

Journey

making recovery from addiction visible

Feb/March 2023 • Issue 25

BRAVERY in a Small Maine Town



**Film and Community Discussion
Open Hearts, Change Attitudes**

**A Son, Softened:
Ed Crockett's Story**

**Allies in Uniform
Making an Impact**



— Maine's Good Samaritan Law —

PROTECTS A PERSON WHO:

- in good faith, seeks medical assistance for a person experiencing a drug-related overdose
- is experiencing an overdose and needs medical assistance
- is “rendering aid” at the scene of an overdose. *“Rendering aid” means performing any action that involves looking after a person who is experiencing a suspected drug-related overdose.*

PROTECTS THEM FROM:

- arrest and prosecution for most non-violent crimes, including all drug crimes
- revocations of bail, probation, supervised community confinement, community confinement monitoring, deferred disposition, and administrative release for most non-violent crimes, including all drug crimes
- arrest on outstanding warrants for most non-violent crimes, including all drug crimes

IT DOES NOT PROTECT A PERSON:

who commits excluded crimes, including but not limited to:

Violent crimes:	Sex crimes:	Crimes against children:
Murder/Manslaughter	Gross sexual assault	Abandonment of a child
Violation of a protection order	Unlawful sexual contact	Most crimes committed against someone under 18 years of age
Domestic violence	Sexual abuse of minors	

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Photo by Silas Hagerty



Forever Thanked

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

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From the Publisher



As we finalize this first issue of our fifth year, and I start my 30th year in recovery (as of Feb. 12), it's been a time of reflection for me.

Four years ago, as I wrote my first publisher's letter, I

couldn't have foreseen what would become of this publication. I didn't know that so many wonderful people would join me during its evolution, each playing an important part in getting each issue to the printer and into your hands – the actual journey of *Journey*.

Over the past few days, I've gone through photos from our team meetings and outings through the years, and thought good thoughts about everyone. I recalled snort-out-loud laughter that would happen at our Tuesday night planning meetings as well as some heated conversations as we tried to find common ground on tougher topics (and ultimately landed). And I also remembered some not-so-fun parting of ways.

There's a suggestion in my 12-step world to "look back but not stare." It reminds me to not hurt myself – with myself.

At times, looking back is a painful reminder of a woman who didn't have the skills she has today. More importantly though, it can help put our current view into perspective, honor the work that a former version of ourselves had to do to get where we are today, and provide the fuel to propel us toward our goals.

This issue includes some look-back experiences, too. Nicole in *Bravery in a Small Town* (page 12) shares with her community members the devastation of active addiction while honoring her evolution. In *A Son, Softened* (page 18), Ed Crockett looks back at events of his childhood, growing up with a sick dad. Ed and his father reconnected much later in life, and were able to experience a different relationship, and that experience softened Ed's edges.

There can be power in looking back as we continue walking toward a compelling future – amplifying a message of hope along the way.

Carolyn



visible recove

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ry saves lives

Be Informed and Know Your OPTIONS

by **Beth D'Ovidio**

One fatal overdose is one too many.

This is why it is so important to know your OPTIONS if you or someone you care for uses drugs. The Overdose Prevention Through Intensive Outreach Naloxone and Safety (OPTIONS) is a statewide initiative to improve the health of Mainers who use drugs. The initiative is a coordinated effort of the Maine Office of Behavioral Health (OBH) and other state agencies.

The OPTIONS initiative's purpose is to promote harm reduction strategies, help people who use drugs on the journey to recovery and reduce the number of drug overdoses in Maine.

Through OPTIONS, each of Maine's 16 counties has an OPTIONS liaison. The liaison is a licensed behavioral health clinician and often works with local emergency medical services (EMS) and law enforcement agencies.

Liaisons work alongside first responder counterparts to de-escalate behavioral health crises when possible and to connect individuals with services that will support their needs. Many liaisons are in recovery and know what the individual is going through and needs immediately, as well as long-term. Relationships between liaisons and those they support are often long-lasting.

OPTIONS is working to increase the number of Mainers who know about and understand the state's Good Samaritan Law, in an effort to increase calls to 9-1-1 for medical assistance in the event of an overdose emergency. (See page 2.) The program is also working to increase the distribution and availability of life-saving Naloxone (Narcan) across the state.

A person who is lost to an overdose no longer has an opportunity to recover. This is why it is important to educate those at-risk on safer drug use practices that reduce the chance of overdose. OPTIONS strives to provide education about reducing the harm of taking drugs through practices that include not using drugs alone, having fentanyl test strips

and Naloxone on hand, using clean syringes, and testing at least once a year for HIV and Hepatitis C.

OPTIONS liaisons often help connect people affected by drug use with services in their community to help them with basic needs, such as finding shelter, finding a place to detox, resources for clothing and nourishment, assistance with transportation needs, and much more.

If a person you care about is using drugs and you are concerned they might be in danger, there are some things you can do to help them stay safe and give them the best possible chance of recovery. OPTIONS also provides links to assistance for family members and friends.

Find out who your OPTIONS Liaison is and more about the initiative at <https://knowyouroptions.me/>.

OPTIONS

SAVE LIVES



Beth D'Ovidio is a public relations/communications professional with extensive experience writing compelling content for PR, marketing, and social media. She has 20 years of experience in developing and implementing successful media strategies, plans and campaigns.

Meet Your Oxford County Liaison

If you live in Oxford County, odds are you've seen Glenn Gordon out in the community. He's the OPTIONS Initiative Liaison for the county—all 2,176 square miles of it.

Glenn works with six local Oxford County police departments plus the Maine State Police.

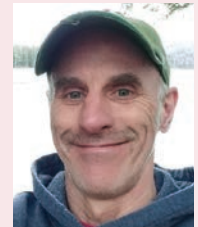
"I like to get out about once a week," he said. "My role is to co-respond in situations involving substance use."

The situations can range from robbery to intent to sell drugs to overdose. Glenn assists by doing what's possible to keep the individual from going to jail by educating them about resources like treatment and recovery programs, shelter and food, and someone to talk with that understands the path they are on.

"In some situations, the officers may have to arrest the individual," Glenn said. "However, in most instances, the police are generally empathetic."

He receives referrals from police and human services agencies, often to people who have survived an overdose. "I provide the individuals with resources for access to harm reduction and treatment options. I stay in touch with as many as I can," he said. "I don't judge them. They may be on a different path and sometimes it's hard to make traction. But that's OK."

Glenn participated in the panel discussion that followed the screening of *We Are Last Fall* at Kezar Falls Theater in Porter. The film—written, acted and directed by high school students—explores the complexities of substance use from the perspective of teens.



Glenn Gordon

"I feel like the film was my personal experience. I shared very candidly about my story as an adolescent," Glenn said. "I think being in recovery myself makes me more compassionate and empathetic."

Glenn said he started having trouble with drugs and alcohol at age 14, and first went to a 12-step program when he was 18.

"Most people, if push comes to shove, they put the drugs down. The solution isn't just stopping using drugs for others. That's where the addiction comes in – the disease," said Glenn. "And the cure is connection. We need to remove the stigma. It's a disease. We need to remember that."

How can we suspend judgment? According to Glenn, through one caring interaction at a time.

There's a real person in your community ready to help—ready to connect you to resources for harm reduction, treatment and recovery.



OPTIONS
SAVE LIVES

Meet your county **OPTIONS liaison.**



The **OPTIONS** liaison in your county is a licensed behavioral health clinician who works alongside local emergency medical services (EMS) and law enforcement agencies to provide therapeutic interventions when appropriate, conduct proactive outreach, de-escalate behavioral health crises when possible, and follow up after overdoses occur to help with referrals.

