriety.com



73% of people experience stress that affects their mental health.

**IF YOU NEED SUPPORT, AND DON'T KNOW WHERE TO TURN, YOU CAN START WITH US.**

Up to 85% of people experience a relapse within one year of treatment.

**RECOVERY IS A JOURNEY, NOT A DESTINATION.**



We understand. We can help.

**YOUR JOURNEY TO IMPROVED WELLBEING CAN START WHEREVER YOU ARE TODAY.**

Heritage CARES is a flexible program that can help you find and maintain recovery from whatever mental or emotional challenges you may be experiencing, including substance misuse, depression and anxiety, and suicidal thoughts.

With Heritage CARES, you will receive unlimited peer coaching for you and your family PLUS an online learning management



system with an extensive library of educational, inspirational, and insightful videos about substance abuse and suicide prevention that will support you through your journey.

**Our peer coaches have lived experience as a family member of a loved one who has struggled with – or lost their life due to – substance misuse.**

**Is Heritage CARES right for you and your family? Reach out to learn more:**



- › Phone: 877-62CARES (22737)
- › Email: [Help@heritage-cares.com](mailto:Help@heritage-cares.com)
- › [HeritageHealthSolutions.Com/Heritage-CARES](https://HeritageHealthSolutions.Com/Heritage-CARES)