OPTIONS is an initiative of the Maine Office of Behavioral Health (OBH) and other state agencies to improve the health of Mainers using substances. OPTIONS supports harm reduction, treatment and recovery, and aims to dramatically reduce the number of fatal and non-fatal drug overdoses.

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For the most up-to-date information, find contacts online at <https://knowyouroptions.me/about-options/>. For more information on the OPTIONS liaison program, contact robert.porter@maine.gov.

Keep up to date by following **OPTIONS**:

Instagram [@knowyouroptionsme](https://www.instagram.com/knowyouroptionsme) | Facebook.com/knowyouroptionsme



A Community Film and Conversation

As We Are: A Transformative Demonstration of Empathy

by Gabrielle Gilbert

The screening of a short film by a small student production team last fall at a small, transformed theater in the small Maine town of Porter showed huge power to touch and transform its audience.

“I was moved by the portrayal of desperation, confusion, and compassion in the film that explores the complexities of substance misuse,” said Brendan Schaffler, after seeing *As We Are* at the 142-year-old Kezar Falls Theater. “I was connected with the characters through a simple but evocative narrative that had me in tears.”

The screening and interactive community conversation that followed offered an opportunity to bring together the community, the filmmakers and others intimately connected with the film, and providers of support for people struggling with substance use disorder.

The discussion was led by Silas Hagerty, who has restored and given the theater new life, as the home for Smooth Feather Youth, a non-profit that has been supporting creative kids and their adventurous spirits and projects since 2017.

Silas purchased the theater from his hometown in 2011. Since

then, he and his team of friends have transformed it with each new performance and experience. The theater serves as a sacred space for their youth programs: Smooth Feather Film School and an adventure program called Smooth Feather Excursions.

As We Are was written and directed by 17-year-old Tyler Muise, a typically happy-go-lucky kid who said he wanted to create something that would have an impact on his community.

In under 15 minutes, it tells the story of high schooler Johnny, who is going through something difficult that is never explicitly explained – the film excels through subtlety. But those who struggle with substances recognize themselves in the character.

There’s a desperation about Johnny. He has turned to selling drugs and breaking into houses of friends and neighbors. When Johnny is caught and cornered, we feel his panic. When his clearly intoxicated father calls and a friend tries to extend their hand, we feel Johnny’s pain. In a powerful last scene, we feel his self-loathing. *As We Are* definitely gives the audience an opportunity to exercise empathy.

Many of the panelists and audience members who spoke during the

post-film discussion have been impacted by substance misuse, either themselves or by friends, family and neighbors, and said they saw themselves and loved ones in the film and were brought to tears by the stark portrayal of addiction.

Members of the panel included Tyler and members from the film’s cast; along with Nicole, a woman in recovery.

Nicole endured a long road within her addiction and welcomed back all that she lost with gratitude. What she had to say during the discussion about recovery and enduring stigma was moving: “Judgment is what keeps addicts sick,” she said, noting that name-calling, stigmas and false black-and-white thinking made her feel lower and lower, kept her trapped and kept a community believing it was her choice, not an illness.

Nicole and other audience members said they related to the self-loathing evident in Johnny – a loathing compounded by outside assumptions, lack of support, and lack of compassion from many sides.

As We Are works to demonstrate a different approach to substance use disorder and tries to encourage meeting that self-loathing of the addict with communal love and support. One way the film does this is

by introducing Johnny to us through his schoolmates.

Evan plays the single-minded judgmental voice who criticizes Johnny and his behavior, and Eli plays the open heart, the open mind – the empathic voice who tries to understand the “bad” behavior and wants to help.

During the panel discussion, Evan said his role initially made him uneasy. He didn’t feel comfortable shaming Johnny. But he came to recognize the importance of playing the antagonist who echoes so many of the old ideas of choice and character that used to go round and round in the dialogue of addiction. His character’s closed-mindedness let Eli present the opposite in clear contrast. Eli plays Cameron with softness and strength.

“I couldn’t help but notice this character my child plays and embodies the kind, forgiving, empathetic soul that Eli is in real life,” said Nicole, about the performance. “*As We Are* made me feel human.”

Two other impactful members of the discussion panel were Matt Duka and Glenn Gordon, who are both in active recovery. Matt is a recovery coach for the Larry Labonte Recovery Center in Rumford, and Glenn works as an Outreach Clinician at Oxford County Mental Health Services and is the Oxford County OPTIONS liaison.

Matt primarily works with youth as an alternative to institutional punishment, such as suspension or juvenile centers. He offers free Narcan lessons to anyone interested, either through a program or passing him and his booth on the street. He believes in ending the stigma of addiction through education.

Glenn follows up with folks who have overdosed and who have substance use issues. He knows, through his own experience as well as his work, what drugs like opiates do to the brain and day-to-day existence –

how they rewire and ruin so many primary functions and numb the rest.

“The most important resource is community,” Glenn said, emphasizing that treating people with trust and respect, being brave and willing to really see and honor others and their struggles, is what helps people on the path of recovery, and in general. This was something many community members spoke up about, those in recovery as well as those with experience in trying to support those in active addiction.

The audience included people who have been in recovery for decades, proud family members, other filmmakers and artists, worried parents, and community members untouched by addiction but touched by the film and its story.

One young mother expressed gratitude for the nuance the film offered. Instead of black and white and good guy versus bad guy, *As We Are* provides depth and complexity, emphasizing the importance of staying curious and open about others’ actions and where they’re coming from.

An older mother in the audience spoke of her son, who is in active addiction and “refuses help.” He

was living in her shed at the time while she raised his son. Before the viewing, this mother said she was repeating the old story – she would say about her son: “It’s a choice that he’s made, and these are the consequences that he faces.”

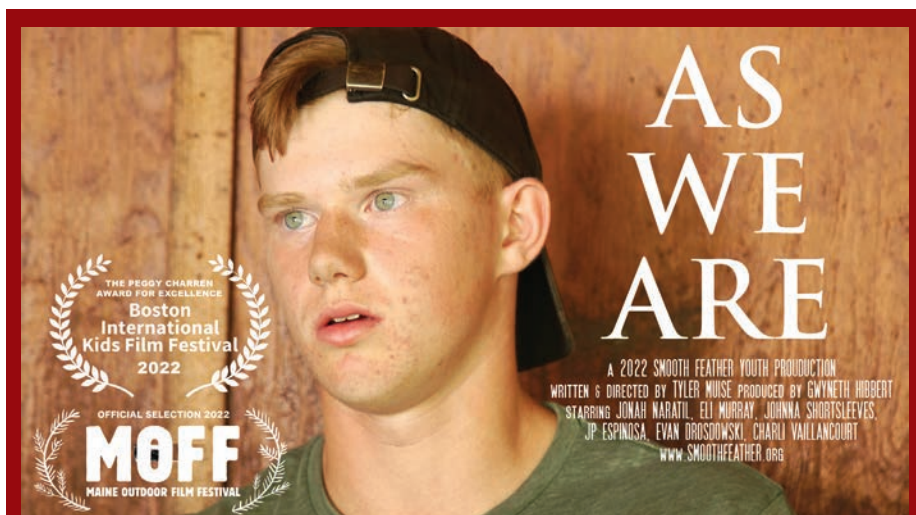
After watching *As We Are*, and the discussion that followed, her mind had changed: “I want to thank you for bringing light to me and reminding me that that’s still my baby,” she said. “That ... he still needs us.”

It is the willingness to understand that the film and its creators emphasize. The extraordinary community discussion and outpouring of support that followed the screening at the beautiful Kezar Falls Theater has discussion buzzing about repeating the experience in other Maine communities.

After all, said Nicole, “Compassion can heal the whole world.”



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



After this community conversation, *As We Are* won the Peggy Charren Award for Excellence at the Boston International Kids Film Festival. The film also was featured in the Maine Outdoor Film Festival last summer. To watch the film, please visit www.smoothfeather.org.

Small-town Filmmakers Provide a Way to Open Hearts, Change Perceptions

by Beth D'Ovidio

Through his nonprofit, Silas Hagerty is giving young people the opportunity to learn from one another, discover new possibilities and use their creativity to explore positive change.

Silas is a filmmaker and founder of Smooth Feather Youth in Porter, Maine. One of the organization's programs is an immersive film school experience, where students choose a topic, create an outline, cast actors, produce and edit a film – all within one week.

Each film tackles issues the students want to explore, such as anxiety and eating disorders. A recent production, *As We Are*, examines the complexities of drug use. The writer/director of the film is Tyler Muise, a senior at Sacopee Valley High School.

“Tyler wanted to explore how we as a culture could begin to humanize people who use drugs,” Silas explained.

When Ericka Hartford, Communications Coordinator for Sacopee Valley Health Center, heard that a film dealing with addiction was being produced by youth in the area, she felt compelled to get involved. Ericka teamed up with Silas, and they planned a screening and panel discussion at Silas' Kezar Falls Theater. With the support of Linda Watson, CEO of the health center, and Carolyn Delaney, editor of Journey Magazine, the event was promoted via Facebook, posters and getting the word out to programs like Medicaid Assisted Treatment and Healthy Oxford Hills.

“The film brings humanity to what's going on and hope,” said Ericka, a lifelong area resident. “Our



community needs that, so I said let's bring it to as many people as possible.”

The team's efforts paid off. Nearly 100 people attended the November screening and post-film discussion with people involved with the production and people in recovery at Silas' Kezar Falls Theater.

That's when the magic began.

The discussion, scheduled for a half-hour, lasted more than 90 minutes. People shared their personal recovery journeys, and others spoke of the understanding they gained for loved ones because of the film.

One woman brought tears to many eyes when she publicly thanked the students and film school for showing her a pathway back to loving her son. As one attendee described it, “You could have heard a pin drop after she spoke.”

Other comments included: “I am going to look differently at my neighbors now after seeing this movie” and “For

the first time, I feel seen.”

Silas called the event “a proud moment.”

“It was one of the most powerful events I've ever attended,” he said. “It addresses a massive issue in our town, and the event opened hearts and connections.”



Silas Hagerty

Gwyneth Hibbert is the producer of *As We Are*. The actors are: Jonah Naratil, Eli Murray, Johnna Shortsleeves, JP Espinosa, Evan Drozdowski, Justin Lacroix, and Charli Vaillancourt.



Beth D'Ovidio is a public relations/communications professional with extensive experience writing compelling content for PR, marketing, and social media. She has 20 years of experience in developing and implementing successful media strategies, plans and campaigns.

stig·ma



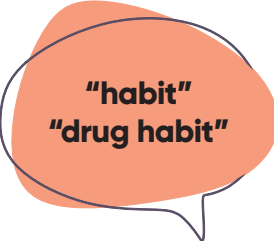

DEFINITION a socially accepted negative attitude or idea about people with substance use disorder that can lead to shame and discrimination which:

- creates a significant barrier to wellness and good health
- isolates and separates people who use substances

STIGMATIZING LANGUAGE

- can shame people and stop them from asking for help
- causes people to struggle with feelings of worthlessness
- dehumanizes a person by assigning a label
- affects how people are treated by society

How people self-identify is up to them, but it's time to change our language as a society.

TERMS TO AVOID	WHY	PREFERRED
 <p>"addict" "abuser" "junkie" "user"</p>	These terms are demeaning because they label a person solely by his/her illness or behavior and imply a permanency to the condition.	Person with a substance use disorder.
 <p>"clean" "dirty"</p>	These words associate symptoms (i.e. positive drug tests) with judgement statements about cleanliness.	Negative, positive, abstinent, substance-free, actively using.
 <p>"habit" "drug habit"</p>	These terms deny the medical nature of the condition and imply that resolution of the problem is simply a matter of willpower in being able to stop the habitual behavior.	Substance use disorder, regular substance use.
 <p>"opioid replacement" "methadone maintenance"</p>	These words imply that treatment medications are equal to street drugs and suggest a lateral move from illegal to legal addiction.	Medication-assisted treatment, medication-assisted recovery.

Bravery in a Small Town

Nicole's story

This story was shared by a woman who took part in a moving community conversation in November about addiction and recovery that followed a screening of the film *As We Are* at the Kezar Falls Theater in the Maine town of Porter; population 1,600.

Most of the 100-plus people in the audience were from her hometown, and knew her well. Many knew her story, and had observed the devastation of her active addiction.

This was her first time speaking up publicly about her addiction and her recovery journey.

Her bravery provided an opening for other members in her town to share their stories, and the response proved again that one's own visible recovery can heal communities.



Hello, my name is Nicole. I am a grateful recovering addict.

I really struggled with the decision to speak today, and I'm not great at public speaking, so please, bear with me.

It's easy for me to speak at an anonymous meeting, where I'm surrounded by others who have an idea as to what I've been dealing with.

But, it's a totally different situation to speak to the community I've spent most of my life in, and to shine a light on the darkest part of my past.

It's very easy to judge addiction. To say it would never happen to you. I once thought the same thing.

However, addiction does not discriminate, and I was swallowed up by it before I even realized what was happening.

Many in my community know my story, the loss of my mother, father, and a number of close friends. My decline into addiction that my two children and younger brother had front-row seats to. And eventually, the custody loss of my kids.

I hit rock bottom in 2017, after my kids were taken from me.

All I wanted to do was curl up and die. I had done so much damage to my life and my family's lives that I saw no future for myself. I saw absolutely no possibility of my life ever being OK again. The silence in my home without them was deafening, and the pain in my heart was torture.

I had known from around a week into using drugs that I wanted to stop.

I went to bed every night promising myself that tomorrow morning I would not use. The morning would roll

around, and I would be required to function. But not using would make me sick, and I couldn't be sick and function at the same time.

So the using would continue.

After my kids were removed, I sat in silence at my house and finally, I made a decision. The decision that I was going to get my kids back, and give them the lives they deserved. I knew what not having a mother is like, and I couldn't do that to them.

I hadn't been the mother my kids deserved for many years. I wanted to stop more than I had ever wanted to before. I was ready.

I reached out for help, started being honest, and started holding myself accountable for the wreckage of my past. I started attending anonymous program meetings six to seven days a week and did step work.

I learned what caused my addiction and how to prevent myself from using moving forward.

I was blessed to have the resources to provide me transportation to get help. I did counseling, classes, DBT (dialectical behavior) and CBT (cognitive behavioral) therapy and anything else I could find to figure out how to get myself back to the woman my kids deserved.

If someone told me in 2017 that I would be where I am today, I would have laughed in their face.

Now, I have custody of both my kids.

They are thriving, and I have wonderful relationships with both of them. I own a vehicle, and a mobile home. I run my own business where I am valued by everyone I work for and have a great reputation.

I have made amends for most of the damage I've caused. I am living a life that I could have never dreamed for while in active addiction.

It's easy to judge an addict, and forget that they're human and that they do have a story. It's easy to judge an addict and say that they chose addiction, but I promise you most of us want nothing more than to stop. Especially in communities like ours, it's easy to judge, and not consider the massive lack of local recovery options. I never could have gotten clean alone. But not many addicts have the ability to travel an hour each way, just to get the help they need.

Getting clean is not as simple as not using anymore. It's an entire lifestyle and mindset change. I had to teach myself to be honest. I had to stay away from friends who I loved that were still in active addiction.

I finally had to learn to cope after numbing all my feelings for years. I had to grieve everyone I had lost all at once, and remember how to be the person they were proud of. I was blessed to have judgment-free support, unconditional love, and a grandmother who never gave up on me no matter the nonsense I pulled.

I did not wake up one day and decide it would be a great plan to develop an addiction and run my life into the ground. I just needed the pain to stop. I needed just a night without nightmares. I needed to just feel OK.

Addiction has definitely hit the valley hard in recent years, and this is, and always has been, a community that comes together in a crisis.

I'm not asking you to enable or co-sign an addict's bad behavior.

I'm asking for compassion for people who never wanted their lives to become so unmanageable.

Like me, many addicts don't see a possible future. They don't see the possibility of their lives improving. They don't feel redeemable, or like it's possible to be forgiven for their past. I'm here to tell them, and all of you, that it IS possible.

It's not easy at all, to say the least. It's the absolute hardest thing I've had to do, and it's a constant commitment that I have to make every single day. But, it is possible.

Judgment is what keeps addicts sick. Telling them and treating them like they are worthless just confirms what they already think about themselves. It doesn't matter if you feel like addiction is a disease or a choice.

Either way, an addict is fighting a losing battle every moment of every day.

The compassion one person shows an addict, could be the compassion it takes to remind them that they are human and causes them to reach out for help.

I challenge you to lead with that compassion. To be the person handing someone suffering a glass of water. I am not proud of my past. But, I'm very proud of where I am today, and how hard I have fought to overcome the darkest days of my life and give my kids their mom back.

So, lead with kindness. Lend a hand.

And maybe, show compassion towards someone you never have before.

~ Nicole

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CERTIFIED RECOVERY RESIDENCE

New Hope Alliance

by Beth D'Ovidio

Katahli and Daryl Blums recently got married and are in long-term recovery and business together – New Hope Alliance. They readily share their life lessons with people living in their recovery residences.

They run two Maine Association of Recovery Residences-certified houses in Sanford – a six-bed women's and an 11-bed men's home, along with additional housing options once a client has successfully completed their program.

Both certified houses are structured so that as residents complete a step in their recovery process, they earn more privileges. For example, at the end of Phase 1, the men write a

goodbye letter to their drug of choice and read it at a house meeting.

“This is powerful and where real recovery comes from,” said Katahli. “It’s a beautiful way to get to the next phase.”

Female residents often are anxious to leave the home to rejoin their children but are encouraged to take the time they need to heal, repair relationships and learn new self-care techniques. Women in these beginning stages of recovery learn that it’s OK to say no and to set boundaries.

Katahli and Daryl agree that early recovery shouldn't be rushed.

“Being in a safe, protected environment offers you the time to



learn who you are, why you used, and what you need to truly heal,” said Daryl. “We encourage them to take all the time they need because a common pitfall we see is some decide to leave prematurely. We strive to keep them connected to the recovery community as long as possible to have the best chance at achieving true long-term recovery.”

The couple recognizes the importance of the small window of opportunity that opens when someone is inspired to act. If they have no available beds at the moment that happens, they'll pass along contact information for other MARR-certified houses.

New Hope Alliance continues to explore ways to meet the needs of the recovery community with additional housing programs in the works.

And Katahli and Daryl are taking on another new, big joint venture this spring – they're expecting their first child together.



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Beth D'Ovidio is a public relations/communications professional with extensive experience writing compelling content for PR, marketing, and social media. She has 20 years of experience in developing and implementing successful media strategies, plans and campaigns.

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RECOVERY COMMUNITY CENTER

Lakes Region Recovery Center

by Beth D'Ovidio

The Lakes Region Recovery Center is rolling out the welcome mat to anyone who would like to stop by and stay a while at its new location: 2 Elm Street in Bridgton.

LRRC offers certified recovery coaches and peer-to-peer support groups—and many other recovery support services.

Its new facility has larger meeting areas, a full-service kitchen, and new amenities.

“We’re able to offer a place to shower and warm up for folks whose power may be out, or a place for someone who is between appointments and needs a place to wait,” said Communications Specialist Aaron Smart, adding that people are welcome to come in any time they feel a need to be supported and connected. “If we’re in the middle of something, we will literally put it down to help the person,” Aaron said.

“I like to think of us as ‘resource brokers,’” said Executive Director Tracey Martin.

LRRC enjoys a robust volunteer base to help provide those resources. Trained volunteers make daily or weekly calls to members looking for a human connection.

“We want members to know we are here when they need us ... some are shut in, so they get support in this way,” said Tracey.

Highlights of LRRC’s programming include:

- AcuDetox – acupuncture that can provide relief from withdrawal symptoms and other benefits, including reducing cravings

and symptoms of anxiety, and improving sleep.

- Employment support, ranging from completing a job application to drafting a resume to connecting with online support to further education. “Many of our community members don’t have computers or transportation,” Tracey explained. “But, we can Zoom people into a class from our facility. One person we connected this way is now a phlebotomist.”
- One-on-one, confidential and free support for anyone who has experienced sexual assault or harassment. An advocate from Sexual Assault Prevention & Response Services provide these services to LRRC. If someone seeks this support when the advocate is offsite, LRRC connects them ASAP.
- Helping people learn by doing via cooking classes in the LRRC’s kitchen. The Center works with the state SNAP program to provide classes about cooking and eating nutritious, low-cost meals.
- A popular craft group. “You’d be surprised at the beautiful crafts they produce,” said Tracey, adding that the group is looking into doing crafts with a nearby assisted living facility’s residents. “By going to



From left: Tracey Martin, Candy Greenberg, Theresa Dumond, Christine Wight, Catherine Clough-Bell | Photo by Barb Stauble.

other facilities, we can show this is what recovery looks like, we are not scary. It’s really important to break the stigma associated with our community however and whenever we can.”

LRRC is open 9 am to 5 pm weekdays, and there are plans to expand its hours.

Visit www.lrrcbridgton.org for more information.



Beth D'Ovidio is a public relations/communications professional with extensive experience writing compelling content for PR, marketing, and social media. She has 20 years of experience in developing and implementing successful media strategies, plans and campaigns.

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A Son, Softened

Ed Crockett's Story

by Gabrielle Gilbert

In 1963, Ed Crockett was 2 years old, the youngest of eight children living on Munjoy Hill, with a father that the *Portland Press Herald* called “the biggest drunk in Portland.”

Ed's mother Virginia made the “incredibly courageous” decision to ask the father of her youngest three children to leave so that she could collect welfare. Walter Crockett was out on his own.

Sounds pretty grim, but this story is about Ed reconnecting with his father after 30 years. And it has a happy ending.

Ed felt safe growing up with his siblings and small, familiar Munjoy neighborhood. His mother, siblings and grandparents were strong protectors.

But he was not blind to the difficulties his family, and many families around him, were facing. Poverty and proof of a very vicious cycle were all around him.

“A constant reminder of my dad's fate was ever present in my head and, I'm sure, in my siblings' heads,” Ed said. Ed and his siblings were left to dream about what their father was contending with while he was out of the house. While kids will be kids, there was always a fear of becoming like their father.

Walter Crockett was a Korean War veteran who lived on the streets of Portland for 17 years. It took a lot of in and out of facilities for Walter to stay straight. He had been given his last rites five times, and kept on fighting.

He had run-ins with the law, which typically resulted in a cell to sleep in

for the night, or time trying to dry out in what was then called Togus VA Medical Center in Chelsea. It was there that Walter met Anne Bundy, his second wife and “guardian angel.” With her love and support, Walter seriously entered recovery and attempted to connect with his family.

The couple moved to Orono so that Anne could get her master's degree while Ed happened to be in college there, too.

Walter finally worked up the courage to engage with his younger son, and that was the beginning of a long overdue relationship.

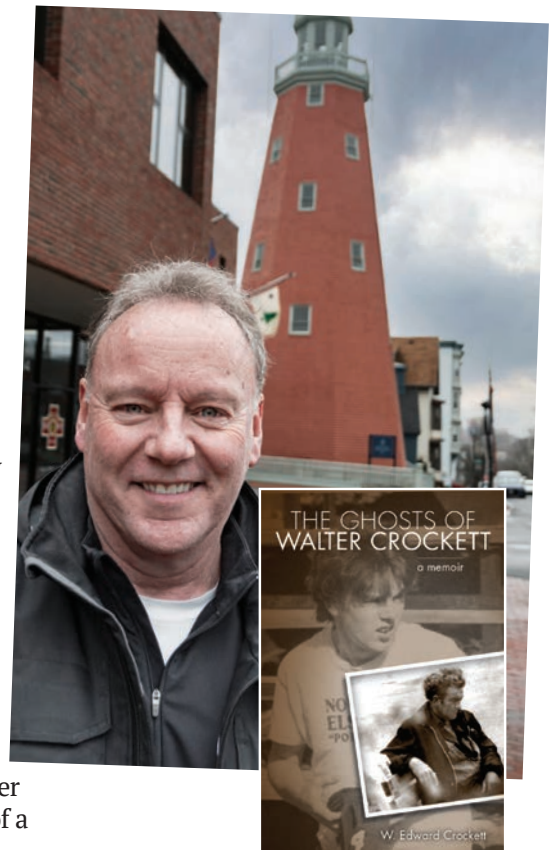
“One thing I've always admired – maybe too late – about my dad is he didn't force anything,” Ed said. “He was almost too humble. I think a lot of it was fear. And there were times I would've liked to see him be more aggressive, but now I can step back and say, ‘Well, can you imagine what was going on in his head?’”

It took some time for Ed to let his father back into his life, to learn to trust someone he hadn't expected to have in his life. He started creating new, positive memories of a man with whom he'd previously had no positive memories.

Most importantly, he learned that addiction was not a choice, but a ravaging disease.

“The most beautiful thing that I got out of it was that he softened me. He softened me greatly. I really give him a lot of credit for teaching me how to forgive because I wasn't in any mood to forgive.”

Father and son had 30 good years together before Walter Crockett passed in 2012. He was a recovering



alcoholic, an Alcoholics Anonymous mentor who knew how to listen, a loving husband and father, and a “beautiful” grandfather.

“My dad's real legacy is what he did – one, by recovering, and two, by what he did in recovery. And we [the family] would joke in his sobriety that nobody would believe his story unless it was on the big screen.”

After his father's passing, Ed began writing his father's story.

It ultimately also became a story of Portland all those years ago, and a loving homage to his family – not only Ed's father and siblings, but especially to his mother. She had demonstrated strength and faith to her children, working hard to provide for them and protect them. Ed credits Virginia for much of his grace in forgiving his father. She never discouraged her children from being in contact with their father.

She understood that Walter was dealing with a disease, one that wasn't going to go away on its own but was not a mark against him.

Her grace could not protect her children from embarrassment, but it did protect them from harboring anger toward Walter and from taking too many risks. Ed and his siblings were raised to value hard work, education and family.

The Ghosts of Walter Crockett was published by Islandport Press in November 2021.

“I think it’s important that we stress this story because, although the story itself is very unique, the fact is that people do recover and become great contributors to their families and their communities,” Ed said. “There’s a lot of those stories. We just don’t hear about it.

“So maybe this story can be used as an example. Because, to me, the story’s about those that are fighting this beast and are trying to get better – and less about us.”

Walter Crockett is proof that difficult change is possible and that so much of what addiction takes away, recovery can return to us.

Ed’s mother and grandparents are proof that it takes a village. Ed’s siblings are proof that vicious cycles end.

And Ed is proof that when we soften our edges and share our stories, beautiful things can happen. When Ed was working on the book, he sent a few copies out to family for a first reading. The book was for them, after all. A sibling asked him why he wanted to tell all this personal stuff.

“My answer to that is really simple. I’ve always been a believer that learned experiences are useless if you don’t pass them along.”



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



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Stories Restoring Hope

by **Jamie Lovley**

For most people, working the graveyard shift is not a first choice.

But for Wendy Ayres of Waldo, working nights in a residential substance use treatment facility is exactly her first choice. When you meet Wendy, it's hard not to be drawn to her warm laugh and positive personality, and the more you get to know her, the more you understand where her incredible well of compassion comes from.

At a very early age, Wendy experienced abuse and trauma. By 17, she had followed her relatives in becoming a heavy drinker.

When she moved to Texas to join the military, she met her husband, who introduced her to a greater love, methamphetamines. Her 22 years in Texas were consumed by drug use, and even after leaving her husband, she found herself in the downward spiral of addiction.

This chaos led to two separate instances of incarceration, the second of which changed her life forever. It was while attending recovery meetings in prison that Wendy realized she had to return home to Maine and rebuild her life.

At 41, she came back to Maine and fought hard for a job that would support her and her daughter. With seven felony drug charges on her record, this was very difficult.

"No one thinks you're going to make it. They don't even want to give you a chance."

Wendy's saving grace was a government tax break for businesses that provided incentives to hire



people with felony charges who were freshly released from prison. This tax break and her determination landed her work at a lumber mill, where she proved doubters wrong for eight hard years.

Everyone's recovery looks different, and for Wendy, recovery meetings weren't the form of community she wanted.

Instead, she found her healing in pursuing a degree in mental health and substance use. Learning about the science of the brain and addiction gave her answers to the "why's" she had been looking for.

"People in recovery aren't just junkies, they're people," she said. "They're someone's son or daughter who has made bad decisions. Everyone makes some bad decisions, but some of our brains are wired differently and predisposed to addictive behaviors."

While finishing her degree, she found a job that she felt was made for her. In 2015, Wendy began working at McLean Hospital's Borden Cottage in Camden, a residential treatment facility for people with co-occurring disorders.

"I knew that if I could help even one person, it would all be worth it. That's a life. That's all that matters," Wendy said. She still works there today on the overnight shift, often exactly when someone needs a kind listening ear and the wisdom of someone with almost 18 years of experience in recovery. She also

works nights so that she can take care of her grandson during the day.

One of Wendy's daughters is also navigating recovery. With her family, Wendy strives to provide a supportive environment like the one she had when she came home to Maine.

"I will be in recovery for the rest of my life. I work hard every day for my recovery. We do recover."

When asked what the community should know about recovery, Wendy answered, "People who use are already in a terrible cycle of guilt, and you feel like you can't live with that guilt or yourself day to day. You're running from the feelings you have, and people judging you or expecting failure only make that worse."

Wendy said more programs are needed to "catch" people coming directly out of prison who have substance use disorder, and more incentives are needed to encourage businesses to give them a chance without judgment.

"Addicts don't need jail, they need therapy. They don't need guilt, they need hope. Give them a chance. It may be the chance they need to change everything."



Jamie Lovley, a graduate social work student in the Midcoast and working at a residential treatment facility, is the Substance Use Prevention Specialist at Knox County Community Health Coalition. She's passionate about writing recovery stories that fight stigma and inspire hope.

Our Maine Voices of Recovery series was created by Knox County Community Health Coalition in partnership with the community to teach 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 are used with permission.

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SaVida Health Favors 'Compassionate Accountability'

by Amy Paradysz

Here in Maine, SaVida Health has found its niche as a Medication-Assisted Recovery (MAR *not* MAT) program where every substance use counselor is also trained and licensed in mental health.

About 160 members—*members, not patients*—have a SaVida Opioid Health Home in either Biddeford, Brewer or Calais. These are not homes that anyone lives in, though they have homelike touches, including cozy couches, houseplants, coffee makers and cell phone chargers. These “homes” are their member’s home base, made up of an entire recovery team, including peer recovery coaches, dually licensed mental health providers, and nurse practitioners.

All in one place.

“Every member is connected with the team, every week—until that member’s safety and recovery capital supports less contact,” said Abbie Rohde, Director of Behavioral Health for SaVida Health Maine. “Care continues to stay individualized, regardless of length of time in treatment.”

Recognizing that members are more than their substance use disorder diagnosis; recovery health is prioritized. For most members, this means addressing their co-occurring disorders, including anxiety, depressive symptoms, ADHD, etc., with a combination of individual counseling and medication. “Scheduling and attending Primary Care Provider appointments, gaining employment and building informal support connections are

also important components of the recovery health,” Abbie shared.

“Sober people have problems too, and our members have sober-people problems,” Abbie explained. “Not everything is a trigger for relapse, though time spent in isolation, combined with stress, grief and loss can increase a member’s risk of substance misuse. Having that connection, the support of a highly qualified and available support team can literally increase our member’s recovery capital and overall resilience.”

Shortly after this unique treatment model was developed [August of 2021], Abbie recalled a moment when a team member asked for support in knowing how to walk the line between holding members accountable for their actions and behaviors while also conveying support. This moment, specifically this question, birthed the concept of “compassionate accountability,” the very premise the program is built around.

“We recognize that our members have experienced trauma, and caused trauma. They have violated other’s boundaries and had their own boundaries ignored. The need to engage in dishonest behavior resulted in an instinctual desire to survive within a world of chaotic euphoria, sickness and despair.”

Abbie further explained that *compassionate accountability* encompasses a weekly urine screen, followed by an honest conversation around illicit use, danger, compulsion, science and human behavior. “Compassion without accountability, or vice

versa, removes the human from the treatment model. Our members are more than their struggles,” she further elaborated, “however we also recognized that structure, especially in early recovery, is often the most effective intervention that can be provided.”

When asked to expand upon why SaVida Health is different than other treatment programs across the state, Abbie reflected upon the state’s significant effort to improve access to harm-reduction efforts, including increasing access to prescriptions, including Suboxone and Narcan, as well as needle exchange sites, as important steps in the fight to save lives.

“Our place in fighting this epidemic,” she shared, “is in healing generations. Our members are not seeking to order medication over the phone, live with internalized shame and stigma or simply reduce the risk of overdose. Members that walk through our doors are looking to repair relationships with loved ones and friends, regain custody of their children, experience personal forgiveness and recapture a meaningful and purposeful life.”



Amy Paradysz is a recovery ally and freelance writer and editor from Scarborough with more than 20 years of experience. She can be reached at amyparadysz@gmail.com

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THE KIDS ARE NOT ALRIGHT

What Statewide Data is Telling Us About Youth

by Janet Dosseva, MPH, PS-C

When we start a new year, we often take “inventory” – look to make improvements like changing our habits, improving our health, bettering our mindset, etc. One thing we should ALL do is focus on improving our interactions with young people in our communities.

Data from the Maine Integrated Youth Health Survey (MIYHS) is very helpful in shedding light on youth behavior and perceptions. It covers topics ranging from nutrition to mental health to substance use. MIYHS is a biennial survey of students in grades 5 to 12. There were a few key findings from the 2021 MIYHS (statewide data) that are alarming. It’s important to note that these data points are higher for folks who identify as part of minority groups (race, gender, sexuality).



1 out of 5

Middle School Students had seriously considered committing suicide



1 out of 5

High School Students had seriously considered committing suicide

30% of Middle School Students felt sad or hopeless every day for 2 weeks in a row in the last year

36% of High School Students felt sad or hopeless every day for 2 weeks in a row in the last year

Only about half of students FELT THEY MATTERED to their community

55% of Middle School Students felt like they mattered to people in their community

52% of High School Students felt they mattered to people in their community

WHAT CAN WE DO?

ENGAGE

Talk with youth every day, asking open-ended questions. Be curious about their interests. Check-in and help build connection to peers, school, and the community-at-large.

BE A TRUSTED RESOURCE

Build trust and be a reliable source of information. You can share your own experiences.

SET EXPECTATIONS

Adults, especially parents/caregivers, are very important figures in a young person’s life. Make sure you set rules, disapprove of substance use, and provide reasonable consequences.

LOCK UP SUBSTANCES

Limit access to drugs and alcohol to keep youth safe. This includes prescription medications.

EMPOWER

Celebrate youth successes and help them learn from mistakes. Set an example by providing healthy activities/coping strategies.

GET HELP

Educate yourself on mental health red-flag signs. Get help for youth who may be experiencing suicidal ideation or high-risk substance use.

CREATE SAFE SPACES

Make home, school, and community spaces welcoming and judgment-free zones for youth.



This article is written by Janet Dosseva, MPH, PS-C, Program Director for Westbrook Partners for Prevention



About Westbrook Partners for Prevention (WPP)

WPPF is a grant-funded substance use prevention coalition in Westbrook, Maine. The coalition is made up of diverse community stakeholders, collaboratively working to reduce and prevent youth substance use rates. WPPF works diligently to increase awareness and provide education and resources to both the adult and youth communities.

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Law Enforcement Officers

Allies in Uniforms

by **Beth D'Ovidio**

Like stock brokerage firm E.F. Hutton, when Kennebunk Police Chief Bob MacKenzie speaks, people listen. That's a reputation he's earned by building trust and respect over a 34-year law enforcement career.

In his field, those virtues are required for interactions to go well, but he acknowledged that there is often deep-rooted distrust and stigma to overcome first.

Bob's big efforts to do just that – for not only his law enforcement community but also for people in recovery from addictions – are paying off.

He is one the biggest supporters of Maine's greater recovery community, and his reputation is helping him to be an effective advocate. Bob's philosophy of treating everyone with respect is the cornerstone of his training presentations around the state, which are going a long way toward helping people see both police and people in recovery in a more open and fair light.

In these sessions, he shares information about naloxone (Narcan), stigma, CPR, and experiences both professional and personal – he, like most of us, has family members in recovery.

He talks to Rotary Clubs, Chambers of Commerce, students, and faith-based organizations, to name just a few, and he has now trained literally thousands of people in Maine and New Hampshire. Members of the media attend and report on his sessions, helping to amplify the message.

Bob's reach broadened when U.S. Sens. Susan Collins (R-Maine) and Bernie Sanders (D-Vermont) invited



Chief Bob MacKenzie, Kennebunk | Photo by Brian Delaney.

him to present information to members of Congress about naloxone and stigma reduction – as well as to share his thoughts about what is needed to address the substance use crisis in Maine and the nation.

“I’d be hard-pressed to find anyone who is more committed to ending the stigma about addictions and celebrating successes,” said Carolyn Delaney, publisher of Journey Magazine. “He’s done so much to support Journey’s mission to amplify hope and change the way people in recovery are perceived.”

Bob says educating people – including fellow officers – is key to

bringing about change, but it can be a slow process – and not always easy.

He notes that a police officer is often the first person in contact with someone experiencing a crisis related to substance misuse. And how that officer chooses to deal with the situation can be crucial for the person in crisis and their family.

“You can try to win the person’s trust and potentially align the person with resources to get the help they need to successfully live with their disease,” he said, but “an individual in a crisis situation may not be ready to take action at the time of the event. But if you build trust and stay in touch

with the person from time to time, you don't know what impression you've made on them and how your relationship has helped them."

In many ways, his department has come a long way toward making sure every police officer treats people who use drugs and alcohol in the same respectful way, Bob said. But it's been a long road, and there is more work to be done.

When he first became an officer, the chief said things were more black and white – if someone broke the law, they were jailed. Job done. But over time, he recognized the same individuals were being picked up, jailed, let go, and the cycle repeated over and over.

"I began to see this revolving door approach was not working," said Bob. "I wanted to know what the root cause was so we could fix it. I quickly realized the cause was substance use disorder."

Since then, he has continually been educating officers about the realities of SUD and how to best serve community members.

"Every officer in the Kennebunk Police Department has been trained about the harmful effects of stigma, which often creates a barrier for people getting well," Bob said.

"They've been trained in how to use Narcan, and about empathy and compassion. Stigma is the very first thing that needs to be abolished."

"How we reduce the stigma is to humanize it. Substance misuse happens in many families. The person you have arrested is someone's loved one. And anyone can get better. We have to remember that."

When he says "we," he's including members of law enforcement, other first responders, and medical professionals.

Bob is a member of the Maine Criminal Justice Committee that recommends mandated annual training for state law enforcement agencies. He is proud of influencing the subject matter of the annual training for two years running to be related to effective practices in dealing with crimes charged against individuals who are living with substance use disorders.

He said he sees a change happening in the way fellow law enforcement professionals and others perceive and treat those living with substance use disorder. "If we work together, we can save lives, reduce crime and save money," he said. "It's a no brainer."

Note: The state's revised Good Samaritan Law protects anyone who is helping at the scene of an overdose from legal repercussions for non-violent crimes, such as unpaid drug fines, paraphernalia charges, probation violations, arrest warrants, possession of illegal substances, etc. There is no need to feel it is unsafe for you to call for help during a life-threatening crisis situation. Your community OPTIONS liaison can help

navigate resources and support people getting on a path to recovery. Visit <https://knowyouroptions.me/about-options/> for information.



Beth D'Ovidio is a public relations/communications professional with extensive experience writing compelling content for PR, marketing, and social media. She has 20 years of experience in developing and implementing successful media strategies, plans and campaigns.



Substance use disorder impacts everyone, **so does recovery!**

We provide direction and connection to recovery resources for people affected by and suffering with substance use disorder

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www.accessdirectrecovery.org



Weiss Method

Using energy to help break unhealthy habits

by the Editorial Team

The reasons behind unhealthy relationships with alcohol are as unique as each human, so it makes sense that treatment shouldn't be "one size fits all."

If you've tried to quit through a 12-step program or via another conventional path but haven't found success, the Weiss Method may be the alternative solution that is a better fit for you.

Using a light touch and energy, the Weiss Method practitioner works one on one with a client to interrupt an unwanted habit at its root cause. This natural healing method has helped thousands of people around the world quit alcohol, nicotine, cannabis, harmful drugs, refined sugars and other substances without medication, hypnosis, needles or negative side effects.

Most people find treatments very relaxing and effective.

"It was like a release – I no longer have that inner craving that overcomes your rational thinking," said Kevin O'Grady of Portland, who successfully made use of Weiss Method treatments to stop both drinking and smoking.

"It [the treatment] turned that switch off. I now have control over that inner drive."

Compulsive use of alcohol or another substance is almost always a symptom of underlying imbalances in our lives that create a dependency cycle – a physically and emotionally driven cycle that takes control of our intentions, our will and eventually, our health.



With drinking, for example:

- We feel the urge to drink alcohol (consciously or not).
- We continue to drink to satisfy our immediate needs.
- We regret the decision.

Weiss Method practitioners emphasize the importance of having a strong internal motivation to stop the unwanted habit. A person seeking help needs to have decided that they want to let go of their dependency to gain control of their life.

– SPONSORED CONTENT –



Weiss Method at a glance

The Weiss Method is a noninvasive, energy-based treatment for unwanted habits that calms down cravings to allow a person to regain control of their life.

- The goal is to interrupt the cycle at the root cause.
- It's not a medication – it's all-natural.
- For alcohol cessation, it typically takes four treatments, one week apart, done remotely or in person with a Weiss Method practitioner.
- The first session includes a pretreatment conversation and takes about 90 minutes; subsequent treatments are about 45 minutes each.
- Support calls are provided between treatments.

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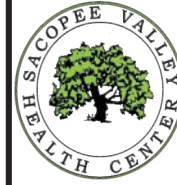
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Peer Recovery Coach
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Let's Have Fun!

by Elaine Shamos
and Glenn J. Simpson

Many couples we work with who are past the first year of recovery ask, “How do we have fun again as a sober couple?”

For some, anxiety comes up as they contemplate doing things where substances may be used. For others, they're just looking for alternative ways to have fun or wonder, “Are we a fun couple anymore?”

Talk About Fears, Needs, and Ideas

Communication is key in planning quality time together. Each person in the couple should express their concerns, listen to their partner's list, and agree on how to proceed. Questions to talk about may include:

- How do we trust each other in social situations that involve alcohol?
- What are we comfortable saying to friends we used to drink/drug with?
- Do we need a Plan B when we're out and it becomes stressful?

Being open and vulnerable about your needs and ideas for fun will help with moving toward wonderful times together.

Redefine Fun

We know from research that when people in recovery are under stress, they can easily associate their past substance use with having fun, a way to relax, or getting “a rush.” Remembering drinking or drugging days as fun and associating sobriety

with boredom and “no more fun” can be a relapse trigger.

However, research also shows that when people expect to have fun, they usually do. Learn to think and label fun and pleasure in a new way.

Think Positively

As one couple told us, “We didn't enter recovery just to sit in church basements or work on our insecurities with a therapist. We got sober to enjoy life again!”

The truth is that finding joy and fun again is essential to changing, staying motivated, and not going back to old ways. The gift and challenge of sobriety is newfound free time, energy, and boundless possibilities of a new life together.

Fun is not only possible in recovery; it is probable! The good news is having fun is one of the best ways to reduce stress. Here are some suggestions:

- **Get Physical:** The benefits of exercise in sobriety are many, including releasing endorphins, reducing stress, having a routine, increasing confidence, communing with nature, and having FUN! A few popular options are yoga, hiking, walking, weight training, and dancing.
- **Find Connection:** Try signing up together for a class, volunteer

work, or meet-ups. Attend concerts, sports events, or conventions with others in recovery. The key is finding opportunities that help you find a sense of meaning and motivation.

- **Be Creative:** Make a collage, fingerprint, visit an art museum. Learn a new language, cook some different meals, plan a road trip or vacation, or find a new hobby to share. Chase the thrill of riding a rollercoaster, whitewater rafting, taking the motorcycle out for a spin, or parasailing. The sky's the limit!
- **Laugh:** Make opportunities to have fun laughing with family and friends. Host a sober game night. Attend an improv show. Use humor in your everyday life as a couple. Develop your own inside jokes and reminisce about funny moments you've shared together. Laughter truly is the best medicine, and it's more fun when shared.



Elaine Shamos, MPH, has 30 years experience as a public health professional and is the former director of Dartmouth's Women's Health Resource Center. Glenn Simpson, LCSW, CADAC, has a private practice specializing in substance use disorder, and couples therapy. They are working together on a book for couples in recovery.



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

WHAT WE OFFER:

- Family Support Groups in Maine, Massachusetts, New Hampshire and Vermont - in person and virtually
- Financial assistance for treatment and recovery housing
- 12 Step focused recovery residence for men
- Family wellness retreats
- 12 Step workshops for families and incarcerated individuals

FAMILY SUPPORT GROUPS

The Family Restored Support Group is an educational support group for families having difficulty navigating a loved one's addiction.

Falmouth, Maine
Tuesdays, 6:00-7:30pm

Falmouth Congregational Church

South Portland, Maine
Wednesdays, 6:00-7:30pm

The Point Community Center

Portland, Maine
Thursdays, 6:00-7:30pm

Portland Recovery Community Center

Virtual - Tuesdays and Wednesdays & Thursdays, 6:00-7:30pm

email: virtual@thefamilyrestored.org
for meeting links

Visit our website for information on other meetings
www.thefamilyrestored.org

FOR MORE INFORMATION:
207-387-0015
info@thefamilyrestored.org

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Journey Toward Recovery Discovery

by Karen St.Clair

In these uncertain times, it's comforting to be able to depend on EFT (Emotional Freedom Techniques) Tapping 24/7 – whenever and wherever it's needed.

The best way to learn about EFT is to experience it. And I invite you to attend a free group Zoom lesson to learn how to use this self-help tool to control stress and anxiety (See box).

Have you ever wished you could change the way you feel about circumstances in your day-to-day life? Or felt like you were the only person in the world with certain problems? I have. In fact, I can vouch for thinking I had sole ownership of each one of these at different times in my life:

- Daily stress
- Difficult relationships
- Fear of failure
- Chronic sciatic pain
- Judgmental worry
- Shifting finances
- Letting go of the past
- Self-acceptance
- Overwhelm
- Quitting smoking

As each issue surfaced, it seemed like a game of Whack-A-Mole with emotions rising and automatically being stuffed back down into my body. Unfortunately, that one-way coping skill of stuffing emotions can hit overload and create physical symptoms.

The mind and body are inseparable. What happens in the brain shows up in the body.

In 2010, I was invited to go to an EFT course to check out a new tapping technique that might help with my chronic sciatic pain. Why not? Over time, it seemed I had tried every cure known to modern medicine.



EFT was the Game Changer! After 16 years of chronic sciatic pain, one session of EFT allowed me to release emotions causing the pain. And I haven't heard from it since! That profound experience is my motivation to keep learning more about EFT and to share its gentle power with others.

EFT Tapping is a holistic therapy you can learn to use on your own anytime, anywhere. It can (and this is backed up by scientific studies):

- Reduce symptoms of stress and anxiety, including PTSD
- Reduce levels of the stress hormone cortisol within minutes
- Eliminate pain caused by trapped emotions
- Promote relaxation
- Balance your energy

Are you looking for a natural solution to persistent stress or pain?

EFT Tapping is a holistic therapy that you can easily learn to use on your own by gently tapping on certain meridian points demonstrated by me in the photos on this page.

How can you learn to use EFT Tapping to control your day-to-

day stress and anxiety? Accept my invitation to attend one or both of my free upcoming live sessions via Zoom! You'll learn the basics of EFT and be able to use its gentle healing techniques.

It's an honor to pay my invitation to learn EFT forward. I hope to see you there.

WHAT: Two free EFT Tapping Basic Skills Groups

WHEN: Thursday, Feb. 16, 1–2 pm
Thursday, March 16, 1–2 pm

WHERE: Live on Zoom
<https://us02web.zoom.us/j/4754423119>



Karen St.Clair is an accredited certified EFT International Trainer NQT, Reiki Master of Masters, best-selling author, speaker, and founder of Reiki Tap RenewalSM and has a gift for facilitating her clients' life-changing outcomes.

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From 'Failure' to Success

by Niki Curtis

Although I'm quick to share my accomplishments on social media, I sometimes forget that sharing my failures and admitting defeat also can be an accomplishment.

When I first heard about *surrender* in early recovery, I hated that word. I hated the idea of admitting defeat and thought that somehow this and that failure would add up to affecting the way people saw me – and whether they'd love me.

I didn't understand yet the freedom in surrendering and admitting defeat. A definition that I heard early in recovery was that surrender was to choose to go to the winning side. Recovery is definitely the winning side.

A good friend of mine recently admitted defeat. He was driving up

a mountain, and part way up, had really scary thoughts and a sense of panic that he could die on this road. Instead of pushing through and feeling a need to prove something to others so they wouldn't see him as a failure, he chose instead to head down the mountain.

He chose self care. And he went a step further by sharing this choice on social media, a platform where people often share their judgment of the lives of others.

I was very encouraged by his bravery and authenticity in that moment, and it reminded me that my failures don't defeat me – *my beliefs about my failures defeat me*. I think of the times that I had used folks in recovery to make me feel better about myself making another bad choice, and then suffering from it. But through a series of those bad choices/decisions and all the work that I've done to learn how to love

myself, I've started making different choices, moving from failure to success.

I started sharing more honestly with the people who care about me and didn't judge me. I remembered that people are judging themselves, too, and I found some compassion. Compassion given to ourselves in a moment we could deem as failure is one of the most loving and kind things we can do.

So when we share openly, we show other people that compassion for themselves during their trials is a form of self love, and that it's not a failure. It's a success.



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.

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Alcoholics Anonymous World Services, Inc.

Brought to you by Alcoholics Anonymous World Services, Inc., Meeting Guide is a free of charge meeting finder app for iOS and Android that provides meeting information from A.A. service entities in an easy-to-access format.

Meeting Guide syncs with area, district, intergroup/central offices and international General Service Office websites (some of which are listed on A.A. Near You), relaying meeting information from more than 300 A.A. service entities directly to you. Over 100,000 weekly meetings are currently listed, and the information is refreshed twice daily.

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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

Nar-Anon

A 12-step program for families and friends of addicts.
www.Nar-Anon.org
800-477-6291

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)

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207-323-5143 / 800-204-2803
www.slaafws.org

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www.wellbriety.com

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
207-772-1956

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

Roads to Recovery Community Center

1 Water Street, Caribou
207-493-1278

Naloxone saves lives. Have it on hand.

Accidental overdose can happen to anyone taking drugs, whether occasionally, regularly, or for the first time - when it happens, having naloxone on hand can reverse the overdose and save a life.

What is naloxone? Naloxone (commonly referred to by the popular brand name Narcan) is an important tool to reverse an overdose. It can be sprayed into the nose or injected and may reverse the effects of an overdose.

Naloxone has no abuse potential. If a person does not have opioids in their body, it will have no effect.

You do not need a prescription to carry or use it, and trainings are available all around the state of Maine to learn how to get and use it.

Where can I get naloxone in Maine? There are a variety of ways to get naloxone for yourself, a loved one or your organization.

Pharmacies. Anyone in Maine can get the nasal spray without a doctor's prescription by asking the pharmacist. Narcan™ costs up to \$150 per kit without insurance.

Get a prescription along with any opioid prescription. If you or a loved one are being prescribed opioids, request a prescription for naloxone to go with it for insurance to cover it.

Local and state organizations. To search organizations that distribute naloxone, visit <https://getmainenalexone.org>.

Your local OPTIONS liaison. Through the State of Maine's OPTIONS initiative, each county has a liaison who can connect people to resources and can provide naloxone. See liaison contact information on page 7.



NALOXONE NASAL SPRAY

4 mg

Learn more about naloxone on the SAMHSA (Substance Abuse Mental Health Services Administration) website:

<https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/naloxone>

OPTIONS
SAVE LIVES

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jobs.journey-magazine.com

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